

THE

# CANCER LETTER

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## SENATE MARKUP WOULD GIVE NCI \$985 MILLION, OFFERS PROSPECT THAT REDUCTIONS IN GRANTS WILL BE RESTORED

Congress moved closer this week to arriving at appropriations for health agencies for the current, 1983, fiscal year, and for once, the news did not seem too bad for NCI.

The Senate Appropriations Committee marked up its bill for the Depts. of Labor and HHS, and NCI's figure was \$985,711,000. That is \$30 million more than President Reagan had requested, \$42 million  
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### In Brief

#### KENNEDY TO STAY ON HEALTH COMMITTEE; ANIMAL RESEARCH BILLS PROBABLY DEAD FOR THIS CONGRESS

TED KENNEDY'S decision to take a seat on the Senate Armed Forces Committee will not require him to give up his seat as the ranking Democrat on the Labor & Human Resources Committee, the health authorizing committee. ORRIN HATCH (R.-Utah) remains chairman of Labor & Human Resources. . . . ETHICS COMMISSION (President's Commission for the Study of Ethical Problems in Medicine & Biomedical & Behavioral Research) will have its "final" meeting Dec. 14 before it goes out of business. Legislation which established the commission provided for it to expire at the end of 1982. The biomedical research authorization legislation now pending in Congress would continue the commission for two more years, but it now appears Congress may not complete that action before the lame duck session ends. Among the commission's "accomplishments" was a recommendation for a pilot program for compensating patients injured in clinical research despite general conclusions that compensation other than existing remedies is not needed and would be very difficult to administer or control. The commission also produced reports relating to informed consent, enforcement of other federal regulations for the protection of human subjects, differences in the availability of health services, and decisions to forego life-sustaining treatment. . . . OTHER LEGISLATION which probably will not make it through this session of Congress includes bills which would restrict use of animals in research. One, H.R. 6928, would cost research institutions more than \$500 million and about 1,300 additional staff to implement reporting and accreditation requirements. Although the various "animal welfare" bills seem dead for this Congress, the surprising strength of support in both houses indicates they will be reintroduced in the next. . . . WHO RECEIVES the most money from NCI? National Cancer Advisory Board Chairman Tim Lee Carter asked that question. He was told that the Univ. of California system, with its multiple institutions, topped the list with about \$36 million a year in NCI grants and contracts. Memorial Sloan-Kettering probably leads single institutions, but no figure was mentioned.

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## HOUSE, SENATE ACTION OFFERS HOPE FOR BETTER FUNDING OF 1983 GRANTS

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more than NCI received in FY 1982, and \$4 million more than approved by the House.

Whether Congress can complete action on the bill before the lame duck session ends remains in doubt. A conference would have to be held after both houses act, the differences resolved, approval of the new figures voted by both houses, and the final measure signed by the President.

If both houses pass bills before adjourning but final action is not taken, it is likely that one of the two figures for NCI would be that used in the continuing resolution which would provide money to keep the department going. It also is likely that the continuing resolution will be adopted for the rest of the fiscal year, so in effect it becomes the 1983 appropriations bill for the department.

An appropriation of \$981-985 million would relieve considerable pressures on NCI. For example, the funding plan approved by the National Cancer Advisory Board presently in effect is based on a total of \$943 million, the figure to which NCI was limited under the terms of the present continuing resolution, which expires next week. That funding plan would limit all new and competing renewal grants to budgets of 20 percent less than recommended in peer review.

With an additional \$40 million to work with, those cuts—which saved an estimated \$12-13 million—could be restored.

The House, in voting NCI \$26 million more than the President requested, decreed that \$15 million of that be used to restore the 10 percent cut in indirect costs which had been proposed in the budget. That amount, plus full funding of grant direct costs, would still leave \$12-15 million to spread around, depending on whether the House or Senate figure prevailed.

Other cuts in the NCI funding plan included a five percent reduction in contracts, and a limit of intramural research to four percent growth over the 1982 base.

The 20 percent reduction from recommended levels for grants actually would average to an increase of about eight percent over 1982, NCI estimated.

The funding plan would result in paying 31 percent of approved competing renewal and new grants. The priority score payline was not determined for the \$943 million budget level, and is still very much up in the air considering the possible new total.

An interesting feature of the Senate bill is that it provides NIH with \$5 million less than does the House bill, while giving NCI \$4 million more. Has someone in the Senate been listening to NCI's complaints about being treated unfairly in the House bill?

If the Senate NIH total of \$3 billion, 999 million is used for the continuing resolution, as the lower of two figures, it would carry with it the institute by institute breakdown which would give NCI \$985 million instead of \$981 million.

In the House markup, NCI received only a 2.7 percent increase over the President's budget, while increases for other institutes ranged from 3.3 percent for Environmental Health Sciences to 19.2 percent for the Fogarty International Center. The Heart & Lung Institute received 7.6 percent, and Allergy & Infectious Diseases, 12.3 percent. The average increase was seven percent.

Put another way, NCI's share of the additional money the House voted for NIH was 10.2 percent. "We are 27 percent of NIH, and our share of the increase was only 10 percent," Director Vincent DeVita lamented.

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Figures on the opposite page break down NCI's FY 1983 budget by funding mechanism, using the total of \$943 million as limited by the continuing resolution which expires next week. If as expected now, NCI's budget is increased to \$980 million or more, some of those figures might be changed appreciably. Restoring the cut of 20 percent from recommended levels in grants would place \$12-13 million more in the research grants total, plus another \$15 million which would be added to restore the 10 percent cut in indirect costs.

How to apportion the additional \$40 million would be determined by NCI with the advice of the National Cancer Advisory Board.

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Sen. Harrison Schmitt (R.-N.M.), chairman of the Labor-HHS Appropriations Subcommittee, said he is still hopeful that an appropriations bill can be completed and sent to the President. It would be helpful to the new subcommittee chairman to have a regular bill out of the way, rather than accept the legacy of a continuing resolution, Schmitt said. But the fact that the committee has adopted a set of figures should help to form the basis for a continuing resolution if one is needed, he commented.

## SENATE COMMITTEE BLOCKS EFFORTS TO OVERTURN ORGAN SITE CHANGES

A last ditch effort by proponents of the Organ Site Program status quo (keeping the four national task forces in place, with four headquarters, and with a line item budget) failed Tuesday when the Senate Appropriations Committee adopted language for its report on the 1983 appropriations bill which does not interfere with revisions developed by NCI and the National Cancer Advisory Board.

The committee did not earmark money for organ sites. It did write into its report this statement of-

## FY 1983 PROGRAM REVIEWS BY MECHANISM

(Dollars in Thousands)

|                                       | FY 1982 Actual |                  | FY 1983 Estimate |                  | % Change<br>1982-1983 |
|---------------------------------------|----------------|------------------|------------------|------------------|-----------------------|
|                                       | No.            | Amount           | No.              | Amount           |                       |
| <b>Research Grants</b>                |                |                  |                  |                  |                       |
| Research Projects:                    |                |                  |                  |                  |                       |
| Noncompeting . . . . .                | 1,816          | \$256,542        | 1,919            | \$286,468        | +11.7%                |
| Administrative Supplemental . .       | (140)          | 7,190            |                  | 6,550            |                       |
| Competing Renewals . . . . .          | 326            | 50,697           | 336              | 6,550            |                       |
| New . . . . .                         | 444            | 48,744           | 320              | 32,834           |                       |
| Competing Supplementals . .           | 4              | 86               | ---              | ---              |                       |
| Subtotal, Competing . . . . .         | 774            | 99,527           | 656              | 85,699           | -13.9                 |
| Subtotal, Research Projects . . . . . | 2,590          | 363,259          | 2,575            | 378,717          | + 4.3                 |
| Research Centers:                     |                |                  |                  |                  |                       |
| Exploratory Grants . . . . .          | ---            | ---              | 1                | 200              |                       |
| Core Grants . . . . .                 | 51             | 70,977           | 54               | 74,631           |                       |
| Other Centers Support Grants .        | 2              | 4,019            | ---              | ---              |                       |
| Subtotal, Research Centers . . . . .  | 53             | 74,996           | 55               | 74,831           | - 0.2                 |
| Other Research:                       |                |                  |                  |                  |                       |
| Research Career Program . . . . .     | 123            | 4,921            | 115              | 4,973            |                       |
| Organ Sites . . . . .                 | 136            | 13,945           | ---              | ---              |                       |
| Organ Systems . . . . .               | ---            | ---              | 1                | 688              |                       |
| Clinical Education Program . . .      | 76             | 4,614            | 88               | 6,000            | +30.0                 |
| Cooperative Clinical Research . .     | 236            | 38,808           | 243              | 43,499           | +12.1                 |
| Minority Biomedical Support . .       | 2              | 1,977            | 2                | 2,014            |                       |
| Other Research Related . . . . .      | 36             | 3,375            | 24               | 3,180            |                       |
| Subtotal, Other Research . . . . .    | 609            | 67,640           | 473              | 60,354           | -10.8                 |
| Total, Research Grants . . . . .      | 3,252          | 505,895          | 3,103            | 513,902          | + 1.6                 |
| <b>Training</b>                       |                |                  |                  |                  |                       |
| Individual Awards:                    |                |                  |                  |                  |                       |
| Noncompeting . . . . .                | 81             | 1,379            | 95               | 1,981            |                       |
| Administrative Supplementals .        |                | 117              |                  |                  |                       |
| Competing Renewals . . . . .          |                |                  |                  |                  |                       |
| New . . . . .                         | 80             | 1,368            | 60               | 1,230            |                       |
| Competing Supplementals . . . . .     |                |                  |                  |                  |                       |
| Subtotal, Individual . . . . .        | 161            | 2,864            | 155              | 3,211            |                       |
| Institutional Awards:                 |                |                  |                  |                  |                       |
| Noncompeting . . . . .                | 157            | 17,699           | 119              | 17,169           |                       |
| Administrative Supplementals .        |                | 95               |                  |                  |                       |
| Competing Renewals . . . . .          | 8              | 1,293            | 10               | 1,685            |                       |
| New . . . . .                         | 6              | 423              |                  |                  |                       |
| Competing Supplementals . . . . .     |                |                  |                  |                  |                       |
| Subtotal, Institutional . . . . .     | 171            | 19,510           | 129              | 18,854           |                       |
| Total, Training . . . . .             | 332            | 22,374           | 284              | 22,065           | - 1.4                 |
| Research and Development Contracts    | 517            | 135,606          | 490              | 124,347          | - 8.3                 |
| Intramural Research . . . . .         |                | 168,181          |                  | 172,669          | + 2.7                 |
| (Research) . . . . .                  |                | (127,964)        |                  | (132,980)        | (+ 3.9)               |
| (Management Fund) . . . . .           |                | (40,217)         |                  | (39,689)         | (- 1.3)               |
| Direct Operations . . . . .           |                | 38,416           |                  | 40,567           | + 5.6                 |
| Program Management . . . . .          |                | 12,825           |                  | 13,400           | + 4.5                 |
| Cancer Control . . . . .              |                | 55,192           |                  | 54,079           | - 2.0                 |
| Construction . . . . .                |                | 4,493            |                  | 2,000            | -55.5                 |
| Director's Reserve . . . . .          |                | ---              |                  | ---              | ---                   |
| <b>TOTAL, NCI . . . . .</b>           |                | <b>\$942,982</b> |                  | <b>\$943,029</b> | -----                 |



ferred by Sen. Ernest Hollings (D.-N.C.):

"The committee directs the National Cancer Institute to continue the present level of annual investment in the Organ Sites Program, focusing on cancer research in the large bowel, pancreas, prostate, and bladder, which has proven to be effective. However, the committee is cognizant of certain concerns about the task forces that have been raised by NCI and the National Cancer Advisory Board. These relate, among other matters, to the reviews required, review costs, staffing of project headquarters, and cost of staff. The committee intends to review the program carefully during the 1984 fiscal year hearings."

The committee also accepted for inclusion in the report a letter from NCI Director Vincent DeVita which stated that the "compromise language" in the committee report dealing with the "Organ Systems Program" which "expresses the committee's understanding of NCI and NCAB concerns over peer review" and the intent to discuss the issue at future hearings "is reasonable and appropriate."

The committee's decision on the organ site language in the report climaxed hectic weeks of lobbying, although the last move still may not have been made. When it became apparent that the Senate probably would not have time to act on the authorization bill renewing the National Cancer Act, proponents of the status quo realized they might not have an opportunity to get the Moynihan amendment adopted. Sen. Daniel Moynihan (D.-N.Y.) had agreed to submit an amendment to the Cancer Act renewal which essentially would freeze the four organ site projects in place and overturn the NCAB's recommendation.

Status quo lobbyists then turned to the Labor-HHS appropriations bill which went to the full committee for markup Tuesday. They had hoped to sell the committee on writing into its report the language of the Moynihan amendment. Although that would not carry the full force of law, it would be difficult for NCI to ignore.

Failure to get it into the report does not mean final defeat (or victory, depending on one's view). If the appropriations bill reaches the floor, Moynihan could offer an amendment earmarking funds for the four projects. Although he can't change the committee report, he could suggest how the money should be spent in his remarks from the floor.

An outside chance still remains for the authorization bill to reach the floor, in which case the door would be wide open for the Moynihan amendment.

And if no authorization bill is adopted into law during this Congress, it will be introduced in the next. By then, however, the revised Organ Systems Program, with the consolidated headquarters, could be a fact, and justification for going back to the old system would be increasingly hard to sell.

It seems likely now that at least the Appropriations

Health Subcommittee and possibly the Labor & Human Resources Committee will include the issue in hearings next year.

The committee accepted three other amendments to the report relating to the Cancer Program.

One, by Sen. Thomas Eagleton (D.-Mo.), requires NCI to set aside \$200,000 for exploratory grants for new cancer centers. "The committee is concerned about the extent to which centers are unevenly distributed and hopes that NCI will seek to rectify this geographic maldistribution through the means of awarding an exploratory grant if an application is received and approved following review by the Institute."

Another, by Eagleton, states, "The committee is greatly encouraged by recent research advances in viral oncology, particularly the recent isolation of the first human RNA tumor virus, and expects the Institute to expedite identification of viral transforming genes and their cellular counterparts that are responsible for malignant transformation of normal cells. Research in this area offers an unequalled opportunity to develop a unified approach to control or reversal of cancer, including possible prevention of cancer through immunization."

Another amendment was offered by Schmitt, stating the Senate's continuing interest and support for cancer center core grants, and concern about decreasing funding.

When the Organ Systems Program was discussed at the meeting last week of the NCAB Budget Committee, some members expressed interest in the request for applications which will open competition for the new consolidated headquarters. The RFA has not been issued, and DeVita agreed to hold it until the Board and its Organ Systems Committee have a chance to discuss details of the program next month.

DeVita presented a description of the new center's function which he said is "a prose version of the RFA." That description follows:

An Organ Systems Coordinating Center (OSCC) will be established by NCI through a cooperative agreement at an institution outside the government. Applications for such a center will be through a peer reviewed open competition. The OSCC will be administered by a director who is a health professional with demonstrated competence in cancer research and cancer research administration. The director will be assisted by an administrative staff at the center and will assemble an Organ Systems Coordinating Group composed of scientists recruited from institutions throughout the nation.

Initially, this Coordinating Group will form three working groups: a gastrointestinal, a genitourinary, and a breast working group. Each of the working groups will utilize members from the existing task forces as well as new members and will be assisted by an NCI executive secretary.

The chairperson of each working group will be a member of the Organ Systems Coordinating Group which will provide overall planning and coordination for the program and will provide continuous evaluation to identify organ systems deemed to be in need of special emphasis as well as areas no longer requiring special attention.

The breast, gastrointestinal, and genitourinary working groups will have responsibility for program planning and coordination, planning and conduct of workshops and conferences, publications, identification of areas deemed appropriate for technology transfer, and annual reporting to the NCI. They will develop multidisciplinary program plans focusing research on the cause, prevention, detection, diagnosis, and treatment of cancer in the various organ systems. These plans will be frequently updated, and formally revised yearly. The plans will serve as guides for the kinds of research needed to maximize the impact of the Organ Systems Program on cause, prevention, detection, diagnosis and treatment.

Areas of emphasis will be established with each revision of the program plans. These plans will be transmitted to the appropriate NCI boards of scientific counselors for concept approval. The OSCC director and working groups through the Organ Systems Coordinating Group will publicize the program plans of cancer research, and will encourage investigators to apply for research grants to help fulfill the aims and objectives of each plan. Grant applications submitted in response to these announcements will be reviewed for scientific merit as R01 applications by study sections within the Div. of Research Grants, or as P01 applications by review committees within the NCI Div. of Extramural Activities, as appropriate.

The OSCC will be responsible for state of the art assessments for each of the organ systems involved. To meet this end, and to discharge its planning responsibility, the OSCC will conduct workshops and conferences on a timely basis to discuss areas deemed ready for research implementation, or to survey a particular field and make appropriate recommendations. Such workshops and conferences would normally result in written communications to the scientific community or medical profession, or may identify areas with potential for medical applications.

#### FINAL ISSUE FOR 1982

This is Issue Number 48 of Volume 8 of *The Cancer Letter*, thus concluding the 1982 publishing year. The next issue, Volume 9 Number 1, will be dated Jan. 7, 1983.

*The Cancer Letter* office will be staffed throughout most of the holiday season. Our recorder will be hooked up when we're not in, so please call if you need to contact us. If you get the recording, leave a message and we will respond, ultimately.

Best wishes for the holidays and the New Year.

#### NEW NCAB: WEAK (FOR NOW) IN GRANT REVIEWING, CONFUSED OVER ISSUES

"The problem with having a weak Board, or one without much background in cancer research, is that we'll wind up with NCI staff making the important decisions since the Board members will not be capable of making reasonable decisions."

That comment was made by a veteran observer of the National Cancer Advisory Board following the appointment earlier this year of six new Board members, only one of whom (Richard Bloch) had any appreciable knowledge of the National Cancer Program, and only one (Geza Jako) had any experience in the NIH grants system.

The feeling that the NCAB has deteriorated in quality started before this year's appointments, and probably goes back to the amendment to the National Cancer Act which mandated that no less than five members be experts in environmental or occupational carcinogenesis or nutrition as it relates to cancer, and to another amendment requiring that at least two members be physicians whose primary activity is caring for cancer patients.

Those amendments seemed to downplay the value of scientists in the role of advising how the nation's cancer research funds should be spent.

Whether deemphasizing science results in a weaker Board is open for argument and has been challenged by those who think that, like war and generals, cancer is too important to be left to the scientists.

Whether a weaker Board will lead to more control of the Cancer Program by NCI staff at the expense of the Institute's principal advisors remains to be seen, if in fact the present Board does turn out to be weaker than its predecessors. The confused and contradictory actions taken last week by the Board on the Organ Systems Program did not demonstrate a willingness to let NCI dictate policy. Rather, they demonstrated that some members were easily influenced by advocates of both sides in the dispute—or were simply confused.

"We'll just have to give this Board more time," a senior NCI executive said following last week's meeting. "These new members not only are starting without much knowledge of the program and the NIH system, which is frequently true of new members, but they also don't have much background in science or the Cancer Program. In time, they'll be all right."

Janet Rowley, professor of medicine at the Univ. of Chicago and one of the "pure" scientists on the Board, raised the issue of scientific representation in a letter to *Science* magazine after the appointments were announced this year. That did not do anything for her popularity with those members, but she has persisted in an effort to do something about the issue. She may have some powerful allies.

Armand Hammer, chairman of the President's

Cancer Panel, said at the Panel's last meeting that Rowley had written to him complaining about lack of sufficient representation on the Board of clinical and basic scientists. "I informed Dr. Rowley that proper representation on the Board is indeed a concern of the Panel. I have expressed those views to Secretary Schweiker, and will again when a vacancy occurs."

Hammer pointed out that NCAB members are Presidential appointees.

The NCAB's primary function as mandated in the National Cancer Act is to provide secondary review of NCI grants over \$35,000 in direct costs (\$50,000 if the new authorizing legislation is passed). That review is supposed to be "for priority, relevance and need." At least one full day of each Board meeting (except the November program review) is set aside for review of grants. This is where the need for scientists comes in, and it is the job that seems to overwhelm Board members faced with summary statements and pink sheets from hundreds of grants.

"I don't see how anyone can read all those grants," Tim Lee Carter said after his first experience as NCAB chairman. "I don't believe anyone does."

"I do," said Kash Mostofi, one of the ex officio members of the Board, representing the Dept. of Defense (he is chairman of the Center for Advanced Pathology at the Armed Forces Institute of Pathology).

"Then, sir," Carter replied, "you must sit at the right hand of Jesus."

The system does not really require that NCAB members read all the grants. They are reviewed by study sections for scientific merit. NCAB members might reasonably be expected to look closely at grants in their own areas of expertise or interest, and just scan the others to get a flavor of what is being funded. They can and do discuss (in closed session) individual grants, object to priority scores and skip-overs (when scores are not the final determination of what is funded), and suggest various special actions in funding. Discussions sometimes are very heated.

In reviewing grants, the new Board is considered weak at this time, although it always has required a few meetings for new members to become effective. These new members—at least those filling the scientist seats—are starting from much farther back than has been the case in the past.

Are Rowley's concerns justified? Yes, but this Board may not be quite as inept as it appeared to be last week.

A majority of the current 18 appointed members are thoroughly conversant with the Cancer Program and the NIH system, and it includes a reasonable number of respected scientists.

The scientists, in addition to Rowley, include Maureen Henderson, professor of medicine and epidemiology at the Univ. of Washington; Robert

Hickey, executive vice president of M.D. Anderson Hospital; LaSalle Leffall, professor of surgery at Howard Univ. and former president of the American Cancer Society; William Powers, chief of radiation oncology at Harper-Grace Hospitals in Detroit; and Irving Selikoff, director of the Environmental Sciences Laboratory at Mount Sinai.

Gerald Wogan, professor of toxicology in the Dept. of Nutrition & Food Science at MIT, resigned earlier this year from the NCAB after he became department chairman and found his Board duties too much to handle with his new responsibilities. A replacement has not yet been appointed.

Gale Katterhagen, director of oncology at Tacoma General Hospital and former president of the Assn. of Community Cancer Centers, was appointed in compliance with the congressional requirement for a cancer physician on the Board. He has provided a depth of understanding of the problems of a practicing physician, and of running a community cancer program, previously lacking on the Board. He is experienced in clinical trials and thus can be considered as one of the scientific members.

Jako is a surgeon and research professor in otolaryngology and head and neck surgery at the Institute for Research in Laser Surgery. He has been an NIH grantee and has served on two other NIH councils.

Collectively, those scientific members should provide enough experience, background and talent to do the job. With Mostofi, the most dedicated of the ex officio members, and Cancer Panel member Harold Amos, both of whom attend nearly all sessions of NCAB meetings, the NCAB still has some impressive scientific credentials.

That talent is sometimes stretched a little thin when some members do not attend. Henderson and Selikoff were sorely missed during last week's fiasco. Attendance generally has been reasonably good, particularly in the grant review sessions, not so good on the final day.

The experienced lay members of the Board have for the most part made valuable contributions, including Rose Kushner, Sheldon Samuels, and Morris Schrier. Ann Landers generally attends only one day of the three-day meetings, but her primary contribution is the potential of her column.

Of the new members, Bloch is the most knowledgeable about the Cancer Program as the result of the interest he developed after being cured of lung cancer. Angel Bradley, the other new lay member, has attended most sessions and committee meetings since her appointment but has not had much to say. Ed Calhoon, surgeon from Beaver, Okla., missed last week's meeting entirely after attending all sessions of the October meeting.

That leaves Carter and Victor Braren of the new members, and it was their comments and actions

which generated most of the criticism of the Board. Some of it unfair.

Appointment of a nonscientist as chairman of the NCAB, even one who as a congressman helped write the legislation that created the Board, shocked many and even offended some. The two previous chairmen were major figures in cancer, Jonathan Rhoads and Henry Pitot. Anyone following persons of that stature might suffer by comparison, especially a country doctor from Tompkinsville, Ky.

Carter has run the meetings as if he were speaker of the House of Representatives, or a House committee chairman ("The gentleman from Tennessee is recognized"), particularly when he limited further debate on the organ site grants motion to 10 minutes, kept the time, and whacked down his gavel when "all time has expired."

The concern really is about whether Carter will have the insight needed to provide leadership on scientific issues. That seemed to be missing in the organ sites votes.

Braren is associate professor of urology at Vanderbilt. He made it clear he was influenced in his vote by his bias toward his specialty, which he said was not getting a fair shake in the number of organ site grants funded in 1982.

Braren's motion declaring the Board "neutral" over legislation which would reverse the Board's position on the Organ Systems Program was confusing, coming as it did just after the Board had agreed without dissent to support its previous position. "I think that with the new appointments to the Board came an intent to effect a slight change in direction," Braren commented, adding further to the confusion.

The impetus for a "change in direction" as represented by Braren's motion came not from the man who appointed the new members—President Reagan—but from effective lobbying by advocates of the Organ Site Program status quo.

Whatever the criticism, the present Board is the one NCI and the Cancer Program will have to live with, for at least another year and a half. Except for Wogan's replacement, new appointments will not be made until mid-1984, when the terms of Henderson, Rowley, Samuels, Selikoff and Schrier expire.

The Board has seven regular committees plus an ad hoc committee which play major roles in determining NCAB policy. They are:

National Organ Systems Programs—Powers, Chairman; Calhoon, Hickey, Kushner, Mostofi, Selikoff. Andrew Chiarodo, executive secretary.

Cancer Control & the Community—Katterhagen, chairman; Kushner, Leffall, Powers. Peter Greenwald, executive secretary.

Planning & Budget—Leffall, chairman; Bloch, Henderson, Katterhagen, Kushner, Landers, Rowley, Schrier; Louis Carrese, executive secretary.

NCAB Activities & Agenda—Henderson, chairman;

Bradley, Kushner, Leffall, Powers, Samuels; Barbara Bynum, executive secretary.

Special Actions for Grants—Rowley, chairman; Hollis Boren (an ex officio NCAB member), Braren, Henderson, Hickey, Jako, Katterhagen, Leffall, Mostofi, Powers, Schrier, Selikoff. Mary Fink, executive secretary.

Review of Contracts & Budget of the Office of the Director—Hickey, chairman; Katterhagen, Kushner, Powers, Rowley, Samuels. James Prather, executive secretary.

Environmental Carcinogenesis—Samuels, chairman; Bradley, Elliott Harris (ex officio), Allen Heim (ex officio), Powers, Peter Preuss (ex officio), David Rall (ex officio), Rowley, Selikoff, John Todhunter (ex officio). Executive secretary, Richard Adamson.

Ad Hoc Committee on Program Project Grants—Henderson, chairman. Remaining members will be selected from the NCI program project review committees and division boards of scientific counselors. This committee is writing new guidelines for program projects. William Walter is executive secretary.

#### **DRUG DISCOVERY GROUP ANNOUNCEMENT COMING SOON, RFA WILL FOLLOW LATER**

NCI will soon publish an announcement describing the new National Cooperative Drug Discovery Group program, seeking responses from organizations in an effort to determine who may be interested in participating. The program will support groups which will collaborate in development of new anticancer agents.

Some time after publication of the announcement, a request for applications will be issued, describing the program in detail and soliciting applications. NCI has earmarked \$3 million a year for five years to support the groups. Cooperative agreements will be the funding mechanism.

The RFA is being written by a steering group chaired by John Venditti, chief of the Drug Evaluation Branch in the Developmental Therapeutics Program of the Div. of Cancer Treatment. NCI anticipates that review will be completed in 1983 with funding to start early in the 1984 calendar year.

The concept of the program was developed by a DCT Board of Scientific Counselors committee chaired by Alan Sartorelli (*The Cancer Letter*, June 11). The committee proposed that four groups be supported, at about \$1 million each. DTP Acting Director John Driscoll suggested that four groups might be supported for a total of \$3 million a year, and that is the amount which will be set aside.

The groups will attempt to generate new approaches in development of chemical and biological compounds, rapidly translate those concepts into new entities and carry out studies leading to clinical evaluation. Groups will include investigators in chemistry, biology, biochemistry, and pharmacology from academia, nonprofit institutions and industry.

## STEINER TO LEAVE ICC, SAYS SOMEONE ELSE MIGHT DO BETTER IN NCI REVIEWS

Jan Steiner has submitted his resignation as director of the Illinois Cancer Council, the consortium comprehensive cancer center. The resignation is effective December 1983, but Steiner said "I hope it will be much earlier."

ICC's core grant from NCI will be reviewed in 1984, and Steiner said "someone ought to be in place well ahead of that time."

A search committee has been established to find a new director, chaired by Robert Schmitz, chief of surgery at Mercy Hospital. Nominations may be sent to him at ICC, 36 S. Wabash St. Suite 700, Chicago 60603.

Steiner said he "had this in mind for some time." He had been discouraged by ICC's failure in competing for two major awards, for one of three contracts from NCI for development of a neutron radiotherapy facility, and for one of the new regional cooperative groups. "Both of those were major disappointments to me. I thought we had our act together, as good as it possibly could be. . . . Unfortunately, we have not been able to make an impact on the national scene. About a year ago, I decided I was not the person to remedy the situation. I failed to convince the national review groups."

The key to ICC's problem is the fact that it is a consortium—not because of any inability of the institutional members to work together, but because of how consortia are viewed by others, Steiner feels. "There is a bias against consortia. The whole idea of consortia is so aberrant, so strange to reviewers. They are so used to seeing animosity among institutions that they couldn't believe that cooperation exists. They have asked, 'Where is the proof that it works?' That is a chicken and egg. How can you prove it if it has not been done before?"

Consortia centers in fact have not fared well in NCI review. The Colorado Cancer Council, a consortium of universities and hospitals, had also been recognized as a comprehensive cancer center but eventually lost its core grant and went out of business. The Northern California Cancer Program, a consortium of two major universities, research institutions and community hospitals is in trouble, having failed once to get its core grant renewed. NCCP is submitting a new application which will be reviewed next spring.

"The problem is not due to lack of collaboration," Steiner said. "There is a remarkable degree of collab-

oration in Chicago. The willingness to work together is unbelievable."

ICC is involved in another major competition now, one Steiner feels can do the job he had envisioned for a regional group—the Community Clinical Oncology Program. ICC affiliates have submitted nine CCOP proposals. If some of those are funded, that would strengthen the area's clinical research, the field Steiner believes is ICC's weakness. "We have done well in other areas. We've built up cancer control and epidemiology into a first class program. But in the clinical area, we could have done a hell of a lot better, with some national help. I don't think we can do it without some key federal funding."

Steiner said he would leave "with mixed feelings. I've invested a lot of energy and hope in this. I can't complain about institutional support. People involved are doggedly involved. My own failures I ascribe to myself, and my own inability to convince the review committees that this is a viable proposition. Perhaps with a younger person, someone in the good graces of review groups, this still might come off."

Steiner said he will return to his specialty, pathology, when he leaves ICC.

## NCI BUYS BUILDING FOR PDQ, ICRDB ENTIRELY WITH CONTRIBUTED MONEY

NCI is acquiring a building on Old Georgetown Rd. across the street from NIH, paid for entirely with contributions from private donors, at a price of \$1.4 million. It will house the new PDQ (Protocol Data Query) operation, as well as the International Cancer Research Data Bank, the *Journal of NCI*, and the Science Information Branch of the Div. of Cancer Treatment, which produces *Cancer Treatment Reports*.

The building has 10,000 square feet of usable space and will accommodate 35 to 40 NCI staff members. It is being purchased from the NIH Credit Union.

The advent of PDQ, which will provide information on cancer treatment protocols to physicians and others through home and office computer communications, created a need for more space at a time when NIH space has been restricted due to renovations.

When the building became available, a fundraising effort was started, and most of the \$1.4 million had been collected by this week. The sale will be completed Dec. 15, and staff members will start moving in some time after Jan. 1.

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