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NORTH CENTRAL GROUP REVIEW POSTPONED WHILE NEW COMMITTEE FORMED TO HANDLE ALL "REGIONAL" GROUPS

Review of the North Central Cancer Treatment Group—one of the two NCI funded regional cooperative groups—which had been scheduled for the Clinical Cancer Investigation Review Committee at its recent meeting has been postponed until it can be performed by the forerunner of "CCIRC B."

Members of NCCTG had been apprehensive about the outcome of the review after CCIRC disapproved the other regional group, the Northern California Oncology Group. NCCTG and NCOG members, along with many of those involved in other developing regional groups which hope to compete later this year for NCI funding, have felt that a bias against regional groups exists in the CCIRC. Most CCIRC members are affiliated with national groups, and leaders of those

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In Brief

CT SCANNING OF THE BRAIN SUBJECT OF CONSENSUS DEVELOPMENT CONFERENCE; CCI PLANS CONGRESS EVENT

COMPUTER TOMOGRAPHY scanning of the bran will be the subject of an NIH consensus development conference Nov. 4-6. The conference will be cosponsored by the National Institute of Neurological & Communicative Disorders & Stroke, and NCI. The consensus panel will be chaired by Fred Plum, chairman of the Dept. of Neurology at Cornell Univ. Medical College. The panel will attempt to reach agreement on such issues as indications for employing CT scanning in diagnosis, possible contraindications, amount of radiation delivered, whether CT scanning has influenced management of intracranial disorders, whether availability of CT scanning has influenced use of other brain imaging methods, and what can be expected in future development of the process beyond its current diagnostic capabilities. For program information, contact Michael Walker, director of NINCDS Stroke & Trauma Program, Federal Bldg. Rm. 8A08, 7550 Wisconsin Ave., Bethesda, Md. 20205, 301-496-2581. . . . **COALITION FOR** Cancer Issues is planning a "congressional education session" for March, 1982, purpose of which will be "to inform and educate key Congressional members about the goals, efforts and needs of the National Cancer Program." The event will include a cocktail hour, dinner and an address by a nationally recognized spokesman for the Cancer Program. . . . **BARBARA SANFORD** is the new director of Jackson Laboratory in Bar Harbor, Maine. **DAVID KISZKISS**, who has headed extramural immunology research for NCI's Div. of Cancer Biology & Diagnosis, has replaced Sanford as director of research at Sidney Farber Cancer Institute. **BRUCE MAUER** has assumed Kiszkiss' position at DCBD.

CCIRC LOSES "REGIONAL" GROUPS TO NEW COMMITTEE—GEOGRAPHIC, ANATOMICAL

(Continued from page 1)

groups generally have opposed the concept of funding more regional groups.

The NCCTG site visit had been completed and its report was scheduled to be presented to the CCIRC on the afternoon of June 22. Committee members learned on the morning of that meeting, however, that the review had been taken from them.

A special study section will be convened to hear the site visit report and complete the NCCTG review. The study section will consist of three or four members of the site visit team and others who will be drawn from the pool which eventually will constitute "CCIRC B."

The committee when it is established will have a name of its own—Cancer Regional Study Review Committee. CCIRC Executive Secretary Dorothy Macfarlane brought down the house when she explained that the term "regional" refers to both geographic and anatomical regions.

CRSRC, it seems, will not only handle review of the regional groups but also those groups concerned with only one or two cancer sites. These will include all of the contract supported clinical trials groups (except for phase 1 and 2 testing) which will be converted to cooperative agreements.

Review of the National Surgical Adjuvant Breast & Bowel Project also will be moved to the new committee, and possibly that of the Gynecologic Oncology Group. Moving the anatomical site groups to the new committee is one way of equalizing the workload of the two committees.

Regional group members feel the outcome of CCIRC's review of NCOG (which it disapproved in a split vote) demonstrated that the committee, if not biased by the prospect of dividing a limited amount of money among a proliferating number of groups, at best did not appreciate the problems and unique nature of regional groups.

NCI Director Vincent DeVita assured CCIRC members that the outcome of the NCOG review had nothing to do with his decision to establish a separate committee for regional groups. He had intended all along, he said, since the decision by the Div. of Cancer Treatment Board of Scientific Counselors to proceed with support of regional groups, to establish an ad hoc committee or a CCIRC B to review them.

The advent of regional groups does not mean that the national groups are on their way out, DeVita insisted. "Setting up alternative groups as a replacement for the national groups is a hard idea to dispel," he said.

The first regional group to go to review, NCOG, had difficulties, "and they thought they got caught in a political debate," DeVita said. "There is no way to assure others that they won't run up against a political debate. . . . My main concern is that any geographic group coming in now is fearful. The DCT Board decided the issue. We don't want to have review groups deciding whether to have geographic groups or not. I don't think you did (in the NCOG case). I looked at that review very closely. But in fairness, I think we should have an ad hoc group. Eventually I would like to see one big CCIRC."

DeVita said the RFA for regional groups would be published soon.

CCIRC's disapproval of NCOG was appealed to the National Cancer Advisory Board with NCI staff and NCOG requesting that the CCIRC minority report recommending approval be accepted.

After heated debate in closed session, the NCAB declined to accept the minority report but also declined to follow the usual process when a group has been disapproved—fund it at 75 percent of its current level in a one-year phaseout. Instead, the Board approved a two-year "phaseout" at 75 percent funding.

(*The Cancer Letter* report in the May 22 issue on the NCAB action said that the NCAB vote in effect "overturned" the CCIRC majority decision. That view has been disputed by some who point out that the Board action used the term "phaseout" and that normal approval would entail funding for three years. "Of course NCOG can submit a new application at the end of two years," one observer said. "Any group disapproved or not can submit a new application when its funding is up. Adding the extra year to the usual phaseout period was a concession. I suppose you could interpret it to mean the group was approved for two years instead of three with reduced funding, rather than disapproved, with a two year phaseout. The result is the same. In two years, NCOG will have to demonstrate that it deserves to be continued.")

NCOG's problems were reviewed briefly by Macfarlane and CCIRC members in the open portion of last month's meeting.

One of the problems as perceived by NCOG, Macfarlane noted, was that "they got multiple messages from CCIRC over the years, in the initial reviews, and that their interpretation of those messages sent them into directions they were later criticized for taking. . . . They were told they had to increase the number of patients, so they added protocols. Then they were criticized for doing too many protocols."

"That was an infantile response," CCIRC member Roy Weiner commented. "But it worked," another member added. Although committee members joined in the laughter, it was obvious they were miffed by what they considered the NCAB's rejection of their recommendation.

"I'm wondering how the staff and this committee

reached different conclusions based on the same information," CCIRC member William Donegan said. "Is there something we aren't seeing?"

"There was a minority opinion," Chairman Joseph Simone said.

One former member of CCIRC suggested that the problem may be due to failure of NCI to provide guidelines for reviewing regional groups. "If they wanted the committee to give special considerations to that type of group, they should have spelled out what those considerations were. That has never been done. The only criteria the committee could go by were those they use for the national groups."

Macfarlane indicated that deficiency will be corrected. "We are going to set up distinct guidelines so that no one can come back and say they should have been reviewed by the other group," she said.

Comparability of review between the two groups has been an issue which has bothered the DCT Board and some of NCI's other advisors. Macfarlane said she would serve as executive secretary of both committees and that the same program staff people would work with both.

The NCAB also took action on another split vote recommendation from CCIRC, referring back the grant from the Intergroup Rhabdomyosarcoma Study for re-review by the committee, including a site visit scheduled for this fall.

DCT BOARD APPROVES $5.1 MILLION A YEAR IN CONTRACT RECOMPETITIONS

The Board of Scientific Counselors of NCI's Div. of Cancer Treatment has given concept approval to the recompetition of contracts which will total an estimated $5.1 million in the first year of the new contract periods.

The Board also approved a staff proposal to obtain an information system for the Cancer Therapy Evaluation Program, at $275,000 a year estimated; approved extension for two years of contracts with institutions involved in Gastrointestinal Tumor Study Group which are not successful in the current recompetition for continuation of that Group, to permit them to continue patient followup; and disapproved the concept of renewing the contract with the Istituto Nazionale per lo Studio e la Cura Tumori which supports data management and statistical operations for the WHO International Melanoma Group.

The recompetitions approved follow:

Development and production of clinical investigational dosage forms. Present contractor, Ben Venue Labs. Estimated first year award, $1.2 million on a five year contract. Staff description of the program:

Ben Venue Laboratories Inc. provides a largescale parenteral facility for the manufacture of freeze dried and liquid filled parenteral products of investigational drugs to DCT. Specifically, Ben Venue is engaged in: (1) Developmental studies of chemical agents leading to the formulation of clinical dosage forms; (2) largescale production and packaging of parenteral dosage forms for clinical use; (3) assay and quality control of dosage forms prepared; and (4) shelf-life surveillance on all new formulated dosage forms.

Ben Venue personnel involved with this contract have had over 12 years' experience in working with anticancer drugs and have produced on an average of over 700,000 dosage forms per year for DCT clinical trials. The workload for this contract is determined principally by the needs of the clinical programs. This contractor has continued to respond to the program's needs in a timely and efficient manner. They have more than doubled their production capacity at their own expense exceeding $2 million.

Since the inception of this current contract Ben Venue has developed several new drugs of high program interest. They include misonidazole, pentamethylmelamine, L-alanosine, 5-methyltetrahydrohomofolate, aclacinomycin A, WR-2721, aziridinybenzoquinone (AZQ), D,L-amygdalin, taxol, and homoharringtonine. Further, AZQ as well as other drugs under study such as amsacrine and PCNU are multiple component products; each component constitutes a separate production run.

Ben Venue Laboratories is probably the only manufacturer with the ability to handle poorly water soluble drugs requiring low temperature vacuum drying techniques. DTP wishes to compete this activity in the event other manufacturers may have developed this technique. This technique employs nonaqueous vehicles to perform the freeze drying cycle.

This contractor is expected to manufacture at least 48 production projects annually. A single production project may involve the manufacture of 25,000 to 30,000 freeze dried vials of 15,000 to 20,000 liquid filled ampules. Production projects will periodically involve the technique of low temperature vacuum drying for nonaqueous solvents. All work performed under this contract must be in accordance with FDA promulgated Current Good Manufacturing Practices.

The contractor selected must be currently engaged in sterile product manufacturing including freeze drying and ampuling. The offeror will be required to have operational equipment and capabilities at the time of contract award.

Preparation of radiolabelled materials. Present contractors, Stanford Research Institute and Research Triangle Institute. Estimated first year award, $460,000, three years.

The two contracts in this area provide the radiolabelled materials needed by other program areas. All the materials prepared under this project are for preclinical pharmacological and toxicological studies, and clinical pharmacological studies within DCT or its contractors. Most of the labelled compounds provided are not available from commercial sources and have to be prepared via synthesis. During the past year, 19 labelled compounds were prepared and 166 shipments of radiolabelled substances were made during the same period. A wide variety of labelled compounds was prepared including adriamycin, DHAQ, AZQ, AMSA, WR-2721 and methyl GAG.

This resource project will continue to be used for the preparation of radiolabelled compounds not readily available from commercial sources. A wide variety of compouds of varying structures will be prepared and the amount of radioactivity will vary in quantity and specific activity according to the intended use and in accord with safe handling procedures.

The project will also provide for obtaining radiolabelled materials from commercial sources. Materials so obtained will be checked for radiopurity and homogeneity.

All materials, whether prepared or purchased, will be assigned by the project officer upon request from other areas of NCI. All requests for radiolabelled materials are reviewed by proper authorities prior to assignment. The project also provides for the storage and distribution of the labelled materials. All materials are dispensed at the direction of the project offi-

cer. All materials will be checked for purity prior to shipment and repurified, if necessary, before shipment.

Board member Enrico Mihich suggested that DCT undertake efforts to make availability of radiolabelled materials more widely known to investigators. "I would be happier if this was open to all investigators who work with DCT, whatever the mechanism (to grantees as well as contractors)," Mihich said. John Driscoll, acting director of the Developmental Therapeutics Program, assured him it was open to all.

Production of bulk chemicals and drugs. Present contractor, Monsanto Research Corp. Estimated first year award, $635,000, three years.

The major effort of this contract is devoted to largescale chemical preparative work. The contractor develops procedures for largescale preparations and produces the needed compounds in multikilogram quantities. This contractor developed the largescale government patented procedure for methotrexate and over the past few years has prepared more than 530 kg at a substantial savings for program use. This contractor also extracted 10 tons of apricot kernels to give the approximately 150 kg of D-amygdalin needed by the program. They are currently undertaking the development of a procedure for the largescale preparation of high quality homofolic acid, the key intermediate in the preparation of 5-methyltetrahydrohomofolic acid.

This resource contract will continue to be utilized for the development of existing and/or new processes, procedures and techniques for the preparation of chemical substances and the largescale (kilogram quantities) production of compounds needed by the program that are not readily available from the original supplier or commercial source in the quality and/or quantity required. The materials to be assigned for preparation and isolation are needed for preclinical and clinical studies. The major portion of the project will be devoted to the preparation of kilogram quantities of materials. All materials prepared will be fully characterized and will be of high purity.

Screening of compounds using human tumors in athymic mice. Present contractor, Battelle Memorial Institute. Estimated first year award, $525,000, three years.

This contract conducted the preliminary work in developing protocols for testing human tumor xenografts in athymic (nude) mice by implanting the tumor subcutaneously and treating after palpable tumors were detected. When this did not prove to be feasible due to health problems with the animals, technicians were trained in the subrenal capsule technique and testing is now carried out according to this protocol. Currently work is being conducted in three xenograft systems, colon, lung, and mammary, at a level of approximately 84 tests per week utilizing four tests (dose levels) per compound per system. This translates into 21 compounds per week, or seven compounds in each of three tumor systems, assuming no repeat testing. Specialized testing, such as analog comparisons of anthracyclines and platinums, has been conducted under this contract.

It is anticipated that this contract will continue to test materials from the tumor panel in human tumor xenografts at the present level until such time as the backlog created by the earlier shortage of athymic (nude) mice is reduced to a more manageable level. It should be noted that at the time of the last competition of this contract this institution was the only bidder and that all of the barrier facilities within the program for athymic mouse testing are currently being utilized to the fullest extent.

Storage and distribution of chemicals used in cancer chemotherapy. Present contractor, Flow Labs. Estimated first year award, $416,000, five years.

The objective of this project is the storage, distribution, inventory, and documentation of synthetic material, natural products, and bulk clinical drugs. Flow Laboratories Inc. was awarded this contract, which was previously held for 14 years by Microbiological Associates. A detailed plan was developed and executed for the physical relocation of more than 360,000 compounds. This relocation had to take place while continuing the essential shipping and distribution of needed materials. The contractor is now packaging and shipping more than 1,400 compounds a month to research laboratories throughout the world. Generally, shipping requests are processed in 48 hours; this entails establishing and maintaining effective work relationships with the Drug Evaluation Branch, Natural Products Branch, Pharmaceutical Resources Branch, Drug Synthesis and Chemistry Branch, the acquisition contractor and chemical information contractor of the Drug Synthesis and Chemistry Branch. The contractor maintains a computerized inventory system which supports the program of DTP. The storage facility houses more than 360,000 compounds.

The contractor will continue to strive to improve the efficiency of all its operations in the processing of requests and shipping compounds to minimize the turnaround time in responding to requests and the costs in shipping the materials.

New tasks will include systematizing the location and shelving of reference samples, the inventory and shelving of samples returned by the screening laboratories, and conducting the physical inventory of compounds of interest for inclusion into the computerized inventory system. The extent of such tasks will be determined by the available budget.

Concept approvals reported in ***The Cancer Letter*** eventually will be developed into RFPs for contract awards, or RFAs or Program Announcements for grant awards. Availability of the RFPs, and the RFAs and program announcements will be published in ***The Cancer Letter.*** Persons interested in competing for these awards are advised not to contact NCI requesting RFPs until their availability has been announced. That may be within a few weeks of concept approval, or many months. Grant applications may be submitted any time, but those responding to RFAs must be directed to specific offices at NCI or NIH and thus should await publication of the complete RFA.

Computerized literature surveillance of natural products. Present contractor, Univ. of Illinois. Estimated first year award, $100,000, three years.

This contract has been extremely valuable to the acquisition program of the Natural Products Branch. Monthly reports from this contractor identify all newly published natural products and provide structures, abstracts, and reprints of the article which enable NPS staff to select compounds for acquisition for antitumor testing. Monthly reports also include new reports of previously identified compounds and crude extracts and broths which have biological activities related to cancer.

In addition, the contractor performs retrospective literature searches on new confirmed active plant extracts from the NCI screening program to determine what compounds have been previously isolated. This has been very valuable in identifying plants which are sources of previously isolated active compounds of no further program interest and has saved considerable money and effort by eliminating the recollection and

fractionation of these plants. Literature searches are also conducted on compounds of interest for further development to determine the best biological sources and increase the efficiency of largescale isolation.

Periodic searches are also performed on structural classes of compounds of interest to identify analogs for subsequent acquisition.

The continuing increase in natural products research world wide requires that this effort be continued to keep NPB staff aware of newly discovered compounds and newly discovered biological activities to maintain the effectiveness of the Branch's acquisition program. No significant changes in the scope of work of this effort are anticipated.

New Prognostic and therapeutic modalities based in cell transformation. Present contractor, Litton Bionetics. Estimated first year award, $600,000, five years.

This contract provides support to the ongoing intramural research in the Laboratory of Tumor Cell Biology. In the past period the contractor has made excellent progress in the following areas:

Preparation and supply of heteroantisera to mammalian type C retrovirus structural antigens and reverse transcriptase. Preparation and supply of heteroantisera to putative human retrovirus, HTLV, and HTLV p24 structural antigen. Immunological comparison of HTLV p24 structural antigen. Immunological comparison of HTLV p24 with mammalian retrovirus analogs.

Preparation and supply of complimentary-DNA sequence specific for the 3' terminus of the genomes of feline leukemia virus, simian sarcoma virus, and gibbon ape leukemia virus.

Purification of cell cultures from core blood, adult peripheral blood, and leukemic blood (myeloid and lymphoid), 2-3 of each type per week.

Purification and supply of purified large T-cell growth factor (TCGF) and radiolabelled TCGF purified from 2-3 liters per week of conditioned medium.

Future plans include:

Purification and supply of factors that promote growth and differentiation of myeloid cells and large T-cells.

Assays for the selective growth of leukemic leukocytes compared to normal bone marrow cells.

Purification of the envelope and internal structural proteins of subhuman primate and putative human tupe C viruses.

Primary structure analyses of these proteins for the purpose of comparing the relatedness of subhuman primate viruses and human type C virus isolates.

Preparation and supply of heteroantisera and monoclonal antibodies to these proteins.

Preparation and supply of radiolabelled complimentary-DNA sequence relatedness probes from mammalian type C viruses, putative human type C viruses, and human leukemic "virus-like" particles.

Preparation and supply of ^{125}I labelled RNA from select viruses.

Preparation and supply of fresh and cultured mammalian cells. Present contractor, ATCC. Estimated first year award, $120,000, five years.

The contractor has supplied to the DTP laboratories viable cells obtained from peripheral blood and bone marrow of a large number of human leukemic patients. Blood and marrow from participating hospitals are sent directly to ATCC for processing. ATCC has efficiently arranged the pickup of blood from various hospitals and delivery of viable cells to DTP laboratories. ATCC has also provided storage facility for aliquots of leukemic leukocytes and sera. They have kept a good inventory system for cells and sera stored in liquid nitrogen.

The contractor will continue to provide fresh viable cells from 100-150 leukemia patients per year, after processing their peripheral blood. The contractor will arrange for the pickup of the blood specimens from participating hospitals and deliver fresh viable cells to DTP laboratories. The contractor will provide storage facility for leukemic leukocytes and sera. The contractor will also supply 200 gm. of cultured mammalian cells per year.

Clinical trials monitoring service. Present contractor, Mathtech. Estimated first year award, $590,000, three years.

The mission of this contract is twofold: 1) to provide documented monitoring of phase 1 and 2 studies in compliance with FDA regulations, and 2) to provide a data management resource to the phase 1 Working Group. The FDA monitoring requirements aspects of this contract are being met effectively. The data management aspects of this project are complex, involving institutional cooperation that has varied from very good to poor. The contractor and the Investigational Drug Branch are working together to achieve effective cooperation with all the participating institutions. The data entry aspect of this project is now essentially complete.

The CTMS is now working on summarizing a defined set of clinical laboratory tests, signs, and symptoms according to defined and standardized criteria. The results of this part of the project will be very important since these summaries will approximate the kinds of reports currently provided to IDB only at Phase 1 Working Group meetings. In addition, the CTMS is now beginning to tool up to allow data management for phase 2 studies. It is planned that a significant part of contract-supported phase 2 studies will be monitored by this contract.

Clinical data retrieval. Present contractor, Mason Research Institute. Estimated first year award, $265,000, three years.

The contract has accomplished the following: 1) The effective data management support of the statistical activities of the Biometric Research Branch. This includes computer system development and operation, data collection for multi-institution studies, and performing data retrievals. 2) The development and implementation of the Cancer Patient Research Information (CAPRI) system to support intramural research for the COP. The CAPRI system has been designed to integrate a number of data collection and management needs, including monitoring protocol accrual and patient status, data collection for specific protocols, and development of a data base for studies of prognostic factors and long-term followup of patients. 3) General computerized data management support for the Surgery Branch.

In future, tasks 1 and 3 above will be continued under the resource contract. Also, the CAPRI system will be continued and implemented for the Medical Oncology Branch at the National Naval Medical Center.

Monitoring of immunologic competence in cancer patients. Present contractor, Litton Bionetics. Estimated first year award, $230,000, three years.

This contract has supported the efforts of the Surgery Branch to store serum samples on all Surgery Branch patients. Approximately 100,000 serum samples are stored and must be available for retrieval for clinical studies. These serum samples are a unique resource that is critical for ongoing studies. These studies include detection and quantitation of humoral immune responses to sarcoma-associated antigens, purification of these antigens, and detection of immunoregulatory molecules in serum. In addition, this contract has supported the production of T-cell growth factor for use in experimental and clinical immunotherapy protocols. T-cell growth factor has been used to facilitate sensitization in vitro to tumor cells, and to expand sensitized lymphocytes for use in adaptive immunotherapy.

The Surgery Branch wishes to continue this contract for serum storage in the production of T-cell growth factor for an additional three years. In the future these serum samples will

be used to detect humoral responses in sarcoma-associated antigen and correlate this response with patient prognosis. Also, immuno-precipitation experiments will permit purification of sarcoma-associated antigens. These purified antigens detected by the patient's own humoral immune response can be compared to those antigens detected by the production of monoclonal antibodies. A human immunotherapy protocol is now beginning with T-cell growth factor expanded lymphocytes, sensitized to autologous tumor. These studies would not be possible without the extensive facilities for production of the growth factor provided by this contract.

Staff had proposed that the new contract, for the Cancer Therapy Evaluation Program information system, be awarded for five years. Board member Sydney Salmon suggested it be limited to three years. "Come back then and we'll see how well it's crystallized, what has been accomplished," Salmon said, and the Board agreed.

Staff description of the project:

The proposed CTEP information system will support the information needs of CTEP missions by providing comprehensive information management during the protocol review process, providing data on the objectives of both active and completed protocols. The system will provide scientific and administrative information on 1) treatment modalities (e.g., drugs, BRMs, radiation, and surgery), 2) diseases, 3) protocols, 4) investigator teams, and 5) drug distribution. The drug distribution information system is currently operated in another contract that expires Aug. 1, 1982. The work of that contract will be transferred to this new comprehensive project after that expiration date.

Otherwise, the system is not to replace existing information resources, but rather to provide a higher order level of integration of available information. It will be designed to access the data bases of the Drug Distribution and Protocol Monitoring System, the International Cancer Research Data Bank Clinprot data base, the DCT Budget Management System, and the ADP system of the Pharmaceutical Resources Branch.

The support services contract team will include a data manager, programmers, a clinical research associate, and a data entry clerk. The group will have to be located within easy commuting distance of NCI so that daily personal contact between this team and the clerical and professional staff of CTEP may occur. The data base and management system will be maintained on the DCRT computer facilities to make possible easy interaction with other DCT information systems.

Board member Paul Marks led the assault on the contract supporting statistical operations for the WHO Melanoma Group. "I don't understand what this has accomplished," he said. "In 15 years, the only contribution they have made is the determination that lymph node dissection hasn't worked. At a time when we're cutting off clinical trials support in the U.S. we're asked to support this one with questionable contributions."

"Some of us are concerned that this group is mostly Eastern European," Board member Carmack Holmes said. "Also, the design of some of their studies is questionable."

After the Board voted disapproval of the concept for a noncompetitive renewal of the contract, Walter Lawrence moved that it be competed, either with an RFP or RFA. Only Lawrence and Theodore Phillips voted for that proposal, however, which means that NCI support for the group will cease at the end of the fiscal year.

SHINGLETON TO RETIRE AS DIRECTOR OF DUKE COMPREHENSIVE CANCER CENTER

William Shingleton, who has headed the Duke Univ. Cancer Center since its inception in 1971 and saw it develop into one of the outstanding nationally recognized comprehensive cancer centers, will retire as director sometime this year.

Shingleton, 63, said he plans "to go back into research." He was appointed in 1979 to the first endowed surgery chair at the university, as the Edwin and Lucille Jones professor of cancer research, "I haven't yet done my duty to that." He intends to head the center's competition for one of the new NCI grants in surgical oncology.

Duke has established a search committee for a new director.

Shingleton received his M.D. from Bowman Gray School of Medicine in 1943, did his residency in surgery at Duke and has spent his entire career there except for two years with the Army in Italy. He has been chief of the General Surgery Div. at the Duke Medical Center since 1964.

Shingleton served terms on the National Cancer Advisory Council and later on its successor, the National Cancer Advisory Board. He was chairman of NCI's Cancer Control & Rehabilitation Advisory Committee, and served terms as president and Board chairman of the Assn. of American Cancer Institutes.

Duke was officially recognized by NCI as a comprehensive cancer center in 1973.

Shingleton's impending retirement brings to eight the number of comprehensive cancer centers (out of 20) which have had or will have a change in their top leadership within the last two years—Duke, Univ. of Texas-M.D. Anderson, Sidney Farber, Memorial Sloan-Kettering, Fred Hutchinson, Univ. of Southern California, Fox Chase, and Columbia Univ.

FOUR UICC ADMINISTERED PROGRAMS AVAILABLE FOR INTERNATIONAL RESEARCH

Four grant programs designed to assist in the international exchange of scientists and technology, administered by the International Union Against Cancer (UICC), are open to investigators of any nationality.

• American Cancer Society Eleanor Roosevelt International Cancer Fellowships. Awards will be granted to experienced investigators who have demonstrated their ability for independent research and who wish to broaden their experience by study at a single institution in another country. Only those devoting themselves to experimental or clinical aspects of cancer research who are on the staff of universities, teaching hospitals, research labs or similar

institutions are eligible. Stipends will be based on current salary of applicants, and travel allowances will be made for the fellow and dependents. Deadline for applications–Oct. 1.

• Cancer Research Campaign International Fellowships. Funded by the UK Cancer Research Campaign. These are designed to enable investigators to work abroad to gain new experience in clinical or basic research in cancer. Also open to investigators in the behavioral or social sciences relevant to cancer. Limited to persons on the staff of universities, teaching hospitals, research labs and similar institutions. Applicants must have between two and 10 years post doctoral experience (PhD, MD, DVM) or equivalent. Stipends will be £9,000 per annum adjusted to the cost of living in the host country. Air travel costs for the fellow and spouse will be paid. Deadline for applications–Oct. 1.

• Yamagiwa-Yoshida Memorial International Cancer Study Grants, funded by the Japan National Committee for the UICC. Designed to enable investigators to gain experience in or make comparative studies of special techniques in both the biological and clinical aspects of cancer research. These grants will be awarded for periods not exceeding 90 days. Grantees will receive travel and living allowances. No allowances will be paid for dependents. Deadline for applications–Dec. 31 and June 30.

• International Cancer Research Technology Transfer grants, supported by the International Cancer Research Data Bank of NCI and by UICC. Designed to promote direct and rapid person to person transfer of information about new or improved techniques or methods between investigators located in different countries who are working in areas of basic, clinical or behavioral research related to cancer. Funds will cover tranvel and living expenses for up to 28 days. This program is not open to employees of the U.S. government. Selection of applicants is on a continuous basis.

For additional information and application forms for all four programs, write to International Union Against Cancer, Conseil-General 3, 1205 Geneva, Switzerland.

NTP BOARD APPROVES CONCEPT OF THREE NEW CONTRACTS AT $1.5 MILLION COST

The National Toxicology Program Board of Scientific Counselors has given concept approval to three proposed new contract supported projects with an estimated first year cost of more than $1.5 million.

Influence of Sendai virus on chemically induced carcinogenesis processes. Estimated first year funding, $206,000, total for three years, $714,000.

Sendai virus, first associated with para-influenza infection, is one of the most prevalent and potentially serious of the naturally occurring viruses in mice. Whether Sendai virus represents a significant variable in animal experimentation due to possible alterations induced in host metabolic and other regulatory functions is not known, but could conceivably affect the outcome of animal studies related to evaluation of potential chemical carcinogens in mouse bioassay systems.

Some preliminary studies have indicated that influenza virus and also possible Sendai virus may cause an increase as well as a decrease in the incidence of pulmonary adenomas and squamous cell tumors in mice simultaneously exposed to synthetic smog or urethane. These published data are equivocal and no mechanistic studies were performed.

The objectives of this proposed program are to a) determine whether Sendai virus influences the experimental outcome of lifetime chemical carcinogenesis bioassays in B6C3F1 mice; b) establish if Sendai virus modifies chemical carcinogenesis processes in the strain A mouse lung adenoma model; and c) perform cytological, biochemical, and immunological studies to investigate underlying mechanisms that may be operative in such altered responses.

Rapid in vitro test capability. Estimated first year funding, $500,000, total for three years, $1.5 million.

A variety of short term tests and test battery combinations has been proposed to predict the potential carcinogenicity of chemicals. However, current data are not sufficient, particularly across chemical classes, to correlate short term test results with known carcinogenicity so that the limits of predictability can be accurately judged. A primary emphasis of the Cellular and Genetic Toxicology Branch is to develop, evaluate, and validate test systems which will contribute to the development of a dynamic data base that will permit clear decisions about the relative value of a proposed test. The majority of our contract effort is related to the above goals. However, to serve the broader goals of the NTP, it is periodically important for us to provide short term test information which can be utilized by the experimental design groups and in the ranking process for establishing the priority of chemicals to be entered into long term carcinogenicity bioassays. We, therefore, propose to utilize a rapid test capability for five broad classes of in vitro short term tests including gene mutations in bacteria, gene mutations in mammalian cells, chromosome damage in mammalian cells, a mammalian cell transformation assay, and a direct measure of DNA damage (which does not necessarily result in mutation or transformation).

This group of tests was chosen on the general basis that: a) the basic categories of genotoxic effects be detected (i.e., mutation, chromosome and DNA damage, and the transformed phenotype); b) the test be generally available; and c) the accepted protocols be available which have been subjected to some form of evaluation or validation. However, since at present there is inadequate evidence to select or justify any specific battery of assay systems as a prescreen for carcinogens or mutagens, it is important that the use of this group not be interpreted as a position on the part of the NTP of endorsing any specific battery of biologically based tests. It is not intended that the results of these tests be used to define the carcinogenicity of a chemical or its mutagenicity in an intact animal, but rather that the results provide a reasonable profile of the genotoxic activity of a chemical.

We propose to initiate this effort through a combination of: a) expanding the capability of existing testing contracts through supplemental appropriations, with due care not to alter the existing goals or workscope of the contracts; and b) to identify additional laboratories with provable testing capability (to be evaluated by a technical evaluation team) to serve the needs of the program through a basic ordering agreement mechanism. We anticipate that initially approximately 25 chemicals per year will require such a rapid test response and that this effort will be reevaluated for its effectiveness and need during and at the end of three years.

Support services. Estimated funding in FY 1982, $810,000.

There currently are over 200 chemicals in some phase of animal bioassays. The concept for the NTP Animal Bioassay Program was reviewed and approved by the Board of Scientific Counselors on Jan. 15 and 16, 1981. Concept approval is now requested for support service contracts to: 1) perform literature searches to obtain information on chemicals proposed for bioassay, 2) obtain copies of scientific articles and other published reports, 3) do cost analysis and financial data management, 4) prepare technical reports and aid in printing, 5) store archival materials and printed technical reports, and 6) distribute technical reports.

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-CM-27509-19

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

Deadline: *Aug. 17*

This notice is to amend the announcement appearing in the June 26 issue of ***The Cancer Letter.***

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

All offerors must propose to conduct phase 1 studies. It is planned to make multiple awards for the phase 1 clinical portions of this project, with or without phase 2 studies. 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

NCI CONTRACT AWARDS

Title: Incorporation of several alternation/renovation/maintenance/upgrading projects at the Frederick Cancer Research Center, modification

Contractor: Litton Bionetics Inc., $414,636.

Title: Comprehensive Cancer Centers Communications Network, short term contracts all expiring Nov. 15, 1981

Contractors: UCLA, $95,523; Howard Univ., $49,992; Memorial Hospital for Cancer & Allied Diseases, $72,571; Illinois Cancer Council, $70,302; Sidney Farber Cancer Institute, $99,652; Univ. of Miami, $85,273; Johns Hopkins Univ., $64,894; Institute for Cancer Research (Fox Chase), $73,797; Duke Univ., $64,585; Fred Hutchinson Cancer Center, $45,404; Mayo Foundation, $41,765; Univ. of Texas System Cancer Center, $84,223; Univ. of Southern California, $89,252; Roswell Park Memorial Institute, $89,888; and Univ. of Wisconsin, $77,795.

Title: Studies on therapy of patients with stage 2 and stage 3 carcinoma of the breast

Contractors: Evanston Hospital, $36,000; and Case Western Reserve Univ., $74,200.

Title: Serum collection from patients biopsied for benign and malignant breast lesions, continuation

Contractor: Butterworth Hospital, $46,550

Title: Estrogen replacement after premenopausal oophorectomy and the risk of breast cancer, continuation

Contractor: Boston Univ., $35,861.

Title: Drug distribution and protocol monitoring system, continuation

Contractor: Value Engineering Co., $9,988.

Title: Serum collection from volunteer participants in the Breast Cancer Detection Demonstration Projects, continuation

Contractor: Cancer Research Center, Columbia, Mo., $52,250.

Title: Cancer Control program for Clinical Cooperative Groups-National Surgical Adjuvant Breast Project, extension

Contractor: Univ. of Pittsburgh, $465,023.

Title: Radioimmunoassay and enzyme of immunoglobulin molecules and antibodies

Contractor: Hazleton Laboratories, $733,125.

Title: Morris hepatoma resource, continuation

Contractor: Howard Univ., $643,370.

Title: Operation of animal disease diagnostic laboratory

Contractor: Papanicolaou Cancer Research Institute, Miami, $663,548.

The Cancer Letter _Editor Jerry D. Boyd

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