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THE CANCER LETTER

Vol. 7 No. 31

July 31, 1981

Subscription $125.00 per year

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

DRG EXECUTIVE NAMED BY DEVITA AS DIRECTOR OF DEA; OTHER SELECTIONS REPORTEDLY MADE, NOT YET APPROVED

Barbara Bynum, an executive with the NIH Div. of Research Grants, is the new director of NCI's Div. of Extramural Activities, where she will oversee the review and administration of all of the Institute's grants and contracts.

NCI Director Vincent DeVita had selected Bynum for the job last March, but the appointment cleared HHS headquarters only two weeks ago, the delay due probably to Secretary Richard Schweiker's preoccupation with getting the political appointments in the department filled first. NCI division directors are Senior Executive Service positions, and Schweiker, like his predecessor, insists that all of those must have his approval.

Bynum's appointment still must be cleared through the Office of Personnel Management, but she took up her duties July 27 temporarily as acting director.

William Walter, long time deputy director of the division who has

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In Brief

APPROPRIATIONS MARKUP DELAYED UNTIL SEPTEMBER; FCRC RECOMPETITION DRAWS 94 REQUESTS FOR RFP

HOUSE, SENATE appropriations committees will not mark up the Labor-HHS FY 1982 money bill, including NCI funding, until Congress returns from the August recess. The fiscal year starts Oct. 1, so that will be cutting it close. However, the usual hangup over abortion funding probably will be avoided this year, with the Senate having moved closer to the House position on that issue. . . . **TWO NEW NCI** contract review committees have been approved—the Cancer Resources & Repositories Contracts Review Committee and the Developmental Therapeutics Contracts Review Committee. They will be under the management of the Div. of Extramural Activities, completing Director Vincent DeVita's plan to provide outside peer review of resources contracts and to consolidate clinical trials contract review, mostly for phase 1 studies, while moving other clinical trials presently supported by contracts to cooperative agreements, with review by "CCIRC B". . . . **RENATO DULBECCO**, winner of the 1975 Nobel Prize in medicine for his research in tumor virology, will give the 13th annual Cori Lecture at Roswell Park Memorial Institute Aug. 11. The lecture, open to the public, is scheduled for 12:30 p.m. in Hilleboe Auditorium. . . . **RECOMPETITION RFP** for the Frederick Cancer Research Center contract went out on schedule July 24 to 94 prospective bidders. The preproposal conference has been scheduled for Aug. 5-7 at FCRC. The RFP number is NCI-CO-15536-90, and copies still may be obtained from Ronald Defelice, Contracting Officer, NCI, Bldg 427 Rm. 11, Fort Detrick, Frederick, Md. 21701.

BARBARA BYNUM NAMED DEA DIRECTOR; DEVITA HAS MADE OTHER SELECTIONS

(Continued from page 1)

served as acting director since Thomas King left last year, has returned to the deputy job.

Bynum, 45, received a BA in chemistry from the Univ. of Pennsylvania and has done graduate work in biochemistry at Georgetown Univ. Her first career job was as a chemist at NCI, in the Laboratory of Physiology. After a year as an NIH management intern, she joined DRG as a scientific grants program specialist, and became assistant chief for special programs in the Scientific Review Branch in 1978.

Her publications include a paper on the role of women and minorities in federally funded cancer research programs, presented at the annual meeting of the American Assn. for the Advancement of Science in 1979.

Bynum's appointment is the second permanent one DeVita has made to fill key vacancies since he became director, the other being Philip Amoruso as executive officer. Since both moved from other positions within NIH, the Administration's hiring freeze did not apply. Transfers and promotions within the department were permitted under the freeze.

The Cancer Letter has learned that DeVita has made his selections for three other positions—his own deputy and the directors of the Div. of Cancer Cause & Prevention and the Div. of Resources, Centers & Community Activities. At least one of the three presently is employed outside the federal government. These appointments have not yet been submitted to the department.

NIH has received authority to fill up to 50 positions with nongovernment personnel in further exemptions from the freeze.

The other division directorship still not filled on a permanent basis is DeVita's old job at the Div. of Cancer Treatment, where Bruce Chabner was recently moved up as acting director. DeVita was keeping that open as a fallback position in the event President Reagan decided to find another NCI director. That prospect seems unlikely now, especially since DeVita appears to have weathered the storm created by the Hatch Committee hearings. The President in fact had agreed on Schweiker's recommendation to retain DeVita, and the announcement probably would have been made by now had it not been for the hearings which unfairly blamed DeVita for failings, real and imagined, of his predecessors.

A search committee still must be formed and a nationwide advertising effort made, following SES regulations, to develop a list of candidates for the DCT job.

Still another vacancy the President must fill is that of chairman of the President's Cancer Panel. The term of Joshua Lederberg expired in February. A recommendation from Schweiker reportedly has been submitted to the White House.

SCHWEIKER OKAYS TRANSFER OF NTP'S NCI BUDGET CONTRIBUTION TO NIEHS

HHS Secretary Richard Schweiker has approved NCI's request to transfer its share of the National Toxicology Program budget to the National Institute of Environmental Health Sciences. The transfer will become effective with the 1983 fiscal year budget.

NTP was created by combining NCI's Carcinogenesis Testing Program with elements from FDA's National Center for Toxicological Support, the National Institute of Occupational Safety & Health, and NIEHS. It was placed under the direction of NIEHS Director David Rall and headquartered at Research Triangle Park, N.C., where NIEHS is headquartered.

The NCI Carcinogenesis Testing Program budget and most of the program's staff were transferred to NTP, but each contributing agency continued to receive those funds in their own appropriations from Congress. Thus, NCI's contribution of more than $40 million a year is included in the NCI overall appropriation of about $1 billion.

This arrangement has not seemed very satisfactory to NCI executives or their advisors. NCI was carrying personnel who receive their orders from non-NCI executives; and although the NCI director, as a member of the NTP Executive Committee, has some influence over NTP policies, it is not as much as he would like to have over such a large amount of NCI money. There also was the feeling that the system presented a distorted view of the total amount of money NCI receives, perhaps resulting in lower annual appropriations.

NTP personnel still listed on NCI rolls will be transferred to NIEHS along with the budget.

NTP's four-agency administrative structure, considered by many to be weird and unworkable, may have survived the skepticism. The Investigations & Oversight Subcommittee of the House Science & Technology Committee, chaired by Congressman Albert Gore (D.-Tenn.), was to have gone into that situation at a recent two day hearing. However, after hearing from Rall, NCI Director Vincent DeVita and representatives of the other agencies describe how well the program is working, subcommittee members were glowing in their praise ("It was a love-in," one NTP observer commented). No one suggested that any reorganization might be needed.

The subcommittee spent the entire second day grilling Occupational Safety & Health Administration Chief Thomas Auchter over that agency's decision to fire a scientist who opposed Auchter's decision not to push for regulatory action at this time on formaldehyde.

In the last weeks of the Carter Administration,

OSHA had joined NIOSH in issuing a Current Information Bulletin warning of formaldehyde's potential carcinogenicity, based on an industry test which found that 95 of 240 rats exposed to it developed nasal tumors. Soon after the Reagan Administration took over and Auchter was named to head OSHA, he conferred with industry representatives (Gore hearing testimony developed) who convinced him the data were not conclusive and that regulatory action should await further tests being conducted by NCI.

Auchter withdrew OSHA's support of the CIB despite the unanimous opinion of OSHA's scientific staff that formaldehyde was a potential human carcinogen. One of those scientists, Peter Infante, wrote to John Higginson, director of the International Agency for Research on Cancer, complaining that IARC's determination that formaldehyde represented only a "limited" carcinogenic threat contradicted IARC's own criteria for determining the relative potential for human carcinogenicity. Higginson responded by writing to Auchter, contending that Infante and OSHA (since Infante's letter was on OSHA stationery) were trying to intimidate IARC.

The result was the decision to fire Infante. Whose decision? Infante's immediate superior, Bailus Walker said under oath at the Gore hearing that it was Auchter's. Auchter, also under oath, said it was Walker's.

That's where the matter stands. Walker is leaving OSHA to become director of the Michigan State Dept. of Health. The formal process involved in firing Infante remains in effect.

FIGHTING INFLATION: 48 ISSUES

Inflation has been a problem for everyone and every organization for several years, and ***The Cancer Letter*** is no exception. Since the newsletter began publication in 1974, first class postal rates have increased 225 percent, printing costs have tripled, and comparable increases have occurred in just about everything else that goes into its production. The subscription price of ***The Cancer Letter*** has been increased only once during that time.

The good news: There will be no increase in ***The Cancer Letter*** subscription price in 1982.

The (not so) bad news (and staff believes it is good news): To help hold down costs, and to make it a little easier for staff to take some time off, the number of issues we will publish each year will be reduced from 50 to 48, starting in 1982.

We usually skip publication the last two weeks of the year, when news from NCI, Congress and elsewhere in the government falls off anyway. The additional two non-publication weeks probably will be spotted in the summer, also a slower news time. Notices to that effect will be published in each issue prior to the non-publication weeks.

NEW PUBLICATIONS

"Principles of Cancer Treatment," by Stephen Carter, Eli Glatstein and Robert Livingston. Focuses on the entire range of therapy as it is currently applied to cancer patients and encompasses the frontiers of clinical research. Contributors include acknowledged experts from the full range of oncologic medicine—surgical oncology and its subspecialties, radiation oncology, pediatric oncology, hematology, and supportive care. McGraw-Hill, $79.

"Nutrition and Cancer—Etiology and Treatment," edited by Guy Newell and Neil Ellison. A comprehensive review of the relationships between nutrition and cancer. Raven Press, 1140 Ave. of the Americas, New York 10036.

"Progress in Cancer Control," edited by Curtis Mettlin and Gerald Murphy. Proceedings of the first conference on Progress in Cancer Control in Buffalo, September 1980. Alan R. Liss Inc., 150 Fifth Ave., New York 10011, $28.

"Manual of Cancer Chemotherapy," edited by S. Monfardini, K. Brunner, D. Crowther, D. Olive, J. MacDonald, S. Eckhardt and J. Whitehouse. Third revised edition provides in condensed form fundamental information about the theory and clinical practice of cancer chemotherapy. UICC Technical Report Series Vol. 56. International Union Against Cancer, 3, rue du Conseil-General, 1205 Geneve, Switzerland, 30 Swiss francs (about $18).

"Pancreatic Cancer," edited by Isidore Cohn Jr. and Paul Hastings. Monography from a workshop on pancreatic cancer held in Geneva. UICC, address above, 20 Swiss francs.

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

Child's Return to the Community—Aug. 8, Roswell Park Memorial Institute. Contact Dorothy Wilson, RPMI, 666 Elm St., Buffalo, N.Y. 14263, phone 716-845-3436.

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.

Immunologic Aspects of Cancer—3rd International Conference on Diagnostic Immunology—Aug. 16-21, Henniker, N.H. Contact Engineering Foundation, 345 E. 47th St., New York 10007, phone 212-644-7835.

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.

Oncology in the 80s—Aug. 25-28, Dartmouth College, Cook Auditorium, Hanover, N.H. Contact Johanne Kingston, 603-643-4000, ext. 2492.

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.
National Cancer Advisory Board Subcommittee on Board Activities & Agenda—Aug. 27, NIH Bldg 31 Rm 8, 9:30 a.m.
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 Prostoglandins in Cancer 1981—Aug. 31-Sept. 2, Washington D.C. 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.

5th Asia Pacific Cancer Conference—Sept. 1-4, Colombo, Sri Lanka. Contact S. Sivayoham, 31 Guildford Crescent, Colombo 7, Sri Lanka.
5th Congress of Radiology—Sept. 2-4, Bratislava, Czechoslovakia. Contact Slovak Medical Society, Mickiewiczova 18/1, 883 22, Bratislava.
International Conference on Malignant Lymphomas—Sept. 2-5, Lugano, Switzerland. Contact F. Cavalli, Serv. Oncologico, Ospedale S. Giovanni, 6500 Bellinzona, Switzerland.
Third World Congress on Pain—Sept. 4-11, Edinburgh, Scotland. Contact Center for Ind. Consultancy and Liaison, Edinburgh Univ., 16 George Sq., Edinburgh EH8 9LD, UK.
UICC Clinical Cancer Chemotherapy Course—Sept. 7-11, Colombo, Sri Lanka. Contact S. Sivayoham, Sri Lanka Cancer Society, 37/25 Bullers Lane, Colombo 7, Sri Lanka.
Contemporary Issues in Hodgkin's Disease: Biology, Staging & Treatment—Sept. 9-12, San Francisco Hilton Hotel. Contact Lili Zubar, Box 277, University Hospitals, Univ. of Minnesota, Minneapolis 55455.
Soft Tissue Tumor Symposium—Sept. 14-16, New York. Contact Dr. Steven Hajdu, Memorial Sloan Kettering Cancer Center, 1275 York Ave., New York 10021.
Symposium on Significance of the Non-Involvement of Lymph Nodes in Certain Cancers—Sept. 14-16, Paris. Contact J. Crozemarie, Association pour le Dévelopment de la Recherche sur le Cancer, BP3, 94800 Villejuif, France.
Present Status and Future of the Anthracycline Antibiotics in Cancer—Sept. 16-18, New York Univ. Contact Dr. Franco Muggia, NYU Medical Center, 550 First Ave., New York 10016, phone 212-679-3200.
NCI Div. of Cancer Cause & Prevention Board of Scientific Counselors—Sept. 17-18, NIH Bldg 31 Rm 4, 9 a.m. both days, open.
Perspectives on Prevention and Treatment of Cancer in the Elderly—Sept. 20-23, Bethesda, Md. Contact Dr. Rosemary Yancik, DRCCA, NCI, Blair Bldg Rm 632, Bethesda 20205, phone 301-427-8656.
Workshop on Doctor Involvement in Public Education About Cancer—Sept. 20-23, Manchester, UK. Contact R. Davison, Manchester Regional Committee for Cancer Education, Kinnaird Road, Manchester M6O 9QL UK.
The Oncology Team: A Diverse But Unified Force—Sept. 21, Fox Chase Cancer Center, Philadelphia. Contact Delaware Valley Chapter, Oncology Nursing Society.
Oral Complications of Cancer Chemotherapy—Sept. 21-22, Baltimore. Contact Univ. of Maryland School of Medicine, 10 S. Pine St., Baltimore 21201.
11th Triennial World Congress of Pathology—Sept. 21-25, Jerusalem. Contact E. Levy, Pathology Dept., Medical Center of the Entral Emek Hospital, Afula, Israel.
Advances in Cancer Chemotherapy—Sept. 21-Oct. 3, Erice, Trapani, Italy. Contact 1st Farmacologia-Cattedra II, Policlinico Feliciuzza, 90127 Palermo, Sicily.
6th Annual Symposium on Advances in Cancer Treatment Research—Sept. 24-26, Baltimore. Contact Program of Continuing Education, Univ. of Maryland School of Medicine, Baltimore 21201, phone 301-528-3956.
2nd National Seminar on Community Cancer Care—Sept. 25-27, Indianapolis Hyatt Regency Hotel. Contact Office of Continuing Medical Education, Methodist Hospital of Indiana, 1604 N. Capital Ave., Indianapolis 46204.
Progress of Cancer Control 1981: Issues in Screening & Cancer Communications—Sept. 28-29, Roswell Park Memorial Institute. Contact Dr. Curtis Mettlin, RPMI, 666 Elm St., Buffalo 14263, phone 716-845-4406.

FUTURE MEETINGS

Abdominal and Extremity Tumors: Diagnosis & Surgical Management—Oct. 30-31, Chapel Hill, N.C. Sponsored by the Clinical Cancer Education Program and the Cancer Research Center at the Univ. of North Carolina. 14th Annual Malignant Disease Symposium. Program will include newer techniques applicable to upper abdominal cancers, abdominal tumors in children, colorectal polyps, skin and soft tissue tumors. Contact Pam Upchurch, Cancer Research Center, Box 30, MacNider Bldg., Chapel Hill 27514, phone 919-966-3036.
3rd Annual Symposium on Preventive Oncology: Cancer Prevention & Clinical Practice—Oct. 31-Nov. 1, Sheraton Palace Hotel, San Francisco. Focus on the etiology, pathogenesis, and prospects for prevention of colon, lung, oral, breast, and cervix and melanoma. Contact Univ. of California at San Francisco, Continuing Education in Health Sciences.
Computer Tomography Scanning of the Brain—Nov. 4-6, NIH Clinical Center, Masur Auditorium. NIH consensus conference. Contact Peter Murphy, Prospect Associates, 11325 Seven Locks Rd. Suite 220, Potomac, Md. 20854, phone 301-983-0535.

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-11032-76

Title: *Operation of a facility to hold and maintain nonhuman primates for cancer research*
Deadline: *Approximately Sept. 18*

NCI has a requirement for the operation of a facility to hold and maintain nonhuman primates for cancer research.

Contract Specialist: Steve Metcalf
RCB Blair Bldg. Rm. 119
301-427-8764

RFP NCI-FS-11028-67

Title: *Epidemiologic study of mesothelioma risk factors utilizing population-based tumor registries*
Deadline: *Sept. 3*

The Environmental Epidemiology Branch, Field Studies & Statistics Program, Div. of Cancer Cause &

Prevention, NCI, intends to conduct a multi-center study of mesothelioma having two components: (1) a case control interview study of mesothelioma risk factors, and (2) a study of time trends in disease incidence. It is desired to contract for two years with at least four population based tumor registries in different areas of the United States. Each respondent is expected to be familiar with the population and data collection problems unique to the geographic areas where the study subjects reside. The respondent must have, from ongoing or past work, close working relationships with appropriate state or local health officials and medical personnel (especially pathologists) in each proposed study area. Although data collection in support of the in-house research team will be a major aspect of this contract, the respondent may also engage in research to a limited extent, and will receive professional recognition for this contribution. Input will be sought from contractors for study design, development of a questionnaire, and interpretation of results. All respondents must engage in support studies, i.e., no contracts will be awarded for research only. At least one contract may be awarded in four different time zones in the U.S.

All potential cases of malignant mesothelioma will be identified from the files of the established population based tumor registries. Cases of mesothelioma not specified as benign or malignant should be ascertained if they are not included in a registry's files. Mesotheliomas actually specified as benign will not be included in the project, but will be included in the pathology review. As a minimum, at least 30 cases diagnosed since Jan. 1, 1975 among residents of each registry study area must be available for study.

Cases diagnosed prior to that date are also desired. Slides of available diagnostic tissue specimens will be reviewed locally by a pathologist chosen by the contractor. A sample of these slides will be verified by being submitted to a second level pathology review group representing those providing the slides and NCI.

Each selected contractor will, therefore, (1) identify a series of mesothelioma cases; (2) obtain pathology material for these cases, perform an initial pathology review, and submit selected slides to a central pathology review group; (3) identify suitable controls; (4) identify, locate, contact, and interview proxies of cases and matched controls; and (5) interview available living cases and controls to permit comparison with interviews of proxies.

The principal investigator (10 percent of time) must have a medical degree or a doctoral degree in public health or statistics; three years experience in the field of cancer epidemiology as evidenced by relevant publications to be listed in the proposal; close familiarity with the population of the geogrpahic area where cases and controls will be drawn, and an understanding of data collection problems in this area; and a close working relationship with the medical community (especially pathologists) in the study area, as demonstrated in previous collaborative studies, in order to ensure full cooperation for this study. The consultant pathologist (as needed) must be board certified in pathology. A project coordinator (10-50 percent of time) will directly supervise the interviewers and be responsible for all aspects of data collection including abstracting. The principal investigator may, if desired, serve as project coordinator, in addition to his/her own duties. Experienced interviewers will also be needed.

Contract Specialist: Camille Battle
RCB Blair Bldg., Rm. 114
301-427-8888

RFP NCI-CP-FS-11030-65

Title: *Support services for a study of cancer following 131-I therapy for hyperthyroidism*

Deadline: *Sept. 3*

NCI's Div. of Cancer Cause & Prevention, Field Studies & Staitstics Program, wishes to contract for three years with an organization which is highly experienced in conducting and managing simultaneously all support phases of epidemiologic studies in different geographic locations. This includes preparing data collection forms and manuals for abstracting, coding, tracing, and interviewing; locating individuals from charts of prior years; interviewing in person or by mail; abstracting, keying, editing, updating, and coding of data; obtaining death certificates; validating medical information; abstracting radiation exposure information; and creating and manipulating data files. Temporary field offices will be authorized during the study.

The respondent must have (a) 5-10 years of relevant experience in the conduct and management of epidemiologic studies; (b) experience in preparing relevant forms for data collection that minimize error by their structure, wording, and format, and must provide samples of forms developed by it and used in related studies (abstracts and questionnaires); (c) considerable experience in recruiting and training abstractors to work in the home office or in field offices; (d) experience in tracing individuals and procuring death certificates; (e) experience in training and supervising abstractors in many locations; and (f) experience in maintaining quality control. An approved commercial, operational office within 35 miles of NIH must be established within 60 days of contract, if not already in operation.

Overall objective of this contract is to provide technical (non-professional), managerial, and clerical support for a study in relation to cancer of 11,000 patients treated for hyperthyroidism many years previously. The study will support a research project

of the Radiation Studies Section, Environmental Epidemiology Branch, NCI.

A highly experienced study manager (principal investigator) must devote at least 50 percent of time to the contract, and will be responsible for coordinating all the resources and personnel needed for the study. An assistant study manager must spend 100 percent of time on the study. Other personnel needed include a programmer/analyst, a coding/abstracting supervisor, field supervisors, coders, locators, abstractors, and a core staff which includes form specialist, survey specialists, programmers, and clerical/secretarial personnel.

The study manager must have at least two years experience in supervising staff of large scale field research activities (developmental work, liaison with hospitals, field survey work, computer services, etc.); must have had major responsibility for initiation and management of at least one multicenter health survey; and at least three years of experience in conduct and management of health studies relevant to this contract, including experience in both hospital based and population based studies.

The assistant study manager should have the same qualifications, but only one year of experience at the level of this position and two years experience in the conduct and management of relevant health studies. The programmer/analyst should have had at least two years of experience in supervising computer programmers; at least four years of experience in writing, debugging, and documenting computer programs in at least two languages such as Fortran, PL/I, or COBOL, familarity with the IBM 370 system, and experience with SPSS, SAS, or BMDP. The coding/abstracting supervisor should have had at least two years experience in supervising at least five coders/abstractors and in preparing abstracting/coding manuals that are detailed, clear, and specific.

Contract Specialist: Donna Rothberg
RCB Blair Bldg Rm. 114
301-427-8888

RFP NO1-CM-15792-58

Title: *Chemical coupling of cytotoxic agents to tumor reactive monoclonal antibody*

Deadline: *Sept. 14*

The Biological Response Modifiers Program of NCI seeks a contractor with the chemical expertise to conjugate or chemically couple several cytotoxic agents to monoclonal antibodies directed against antigens found on human tumor cells. Examples of cytotoxic agents include ricin toxin subunit, diphtheria toxin A fragment, chlorambucil, methotrexate, gelonin, daunomycin, l-amanitin, phospholipase C, and radioisotopes. It is anticipated that five to 10 monospecific antibody preparations will each be coupled with up to six types of cytotoxic agents during the first year. The choice of monoclonal antibodies and cytotoxic agents to be coupled will be made by the project officer.

The principal investigator should possess an MD or PhD with extensive experience (a minimum of five years) in immunology, microbiology, biochemistry, cell biology, or virology. In addition he/she should have recent experience in a) the development of methodology related to chemical coupling of a variety of drugs, toxins and antimetabolites, and radioisotopes to immunoglobulins and b) experimental immunology including radioimmune assays and in vitro assays to measure antibody activity, and c) protein purification.

In addition to the principal investigator, a biologist-biochemist at the doctoral level should be assigned for a majority of his/her level of effort to the project and must have recent experience in chemical coupling reactions, cellular immunology, and immunoassays. The qualifications of the support team should give expertise to the following areas: bioorganic reactions studies, radioimmune assays, cellular immunology, microbiology-virology, protein purification, and radiolabeling of proteins. Also, some clerical/administrative support will be required for this project.

Contract Specialist: Mary Armstead
RCB Blair Bldg. Rm. 212A
301-427-8737

CANCELLATION

National Toxicology Program

The RFP No. N01-CP-15774-50 entitled "National Toxicology Program" which appeared in ***The Cancer Letter*** June 26, has been cancelled.

RFP NCI-CP-11031-26

Title: *Inter- and intraspecies identification of cell cultures*

Deadline: *Approximately Sept. 18*

NCI has a requirement for inter- and intraspecies identification of cell cultures. The successful offeror will be required to identify up to 20 cultures per month on a continuing basis.

Contract Specialist: Steve Metcalf
RCB Blair Bldg Rm. 119
301-427-8764

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.