THE CANCER LETTER

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PANEL TO TAKE UP ISSUES IN GRANTS/PEER REVIEW SYSTEM, CONSIDER NCAB MEMBERSHIP REQUIREMENTS

Members of the President's Cancer Panel, on the sporadic occasions they met in the two years prior to the appointment of Armand Hammer as chairman, agreed that the time had come to take a critical look at the system by which NIH supports biomedical research. Joshua Lederberg, then chairman of the Panel, was the most outspoken advocate of initiating a review of the system, but when he failed to attend Panel meetings during the last year of his term, nothing was done about it.

Panel members Harold Amos and Bernard Fisher renewed the sugges-

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In Brief

REAGAN/CONGRESS BUDGET COMPROMISE SEEMS LIKELY, WOULD LOOSEN FY 1982 SPENDING LIMITS ON NCI

COMPROMISE BETWEEN the White House and Congress on a new continuing resolution appears likely, with the result that the reduction in FY 1982 spending demanded by President Reagan will be scaled down from 12 percent to four percent. That would give NCI a little more flexibility than the scenario described by Director Vincent DeVita last week. Noncompeting grants probably would still have to be renegotiated, but with four percent budget cuts instead of 12. Some new grants might be awarded. Level of funding for competing renewals, particularly center core grants, cooperative groups and program projects, might be somewhat higher than previous years' levels, although still not close to recommended levels in most cases. Congress could help the situation if it would pass (and Reagan would accept) a regular appropriations bill for HHS. . . . **ROSE KUSHNER** says she has had to pay for long distance phone calls, postage and other nonreimbursible expenses, since becoming a member of the National Cancer Advisory Board, on Board related business. "There is no way someone not independently wealthy, or married to someone with a good job, can serve on this Board," she told the Board's Subcommittee on Activities & Agenda.. Some members are affiliated with institutions which pick up those tabs. William Powers and Maureen Henderson put the pay they receive as Board members (about $150 a day) into funds administered by their institutions and used to reimburse individuals for out of pocket expenses incurred. Sheldon Samuels pointed out that personal services contracts could be used for expenses other than those connected with legislative matters, such as letters to the President and members of Congress which Chairman Henry Pitot has sent this year. "That has to do with the independence of the Board," Samuels said, and suggested that some small foundation might be interested in helping out. The subcommittee asked Barbara Bynum, director of the Div. of Extramural Activities, to study various options and report at the next meeting.

HAMMER ANNOUNCES $1 MILLION AWARD TO SCIENTIST WHO "FINDS THE CURE"

(Continued from page 1)

tion during Hammer's first meeting with them, and it was on the agenda for the second. Fisher opened the discussion last week with a statement in which he offered some questions to initiate the discussion, questions related to stability of research as a career, opportunities for young investigators and for innovation, whether paperwork interferes with productivity, whether the peer review system can be improved, whether alternatives are available.

"Any procedure which is highly successful eventually becomes obsolete and ineffectual as a result of its accomplishments," Fisher said. "Consequently, modification of the original process or use of new mechanisms is required in order to ensure further progress. Only minimally successful procedures go unchanged forever.

"No process has had more success than that which occurred following establishment of the Div. of Research Grants by NIH in 1946. That body gave birth to study sections or initial review groups in 1947. For over three decades the system whereby research proposals from investigators are submitted to the NIH, are peer reviewed and are funded or denied support has resulted in the eminence in biological research which this country possesses.

"As the program demonstrated success and its scope broadened increased funds became available for it. More and more individuals became 'investigators' and this system has become their lifeline for survival. In the early years of the program a modest number of grant applications was submitted; by 1969 8,000 grants were reviewed by study sections and by 1978 over 21,000 were processed. Such growth has resulted in a strain on every aspect of the mechanism.

"As might be expected, increasing numbers of critics have surfaced," Fisher continued. "They have raised questions, expressed dissatisfaction and unhappiness with the process both vocally and in scientific journals. Many more than those who have publicly made known their concerns have been privately vexed by this or that aspect of it.

"How much of the criticism is justifiable, particularly as it relates to NCI which from time to time has been a target? Is it time to make changes in a system which served so well for more than 30 years? Since the process by which funding takes place is the heart of the research structure of this country—including cancer research—it seems entirely appropriate that this topic be considered for discussion by the President's Cancer Panel.

"It is to be emphatically emphasized that this communication is not intended to be a recommendation for changing the face of the ongoing process nor is it presented as a critique of it," Fisher said. "Its purpose is to provide a focus for discussion and to raise questions concerning some of the perceived problems in the system.

"There may well be no firm answers to the questions and it may be determined that appropriate alternatives for the present system do not exist. There may be no way to change it and we may have to live with what we have. Nonetheless the scientists of this country whose lives are affected by the system must have the satisfaction of knowing that consideration has been given as to how it can be improved.

"As a result of more than 25 years of intimate involvement with this system and as a result of contact with those in the scientific community representing a variety of disciplines during that time, I believe that the following are some questions which are most appropriate to ask—particularly for the purpose of initiating serious discussion relative to this issue.

"1. Does the present mechanism for research funding allow for the creation of an established population of scientists or does it favor the production of transient investigators who enter and leave research at a rapid clip?

"a. What are the opportunities for young investigators within this system? Are they willing to be involved with a career in which there is so much uncertainty each year regarding research support? Do they fashion careers so that research becomes only a part-time endeavor which competes with clinical practice, consulting, etc., in order to attain greater security?

"b. What are the opportunities for established investigators? Are they destined to exist from one grant review to the next with the attendant uncertainties?

"c. Should beginning and established investigator be evaluated by a separate process?

"2. Does the present mechanism allow for uniqueness, innovation and individuality?

"3. Do the mechanics involved with seeking funds, i.e., writing the application and preparing progress reports significantly interfere with research productivity?

"4. Are there aspects of the peer review system which could be improved upon?

"a. Is there a way in which a better match up between the investigator and the reviewer can be effected?

"b. Can there be opportunity for communication between investigator and reviewer so as to eliminate the adversary situation? Could the investigator be provided with (1) the opportunity to clarify areas of misunderstanding directly, and (2) the opportunity to utilize constructive criticism by the reviewers?

"c. What is the credibility of priority scores, particularly those in the region of the [funding] cut off?

"5. Are there viable alternatives to the present system which have been overlooked or ignored?"

ACCC president; and Richard Steckel, AACI president, assisted by Peter Magee, Gerald Murphy, Joseph Cullen, and Palmer Saunders.

Kerman described elements of community hospital cancer programs, many of which have been established with encouragement and advice of ACCC and mostly without federal funds. He also described CCOP, which will be funded in part by NCI's Div. of Resources, Centers & Community Activities with the primary mission of making more research protocols available to cancer patients at the community level while also bringing more community patients into clinical trials.

"I congratulate you on developing your own programs at a time when the President is encouraging self support," Board member Janet Rowley said. "Isn't there enough interest among other communities to develop their own programs so that this can be an area where federal money is not required?"

Kerman responded that federal funding requirements for CCOP "is minimal. If we are going to participate in clinical trials, some funding is required. There is no source of money to pay for clinical trials other than the federal government."

"But you are doing it on your own," Rowley said, referring to the program at Kerman's Halifax Hospital in Daytona Beach.

"No, the cost of the tumor registry is included in patient fees," Kerman said. "Patient fees and third party payers are the only source of revenue." Most of the money from NCI to support CCOP will pay for data collection and analysis and other costs required for clinical trials.

"For nominal federal funding (an estimated $10 million a year for maximum 10,000 patients entered into trials by an ultimate 200 participating hospitals) . . . this will add a tremendous resource for a new level in the Cancer Program," Kerman said. "This should have high priority, not a lesser one."

Board member Harold Amos asked how the community physician would fit into the program. "I'm glad you brought that up," Kerman said. "The community physician will remain in control of the patient. When I as a radiotherapist accept a referral from a family physician, I as a consultant treat the patient, and bring in others as required in a team approach. But that patient stays under the care of the original physician."

Kerman said that tumor conferences and other education efforts provided by his cancer program are well attended by family physicians.

"Are you willing to say that the level of understanding of cancer treatment has increased as the result of your efforts?" Amos asked.

"No question," Kerman replied.

Board member Rose Kushner expressed concern about "combination chemotherapy being used too indiscriminately," although acknowledging that "most breast cancer patients want to be treated at home."

Kushner picked up on the argument by some of those interested in the Cancer Control Program that funds earmarked by Congress for cancer control will be used to help finance CCOP. "I would like to have a ruling from the HHS general counsel on whether cancer control money can legally be used for experimental therapy," Kushner said.

"We've been doing research with cancer control funds for six years," Director Vincent DeVita said, referring to the cooperative group cancer control program which costs about $5 million a year and will be phased out as the CCOPs are funded. "If it's illegal, we're already in trouble. The stipulation that no control money be used to support research is an NCI policy, and it came from the feeling that cancer control money should not be used to fund grants." Because it is an NCI policy, it can be changed by NCI without consulting HHS, DeVita indicated.

Kushner insisted that the involvement of the Div. of Cancer Treatment required to implement and manage CCOP should involve some DCT support for the program. "If there is cross division responsibility, there should be cross division funding."

"It all comes from the same pot," DeVita said.

"No, cancer control money going to CCOPs is not going to cancer control activities," Kushner said.

Rowley wondered "if it is appropriate to support this at all in light of the budget problem. Some feel there are enough centers." Rowley objected to what she said was the "fait accompli that there are going to be CCOPs and the only question is the mechanism (contract, grant, or cooperative agreement). There is a central premise here that has not received review."

"Our Board (of Scientific Counselors of DRCCA) did a good part of the development of the program," DRCCA Director Peter Greenwald said.

"They have a vested interest in it," Rowley said.

"No, there are mixed interests on that Board," DeVita said.

"It is essentially done, and I don't think anything short of action we're not prepared to take will stop it," Amos said.

"CCOP has been rammed through without enough thought," Kushner said. "Others feel as I do, we're uncomfortable with it. It is not too late."

"I take the responsibility for moving fast," DeVita said. "I have never seen any reason for moving slow. A lot of thought by the (DRCCA Board) committee has gone into it. We have to move quickly to get chemoprevention trials going. We will have a terrible time defending the Cancer Control Program, and if we want to save that budget we will have to move fast."

DeVita suggested that "if this Board (NCAB) is going to be involved in these decisions, you better move fast."

The Board adjourned without making any recommendation. The DRCCA Board will meet in January, with final approval of the CCOP guidelines on the agenda.

"One of the biggest problems of hospitals trying to gear up for clinical trials is identifying patients which fit the criteria," Board member Maureen Henderson said.

"The number of those eligible is always smaller than hospitals think. You have to accumulate a minimum number for a particular cancer site. Can a group of hospitals come to an agreement which will concentrate patients at a particular hospital?"

Kerman said that an estimated 10 percent of patients will fit into protocol requirements. "Most major hospitals can provide the minimum 50 patients (which will be required of participating CCOPs)."

Board member Robert Hickey pointed out that patients with rare tumors "should be concentrated in centers."

"We are aware at our institution of the special interests of other institutions," Kerman said. "There is a hospital in Gainesville which has a special interest in extremity sarcomas, and we refer all of ours to them."

In the "best of all worlds," DeVita said, CCOP will "increase referrals to centers and at the same time increase the number of patients in clinical trials."

DeVita repeated his intention of placing control of Group C drug distribution in the hands of CCOP participating institutions once the network has been established. Group C drugs are those which have been proven useful against one or more tumors but are not available commercially. NCI supplies those drugs free to physicians who register with NCI and FDA and agree to certain reporting requirements.

AACI includes in its membership nearly all of the cancer centers in the U.S. and many of those elsewhere.

Magee described basic research activities in cancer centers and the importance of that research to developments in treatment, radiotherapy, chemotherapy, immunology, and prevention.

Rowley commented on "the impact of the problem with funding individual research grants." Support for R01s is declining as the priority score payline has declined, she said. Magee agreed that the impact "will be considerable in the near future."

"There are two sources for funding investigators in centers, the core grant and R01," Rowley said. "We need stability in funding both. Unfortunately, they are often seen as competitive. There is the feeling that the more that goes into core, the less there is for R01s."

"I would vigorously contest the concept that core is competitive with R01s or P01s," Steckel said.

Magee pointed out that salaries may be paid from core grants only for those investigators who have R01s or P01s (except for those who may be between grants, developing new proposals, or are new investigators).

Amos asked about the influence of clinical research on basic research. Magee replied that Baruch Blumberg, who won the Nobel Prize for his work which has led to development of a hepatitis vaccine, "was enormously influenced by his clinical experience."

"Bringing clinical and basic research together in a center, in theory, each enhances the other," Amos said. "Is this true?"

"There is no question," Steckel said. "The influence is quite dramatic."

Murphy described various clinical research activities carried on by cancer centers, noting that major advanced in nearly all modalities either originated in or were carried through to implementation in centers. Most major clinical centers participate in cooperative group clinical trials and also carry out phase 1 and 2, combination, and adjuvant chemotherapy studies.

Board member William Powers said that "at least a significant portion of clinical centers have registries and collect data for assessment of results of therapeutic research. Are those data available?"

Murphy said that the Cancer Center Patient Data System makes those results directly available to all centers and through the International Cancer Research Data Bank to others. The American College of Surgeons supports a program for data compilation, Murphy said.

Murphy referred to the construction and renovation program supported by NCI which has been of major importance to many centers. That program has generated three to four dollars for every NCI dollar, Murphy said.

Steckel returned the discussion to core grants, which he said "is the glue which holds the research efforts of a center together. . . . It has been implied that core grants compete with R01s and P01s. Almost all costs (shared resources, administrative costs, investigator salaries) would be borne by R01s and P01s if there were no core grants. They are complementary to each other. I would emphasize that core grants are rigorously peer reviewed every three or five years, and they are based on the existence of peer reviewed R01 and P01 grants."

Steckel cited several issues relating to centers. "Can a means be found to support core grants at recommended levels? This is not a criticism, because I am aware of the budget problems. But core grants are being supported at less than recommended levels. Is there an optimal number of institutions which can be supported through core? Is there a geographical limit? Or should there be no limit at all on the number or geographic distribution. Can review of core be

Fisher said his staff had determined that over the last 10 or 11 years he had submitted to NCI about 70 new or renewal proposals and about 100 progress reports. "Since all that was done essentially by me, in 10 years I spent four years of my time with the process rather than science."

Hammer agreed that "the most important job we have is to see to it that money is distributed as effectively as possible. That was a provocative statement."

NCI Director Vincent DeVita said that "a key point here is how do we go about (addressing the issues). Some people are not comfortable speaking out against the peer review system." He suggested that Panel meetings be scheduled at various institutions around the country to help encourage discussions of the issue.

"We need to put this question out for discussion without necessarily coming up absolutely with one, two, three answers," Fisher said. "NCI and NIH do not have to be defensive about the system. Peers are the ones who should be defensive."

Amos said the National Cancer Advisory Board "is hoping the Panel takes this up as a serious, one year study."

Amos brought up the composition of the NCAB as another issue for the Panel to consider. A 1978 amendment to the National Cancer Act requires that at least five of the 18 appointed members "shall be individuals knowledgeable in environmental carcinogenesis (including carcinogenesis involving occupational and dietary factors." Another 1978 amendment states "at least two of the physicians appointed to the Board shall be physicians primarily involved in treating individuals who have cancer."

Amos asked, "Is that composition suitable for the function of the Board? The reorganization of NCI has changed the role of the Board, the division boards of scientific counselors and their functions. We now have direct access to those boards which deal with the science. The NCAB's role now is more do-able. The appointment of individuals who in fact are designated as advocates for those individuals' areas of expertise is a very destructive and unfortunate situation. It means the Board takes on the role or an image of a set of individuals, one representing basic science, one community hospital organizations, etc. The multiplicity of the Board is lost, when each member has a narrow approach."

"The 1978 amendments have in fact caused some difficulty," DeVita said. "The reason for the 1978 amendment (requiring the five environmental carcinogenesis experts) is not there anymore," that reason being the lack of emphasis on prevention as perceived by some members of Congress. DeVita contends there is no such lack now.

"The process of science is changing so rapidly that if we do not select members on the basis of the best scientists available, we will fall behind," DeVita said. "I agree one hundred percent, the best Board members are not advocates. This is not an insignificant issue."

"I totally support what you say," Fisher said. "The primary assignment of the Board is approval of grants, in basic and clinical science, and the continued scrutiny of grants approved by study sections. In my humble opinion, that kind of talent is so watered down as to make impossible the accomplishment of those objectives."

"We're only asking that the process of selection not be one of advocacies," Amos said. "The intent of Congress to bring the question of the environment to the forefront was a wise one but the proposal to do it was not a wise one."

The environmental carcinogenesis representation amendment was pushed through by Andrew Maguire, a New Jersey Democrat who went down in the Reagan sweep last year. The physicians amendment was lobbied in by the Assn. of Community Cancer Centers.

The Board at that time already included four experts in the environmental and/or nutrition fields—Chairman Henry Pitot, Bruce Ames, Philippe Shubik, and Gerald Wogan. Appointed to the next vacancies as a result of the amendment were Sheldon Samuels, director of Health, Safety & Environment in the AFL-CIO's Industrial Union Dept.; and Irving Selikoff, director of the Environmental Sciences Laboratory at Mount Sinai School of Medicine.

Although ACCC pushed for appointment of two community physicians, it succeeded in getting only one, Gale Katterhagen, director of oncology at Tacoma General Hospital. William Powers, chief of radiation oncology at Harper Grace Hospital in Detroit, fit the criteria in the amendment and was reappointed.

The terms of Pitot, Ames and Shubik expire with the Board's next meeting, in February, as do those of Marie Lombardi and Frederick Seitz, two of the six lay members, and Amos, who holds appointments on both the Panel and NCAB. Amos will continue as a Panel member and thus will be able to sit as an ex officio member of the NCAB, as will Hammer and Fisher.

DeVita has been compiling a list of names for the six vacancies to be submitted to HHS Secretary Richard Schweiker. NCAB members are officially appointees of the President but the secretary makes the recommendations and they usually are accepted.

The National Cancer Act comes up for renewal again in 1982, and the Panel and NCAB will have the opportunity to suggest changes.

Hammer opened the meeting with a statement in which he:

- Said again that the Panel is opposed to cuts in NCI's budget "and very much hope there will be no need for NCI to sustain any cuts. Although the

budget grew steadily in the first years of NCI's existence, the increase from 1979 to 1980 amounts to only 5.7 percent, which is less than the amount inflation increased throughout our country during that period. So I don't believe that NCI can be said to be overfunded as compared to other segments of the government."

• Said that as he has learned more "about all the exciting work being done in cancer research and the possibilities it holds for the future, I am even more determined to devote as much of my time and energy as possible to supporting our researchers and scientists in their work and in helping to attract other leaders in the business community and private enterprise to give total support to this program."

• Announced that the Armand Hammer Foundation would award $2 million in grants and prizes to scientists "to find a cure for cancer during the next 10 years. I believe that a scientific breakthrough in the cure of some cancers is closer than we know. I wish to use my foundation to spur this on and particularly dedicate these prizes in two fashions. The first is a prize of $1 million to the scientist who achieves a cure similar to that discovered by Dr. Jonas Salk with polio vaccine. The second are awards of $100,000 each year for the next 10 years to the scientist that year who seems to have done the most to advance medicine toward a cancer cure, as determined by a committee of noted scientists. These funds will be earmarked by the Armand Hammer Foundation and guaranteed in the event of my death."

The Panel meeting was disrupted by the same group of activists who appeared at Hammer's first meeting as chairman, demanding his resignation.

The group, calling itself "Citizens Concerned About Corporate Cancer," interrupted the discussion on grant review despite a warning by Hammer at the start of the meeting that they would be thrown out if they insisted on being heard. "This is a scientific meeting with an agenda agreed upon by members of the Panel. Anyone wishing to make comments may do so in writing," Hammer said, describing the usual procedure for public meetings of NIH advisory groups.

Chief spokesamn for the group, Russell Mokhiber, presented a letter to Hammer calling on him to resign because, "as both chairman of Occidental (Petroleum) and chairman of the President's Cancer Panel, you cannot be expected to urge, as a matter of federal policy, strict enforcement of environmental laws, or otherwise encourage cancer prevention—such a move would run against the short term financial interests of your company. This represents an insurmountable conflict of interest."

Mokhiber cited several instances in which Occidental, and especially its subsidiary, Hooker Chemical, allegedly violated pollution control standards by illegally dumping chemicals.

In response, Occidental staff distributed a statement describing efforts by Occidental and Hooker to remedy disposal problems. "Hooker Chemical has been assuming a leadership role in identifying and correcting problems associated with its past disposal operations and practices," the statement said. "Over the past four years, Hooker has spent or committed over $150 million on pretecting the environment and correcting problems associated with past operations, more than our profit over the same period."

Occidental assumed control of Hooker in 1968. The statement pointed out that the problems grew from waste disposal practices dating back over 30 years, and referred to agreements with authorities in Michigan and New York to clean up disposal sites and prevent future abuses. In those settlements, "Hooker and Occidental have agreed to undertake the most comprehensive and technically advanced remedial program ever devised to correct environmental contamination resulting from the disposal of chemical wastes," the statement said.

When Mokhiber and members of his group persisted in their comments, Hammer ordered them to leave (the meeting was held in a Washington D.C. office building), which they did, loudly demanding Hammer's resignation as they went.

FINAL ISSUE FOR 1981

With issue Number 50 of Volume 7, another year of publishing ***The Cancer Letter*** is concluded. The next issue, Volume 8 Number 1, will be dated Jan. 1, 1982.

The Cancer Letter office will be closed from Dec. 17 through Dec. 23 and intermittently at other times during the holidays. We'll answer the phone when we are in the office, so if you need to reach us before Jan. 4, give it a try. If you get the recording, accept our apologies and our best wishes for a happy holiday season and the New Year.

NCAB COOL TOWARD CCOP BUT STOPS SHORT OF HALTING IMPLEMENTATION

The National Cancer Advisory Board displayed some coolness toward the new Community Clinical Oncology Program along with a reluctance to interfere with its implementation when the Assn. of Community Cancer Centers and Assn. of American Cancer Institutes made presentations at the Board's annual program review last week.

The Board expressed somewhat warmer feelings toward cancer centers in general, but dropped warnings that center core grant support should not be taken for granted nor considered a permanent institution.

Presentations were made by Herbert Kerman,

improved?" Steckel said AACI supports the new guidelines for core grants, agonizingly developed over nearly four years, which places limits on the size of the grants, and on support of professional salaries. Those limits are "absolutely essential," he said.

Board member Gale Katterhagen asked if AACI has addressed itself to the issue, if major cuts have to be made in the NCI budget, of whether reductions should be applied across the board to all core grants or should some be left unfunded to support fuller funding for the others.

Steckel said AACI has no present position on budget reductions. "That is a major issue. If you let some fall off, we stand to lose the major investment we have in those institutions. My personal view is that peer review should be respected. Fund at full levels, even if that means letting the bottom go unfunded. But I would ask that liberal phase out periods be offered."

"That may not be realistic," Board Chairman Henry Pitot said.

"We are facing a cut," DeVita said. "Basically, we are giving phase outs to those below the paylines. . . . Study sections are recommending increases of 20 to 40 percent, and that is not realistic when the institute's budget is going down."

Rowley insisted that core grants and R01s "are competitive in the sense that there is a limited amount of money which NCI has. We will have to make some critical decisions on where to spend it. Can we really afford to maintain 60 centers?"

"I'm for motherhood and against sin when it pertains to quality and funding," DeVita said. "But there is some requirement for geographic distribution. If there is some question on numbers, if we are below the optimal number, then we need to preserve the centers we have. I asked the DRCCA Board committee to look at numbers. The committee deliberated and came up with a definitive answer on core grants (that basic research centers should continue to be supported by core grants rather than some other mechanism). But it dodged the issue on geographic distribution and numbers. I don't know what to do if centers all have scores in the acceptable range. If some are way below the payline, we should encourage more to come in. Even in times of restricted budgets, I'm a believer in going ahead with things we need the most."

"Has AACI addressed the problem of an apparent glut in the number of medical oncologists?" Board member Gale Katterhagen asked. Steckel responded that it had not.

Saunders, dean of the Univ. of Texas at Galveston Graduate School of Biomedical Sciences, was director of what is now the Div. of Extramural Activities when the centers program was started in the 1960s. Steckel asked him to participate in the AACI presentation.

"One of the prerogatives of a senior citizen is indulging in glittering generalities," Saunders said. "The cancer center is the catalyst for new knowledge in basic research. Every center which has received a favorable review by NCI has doubled the number of R01 grants at its institution. No new treatment can come about without basic research developments."

Saunders said he was "grateful that I don't have Vince's problem in wrestling with budgets." On the issue of numbers, "I think there must be cancer centers available to the majority of the U.S. population. We can't afford four or five in one geographic area when there are vast stretches of the country where there are none. But I don't know what the number should be."

"Some of us are strongly supportive of comprehensive centers," Amos said. "I'm convinced they are doing some unique things. I don't know how to decide on the number or distribution. I think we should encourage others. There should be no intent to support cancer centers by the federal government forever. Forever ends when a center can support itself. Finally, we have to protect the individual with an idea of his own who is without a connection to a center."

Cullen, speaking on cancer control and its relation to centers, substantiated DeVita's remark that the Cancer Act does not prohibit cancer control research with earmarked funds, citing sections of the Act.

Cullen cited former NCI Director John Heller's definition of cancer control "as those efforts to close the gap between what we know and what we do."

Prevention is an obvious cancer control activity, "but knowing risk factors is only part of a cancer prevention methodology," Cullen said. "How those factors are perceived, whether they are accepted and acted upon by some change agent will for the most part determine the eventual cancer incidence rates. Cancer control is the judicious application of techniques to stimulate the change agents to reduce or eliminate the exposure. If these techniques are found absent or wanting, cancer control is the research and development of them."

". . . In the diagnosis and treatment sectors there are also opportunities for cancer control. Dr. DeVita has stated that the most serious operational problem facing NCI in the next decade is the development of a satisfactory approach for linking care at the community level to the research institutes. . . . I agree with his aspirations . . . and caveats. To establish these linkages will take time, mutual trust, and much compromise for all parties concerned."

NCAB RESOLUTION COMMENDS GARB FOR CANCER PROGRAM CONTRIBUTIONS

The National Cancer Advisory Board unanimously approved the following resolution at its meeting last week:

Whereas Solomon Garb, MD, wrote *A Cure For Cancer: A National Goal,* published in 1968, a book which inspired the National Cancer Act of 1971;

And whereas Dr. Garb made major contributions to the Report of the Panel of Consultants on the Conquest of Cancer under its Chairman Benno C. Schmidt and Cochairman Sidney Farber, MD;

And whereas Dr. Garb's counsel as a pharmacologist, physician, hospital administrator, and scientific investigator has been sought by every National Cancer Institute director since 1971;

and whereas Dr. Garb, as a citizen advocate, has effectively communicated to the Congress the needs of the National Cancer Institute for funds, and he has also documented, in terms of hundreds of thousands of lives saved and through the history of research progress, the justification for appropriations for the Cancer Program;

Therefore, be it resolved that the National Cancer Advisory Board extends its gratitude and thanks to Dr. Garb for his extremely valuable public service and that these thanks be inscribed in a suitable document along with the Board's hope that the cancer program will benefit in future years from Dr. Garb's activities.

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.

SOURCES SOUGHT

Project NCI-CM-27536

Title: *Biochemical genetic monitoring of rodents*
Deadline for statement of qualifications: *Dec. 24*

Twenty-four inbred strains of mice are routinely received from the NIH repository in the VRB, DRS. Genetic monitoring for quality assurance will accompany the long standing efforts in microbiological quality control in order that each animal produced from rederived stock under our production contracts is as well defined as possible. Genetic monitoring will be accomplished by biochemical means, i.e., testing for loci involved in producing cellular enzyme or protein variants.

Interested organizations must be able to: (a) monitor between seven and 12 designated loci for each strain by electrophoresis of erythrocyte lysates and kidney homogenates. The conditions for electrophoresis for each enzyme or protein such as support medium, buffer systems, etc., as well as visualization of proteins and enzymes will be subject to review and approval by the project officer.

The contractor will receive 10 inbred mice per week from each of two strains. Reports and photographs of the electrophorograms will be submitted within 14-21 days, after the receipt of the mice, for a total of 104 reports per year. In addition, the contractor will be required to submit annual and semiannual progress reports.

Resumes of experience and capabilities must cover: (1) the experience and qualifications of personnel who will be assigned for direct work on this program. Information is required which will show the composition of the work group, its general qualifications and recent experience with similar programs. Special mention should be made of key technical personnel and the approximate percentage of total time of each that will be available for this program. Identify the name of the proposed principal investigator and describe his/her experience and expertise with biochemical genetic monitoring of inbred strains of rodents. List all other investigators who will be participating in this project. Describe qualifications, experience and accomplishments.

(2) A plan for accomplishing the workscope including: A. A plan for technical performance including tissues to be used, preparation of homogenates, lysates, etc. Electrophoretic methods must be described. B. Mechanisms for accurately recording electrophoretic data (e.g., photographs) must be described. Recordkeeping procedures should also be explained and reporting format must be included. C. Offerors should submit clear evidence of their capability to provide prompt and complete reports of their findings.

(3) A description of the facilities and equipment which will be used for the performance of this work and indicate the extent of availability. Provide a floor plan of the proposed workspace including animal holding facilities.

Responses must be detailed enough to demonstrate that facilities and equipment are adequate for performing this effort. Twenty-five copies of the resume of experience and capabilities must be submitted.

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