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NCAB ORDERS 23 UNFUNDED ORGAN SITE GRANTS PAID, SENDS CONTRADICTORY MESSAGES ON PROGRAM REVISIONS

The National Cancer Advisory Board took a series of contradictory actions this week which, while intended to "send a message to Congress" on changes in the Organ Site Program, defies rational interpretation by congressmen or anyone else. Instead, the clearest message con-

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In Brief

RONALD LEVY, GEORGE STEVENSON TO SHARE FIRST HAMMER PRIZE; PRESIDENT REAPPOINTS HAMMER

RONALD LEVY, associate professor of medicine at Stanford, and **GEORGE STEVENSON**, professor of immunochemistry at the Univ. of Southampton, will share the first Armand Hammer $100,000 prize, to be announced today in Los Angeles. Hammer established the award when he was appointed chairman of the President's Cancer Panel, with $100,000 a year for 10 years to be given to the person or persons deemed to have made the most significant contribution during 1982 toward a breakthrough in the treatment of cancer. Levy, a former NCI research associate, has stirred great excitement among investigators for his work using monoclonal antibodies for treatment of B-cell lymphoma. The process involves the use of idiotypes, a surface structure unique to that particular tumor cell, as the target for the antibodies. Stevenson and his wife Freda were among the first to point out that idiotypes might be used as the target for therapy. One of Levy's patients has been in complete remission for one and a half years, and the group is extending their work to other B-cell lymphoma patients. Hammer also is offering $1 million to the scientist who can "find a cure for cancer similar to that discovered by Jonas Salk for polio." The selection committee for this year's award consisted of Hammer, NCI Director Vincent DeVita, and Salk Institute Professor and Nobel Laureate Renato Dulbecco. . . . **PRESIDENT REAGAN** this week announced reappointment of Hammer as chairman of the Cancer Panel for another year. . . . **WASHINGTON POST** reported this week that OMB Director David Stockman plans deep cuts in federal health agencies, including drastic cuts in the assistant secretary for health's staff and in FDA personnel. The only action reported by the Post that would directly affect NIH would be a requirement that patients at the Clinical Center would be charged for room and board. National Cancer Advisory Board member Gale Katterhagen made that suggestion at the Board's Budget Committee meeting this week. DeVita noted that this was an extremely controversial topic at NIH; third party payers have dragged their feet over such proposals in the past, since nearly all NIH patients are entered into clinical studies; and that costs of collecting might make the effort not worthwhile.

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NCAB ORDERS 23 ORGAN SITE GRANTS SCORING 180 OR BETTER TO BE PAID

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veyed was that the fears of those who have criticized appointments to the NCAB over the last four years were not entirely unfounded.

One positive result of the Board's action: 23 grants which scored 180 or better in the four national organ site projects (large bowel, prostate, bladder, pancreas), and which had not been funded in FY 1982 because the program's allocation did not permit it, will be funded. The Board approved a motion by William Powers, chairman of the Organ Systems Committee, to pay all the organ site grants which scored 180 or better.

The payline for R01 grants in the 1982 fiscal year was 185. It had been established at 180, but NCI Director Vincent DeVita told the Board last May that $5 million recouped from other areas was available for whatever distribution the Board recommended. The Board voted to put it into the R01 pool, lifting the payline to 185.

Powers, some other NCAB members, and those involved in the organ site projects, were incensed when they learned that the cutoff in those projects, in which grants are reviewed by "working cadre" appointed by the four project headquarters, was 165 (***The Cancer Letter,*** Nov. 19). The 1982 budget had allocated $13 million for the Organ Site Program, not enough to fund beyond the 165 payline.

In fact, six grants which scored better than 165, with recommended direct costs totaling $375,966, were not funded as the result of the policy which permits NCI program directors to skip over priority scores to fund grants determined to be filling a greater need.

Powers agreed to modify his motion, which first had called for payment of organ site grants to the 185 payline, setting it instead at 180, the R01 cutoff established before the Board put in the extra $5 million.

DeVita, opposing Powers' motion, pointed out that the additional $2 million required to pay the unfunded grants would have to come out of 1983 fiscal year money. "I would be grateful if you would help us find the $2 million," DeVita said. "It has to be taken from somewhere, and it will inflict pain wherever it is taken. You will be hearing from those people, and it could be right back here. . . . There will be some nervous center directors and cooperative group chairmen who are worried about their own budgets."

DeVita said he would present some proposals for transferring the $2 million to the Board at its January meeting.

The 1983 funding plan at the present time is based on the continuing resolution's limit of $943 million, the amount NCI spent in 1982. However, a new continuing resolution must be approved by mid-December, and it probably will include at least $12 million more for NCI (the President's budget request), and as much as $37 million more (approved by the House). It might not be as painful to pay the additional 1982 organ site grants from the increase as it would if it had to be taken from money already allocated elsewhere.

The problem with inequity in funding organ site grants compared with R01s is the result of the reduction in the Organ Site Program budget last year.

The NCAB action this week amounts to a revision in the 1982 fiscal year Organ Site Program budget, a revision the Board should have made nearly two years ago when the 1982 budget was proposed.

"In FY 1982, within the allocated amount, this was all we could do," DeVita said. "This amount was the figure approved by this Board. You could have, in allocating the extra $5 million, at that time designated some for the Organ Site Program. You did approved the amount at every meeting of the Budget Committee. It was clear then, that as the dollar amount went down, this would happen (fewer grants would be funded)."

Harold Amos, member of the President's Cancer Panel (not eligible to vote in Board actions), said, "It is a problem of communication. There is no question that the decision on these grants is far out of line with the others. We agreed that the transition (to the major revisions in the Organ Site Program recommended by the Board) would be as smooth as possible. I don't think it has been."

DeVita pointed out that 31 percent of approved organ site grants were funded, identical to the percentage of approved R01s funded. "We acted upon what the Board approved. It is not a communication problem, it's a corporate memory problem. We can't operate a billion dollar a year program on a day to day basis, with a level budget, without making cuts, without inflicting pain."

Six more new grants with scores better than 165 will now be funded—one in the large bowel project, two prostate, two bladder, and one pancreas. Fifteen more new grants with scores between 166 and 180 will be funded—three large bowel, six prostate, four bladder, and two pancreas. Two more renewals will be funded, one each in large bowel and prostate.

Board member Janet Rowley opposed Powers' motion. "How many R01 and P01 grants were skipped over?" she asked. "If we're going to allocate $2 million to pay the Organ Site Program skipovers, I would like to know how many R01 and P01 grants (under the payline) were skipped over."

Rowley pointed out that the report of the ad hoc committee which reviewed the four organ site projects for the Board last year had said, "Priority scores in the Organ Site Program were judged to be generous

for the quality of the science in these projects."

"May I ask Dr. Rowley to read the rest of that paragraph?" Powers asked.

Rowley continued reading from the report, "This is because program relevance as well as scientific merit, is an important consideration in arriving at the priority score, while scientific merit is the overriding consideration in NIH peer review."

The motion carried 7-2, with Angel Bradley, Victor Braren, Robert Hickey, Geza Jako, Rose Kushner, and Morris Schrier joining Powers. Rowley and Gale Katterhagen were opposed, and Chairman Tim Lee Carter and Richard Bloch did not vote, although Carter had indicated his support.

It was pointed out that a quorum of the 18 member Board was not present, but DeVita said, "I don't think a quorum would change the vote. We will proceed with the direction of the vote you have taken."

Members absent were Ed Calhoon, Maureen Henderson, Ann Landers, LaSalle Leffall, Sheldon Samuels, and Irving Selikoff. Lefall attended other sessions of this week's meeting and chaired Monday night's meeting of the Budget Committee.

DeVita had asked at the Budget Committee meeting for a clear statement from the Board on whether it still supported the revisions approved last May, in which future organ site project grants will be reviewed at NIH and the four headquarters will be consolidated into one. The revision includes changing the name to "Organ Systems Program" which will include all organ site related research and permit the program to initiate research into organ site malignancies other than the four covered by the old program.

DeVita was concerned about expressions made by some Board members objecting to management decisions involving the program. Some of the organ site grants were being moved from the portfolio of the Organ Systems Branch in the Div. of Resources, Centers & Community Activities to portfolios of other divisions.

With Congress back in session, the authorization legislation reviewing the National Cancer Act could reach the Senate floor any day. When it does, Sen. Daniel Moynihan (D.-N.Y.) will offer his amendment, which essentially would overturn the NCAB's revision of the Organ Site Program, and keep the four existing projects and their respective headquarters in place. It also would establish a line item authorization of $20 million for the four projects.

"I feel I'm being attacked," DeVita said at the committee meeting. "We have just been implementing the Board's decision. If you want to change it back to the way it was, we'll change. If you want to stay with it as you proposed, okay. All I ask is that you make it clear. I feel uncomfortable with the situation now."

Powers said he had been concerned about the role and responsibilities which would be assigned to the new single headquarters and the groups which would work out of there. "If it's just going to be window dressing, I would oppose that."

Powers said the Board's recommendation did not make clear the function and responsibility of the headquarters, nor did it spell out the budget.

"The way I see it," DeVita said, "the headquarters group will meet, look at all the grants in a particular area, see what is going on, and make recommendations for new areas of research. Those recommendations will come back to us (and be assigned to the appropriate divisions), and could lead to RFAs and program announcements."

DeVita agreed to withhold the RFA, which would open competition for the new consolidated headquarters, until after the Board's Organ Systems Committee considers the issue at a day long meeting to be held prior to the Board's January meeting. Powers said the committee would attempt to make recommendations to the Board on details he feels are missing from the program.

DeVita also noted it would be better to await disposition of the Moynihan amendment before proceding with the RFA.

Responding to Powers' complaint about "fragmenting" the program, DeVita said the grants were parceled out to the other portfolios because, along with the other organ related grants which he said totaled $200 million a year, were too many for the Organ Systems Branch to handle.

The committee agreed to DeVita's request for a statement supporting the revision. The next day at the meeting of the full Board, DeVita repeated his request, and the Board supported the revisions without dissent.

Then the silliness took over.

Braren made a motion stating that, while the Board was still opposed to legislative line items in general, "we wish to take a neutral position on the Moynihan amendment or any similar amendments."

Rowley, Schrier, Katterhagen and Bloch argued against it, but it carried 6-4, with Powers, Kushner, Bradley, Hickey, and Jako supporting Braren.

Thus, the Board within a matter of minutes went on record supporting the revisions it made consolidating the program into one headquarters, and then took a "neutral" position on legislation which would keep the program intact with four headquarters.

CCRU-CCSP REPORT AT CLOSED SESSION "DECLASSIFIED;" DISCUSSES REVIEW

The review process for the Cancer Control Research Units and Cancer Control Science Program was described during an executive session of the Board of Scientific Counselors of NCI's Div. of Resources, Centers & Community Activities at the Board's recent meeting. It was later determined by

NCI staff, after a query from ***The Cancer Letter,*** that the CCRU-CCSP report was inappropriate for a closed session, and a transcript of the report was released.

The report, by Carlos Caban, chief of the Cancer Control Science & Support Branch, follows, with some editing to conserve space:

"I will just review the sequence of events that has occurred briefly. The Board approved the concept for the CCRU RFA last October and it was announced in January of this year and the actual detailed guidelines for grant preparation was mailed out in March.

"Letters of intent were received in April, and applications were due Aug. 16. The schedule is here. We will be funding the successful applicants in July of next year.

"The Science Program was approved in concept as a program announcement at the January Board meeting. It was announced in March in the NIH Guide and detailed guidelines were mailed out in April.

"Letters of intent were due May 15, and the applications did have the same receipt date of Aug. 16. Funding is again expected next July.

"Since it is a program announcement, applications will be accepted three times a year and we have already received letters of intent for the next cycle, since these letters were due Sept. 15.

"We are using a P-50 grant mechanism which is a special center type of grant at NIH. In both programs, applicants must have a critical mass of investigators and resources before considering applying. Funds can be requested for specific research projects, developmental projects, leadership, shared resources, and organization and administration.

"One of the most important features of both of the programs is the eligibility requirement for three research projects which must pass peer review before the application can become eligible for funding.

"From March through August, we did a number of things to assist applicants. We set up an ad hoc committee here at NIH to review the letters of intent and then provided feedback to potential applicants on each proposed idea.

"We sent out invitation letters to those applicants who had three or more appropriate projects and gave concept approval to those projects which appear to fit the new concepts of Cancer Control Research.

"We requested and reviewed draft budgets so that the applications were properly constructed and we also sent out the supplementary information about the phases of cancer control and additional information about the application and budget preparation.

"It is clear from this intense period of discussion with applicants that we will have to clarify a number of issues yet about the phases and cancer control research and it is helpful now to also have the definition of cancer control.

"Needless to say, there was a great sigh of relief around the country on Aug. 16 after the applications were finally submitted.

"The result has been as follows: We did receive 26 letters of intent for the CCRU and ended up with eight actual applications. We received approximately 40 letters of intent for the Science Program with 20 actual applications. Applicants who could not meet the CCRU requirement were given the option to enter the Science Program and many of them did. A number of institutions were also unable to meet the particular deadline and they will be coming in later.

"We are now in the review phase for the applications. We have been holding a series of meetings with Dr. Dennis Cain and the staff of the Grants Review Branch to work out the details of the review process.

"It is an extremely heavy workload because of the number of applications, their size and their complexity and it will be a very tight schedule to follow in order to meet the May 1983 NCAB deadline.

"Dr. Robert Browning will be coordinating the review schedule for the Grants Review Branch. We will be providing all applicants with the following outline of the review process which we hope will answer some of their questions about the review process and avoid the necessity for constantly contacting either the program or review staff for simply status reports.

"Because of this huge workload, we have set up the following schedule. It is a unique type of review process and it may require some shifts in the deadlines as we work through it.

"This November, there will be a review of the projects by five ad hoc review committees. What we have done is that we have taken the projects from all of the applications, removed them from the applications, checked them for completeness and supplemented them with the appropriate information from the CCRU or Science Program application so that they are a complete project application and then sorted them by subject areas into five general areas and established five committees. (*Ed. note:* These reviews have been completed as scheduled.)

"These committees will have the appropriate expertise in the subject areas to cover all of the applications that are involved. The projects will be critiqued and will be recommended for approval or disapproval based on their scientific merit.

"The development projects are not being judged at this time.

"After the project reviews, two separate ad hoc committees will be formed to complete the review process, one for the Cancer Control Research Units and one for the Science Program.

"We expect to follow this procedure as follows for the CCRU applications. In late January to early February, the CCRU committee will review all of the CCRU applications in terms of the review criteria which are stated in the RFA, accepting prior recom-

mendations about the project reviews and identifying any information required to make a definitive recommendation. (*Ed note:* The Jan.-Feb. schedule for this review has not yet been confirmed.)

"A site visit may be one of the required things to obtain information. No final decisions will be made at this time. The executive secretary of the committee will contact the applicant concerning the needed information or site visits. The information will then be collected over the next month or so and any site visits held during February and March.

"Approximately late March, the CCRU Committee will meet again to act on the total information available and to make the final recommendations.

"A summary statement will then be prepared for the May meeting of the National Cancer Advisory Board. Thus, the outcome for the CCRU applications will not really be known until after the March meeting by NCI staff.

"Now, we are doing a slightly different procedure for the Science Programs and this might be subject to modification as we see how the process works out.

"Again, the projects will have been reviewed by the November group of ad hoc committees. In February or March, a Science Program Committee will meet to review the entire group of applications in terms of the review criteria which are stated in the program announcement, including the prior recommendations from the project reviews.

"They will be making recommendations for approval or disapproval or deferral for more information or a site visit.

"Those applications which are approved or disapproved will have summary statements prepared and be presented to the main NCAB.

"Thus, the CCSP outcome will be known after this approximately March meeting. In May, we will inform applicants of the final review status immediately after the NCAB meeting which is scheduled for May 16 to 18.

"The NCI funding decisions will be made as soon as possible. Usually it takes about three weeks after the NCAB meeting.

"In summary, it has been a very busy time in getting these programs launched. The enthusiasm of the investigators to participate has really been remarkable. A whole new group of researchers has joined the cancer control research effort.

"In the program announcements, we said that we anticipated funding about five CCRUs and five CCSPs with a budget of $7.5 million. We are hopeful that there will be at least five strong applications of CCRUs and five strong CCSP applications for funding consideration next June when the review process is complete."

DRCCA Director Peter Greenwald commented that a survey of 1981 cancer control grant applications by Caban turned up the information that in 84 percent of them, the principal investigator had no other grants.

"I believe this is changing, although we don't have the data yet," Greenwald said. "But we are now getting people who have R01 grants applying in the cancer control field, people who have science backgrounds."

STUDY DISPROVES OLD SAW, FINDS LIFE QUALITY NO WORSE FOR CANCER PATIENTS

"The main message from this study is that we have disproved the old saw that the quality of life for cured cancer patients deteriorates. It is the same as it is for everyone else."

Simon Kramer offered that conclusion at a press briefing during the recent annual meeting of the American Society of Therapeutic Radiology. Kramer, Jules Rominger, and Luther Brady discussed a study at Thomas Jefferson Hospital in Philadelphia sponsored by the American College of Radiology's Committee for Care & Support of Cancer Patients.

"What is the patient's perception of life? That question was applied retrospectively to patients who had been free of disease for at least three years," Kramer said. "So often we get the physician's impression. This study stressed the patient's perception. It turns out that there are very few areas where a patient has a worse impression of his life than the national average."

The study used as controls a survey taken a few years ago in which the attitudes of Americans on 14 subjects was assessed. The Philadelphia study found that:

—Cancer patients (the apparently cured cancer patients in the study) were more satisfied than the general population with their religion, themselves, global matters, the media, and consumer affairs.

—There were no differences between cancer patients and the national average on attitudes toward local government, various activities, money, community, family, recreation, friends, job, central values, and health.

—Cancer patients were less satisfied about leisure, the national government, and costs.

The 400 patients in the study "seemed quite content with their lives," Kramer said. "They conceive of themselves as doing quite well, although they are a bit dissatisfied with their social relationships."

Kramer acknowledged that the national figures "are somewhat out of date," and that may have accounted for some of the differences. Unemployment among the cancer patients in the study was about 10 percent, higher than that in the survey but close to the current national unemployment rate. Cancer patients also were more dissatisfied with national politics than the survey figures, but again, the survey probably reflected the mood of a country in economically happier times. Kramer said he did not know if the un-

employment among patients could be attributed in part to discrimination.

Kramer admitted the study is open to criticism. "It is only a straw in the wind. This study needs to be done in community hospitals, in fact in many settings."

One of the important things the ACR committee is doing is "to bring to prominence the need for and value of the social worker," Kramer said. "Little is taught in medical training about the social worker's use. Many still think of the social worker as someone who arranges transportation. For example, the social worker can uncover intrafamily problems and do a great deal to help. We've just started scratching the surface."

Rominger suggested,"It would be interesting to compare this study with patients who did not have the kind of psychosocial support you have at Thomas Jefferson."

An important factor, Brady said, "is that the physician's impression of what's happening often is not what really is happening, and the physician's perception is not the patient's perception."

RELATIVE SURVIVAL RATE MAY NOW BE OVER 50 PERCENT, DEVITA BELIEVES

NCI Director Vincent DeVita, in a wide ranging press conference at the ASTR meeting in Orlando, responding to questions from local newsmen as well as from the professional press, covered these topics:

• Cancer patient survival. "I would be surprised if relative survival among patients starting therapy now is not over 50 percent." New SEER figures show relative survival (five years after initiation of treatment) for patients diagnosed in 1973 is now 47 percent. "There is no single cancer I know of in the United States where the relative survival rate has decreased." And that result might be even better than it seems, since the SEER figures assume that all those lost to followup are dead of the disease. "If we did not count those lost to followup, relative survival would be over 50 percent (for the 1973 group)."

• Still on survival. In 1980, 356,500 cancer patients were cured—90,000 receiving radiotherapy alone or with surgery; 219,500 with surgery alone; and 46,000 with chemotherapy, alone or in addition to radiotherapy and/or surgery. "Every single cancer for which national mortality is coming down involves combination therapy."

• Improvements in radiotherapy are contributing to improvements in quality of life. "When you get equal results from radiotherapy compared with radical resection, radiotherapy is better. A good example is prostatic cancer (in those cases where radiotherapy replaces surgery), preserving potency." The NSABP study comparing segmental surgery plus radiation with mastectomy "at this point has shown no difference."

• On combining therapies. "The full meshing of all options has not yet been achieved. Falling mortality is where the meshing has occurred. . . . If you use radiotherapy with chemotherapy the wrong way, it can enhance drug resistance. Low doses of radiation can develop resistance to drugs. . . . If you use hyperfractionated radiotherapy, and squeeze the chemotherapy in, the results are better. We've got a huge amount of work to do, to test these hypotheses and use existing therapy better."

• New therapy. With the ability to sequence and track oncogenes and their proteins, "we may be able to use them in diagnosis, possibly to interfere with cancer development. The attack point for therapy may involve radiotherapy, hormones, antibodies, chemotherapy. It is possible that the entire therapeutic community will be scrambled in the next decade, and have to be reassembled."

• Attitude. "For every kind of cancer, some patients are curable. Many doctors, if the cancer is 90 percent fatal, tell those patients there is no hope. If I'm involved, I say, let's take a shot at the 10 percent."

• CCOPs. "If we get 100 CCOPs (Community Clinical Oncology Program), there won't be a patient in the country who can't get into the system."

DCCP PAYBACK SYSTEM FOR RESOURCES SAVING AT LEAST $1 MILLION PER YEAR

The Board of Scientific Counselors of NCI's Div. of Cancer Cause & Prevention last year approved a resources payback system in which investigators who previously had been receiving various resources free from the division are required to pay for them.

With the system now fully implemented, DCCP expects to recoup about $1 million a year. That is in addition to further savings brought about by the inclination of some investigators to scale down their requests now that they are no longer freebies.

DCCP prepared a list of questions and answers explaining how the new system works:

1. What is the payback system for resources?

Answer: The payback system is one in which the recipients of particular resource materials or services reimburse the resource contract directly based on a price schedule agreed on between the NCI and the contractor. The contractor in turn credits these receipts against his costs which are shown on the monthly vouchers which he submits to the government for payment under the contract.

2. Why was the payback system initiated?

Answer: The payback system is a reflection of several phenomena; among them the shrinking budget of NCI, a perception that gratis distribution of resources did not always result in their most effective utilization, and a desire to see these resource dollars utilized by grantees and contractors included in a peer review system.

3. How will the payback system work?

Answer: There are two general modes under which we see the payback system operating. The first mode is exemplified by contract for the production and distribution of avian myeloblastosis virus and AMV reverse transcriptase which became effective on May 19, 1981. In this contract the cost reimbursement system will be imposed immediately since only about five of the over 600 users have requested amounts of the material in the past which would indicate that they would have financial problems in paying for future needs. The second mode would be applied where past needs indicate significant problems would be encountered by a number of investigators in paying for their resource needs. We would then propose to phase in the payback system in such a way that investigators would not have to unduly curtail their ongoing research efforts.

4. Who will pay for these resources?

Answer: A general rule is that grantees, contractors and intramural scientists will pay. There are, at present, several exceptions. These exceptions are distributions to investigators who receive resources under the special bilateral agreements between the United States and certain foreign countries. In addition gratis distributions of reduced amounts of materials may be authorized for grantees who are awaiting review of requests for supplements.

5. How are the prices set for the various resource materials?

Answer: The prices are arrived at by the process of negotiation between the government and the contractors. The government's two primary objectives are to provide the quality and quantity of materials needed by researchers at the lowest possible price and to cover, in as much as possible, the actual costs of the contracts included under the system.

6. How was it decided when various contracts would be brought into the payback system?

Answer: Time frame for inclusion of contracts under the payback system is basically a function of either their competitive or noncompetitive renewal. Additional bookkeeping and other functions associated with the payback system result in a need for substantial negotiations between the government and the various contractors. It was felt that an appropriate time for this to take place would be at the time the contract is undergoing a renewal action. In addition, this offers an opportunity to phase in a number of contracts over an extended period of time so that the whole burden of the payback system would not fall upon the scientific community at one time. This should allow them more time to seek the funds necessary to procure the services which they need to support their ongoing research activities.

7. Are there any types of contracts which are considered not appropriate for the payback system?

Answer: Yes, contracts in direct support of branch functions such as the BCB repository, the computer support for the branch, and efforts of this nature are not suitable for a payback mechanism. The full implementation of the payback system approach may not be suitable for some contracts. Some activities, while essential, are too expensive to expect the scientific community to fully absorb their costs. These types of efforts will require some sort of subsidizing and the payback approach for those activities will be addressed to obtain at least some reasonable reimbursement.

8. Will the payback system result in immediate availability of dollars to be used for other purposes?

Answer: No, the results will not be immediate. It is necessary under current procedures that the contracts be funded by the government in the first year. During this year, as proceeds are received from grantees, contractors or other interested individuals, the proceeds will be subtracted from the government's obligation to fund the contract during the year's time. These funds will then be carried over into the second year of the contract and reduce the needs for funds in the second year. So we would anticipate that some funds will be available in the second year and with proper management additional funds in the third year of a given contract.

NCI CONTRACT AWARDS

Title: Prime contractor for performance of protocol toxicology studies, six-month extension
Contractor: Battelle Memorial Institute, Columbus, Ohio, $980,000.

Title: Synthesis of kilogram amounts of retinoids for chemoprevention and toxicity studies
Contractor: Southern Research Institute, $857,678.

Title: Clinical data management
Contractor: The Orkand Corp., Silver Spring, Md., $826,221.

Title: Production and testing of human and murine interleukin-2
Contractor: Litton Bionetics Inc., $219,654.

Title: Chemical coupling of cytotoxic agents to tumor reactive monoclonal antibody
Contractor: Hybritech Inc., La Jolla, Calif., $487,-791.

RFPs AVAILABLE

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

RFP NCI-CM-37572-21

Title: *Data management support for the radiation research program*
Deadline: *Approximately Feb. 6, 1983*

NCI requires organizations having the ability to provide support for data management and, where appropriate, statistical analysis for the research contracts projects of the Radiation Research Program (RRP) which are evaluating the efficacy of new imaging and therapy modalities in the management of patients with malignant and other diseases. These contracts currently encompass research in hyperthermia as an adjunct to cancer treatment, intraoperative radiation therapy, photoradiation and an evaluation of imaging with nuclear magnetic resonance scanning in comparison with other imaging modalities.

The contractor shall furnish all the necessary personnel, labor, material, equipment and facilities, not otherwise provided by the government, as needed to develop the programs and/or subroutines needed to provide the appropriate output on the data bases of these contract supported research efforts. During the course of program development, the contractor shall compile a users manuel which documents all of the program subroutines, etc., that are valid to process the user's data. This documentation will be maintained in an updated state at all times. Full service activities are to be performed throughout the life of the contract after the program development has been completed. This will consist of data acquisition, data processing and reporting.

The contractor's facility must be within reasonable commuting distance (50 miles) of NIH. The interaction between the RRP operational office, the project officer and the contractor's staff required for transmittal of patient records to and from the contractor's facility, the editing of reporting forms, and the correction of errors in data bases, mandates daily contact to resolve the complex problems which arise. This close working relationship is especially necessary for meeting the deadlines mandated by the semiannual contractor working group meetings.

The final outcome of this three year contract shall be a central data repository, with a rapid retrieval system.

This procurement is restricted 100 percent for small business. Any small business firm which responds to this RFP must meet the government's small business size standard for computer programming (FPR 1-1.701(10)) in which offerors, "...bidding on a contract for computer programming services and its average annual receipts for its preceeding three fiscal years do not exceed $4 million...."

Contract Specialist: Barbara Shadrick
RCB, Blair Bldg Rm 228
301-427-8737

RFP N01-CM-37574-73

Title: *Preparation and purification of viral components*
Deadline: *Jan. 14, 1983*

The Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, is interested in initiating a support service contract that can provide substantial quantities of human T cell leukemia virus (HTLV).

As minimum requirements, the successful contractor must provide 30 to 40 liters of 1000x concentrated virus per week, and the contractor should be capable of producing and supplying other subhuman primate type C viruses as needed. The contractor should furnish quality control data on each lot of the virus including reverse transcriptase and electron microscopy analysis.

The successful contractor must be located within 35 miles radius of the NIH so that freshly prepared specimens can be delivered to the government project officer's laboratory immediately after harvest; have P_2/P_3 facilities available for production of HTLV. The contract shall remain in full force and effect for a period of four years from its date of execution.

This procurement is designated as a total small business set aside in the category of research, development and testing as defined by CFR 1-1.701.1(e). Organizations whose number of employees do not exceed 500 are eligible.

Contract Specialist: Rodolfo Reyes
RCB, Blair Bldg. Rm. 212
301-427-8737

RFP NCI-CP-31016-78 REVISION

Title: *Holding facility for small laboratory animals*

This announcement changes the requirement for the contractor's place of performance for this contract to be within a 50 mile radius of the Frederick Cancer Research Facility, Frederick, Md., instead of the previous requirement for a 35 mile radius of FCR FCRF as was published in the Nov. 5 issue of ***Cancer Letter.***

The due date for receipt of proposals was also extended until Jan. 13.

Contracting Officer: Elizabeth Osinski
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