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SEER GETS EXTRA $500,000 TO PERMIT ADDITION OF ONE REGISTRY TO BROADEN COVERAGE OF BLACKS, HISPANICS

The Board of Scientific Counselors of NCI's Div. of Cancer Cause & Prevention cleared the way for the division to add a new registry for

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In Brief

NO INTENTION OF RETIRING, DEVITA SAYS; BRESNICK TO HEAD EPPLEY; BALCH ACTING DIRECTOR AT ALABAMA

RUMORS TO THE contrary, Vincent DeVita said he has no intention of giving up his job as NCI director and retiring when he completes 20 years with the Public Health Service next year. "I am not leaving until I see the job finished," he told ***The Cancer Letter.*** He has his new staff pretty much in place and functioning well under his tight management, and "you couldn't ask for more exciting times, scientifically".... **EDWARD BRESNICK,** chairman of the Dept. of Biochemistry at the Univ. of Vermont College of Medicine, will be the new director of Eppley Cancer Research Institute, starting next May 1. **NORMAN CROMWELL,** interim director since 1979, will continue until Bresnick's arrival and then will return to Univ. of Nebraska.... **CHARLES BALCH,** associate director for clinical programs at Univ. of Alabama Comprehensive Cancer Center, is now acting director with the departure of **JOHN DURANT,** new president of Fox Chase Cancer Center.... **DONALD PINKEL** will give the annual Clowes Lecture Oct. 27 at Roswell Park, entitled "Treatment of Acute Lymphocytic Leukemia".... **BIOQUAL INC.,** Rockville, Md., has acquired the assets of Cor Bel Laboratories, also of Rockville. Assets included contracts for animal support, breeding and holding for NIH. Bioqual is headed by **JOHN LANDON,** former president of EG&G Mason Research Institute.... **RICHARD BURGESS,** Univ. of Wisconsin Medical School professor of oncology, has recieved the 1982 Pfizer Award in enzyme chemistry for research on the genetic mechanisms of enzyme production.... **BERNARD SCHWETZ,** former director of the Dow Chemical Toxicology Research Laboratory, has been appointed chief of the Systemic Toxicology Branch of the National Toxicology Program.... **SAMUEL BRODER,** who has been acting director of the Clinical Oncology Program in NCI's Div. of Cancer Treatment, now has the job on a permanent basis. He also is deputy clinical director of the Institute. Other DCT staff changes: **ARTHUR LEVINE,** who has been special assistant to DCT Director Bruce Chabner, has been appointed scientific director of the National Institute of Child Health & Human Development. **DANIEL HOTH** is acting director of the Cancer Therapy Evaluation Program. **EDWIN JACOBS** is the new acting chief of the Clinical Investigations Branch. **RICHARD SMALLEY** has been named chief of the Biological Resources Branch.

SEER CEILING LIFTED; COST COMMITTEE FINDS DEFICIENCIES, ASKS CHANGES

(Continued from page 1)

the Surveillance, Epidemiology and End Results (SEER) program by voting to lift the $10 million limit it had previously placed on the program.

SEER funds 10 registries to collect incidence and survival data at geographically dispersed locations around the country, covering about 10 percent of the population. A review of the program by a committee chaired by former Board member Seymour Jablon last year reported a number of deficiencies, among them a finding that blacks and hispanics were not adequately represented in areas covered by SEER. Populations in those areas include only seven percent blacks while the blacks total 10 percent of the U.S. population, and there is a maldistribution of hispanics among the existing registries.

The Board last year gave concept approval to the addition of a new registry, to be located in an area where numbers of hispanics and blacks would lift the total of those groups to their proportionate levels and would bring in more urban area hispanics. New York, Los Angeles, Miami, and some areas of Texas were mentioned as possibilities.

The Board also had called for a new committee to conduct a coordinated review of SEER registries to determine costs in a uniform way, to identify areas in which savings might be made, and to develop a uniform set of cost accounting procedures. Among that committee's recommendations was that a ceiling of $10 million a year be placed on the program, and the Board concurred.

Earl Pollack, chief of the Biometry Branch in DCCP's Field Studies & Statistics Program, told the Board at its recent meeting that it appears now a new registry would push the annual cost of SEER over the $10 million ceiling despite an estimated $500,000 cost reduction brought about by efficiencies resulting from the two reviews. It will take "at least $500,000 more" to get a new registry into operation, Pollack said, although he anticipates that futthur savings will be made.

Board member Gilbert Omenn asked if any consideration had been given to phasing out one of the smaller existing registries, "one with limited value."

The smaller ones "are not of limited value," Pollack said. "They still operate effectively. The smallest, Hawaii, includes important population groups. With San Francisco, it gives us a large percentage of our Chinese population, much of our Filipino population, and all of our Hawaiians. Utah has the large Mormon population, and New Mexico has a large hispanic and American Indian population."

Omenn noted that existing SEER registries in Puerto Rico and New Mexico bring in large numbers of hispanics, while those in Atlanta and Detroit cover large black populations.

"Yes, but those numbers are relatively small," Pollack said. And, although there are 300,000 hispanics in New Mexico, "we have a hard time discussing that with Mexican groups, giving New Mexico representation of all U.S. hispanics."

"By no means can you consider New Mexico residents with Spanish surnames representative of the U.S. Mexican population," Board member William Haenszel said.

DCCP Director Richard Adamson said that lifting the ceiling would be accomplished by reprogramming the extra $500,000 from elsewhere in the Field Studies & Statistics budget.

Board member Pelayo Correa, supported by Carl Shy, offered a motion removing the limit entirely. "The concept of putting any cap on the program is bothersome," Shy said. However, Board Chairman Peter Magee said, "Those who object to caps can save that policy issue for later." Correa agreed to changing his motion to the $500,000 addition, and it passed unanimously.

DCCP is preparing a request for proposal, and the new registry will be selected competitively.

The SEER cost study attempted to determine why costs per newly diagnosed case per year ranged from $70 to $255 among the 10 registries.

Members of the cost study committee were Frank Starmer, professor of computer science at Duke Univ. and chairman of NCI's Biometry & Epidemiology Contract Review Committee; Marie Swanson, director of the cancer registry at the Michigan Cancer Foundation; Calvin Zippin, professor of epidemiology at the Univ. of California (San Francisco); Lilia O'Connor, accountant and former chief of abstracting and coding at the California Tumor Registry; Nancy McGinness, an NIH CPA and auditor on many SEER contracts; John Young, chief of the Demographic Analysis Section of NCI's Biometry Branch and SEER project officer; and Pollack.

Following are the committee's recommendations:

"The basic issues confronting the survey team that have implications for cost of the SEER operations were: 1) What changes should be made in each registry in order to improve the efficiency of the operation, and at the same time reduce costs? 2) What overall procedures should be introduced for all registries to establish a uniform way of specifying budgets and monitoring costs on an ongoing basis? The survey team considered these questions as they analyzed the data . . . in order to arrive at a series of specific recommendations that are presented below, first for the individual registries and finally for the overall operation of the SEER Program.

"**San Francisco:** In terms of personnel, this registry was relatively high in full time equivalents for editing,

quality control, data processing, data entry and data retrieval. Its computer costs were among the highest in the SEER Program. The following is a specific set of recommendations:

"1. Computer programs for adding death certificate only cases to the registry should be built into the computer system.

"2. The two stage procedure now used for abstracting information from medical records should be combined into a single operation.

"3. Computer storage costs must be reduced as soon as possible. This could result in a reduction of $25,000 annually.

"4. Eliminate two full time equivalents or a comparable amount of money in computer costs.

"5. For the 1983-84 contract year, the registry must be held to its estimate of $10,500 per month for computer costs.

"**Connecticut:** The recommendations made here will pertain to two contracts—that with Yale Univ. and that with the Connecticut State Dept. of Health Services:

"1. Steps must be taken immediately to improve communcation between the Connecticut Cancer Epidemiology Unit (CCEU) at Yale and the Connecticut Tumor Registry since the CCEU is supposed to be functioning as though it were the research component of the registry. The contract proposals and the operations of these two units should reflect that fact.

"2. The staff of the CCEU must be reduced and in particular the position for the full time administrator cannot be justified.

"3. The CCEU and the Dept. of Health Services need to work together to improve the quality of the data. This includes using the data in sufficient detail to identify problems that need corrections.

"Since the visit by the site team, these two contracts have come up for renegotiation. These recommendations were taken into account in the negotiations and it is expected that the staff reductions will have taken place by the time the negotiations are completed. Because of an increase in the indirect cost rate at Yale, this will not result in a reduction in cost.

"**Detroit:** No recommendations were made for Detroit other than that the staff be reduced by three full time equivalents. This has already been done by the elimination of full time positions in administration, abstracting, and followup. By the end of calendar year 1982, the staff will be reduced by two more full time personnel in the area of data processing.

"**Hawaii:** The entire Hawaii registry operation was a nightmare. The number of forms used was astronomical, the complexity of the basic abstract form was unbelievable and no one individual knew the total operation of the registry. Furthermore, Hawaii was among the highest in the number of full time equivalents per 1,000 admissions in the area of quality control, research, and administration. The following specific recommendations were made:

"1. The registry must immediately take steps to improve the procedures for its basic operation. This includes reducing the number of forms, simplifying the basic abstract form so that it can be used easily for data processing, and improve the communication among those carrying out the various registry functions so that it is clear to the staff how the registry is supposed to operate.

"2. Reduce the staff for quality control by one half FTE.

"3. Reduce research staff by moving .8 FTE for a secretary to administration and removing .8 FTE systems analyst. This leaves the amount of staff devoted to administration relatively high, but on the other hand Hawaii has an extremely low overhead rate.

"**Iowa:** Staffing for the Iowa registry is about at the level of the SEER average for almost every category. Therefore, the only recommendation is to eliminate one position for an assistant director that was vacated when the incumbent was promoted to director of the registry.

"**New Mexico:** New Mexico has the highest number of full time equivalent personnel per 1,000 admissions for each of the registry functions and overall their ratio was over twice that of the next highest registry. Thus, it was clear that the registry is overstaffed but it was not possible to identify how the operation of the registry should be modified to bring the staffing more into line with that of the other registries. Therefore, the recommendations are as follows:

"1. Eliminate most of the data items from the abstract form that are not required by SEER.

"2. Change the registry procedures such that by the end of the next contract year the annualized cost for the New Mexico SEER contract will be about one half its current level.

"**Seattle:** The registry operation is efficient and effective and no recommendations for change are proposed.

"**Utah:** The following recommendations are made:

"1. Reduce one half FTE for data entry.

"2. Remove .65 FTE for the secretary in the administrative category.

"**Atlanta:** The following recommendations are made:

"1. No change in personnel is recommended.

"2. Some of the non-SEER data elements should be removed from the abstract form.

"3. Because the indirect cost rate of 50 percent is the second highest in the SEER Program, it is recommended that some way be found to reduce this cost.

"**Puerto Rico:** No reductions in staff were recommended. The extent of active followup must be improved substantially. We analyzed the report of the committee that recommended the purchase of a Data

General computer for the registry and essentially concurred in the decision. We also recommended the transfer of a systems analyst position to the SEER contract to optimize the use of the computer."

RCB SHAKEUP: GRAALMAN "DETAILED" TO NEW JOB, TWO SECTIONS ELIMINATED

NCI's Research Contracts Branch has been reorganized following the "detailing" of Branch Chief James Graalman to a different assignment, a step which has prompted him to file a grievance with NCI management.

Graalman now is on "special assignment" involving training and policy within the branch. Robert Namovicz, NCI deputy executive officer, is acting branch chief. David Keefer remains as deputy chief of the branch.

Graalman was appointed branch chief in 1975 by then NCI director Frank Rauscher, coming to the Institute from NASA.

The reorganization resulted in reducing the number of sections from five to three, coinciding with the impending retirement of George Summers, chief of the Treatment Contracts Section, and departure of Daniel Longen, chief of the Carcinogenesis Contracts Section.

Summers plans to retire in March or April of 1983, and has moved to the office of Carl Fretts, director of the NIH Div. of Contracts & Grants. Longen is leaving to join the Indian Health Service where he will head the district office of procurement in Billings, Montana.

The Biology & Diagnosis and Control & Rehabilitation sections have been combined into a Control & Prevention Section. It handles contracts for the Div. of Cancer Biology & Diagnosis, the Div. of Resources, Centers & Community Activities, and the Office of Director. Hugh Mahanes, who was chief of the Biology & Diagnosis section, heads the new section.

Gary Kelley, who was chief of the Control & Rehabilitation Section, has replaced Summers as chief of the Treatment Section. This section will continue to handle contracts for the Div. of Cancer Treatment.

The Carcinogenesis Section has been combined with the Biological Carcinogenesis & Field Studies Section, headed by Charles Fafard, who is chief of the new combined Cause & Prevention Section. It is responsible for Div. of Cancer Cause & Prevention contracts.

Addresses and phone numbers of the sections in the new alignment are:

—Cause & Prevention Contracts Section, Blair Bldg. Rm. 114A, Charles Fafard, chief, 301-427-8888.

—Control & Prevention Contracts Section, Blair Bldg. Rm. 2A07A, Hugh Mahanes, chief, 301-427-8745.

—Treatment Contracts Section, Blair Bldg. Rm. 228B, Gary Kelley, chief, 301-427-8737.

Address of the Blair Building is 8300 Colesville Rd., Silver Spring, Md. 20910.

Namovicz and Keefer may be reached at 301-427-8810.

GAO PROBE OF NCI INTRAMURAL PROGRAM: NO PROBLEMS, NO REPORT, HAWKINS MUM

The General Accounting Office was established by Congress as its "watchdog" over the Executive Branch. Individual senators and congressmen request investigations of particular agencies when they have reason to feel a problem exists (and, sometimes, when they recognize an opportunity for some media coverage). GAO also initiates investigations on its own.

It is a rare instance when the GAO sleuths cannot find something wrong, or come up with some recommendations for improvements, especially when a congressman has his knife sharpened and is anxious to call in the TV cameras. NCI has been one of the favorite targets of such congressionally inspired probes in recent years.

Sen. Paula Hawkins last year asked GAO to investigate the administration, operations and accomplishments of NCI's intramural program. Two investigators spent months looking at every aspect of NCI's intramural research, and guess what? They couldn't find anything wrong.

When GAO does come up with some scandal or evidence of inefficiencies or poor administration, it publishes booklets describing the wrongdoings in detail, and the lucky legislator who initiated that investigation produces stacks of press releases, all of which are widely distributed.

But when the investigation finds that an agency is running smoothly and doing its job well, the world almost never hears about it. GAO's policy is that it will not make a report if no action is required of the agency it has investigated.

So far, nothing has come out of Hawkins' office about the investigation.

NCI Director Vincent DeVita, elated by the GAO's conclusion, distributed a memo describing the investigation and its findings as related in a briefing by GAO of NCI executives and staff members of Hawkins' Subcommittee on Investigations & General Oversight:

The review done by GAO was comprehensive and included the review of numerous documents and interviews, with not only members of immediate staff of the Office of the Director, NCI, but a broad spectrum of the personnel who comprise our intramural program in the Div. of Cancer Biology & Diagnosis, the Div. of Cancer Cause & Prevention, and the Div. of Cancer Treatment. Investigators from GAO attended and learned first hand of the site visit process used by our intramural labs and branches and were also in attendance at meetings of our major advisory councils, including the National Cancer Advisory Board, the President's Cancer Panel and the divisional boards

of scientific counselors. For comparison, although not at the same level of detail, the investigators also reviewed the operations of the Veterans Administration and the Dept. of the Army's intramural program as well as eight of the nine other NIH intramural programs.

The major findings of this study are as follows:

1. The application of uniformity in the management of the intramural programs of the National Cancer Institute in recent years has strengthened the overall program. GAO was particularly impressed with the comprehensive site visit process we have established which includes a periodic review by the divisional board of scientific counselors through the use of site visit teams, of each laboratory's scientific achievements and future plans, as well as the laboratory's total resources. The documents prepared in advanced for site visitors and the detailed discussion of budget and the actions resulting from the site visits gave assurance to the investigators the advice given by our boards was soundly based, and is being heeded. The GAO also listed the consolidation of our intramural operations and an overall change of direction to a more comprehensive program as substantial improvements.

2. The GAO noted the variances in the peer review systems of NIH intramural programs seemed unnecessary and recommended to the subcommittee that the management of the other institutes be reviewed so the NCI review would be one of comparison and not in isolation.

3. Our stringent system of evaluating our employees, their promotion and, when appropriate, turnover satisfied this group of investigators that top level, dedicated people predominate in the intramural programs of NCI.

4. GAO reached no conclusion with regard to the appropriate ratio of expenditures that should be made when considering the NCI intramural and extramural program. GAO did note the NCI intramural program continues to comprise 15-18 percent of the overall NCI budget. In this regard, GAO also recommended that the NIH re-examine the formulas upon which each Institute's management fund assessment is calculated. They noted that NIH has responded to this recommendation and has established a committee to address this issue.

5. The investigators found it difficult to measure the true impact of increasing or decreasing funds to an intramural program.

6. GAO expressed concern that the financial gains to the scientists in the private sector would erode the NCI and NIH of its best scientists.

7. The investigators did not think it possible for them to evaluate cost of research in a fashion that could predict ultimate value or accomplishment.

Under these circumstances, these are indeed high marks for the intramural program, particularly one as large and complex as ours.

COMMERCE DEPT. SOCKS IT TO NCI FOR PAID CANCERGRAM SUBSCRIPTIONS

Cancergrams, the monthly current awareness bulletins containing abstracts of recently published articles selected from 1,300 biomedical journals, are published by NCI's International Cancer Research Data Bank. The total cost to NCI is $870,000 a year.

Abstracts are selected and categorized by researchers active in the field and channeled into 66 different monthly Cancergrams. Complimentary subscriptions to two Cancergrams are offered on a quid pro quo basis to principal investigators who submit descriptions of their ongoing research projects or clinical protocols to the ICRDB Program. Cancergrams also may be purchased at a price of $30 for domestic and $45 foreign, per year, per title.

The National Technical Information Service, an agency of the Dept. of Commerce, handles publication and distribution of Cancergrams. NTIS is the sole entity authorized by Congress to publish and distribute scientific and technical information compiled by the government.

NTIS by law must collect enough money for its services to break even, either from sales to the public or from sponsoring agencies. The agency presently charges NCI $7.19 ($21.84 foreign) for each of the 24,163 complimentary Cancergram subscriptions it is distributing, which covers printing, mailing and handling costs.

So the $30 a U.S. subscriber pays to NTIS for a Cancergram should pay the full cost of his subscription and relieve NCI of that burden, right?

Wrong. For each of the 2,196 paid Cancergram subscriptions, NCI continues to pay NTIS $7.19 or $21.84 because NTIS insists, incredibly, that the extra $30 is "totally consumed" by the cost of maintaining the subscription. "These charges to subscribers cover only order processing, subscription file maintenance, computer operations, and accounting maintenance," Joseph Caponio, acting director of NTIS, said in a letter to John Schneider, ICRDB director.

Caponio even said that the $30 cost was "less than full cost recovery for NTIS, in keeping with our policy to keep prices as low as possible for documents of a more 'humanitarian' nature."

A survey of publishers in the private sector would find that NTIS is charging five times more for subscription maintenance than it should cost.

The horrendous overcharge became a factor when the Reagan Administration put pressure on federal agencies to recover costs of publications distributed to the public. ICRDB was required to develop cost and income figures for converting Cancergrams to entirely paid subscriptions or to reducing the number of complimentary subscriptions by half.

Because of NTIS' funny figures, the government (theoretically) would not realize any reduction in the cost of producing and distributing Cancergrams if the entire list of 24,163 free subscriptions was converted to paid. What's more, the $810,000 such a conversion would cost the scientific community probably would come out of research funds, and most probably funds supplied by NCI to grantees.

When the dilemma was presented to the National Cancer Advisory Board Committee for Review of Contracts & Budget of the Office of Director, committee members quickly voted to maintain the status quo.

The committee gave concept approval to the recompetition of an ICRDB contract and to continua-

tion of an intra-agency agreement in support of ICRDB.

"The ICRDB has done more good for the United States with other countries than the Dept. of Defense or any other agency," committee member Rose Kushner said in supporting the concepts.

The contract being recompeted, for computer support for cancer information dissemination, currently is held by IIT Research Institute. It will expire in June, 1984. ICRDB staff estimated a four year renewal would cost almost $3 million, starting at $679,000 for the first year. Staff description of the project:

This project provides computer processing services required for major products and services of the ICRDB Program, including computer steps required for database building/updating/regeneration and for photocomposition of ICRDB publications. Most of the complex and extensive data processing, error checking, and record keeping operations related to input of abstracts to the ICRDB databases (previously carried out by other contractors) will be transferred to this contract. This significant shift toward increased centralization of data processing will result in better quality control and significantly reduce computer related costs for contractors that screen and prepare abstracts for ICRDB databses. Major computer services activities of this contract are:

1) Convert input data received from other contractors into the format required for entry into the PDQ, Cancerexpress and Cancerlit databases; 2) Use computer programs to check errors (including spelling errors) in the citation, text, and index terms of input records; 3) Identify and correct errors in the Cancerlit, Cancerexpress and PDQ update tapes and in the annual regeneration of Cancerlit; 4) Search input tapes for data needed to prepare 66 monthly current awareness bulletins called Cancergrams; 5) Interact with Cancer Information Dissemination & Analysis (CIDAC) staff and ICRDB staff to select and organize abstracts for each Cancergram, for literature review publications called Oncology Overviews, and for special publications, and prepare tapes needed for photocomposition of these publications; 6) Gather, process, reformat, tabulate and print other data (some 125 separate special activities each year) needed for the ICRDB Program, including operation, contract monitoring, report preparation, optimization of databases and publications, distribution of publications and promotional materials, interaction with users of ICRDB services.

The agreement with the National Library of Medicine, costing $340,000 a year, assists ICRDB in building, updating, and regenerating online databases created by the program.

The committee approved a concept it had tabled last May for a contract to conduct a national survey of public knowledge, attitudes, and behavior related to cancer. The project, by the Office of Cancer Communications, would cost an estimated total of $277,000, but only $15,000 of that would come from NCI. The balance would be taken from departmental funds collected from all HHS agencies.

Thomas Kean, project officer, said the purpose of the survey is to "obtain a data base which will permit us to effectively plan our future information and communication strategies; examine our existing communications programs and their basic assumptions, objectives and content in light of the study findings; have a baseline against which to measure progress in public understanding in the future; and assist information and communication program planners and evaluators throughout the country by widely disseminating the results."

The committee had tabled the project previously when members questioned whether the proposed primary sample size of 2,000 interviews was sufficient; whether telephone interviews, as proposed, was an acceptable method to conduct the survey; and whether media coverage of cancer would affect results of the study.

Kean presented figures demonstrating that a 2,000 sample was adequate, and referred to various studies showing that telephone surveys could be accurate and effective. He agreed that media coverage might affect the results but argued that interpretation of results could take that into account.

The committee voted first to approve the concept, and then to recommend proceeding with it even if the HHS set aside money is not available. Gale Katterhagen cast the only vote against approval, saying, "I'm not convinced that spending $275,000 of public money is going to give us any idea how to change attitudes."

"It won't do that, but it will tell us where we are today, and how far we need to go tomorrow," Kean said.

Description of the project:

This project is a national survey to determine: (1) current levels of public knowledge, attitudes, and behavior related to cancer; (2) variations in these levels between population subgroups (e.g., minorities, blue-collar workers); (3) those communication channels most frequently used channels most frequently used by the public for cancer related information and the degree of credibility attributed to each; (4) current myths and misconceptions about cancer; (5) the public's perception of the need for cancer information and its relative importance in terms of other issues in their lives; and (6) public perceptions of the cancer "establishment" and the degree of progress being made in solving the cancer problem.

CONCEPT REVIEW FIGURES ARE ESTIMATES ONLY; RFPs, RFAs NOT YET AVAILABLE

The dollar estimates listed with each concept review brought before the various boards of scientific counselors are not intended to represent maximum or exact amounts which will be spent on those projects. They are intended only as guides for board members to help in determining the value of the projects in relation to resources available to the entire program or division. Responses should be based on the workscope and description of goals and methods included in the RFPs (contracts) and RFAs (grants). Availability of RFPs and RFAs will be announced when the Institute is ready to release them.

This study is a three part project. Phase 1 (already completed) consisted of an in depth literature review and assessment and 16 focus group interviews with various population subgroups, out of which the major hypotheses to be tested have been defined. This concept review is for phase 2 (instrument design and pretesting) and phase 3 (the actual field survey using a national probability sample). This survey is modeled on the national survey of public knowledge, attitudes and behavior related to breast cancer that was completed in 1981. It will provide scientifically valid and reliable data against which to examine the objectives of the NCP's current information/education programs and with which to plan overall strategy and future directions for such programs through the next three to five years.

DCCP BOARD DEFERS TWO CONCEPT APPROVALS, OKAYS 10 SOLE SOURCES

Two projects proposed by NCI's Div. of Cancer Cause & Prevention submitted to the division's Board of Scientific Counselors were deferred by the Board at its recent meeting.

The Board refused concept approval at this time for a competitive RFP to obtain particulate materials for respiratory carcinogenesis. The contract would support research in the Laboratory of Experimental Pathology, for two years at an estimated cost of $75,000 a year. The Board deferred final action to its February meeting, with the suggestion that the contract should be written to support extramural investigators as well as the NCI lab.

Also deferred was concept approval of a competitive contract for a case control study of the relationship between chromosomal alterations and occupationally related carcinogenesis. Board members said the staff proposal needed "more focus" and asked that it be rewritten and submitted in February.

The Board gave concept approval to seven new projects to be suported through noncompeting contracts or interagency agreements and to the noncompetitive renewal of three others. The new procurements are:

—Pathology review for brain tumor studies in petrochemical areas, $75,000 a year, two years, with existing collaborators in an ongoing NCI study in New Jersey, Pennsylvania, Louisiana and Texas.

—Hepatitis B virus and liver cancer in Army veterans of WWII, $150,000 a year, four years, with the National Academy of Sciences.

—International colloquium on hexachlorabenzene, $25,000, one year, with the Environmental Protection Agency and International Agency for Research on Cancer.

—Dermal absorption and metabolism of azo compounds, $150,000, one year, with the Dept. of Energy, Lawrence Livermore Laboratory and Food & Drug Administration.

—Development and use of a human teratoma cell culture system for the prescreening of environmental chemicals which may initiate or promote tumor formation, $120,995, one year, with EPA and Argonne National Laboratory. Staff had asked for a two year program but Board members reduced it to one with the suggestion that it needs to be determined if this model is useable for detection of environmental chemicals.

—Development of a predictive model for fiber carcinogenicity, $125,000, one year, with the Univ. of Minnesota.

—Cytogenetic assays and analysis of occupationally exposed workers, $150,000 a year, two years, with the Dept. of Energy.

Noncompetitive renewals approved were:

—Etiologic studies of cancer in New Jersey, $600,000, one year, New Jersey Dept. of Health.

—Laboratory support for processing and storage of biological specimens from persons at high risk of cancer, $280,000 first year, five years, with Biotech Research Laboratories Inc.

—Epidemiologic study of population previously exposed to hexachlorobenzene, $218,000, one year, Univ. of Wisconsin.

The Board's concept approvals for competitive new projects and procurements were reported in ***The Cancer Letter*** Oct. 15.

FOUR NEW PROGRAM ANNOUNCEMENTS IN BRMP PRECLINICAL TRIALS ISSUED

NCI's Div. of Cancer Treatment has issued four new program announcements, seeking to expand its support of clinical treatment research in the Biological Response Modifiers Program through investigator initiated (R01) grants.

Applications will be accepted in accordance with the usual NIH receipt dates for new applications, with deadlines of March 1, July 1, and Nov. 1. They will be reviewed by NIH study sections for scientific and technical merit, and by the National Cancer Advisory Board for program relevance. Applications should be submitted on form PHS 398, which is available in the grants and contracts business office at most academic and research institutions, or from the NIH Div. of Research Grants.

Applications and a brief covering letter should be sent to the Application Receipt Office, Div. of Research Grants, NIH, Westwood Bldg. Rm. 240, Bethesda, Md. 20205. A copy of the covering letter should be sent to Dr. Cedric W. Long, Program Director for Preclinical Trials, BRB, BRMP, Bldg. 421 Rm. 1, Frederick Cancer Research Facility, Frederick, Md. 21701.

The new announcements are:

Use of growth factors, maturation factors and anti-growth factors in animal tumor models

The program is seeking applications for research grants concerned with the therapeutic effects of growth factors, maturation factors, and monoclonal antibody to growth factors on the growth and metastasis of cancer in animal tumor models. In making

these program announcements, it is not the intent of NCI to make or imply any delimitation related to biological response modifiers research, but rather to stimulate investigator initiated research in biological response modifiers.

Development of genetically engineered cell products

The program is seeking applications for research grants concerned with the development of genetically engineered cell products for therapeutic application as biological response modifiers. This announcement will support diverse approaches into the use of genetic engineering to transpose genes coding for biological response modifiers such as interferons, lymphokines, growth factors and other gene products into microbial organisms for large scale production, isolation, purification and characterization of these factors for therapeutic application as biological response modifiers.

Use of tumor associated antigens as immunogens

The program is seeking applications for research grants concerned with the development of methods of immunization that evoke effective in vivo antitumor immunity using purified tumor associated antigens as immunogens. Isolation of tumor associated antigens is now possible using monoclonal antibodies. There is considerable uncertainty, however, how best to administer purified antigens in vivo to evoke effective antitumor immunity. Certain antigens may facilitate and others may inhibit tumor growth and metastases. The proposed studies should investigate this issue in both normal and tumor bearing animals using purified antigens as therapeutic agents.

Preference will be given to nonviral tumor associated antigens on recently derived spontaneous or chemically induced fully syngeneic tumors although consideration will be given to viral coded tumor antigens and even normal cell surface alloantigens as model antigens. The use of various immunization schedules and adjuvants in therapy models with detailed monitoring of the host cellular and immune responses will be required. These studies must be directed toward optimizing the therapeutic effects of these antigens in vivo as demonstrated by protection studies against subsequent tumor growth.

Proposals to investigate monoclonal antibody purified tumor associated antigens as therapeutic reagents in man may also be submitted.

Development of cell lines producing lymphokines and cytokines

The program is seeking applications for research grants concerned with the development of cell lines producing lymphokines and cytokines with therapeutic effects as biological response modifiers. This announcement will encourage research in the development of such cell lines and the development of methods to isolate, purify and characterize the therapeutic potential of the various products of these cell lines in appropriate test systems. These products may have a potential longterm usefulness in the treatment of cancer and/or in the alteration of biological responses in the course of cancer.

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-31009-53

Title: *Biomedical computing services in support of the Clinical and Diagnostic Trials Section*

Deadline: *Dec. 20*

NCI has a requirement for computer related support services to the Clinical & Diagnostic Trials Section, Biometry Branch, Field Studies & Statistics Program. The purpose of this request for proposal is to initiate the recompetition for computer support services which include the analysis of large sets of medical data often involving complex statistical analysis, and requires the contractor to use sophisticated data handling and analytic techniques.

Prospective contractors must have experience and expertise in all phases of software services in support of biomedical research activities. The contractor must have or be willing to establish, at the time of submission of a proposal, permanent established offices within 35 miles of the NIH off campus Landow Building, 7910 Woodmont Ave., Bethesda Md. 20205.

In accordance with Section 15 of the Small Business Act, it is hereby determined that 100 percent of this procurement will be a small business set aside. In order to qualify as a small business for this procurement, a prospective contractor's annual receipts for its preceding three fiscal years must not exceed $4 million.

Contract Specialist: Eileen Webster
RCB, Blair Bldg. Rm. 122
301-427-8888

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