

THE

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WHITE HOUSE STAFF MEMBER REPORTEDLY SAYS POLITICAL SCREENING BEING CARRIED OUT ON NCAB NOMINATIONS

A member of President Reagan's White House staff reportedly has said that nominees for the six vacancies on the National Cancer Advisory Board are being carefully scrutinized for party affiliation and political activity. One of those who heard the remarks said the official implied that some nominees were rejected because "they didn't meet the political requirements."

The remarks were attributed to Denis Prager, associate director for human resources in the White House Office of Science & Technology
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In Brief

REGISTRATION DEADLINES COMING UP FOR 13TH CANCER CONGRESS; BREAST CANCER MEETING POSTPONED TO '83

TIME IS running out for early registration and guaranteed housing accommodations for the 13th International Cancer Congress in Seattle Sept. 8-15. Registrations made before Aug. 31 will qualify for reduced fees, and housing cannot be guaranteed after July 31. Requests for copies of the advance program announcement containing information and registration blanks should be sent to 13th International Cancer Congress, Operations Office, Fourth & Blanchard Bldg., Suite 1800, Seattle, Wash. 98121. Scientific Program Information is available from Dr. Enrico Mihich, Chairman, National Program Committee, Roswell Park Memorial Institute, 666 Elm St., Buffalo, N.Y. 14263. Information on travel arrangements and discounts may be obtained from Princess Tours at the Seattle address above. . . . NEXT MEETING of the International Assn. for Breast Cancer Research, originally planned for June in Denver, has been postponed for approximately eight months. When financial support from NCI and the American Cancer Society did not come through, the AMC Cancer Research Center in Lakewood, Colo., agreed to support the meeting, now tentatively scheduled for early spring, 1983. Marvin Rich, director of the center, is secretary general of the association. Bernard Fisher and Gloria Heppner chair the clinical and scientific program committees. . . . LITTON INDUSTRIES has contributed \$1.75 million to the Univ. of Southern California's Kenneth Norris Jr. Cancer Research Institute to establish a laboratory named after Charles Thornton, Litton founder who died last November. . . . CHARLES HEIDELBERGER, director for basic research at the USC center, received the C. Chester Stock Award from Memorial Sloan-Kettering Cancer Center for his work in chemotherapy. . . . ADVANCED BIOTECHNOLOGIES INC., which supplies biological products and services for biomedical research, has moved from Denver to Silver Spring, Md. James Whitman Jr. is president and director of research.

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WHITE HOUSE AIDE SAYS NCAB NOMINEES SCREENED FOR POLITICAL ACTIVITIES

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Policy. They were allegedly made last week at an informal social gathering of NCAB members and NCI staff.

Prager attends NCAB meetings as an alternate to ex officio member George Keyworth, director of the Office of Science & Technology Policy.

Prager, contacted later by *The Cancer Letter*, said he did not remember details of "things that were said in private conversations." But he did not deny making the remarks attributed to him, and offered a defense of the Reagan Administration practice of screening nominees to policy making advisory groups for political activities.

"These are Presidential appointments," Prager said. "Members of the National Cancer Advisory Board are seen as policy making appointees. It is reasonable to expect they would be looked at in regard to consistency with Administration policy. It is true that the Administration feels that when it has the opportunity to appoint policy advisors, it should have the opportunity to check out the skills of those appointees as well as party affiliation."

That is the price advocates of the National Cancer Act have to pay when they insist that the NCAB should be a Presidentially appointed body, Prager indicated. "Very often, the tendency is to want to make appointments Presidential, to raise the visibility," he said. "That gives the President the opportunity to select persons on whatever criteria he feels are important."

A furor over a similar situation was stirred up last week when *Science* magazine revealed that the Dept. of Agriculture had been running political loyalty checks on appointees to its peer review panels. Agriculture Secretary John Block immediately ordered the practice stopped.

There is a difference with the NCAB appointments, although some might consider it a fine line. No one has suggested (at least to date) that appointments to NIH initial review groups, the study sections, are screened for political affiliations and activity. It is true, as Prager said, that the NCAB advises the NCI director and HHS secretary on policy matters.

It also is a fact, however, that the NCAB serves a peer review function. The National Cancer Act requires that all grants over \$35,000 in direct costs must be approved by the NCAB as well as the initial review groups. The Act also authorizes the NCAB to initiate research projects and programs in addition to reviewing those submitted by others; to collect information on studies being carried out in the U.S. and elsewhere and to make available such information through "appropriate publications;" and to make

other various recommendations to the HHS secretary.

The Act does not require the NCAB to make any recommendations to the President, only that it submit a report to him and Congress annually.

That last point is important in the hair splitting over whether the NCAB is advisory to the President or to the secretary. Other NIH councils are appointed by the secretary, are advisors to the secretary and thus—according to the rationale offered by Prager—not quite as fair game for political screening. Since the secretary and the NCI director are Presidential appointees, however, the case could be made that the Board through them is a Presidential advisor.

"There are several different types of people on the NCAB," Prager said. "Some are scientists, chosen for their scientific qualifications. But even those people make decisions on overall programs and make recommendations to the President on overall direction. The President therefore has the right to select people who are consistent with what he thinks."

Lay appointees are even more subject to political scrutiny, Prager indicated. "No scientific credentials are required of the lay members. They are on there because of their participation in cancer related activities, their interest in the field or their knowledge of cancer. One of the factors in their appointment is their political leaning."

There is no basis in the National Cancer Act for political screening of nominees, scientific or lay. The Act says of the qualifications required:

"Not more than 12 (of the 18) appointed members of the Board shall be scientists or physicians, and not more than eight of the appointed members shall be representatives from the general public, and not less than five of the appointed members shall be individuals knowledgeable in environmental carcinogenesis (including carcinogenesis involving occupational and dietary factors). The scientists and physicians appointed to the Board shall be appointed from persons who are among the leading scientific or medical authorities outstanding in the study, diagnosis, or treatment of cancer or in fields related thereto, and at least two of the physicians appointed to the Board shall be physicians primarily involved in treating individuals who have cancer. Each appointed member of the Board shall be appointed from among persons who by virtue of their training, experience, and background are especially qualified to appraise the programs of the National Cancer Institute."

The Act seems clearly to establish the NCAB as a scientific body, making undue consideration of the politics of its member inappropriate.

Prager, who has been in the Office of Science & Technology Policy since the last part of the Carter Administration, insists that the politics of NCAB nominees has always been a factor. "It is no different with this Administration than others," he said. "President Carter selected Democrats who were philo-

sophically in tune with his Administration.”

The slow process in filling NCAB vacancies also is not new, Prager said. He attributed it to the system rather than the political checks. The NCI and NCAB recommendations go first to NIH, then to the assistant secretary for health, to the secretary through his committee personnel office, and finally to the White House personnel office.

Prager said his office does not see the nominations and insisted he was not aware of any specific rejections based on political or any other reasons.

The fact is that the NCI and NCAB lists were submitted and cleared NIH in plenty of time for the process to have been completed by now but were repeatedly rejected, either at HHS or the White House. When *The Cancer Letter* attempted to contact the HHS committee personnel office, a press aide said, incredibly, that no one in the office knew the status of the NCAB nominations.

To be fair, it has to be acknowledged that the Reagan Administration has not been entirely one way in its hiring of key health personnel. New NIH Director James Wyngaarden said at his initial press conference he had been asked by federal investigators about his political affiliation and had told them he was a “North Carolina Democrat.” NCI Director Vincent DeVita was retained although he was a Carter appointee, and former NIH Director Donald Fredrickson, who had been appointed by a Republican and continued under a Democrat, could have stayed had he so desired. There are other examples, including Prager.

Prager is correct, that politicking in the appointment of NCAB members is nothing new. A Republican senator once called in his chips from President Ford and secured the reappointment of one member who had been left off the NCI/NCAB list. Another was reappointed over the NCI director’s objections when a surprisingly large number of Congress members buried the HHS secretary with mail. Gale Katterhagen was appointed after the Assn. of Community Cancer Centers generated overwhelming support for him on Capitol Hill. Rose Kushner’s appointment was secured with the help of pressure on Congress and the secretary from women’s organizations and Jewish groups. ACCC has worked hard for its current candidates, Gilbert Friedell, Worcester, Mass., who is chairman of the National Bladder Cancer Project, and David Johnson, current ACCC president and administrator of Deaconess Hospital in Evansville, Ind.

Others on one or another list include Bernard Weinstein, Columbia Univ. scientist; and Helene Brown, long time cancer control activist in Los Angeles. The terms of six members expired following the February meeting. The National Cancer Act provides that members will continue to serve until replaced, even when that extends past the end of their terms.

NCAB APPROVES ESTABLISHING NUTRITION TASK FORCE, EARMARKED RESEARCH FUNDS

The National Cancer Advisory Board approved the recommendations of its Subcommittee on Nutrition & Cancer advising NCI to establish a Nutrition & Cancer Task Force and earmark a specific amount of money to fund an initial round of grants.

Subcommittee Chairman Maureen Henderson said that no specific sum was included in the recommendation and that subcommittee members agreed that should be determined by the NCI director. This would be in addition to research projects presently being supported through other mechanisms.

“Implicit in the recommendation is that some individual at NCI be accountable for and responsible for management of the program,” Henderson said. The administrative arrangement would provide that all NCI nutrition research be coordinated through that individual.

Administration of the program would be entirely within NCI, but with the help of a task force which would be convened to “set out an agenda and take on responsibility for reviewing the first round of proposals,” Henderson said.

After the first round has been awarded, renewals would go through the regular NIH funding mechanisms, most probably as R01 or P01 grants.

“It is crucial that we have a big push to seek results in research in all fields of nutrition and cancer,” Henderson said. “There is new technology, and there is a lot of unproven information being given to the public. It takes earmarked funds to get that started. A lot of it will be applied research, but equally critical will be supporting basic research in nutrition.”

Director Vincent DeVita said, “We’re in sync with the recommendations. I ask only for time to respond to the report. We do have a Diet & Nutrition Program housed in the Div. of Resources, Centers & Community Activities, and I would ask that that organizational arrangement not be changed.”

There were no votes against the recommendation, although Philippe Shubik abstained.

Recommendations on the areas of research which should be encouraged were reported to the Board in February (*The Cancer Letter*, Feb. 19).

IARC DIRECTOR DENIES NCI STAFF TRIED TO INTERFERE WITH BENZENE MONOGRAPH

Lorenzo Tomatis, the new director of the International Agency for Research on Cancer, denied that NCI staff members tried to delay or block an IARC monograph on the carcinogenic risk of benzene, as charged by Congressman David Obey (D.-Wisc.).

Tomatis had been scheduled previously to appear at last week’s meeting of the National Cancer Advisory Board to describe the activities, objectives and functions of IARC. During the previous week, Obey

issued a press release in which he contended that NCI staff members had discussed publication of the monograph with IARC representatives after previously discussing it with representatives of the Chemical Manufacturers Assn.

Obey said he had obtained a copy of a CMA memo which referred to the NCI-IARC conversations. "I find this memo to be a deeply disturbing document," Obey wrote to NCI Director Vincent DeVita. "It suggests that representatives of the Chemical Manufacturers Assn. obtained the agreement of National Cancer Institute representatives to attempt to block publication of important scientific data which could have led to lowering of the cancer risk faced by millions of Americans."

Richard Adamson, director of the Div. of Cancer Cause & Prevention, denied that anyone from NCI tried to block publication of the monograph. He did say there was some concern at NCI about IARC's plans to assess the risks from small exposures to benzene.

After Tomatis made his presentation to the NCAB, Board member Sheldon Samuels asked Tomatis if he would answer some questions on the issues raised by Obey. Tomatis said he would.

"Did NCI staff ask for changes in the protocol or format of the monograph which were unusual?" Samuels asked. Tomatis replied, "No."

"What was the nature of the contact?" Samuels asked.

"There was a discussion of scientific methods," Tomatis said. "NCI has never interfered, except in one case where there was a requirement for the addition of a chemical into the program."

"I'm talking about benzene," Samuels said. "Did you receive any special contact from NCI staff on benzene?"

"No," Tomatis said. "NCI was informed about the monograph a year in advance, and publication will be exactly as scheduled?"

"Will it appear unchanged?" Samuels asked.

Tomatis said that a discussion on the risk assessment of benzene was held with NCI last October. There was a review of the methods of making risk assessments. The monograph will be published in July as planned, without changes, Tomatis said.

Noting that IARC routinely does risk assessment on chemicals, Samuels said the issue "is the kind of quantitative risk assessment on benzene. Did that question come from NCI staff?"

Discussions were on methods, Tomatis said. "NCI agrees strongly that quantitative risk assessment is a difficult field."

"Were any issues other than the purely scientific discussions of methodology (for NCI's discussion of the monograph) ever raised, in the context of regulation?" Samuels asked.

"No," Tomatis answered.

Board Chairman Henry Pitot objected to Samuels' questions. "It's obvious that the questions Mr. Samuels raised were not for the ears of the Board but for the general public," Pitot said. "They may be out of order, but we felt the issues should be aired. I realize Dr. Tomatis was put on the spot."

Board member Ann Landers apologized to Tomatis for being "put in the role of a defendant."

However, Board member Harold Amos said he was "shocked by the suggestion that the Board should not be involved in the serious issue of risk assessment. I don't think Mr. Samuels accused anyone. We're not questioning the integrity of NCI staff or IARC, but when questions are raised in public, we ought to be informed."

Pitot said he "appreciates Mr. Samuels' point, and he did raise an important issue."

Samuels said that DeVita had suggested the issue be discussed then. "Rather than further embarrass Dr. Tomatis, I recommend that a committee to investigate these charges be established by the Board."

DeVita objected. "I must have something wrong with my hearing," he said. "Is the monograph coming out? Yes. Is it coming out exactly as planned? Yes. Did anyone interfere with the monograph or delay publication? No. No member of my staff will ever try to suppress publication of scientific material.

"Congressman Obey on the one hand assumes we're negative," DeVita continued. "Industry on the other assumes we will be involved (in supporting findings of carcinogenicity). We should not be held responsible for their views."

DeVita repeated, "No one here will ever suppress anything. If anyone is so inclined, he should take note."

Board member Philippe Shubik called IARC's monograph publication "a magnificent program." Suppression of data would be difficult if not impossible because IARC uses only published data, Shubik pointed out.

"The monograph program is not in any way tainted," Samuels said. "The issues are domestic."

DeVita said that he is responding to Obey's letter, and that no official investigation had yet been initiated.

Maureen Henderson's motion that the NCAB should not investigate the matter was approved 11-2, with Samuels and William Powers voting against it.

NCAB SETS BYPASS BUDGET FOR FY 1984 AT \$1.074 BILLION, 12.4 PERCENT OVER 1983

NCI's bypass budget for the 1984 fiscal year was established at \$1.074 billion (one billion, 74 million) last week by the National Cancer Advisory Board on recommendation of NCI staff. That figure is less than the totals in the bypass budget for the two previous years, in line with NCI's new policy of presenting a more realistic figure in the budget that goes directly

to the President and closer to the one which will be submitted by HHS.

The bypass budget would be a 12.4 percent increase over the amount in the President's request for NCI for the 1983 fiscal year, \$955.5 million.

Among other things, the bypass budget would pay all noncompeting renewal grants at recommended levels; fund National Research Service Awards with 100 percent of the institutional allowances; and fund new and competing renewal research grants at full recommended levels to a payline of 180-185. All those categories are being funded at less than recommended levels in the current, 1982 fiscal year.

However, the bypass budget in 1984 would fund only 25-26 percent of approved competing grants, a major departure from the goals established in previous bypass budgets. If the bypass budget is supposed to request the amount of money NCI and the NCAB feel in their best scientific judgment to be that which can be optimally spent, then a large number of scientists would question that judgment. Optimal budgets in the past have established 40-45 percent of approved grants as the number that should be funded.

Other matters discussed by the Board included:

—Member Robert Hickey recommended that NCI reopen competition for NCI support of regional cooperative groups, to add more such groups to the two new ones recently funded. DeVita said, "There is nothing to stop us from opening up again, except we don't have enough money unless we open up the entire cooperative group budget."

DeVita asked that the issue be referred to the Div. of Cancer Treatment Board of Scientific Counselors. Hickey's motion that this be done, with an NCAB endorsement, drew protests from Chairman Henry Pitot and member Morris Schrier. Hickey agreed that it be referred to the DCT Board without any NCAB recommendation, and other members agreed.

Hickey said an organization of medical oncologists representing most areas of Texas approached him about sponsorship of a regional group at M.D. Anderson. DeVita suggested that some of them might succeed in forming Community Clinical Oncology Programs with Anderson as their research base.

—Pitot asked Barbara Bynum, director of the Div. of Extramural Activities, if the decision by NIH not to use normalized priority scores was irreversible.

"That decision was made just a little more than a year ago," Bynum said. "It was felt that the theory of normalized scores was a good one, but there was no rationale for the particular method we were using. The heart and lung institute does its own normalizing, and NCI could if we could develop a rationale for one method."

—Pitot mentioned the "marked discrepancies between the average ratings of different study sections." Stephen Schiaffino, deputy director of the NIH Div.

of Research Grants, replied that that has become a problem because of the way paylines have been climbing. Hickey noted that immunology grants fare much better than those proposing clinical studies. Schiaffino said DRG is trying to correct that problem by assigning clinical applications to "more clinically oriented study sections."

NCI CONTRACT AWARDS

Title: Suppression of endocrine function by systemic agents as treatment of human breast cancer, continuation

Contractor: Pennsylvania State Univ., Hershey Medical Center, \$27,000.

Title: Assessment of leukemia and thyroid disease in relation to fallout in Utah

Contractor: Univ. of Utah, \$6,590,423.

NCAB UNIT OKAYS CONCEPT OF \$7 MILLION IN CONTRACT RECOMPETITIONS, RENEWALS

The National Cancer Advisory Board's Subcommittee for Review of Contracts and Budget of the NCI Office of the Director, which acts as the "board of scientific counselors" for the various offices and programs assigned directly to the OD, last week gave concept approval to nearly \$7 million in contract recompetitions and sole source renewals but delayed action on a \$15,000 expenditure.

The subcommittee objected to a proposal by the Office of Cancer Communications for a national survey of public knowledge, attitudes and behavior related to cancer. The total cost of the survey was projected at \$277,000, but \$262,000 would come from the evaluation set aside funds held by the Dept. of Health & Human Services. HHS had agreed to provide that amount, project officer Thomas Kean said.

NCAB Chairman Henry Pitot said, "I don't think this study should be done at all. I can't believe you can get information from 2,000 people (the number that would be surveyed) which would apply to 220 million people."

Kean pointed out that 2,000 was considered the standard number by professional survey organizations. This survey would be designed to provide scientifically valid and reliable data against which to examine the objectives of the National Cancer Program's information and education programs and with which to plan overall strategy and future directions for such programs.

Subcommittee member Rose Kushner's motion to approve did not get a second. Gale Katterhagen's motion to table until the October meeting was approved, with the request that behavioral scientists and communications experts provide more information on the feasibility of the survey.

The following contracts were approved for re-competition:

Programming and data entry services in support of NCI's contracts management system. The existing contract with Sigma Data Services Corp. has averaged \$125,000 a year; project costs for a three year renewal total \$465,000. It will be a small business set aside, and Sigma Data Services will not be eligible to compete for it.

Screening, indexing, abstracting, and keying of information from published cancer literature for the International Cancer Research Data Bank. Present contractors are the Franklin Institute and Herner & Co. Franklin's contract has totaled \$4.9 million over three years and Herner's \$477,000. Total amount for the two contracts would be reduced somewhat under staff projections, to \$4.4 million over four years. It will be a small business set aside and Franklin will not be eligible; Herner might. The staff narrative describing the program:

The ICRDB Program is responsible for the collection, analysis, storage, and dissemination of information to cancer research scientists and clinicians. This proposed contract provides essential input for these operations by supporting activities related to the screening, selection, preparation of abstracts, and keying of citations and abstracts of published information about cancer research, including biomedical journals, select abstracts of papers presented at meetings, and other published literature.

Other ICRDB contractors use this data as input to the Cancerlit database which currently contains abstracts to some 300,000 documents published since 1963. The data are also used as input for preparing Cancergrams which are monthly current awareness documents containing abstracts of recently published literature in 66 different areas of cancer research, and as a source of data for retrospective bibliographies containing abstracts of documents published over the past few years on topics of high current interest to cancer researchers.

As in the past, it is proposed to support two contractors who will carry out this activity within the future annual budget levels indicated above. One contractor will process input documents which have a usable abstract. The other will process documents which require an abstract to be written. High priority will be given to rapid processing of a small core of high quality journals (perhaps 200 journals). This very timely core data will be used to create a subfile of current, high quality data which can be searched separately from the main file containing more archival data and data from journals which are not on the core list.

Cancer Information Clearinghouse and allied services. Present contractor is CSR Inc.; it cost \$835,000 over the last three years. Staff estimated three additional years would cost \$777,000. The narrative:

The Cancer Information Clearinghouse is a service of the Office of Cancer Communications. The Clearinghouse collects and disseminates information concerning 1) existing cancer communications programs and 2) materials for use in patient, public, and professional education. Organizations involved in cancer communications and education may both contribute to and draw upon the information in the Clearinghouse collections. Users request information about the educational materials/services on screening, prevention, diagnosis, treatment, rehabilitation, and behavioral aspects.

Clearinghouse services to organizations include tailored

search of Clearinghouse files; referral to other information sources, information packages, annotated bibliographies on specific topics (16 titles published), and information on existing information and education programs.

The collection of relevant information totals 6,000 items (4/1/82). During 1981, the CIC handled about 1,500 requests for information including 600 searches of the CIC on-line database. 8,000 users were included in the update of the mailing list. The OCC will distribute 220,000 bibliographies upon requests during 1982—a 10 percent increase over 1981.

Project officer Joseph Bangiolo said that part of the Clearinghouse's mission is to "head off publication of unwarranted or duplicative material. The average cost of one publication is \$30,000; if we head off 10 a year, we save more than the Clearinghouse costs."

Management information system support services. Present contractor is System Sciences Inc., which received \$500,000 over three years. Staff estimated an additional three years would cost \$542,000. The narrative:

NCI's Management Information System is composed of a network of user oriented and managed systems which are designed and developed at the request of and with requirements supplied by the operating areas. In general these systems support individual operating areas but are so designed that the information from several of these systems may be combined to provide a more unified picture of NCI activities than provided by a single system. Development and maintenance of computer programs, operating procedures, and documentation for these systems; user training and problem resolution; coordination of all program and data file changes; and consultation on a variety of ADP-related activities are provided by the MIS project office. Components developed to date support areas within the Office of the Director and several of the divisions with primary emphasis on the Financial Management Branch and administrative offices.

The staff of the Management Information System project office is responsible for the system analysis and design activities as well as system integration, configuration management, user liaison, and system evaluation. The purpose of this technical support services contract is to expand, maintain, and support the operation of the current systems as well as to provide implementation support for the development of new systems. The contractor will also be expected to provide data processing support for other computer related activities, such as coordination of the NCI ADP Systems Security Program.

The subcommittee also approved the concept of renewing a contract with Union Internationale Contre Cancer to continue its work, at \$225,000 a year for three years, in support of the ICRDB; and renewing the contract with the National Academy of Sciences, for four years totaling \$140,000, to support the USA National Committee for the UICC.

NCI OFFERS TO SUPPLY CODED SERUM PANELS FOR IMMUNODIAGNOSIS ASSAYS

NCI has announced the availability of coded serum panels for use in evaluating assays that have potential for the immunodiagnosis of cancer.

A variety of serum components (e.g., peptide hormones, viral antigens, isoenzymes, glycoproteins, antibodies, immune complexes, tumor-associated

antigens, carbohydrates, phospholipids, nucleosides, etc.) have been reported to be uniquely present, or present in elevated or decreased quantities, in the sera of cancer patients, as compared to other patients or to normal individuals.

NCI said that coded serum panels are available to evaluate assays which have given preliminary indications of discrimination between cancer patients and controls. "Promising results on this coded panel may provide the basis for further support in development of the immunoassay," the announcement said.

Preliminary data documenting a useful test and request for a coded serum panel to evaluate it should be sent to Immunodiagnosis Serum Panels, Bldg. 31 Rm 3A10, NCI, NIH, Bethesda, Md. 20205.

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

5th European Immunology Meeting—June 1-4, Istanbul. Contact VIP Turizm Pirinccioglu, Ltd. Cumhuriyet Cad, Seyhan, Apt. No. 12, Elmadag, Istanbul.

NCI Div. of Cancer Treatment Board of Scientific Counselors—June 3-4, Sheraton Potomac Hotel, Shady Grove Rd., Potomac, Md., 8:30 a.m., open.

Prevention of Hereditary Large Bowel Cancer—June 3-4, Somerset Inn, Troy, Mich. Sponsored by the Comprehensive Cancer Center of Metropolitan Detroit. Contact Bruce Deighton, Dept. of Oncology, 536 Hudson Blvd., 3990 John R St., Detroit 48201, phone 313-577-1848.

Frontiers in Cancer Therapy—June 3-4, New England Deaconess Hospital, Boston. Contact Harvard Medical School, Dept. of Continuing Education, Boston 02115.

Polish National Cancer Congress—June 4-5, Warsaw. Contact L. Wozniak, Polish Oncology Society, Gagarina 4, 93-509, Lodz, Poland.

UICC Workshop on Cancer Campaign & Organization—June 5-6, Warsaw. Contact as above.

Cancers of the Colon-Rectum—June 5, Roswell Park continuing education in oncology.

International Symposium on the Synthesis & Applications of Isotopically labeled Compounds—June 6-11, Kansas City, Mo. Contact Dr. Alexander Susan, Scientific Secretary, Midwest Research Institute, 425 Volker Blvd., Kansas City, 64110, phone 816-753-7600.

Cancer Control Grant Review Committee—June 7-8, NIH Bldg 31, Rm 8, open June 7, 8:30-9 a.m.

Forum 82 of Cancerology: Quarterly Scientific Meeting—June 7-8, Paris. Contact Mrs. Berthomeau, Institute Curie, 26, rue d'Ulm, 75231 Paris Cedex 05, France.

Pancreatic Cancer Review Committee—June 8, New Orleans Tidewater Place. Open 8:30-10 a.m.

7th International Conference on Divided Immunofluorescence, Immunoenzyme Studies and Related Labeling Techniques—June 8-11, Niagara Falls, N.Y. Contact E. Beutner, School of Medicine, State Univ. of New York, 219 Sherman Hall, Buffalo 14214.

A New Look at Older Drugs in Cancer Treatment—June 8-9, NIH Bldg 1 Wilson Hall, 8:30 a.m. both days. Summaries of a series of workshops which reexamined scientific and clinical data on selected anticancer agents, plus invited papers on screening procedures and discussion of a proposed system for systematic review of older drugs. Contact Dr. Vincent Oliverio, Bldg 31 Rm 10A03, NCI, Bethesda, Md. 20205, phone 301-496-9138.

8th International Convocation on Immunology—June 14-17, Buffalo. Contact J.M. Mohn, Ernest Wittebsky Center for Immunology, 210 Sherman Hall, SUNY (Buffalo) 14214.

World Congress of Gastroenterology, Digestive Endoscopy & Colo-Proctology—June 14-19, Stockholm. Contact D. Hallberg, Dept. of Surgery, Huddinge Hospital, 141 86, Stockholm.

International Conference on Human Tumor Markers—June 17-20, Munich. Contact G.D. Birkmayer, Dept. of Cell Biology, Munich Univ., Goethestr. 8000 Munich 2, Fed. Rep. of Germany.

Bladder Cancer Review Committee—June 21-22, Marriott Hotel, Worcester, Mass., open June 21, 8:30 a.m.—3 p.m.

International Conference on Chromatography & Mass Spectrometry in Biomedical Sciences—June 21-23, Bordighera, Italy. Contact A. Frigerio, Ist. di Ricerche Farmacologiche "Mario Negri," Via Eritrea 62, 20157 Milan.

Wilsede Meeting on Modern Trends in Human Leukemia—June 21-23, Hamburg. Contact R. Neth, Univ. Kinderklinik, Eppendorf, Martinist 52, 2000 Hamburg 20, Fed. Rep. of Germany.

President's Cancer Panel—June 22, UCLA Jonsson Comprehensive Cancer Center, Health Sciences Bldg., A-floor auditorium, 9 a.m., open. Invited presentations by scientists further discussing federal support of biomedical research.

The Primary Care Physician and Cancer—June 24-26, Hyatt Regency on Capitol Hill, Washington, D.C. Sponsored by the American Cancer Society "to strengthen the role of the primary care physician as a first line defense against cancer." Includes presentations and discussion on prevention, psychosocial problems, early detection, diagnosis, and treatment. Contact ACS, 777 Third Ave., New York 10017.

Assn. of American Cancer Institutes—June 27-29, Ohio State Univ., Columbus, Fawcett Center for Tomorrow. Semiannual meeting.

Cancer Clinical Investigation Review Committee—June 28-29, NIH Bldg 31 Rm 10, open June 28, 8:30-9 a.m.

Nordic Congress of Pathological Anatomy and Cytology—June 28-30, Copenhagen. Contact NOPAC '82 Secr., Institutterne Frederik den V's Vej 11, 2100 Copenhagen.

11th International Symposium for Comparative Research on Leukemia & Related Diseases—July 4-8, Cambridge, U.K. Contact D.S. John, 410 W. 17th Ave., Suite 302, Columbus, Ohio 43210.

3rd World Congress of Laryngectomees—July 5-7, Tokyo. Contact the congress, Guinrei-kai Inc. Assn., Takara-Shigyō 2nd Bldg., 3-7-14 Lidabashi, Chiyodaku, Tokyo 102.

2nd International Conference on Immunopharmacology—July 5-10, Sheraton Park Hotel, Washington D.C. Contact Scientific Secretariat, (name of Conference), 142-144 Oxford Rd., Cowley, Oxford OX4 2DZ, U.K.

Molecular Cloning of Eukaryotic Genes, and Advanced Bacterial Genetics—July 5-25, Cold Spring Harbor, N.Y. Two conferences. Phone 516-367-8343.

Cancer Special Programs Advisory Committee—July 15-16, NIH Bldg 31 Rm 10, open July 15, 9-10 a.m.

Radiation Therapy Oncology Group—July 19-21, Bellevue Stratford Hotel, Philadelphia.

Gynecologic Oncology Group—July 21-23, Bellevue Stratford Hotel, Philadelphia. Contact John Keller, GOG Headquarters, 1234 Market St., Philadelphia 19107, phone 215-854-0770.

5th Congress of World Federation for Ultrasound in Medicine & Biology—July 26-30, Brighton, U.K. Contact Secretary, 4 "L" Portman Mansions, Chiltern St., London W1M, 1LF, U.K.

Introduction of Macromolecules into Mammalian Cells—July 28-Aug. 17, Cold Spring Harbor. Phone 516-367-8343.

FUTURE MEETINGS

International Society for Experimental Hematology—Aug. 12-

15, Baltimore, 11th annual meeting. Contact Dr. Lyle Heim, Dept. of Pediatrics, Texas Tech Univ., School of Medicine, 4800 Alberta Ave., El Paso 79905.

The Cancer Registry: An Educational, Epidemiological, and Evaluative Tool in Cancer Control—Aug. 18-20, Holiday Inn Parkway, Tallahassee, Fla. Annual Florida Registry workshop. Contact Florida Cancer Council, American Cancer Society, John Carbonneau, 1001 S. MacDill Ave., Tampa 33609, phone 813-253-0541.

Approaches to Management of Pain—Sept. 9, Goodman's Hall, 10 Jack London Square, Oakland, Calif. Contact Despina Johnson, 2844 Summit St., Suite 204, Oakland 94609, phone 415-465-8570. Sponsored by the Bay Area Tumor Institute and East Bay Cancer Program.

Chemical Emergencies in Laboratories—Planning & Response—Sept. 15-16, Frederick Cancer Research Facility, Md. The 1982 NIH Research Safety Symposium. Topics will include facility design, ventilation, design, administrative control, information systems, regulatory aspects, education, training, emergency plans. Contact Linda Kesselring, Environmental Control & Research Laboratory, NCI FCRF, PO Box B, Frederick, Md. 21701, phone 301-695-1451.

International Society for Pediatric Oncology—Sept. 21-25, Berne, Switzerland. Fourteenth annual meeting. Contact Dr. Hans Wagner, SPOG, Institute for Clinical & Experimental Cancer Research, Tiefenaospital, 3004 Berne.

T. & L. de Beaumont Bonelli Foundation for Cancer Research—Sept. 23-26, Royal Palace, Naples, Italy. Contact Dr. Errico di Lorenzo, Organizing Secretary, V. le Elena, 80122, Naples.

Fourth International Conference on the Adjuvant Therapy of Cancer—March 21-24, 1984, Tucson Convention Center. Cochairmen Stephen Jones and Sydney Salmon said that although the three previous conferences were held at two year intervals, "we felt this additional year would be very helpful in putting studies in perspective."

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. Write to the Contracting Officer or Contract Specialist for copies of the RFP, citing the RFP number. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs to the individual named, the Blair Building room number shown, National Cancer Institute, 8300 Colesville Rd., Silver Spring, Md. 20910. RFP announcements from other agencies reported here will include the complete mailing address at the end of each.

RFP NCI-CP-FS-21008-77

Title: *Support services for epidemiologic studies to address emergent cancer issues*

Deadline: *July 2*

The Field Studies & Statistics Program of the Div. of Cancer Cause & Prevention, NCI, is frequently called upon, often by congressional or executive mandate, to provide data to respond to questions concerning the possible carcinogenicity to humans of

various environmental substances. Typically the issues are of national visibility and importance, with exposures generally affecting very large numbers of individuals. A recent example involved the concern over saccharin, resulting in a request to NCI to conduct a large nationwide case control study of bladder cancer to evaluate the role of artificial sweeteners in the origins of this cancer.

This RFP seeks technical proposals from organizations capable of providing the necessary managerial, data collection, and data processing support (resource) services to assist NCI and its collaborators in the conduct of epidemiologic studies to address new or emergent cancer issues that require rapid evaluation. Although the studies which will actually be conducted cannot be specified in advance, it is anticipated that they will often be national in scope, conducted in multiple locations throughout the country in collaboration with scientists in the local areas, and will involve identifying and interviewing large numbers of cancer patients and controls, or the assembly and evaluation of information on environmental or occupational exposures of large groups of individuals.

A master agreement as defined in the federal procurement regulations shall be issued as a result of this RFP. It is anticipated that three-year MAs will be issued to several qualified firms, which will then be eligible to compete for the award of task order contracts to carry out specific studies. A series of task orders may be issued during the tenure of the agreement. Contractors receiving a TO award will be selected from among those with a MA who compete for the TO, based on technical merit and budgetary considerations for the specific tasks involved.

Although it is the usual practice to select awardees for MAs first, and to issue TOs subsequently, due to time urgency this RFP includes a request for proposals for the first TO. The initial TO to be issued concerns an industrial hygiene survey of formaldehyde exposures. Respondents wishing to be considered simultaneously for award of a contract for this first TO should submit a separate proposal in addition to the proposal for the MA.

This RFP will solicit a pool of organizations with pertinent successful experience and capabilities to carry out certain tasks. A master agreement will be signed with each selected organization, which will then compete for task orders to follow.

Contract Specialist: Patrick Williams
RCB, Blair Bldg. Rm. 114
301-427-8888

The Cancer Letter — Editor Jerry D. Boyd

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