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FUNDING EXCEPTIONS, SKIPOVERS, WHILE LIMITED AT NCI, BECOME CRUCIAL ISSUES; NCAB TO BE BRIEFED ON DETAILS

Deviations from the use of priority scores in determining which grant applications are funded has been a part of NIH funding practice since the inception of the priority score system. Some institutes deviate more than others, but NCI has been among those which only infrequently

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In Brief

LOBUGLIO NAMED ALABAMA COMPREHENSIVE CENTER DIRECTOR; NCI FY 1983 FUNDS WILL BE $983.6 MILLION

ALBERT LOBUGLIO, director of the Div. of Hematology/Oncology at the Univ. of Michigan, will be the new director of the Univ. of Alabama Comprehensive Cancer Center, effective March 1. LoBuglio, 44, also will be director of the Div. of Hematology/Oncology at Alabama. He has been at Michigan since 1978, before that was at Ohio State Univ. He received his M.D. from Georgetown Univ. **BEVERLY MITCHELL** will be acting director of the Div. of Hematology/Oncology at Michigan starting Jan. 1. LoBuglio replaces **JOHN DURANT**, who now is president of Fox Chase Cancer Center. . . . **NCI'S APPROPRIATION** for the 1983 fiscal year was finally established in the last hectic hours of the lame duck session of Congress. House and Senate conferees split the difference between their two figures, arrived at $983,576,000. That's $40 million more than the amount NCI used in its funding plan, which called for reductions of 20 percent from recommended levels in all new and competing renewal grants. About $15 million of the additional money is earmarked for restoring cuts in indirect costs, and some of it probably will be required for pay raises Congress approved during the session. That still would leave more than the $12-13 million needed to fund grants at their recommended levels, if that's how NCI and the National Cancer Advisory Board choose to use the extra money. . . . **LOWELL WEICKER** (R.-Conn.) probably will be the new chairman of the Senate Labor-HHS Appropriations Subcommittee, which has responsibility for NIH and NCI appropriations bills. He will replace Harrison Schmitt of New Mexico, who was defeated in November. **PAULA HAWKINS** (R.-Fla.), who used the chairmanship of the Investigations & Oversight Subcommittee of the Senate Committee on Labor & Human Resources to attack NCI in 1981, may have to give up that chairmanship. She is in line for assignment to the Banking, House & Urban Affairs Committee and probably would have to give up Labor & Human Resources if she takes it. Two new Republicans on the committee will be Alfonse D'Amato of New York and Charles Grassley of Iowa. Orrin Hatch will remain as chairman, and Ted Kennedy as ranking Democrat. William Proxmire of Wisconsin will be the ranking Democrat on the Labor-HHS Appropriations Committee.

PRIORITY SCORES NOT ONLY CRITERIA FOR AWARDING GRANTS, DEVITA SAYS

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skip over some grants in order to pay others with lesser scores.

With tightening budgets and compression of priority scores by study sections pressing to keep their respective areas of interest competitive with each other, "skipovers" are becoming crucial issues, with great potential for controversy.

"We pay a great deal of attention to priority scores, but they are not the only criteria for awarding grants," NCI Director Vincent DeVita said recently.

The National Cancer Advisory Board was told last month that details on funding exceptions henceforth will be made available to members at the Board's January meetings. Barbara Bynum, director of the Div. of Extramural Activities, said, "It is important, I think, that you know something about the relative frequency with which so called exceptions are made and why the Institute feels entirely justified in making them.

"First of all, I can't emphasize too strongly the fact that, as always, the expert opinions of the members of the peer review groups remain the primary scientific justification for our decision making with regard to the award of grants or contracts. Consequently, once the Board has concurred with the recommendations of the initial review group, fewer than five percent of all approved applications have resulted in awards made as exceptions to the established payline.

"Last year (FY 1982) for example, NCI awarded 774 grants in support of competing research projects. Of these, only 39 constituted exceptions to the funding plan for that budget period and only seven grants above the payline were skipped in the course of that process.

"That this should be the case is all the more remarkable when one is reminded of the inherent imprecision of priority scores, the variability or noncomparability of study section behavior and the importance of considering factors other than perceived scientific merit in awarding a research and development grant or contract. I want to further emphasize that this practice of making exceptions is neither arbitrary or ill considered.

"Following every regular meeting of the NCAB, each NCI program administrator is asked to consider all of the approved applications in his portfolio and to exercise his best judgment regarding: (a) the relative programmatic importance of each of them; (b) the effect of formula dictated budget cuts on the probable scientific outcome of the proposed research; (c) the consequences to the overall NCI program of failing to pay any of the admittedly meritorious applications with scores above the calculated payline; and (d) the value to the overall NCI program of awarding grants which may have received somewhat less favorable priority scores.

"Balancing all of these factors, the program administrator prepares, for every application he wishes considered as an exception, a justification document. These justifications, along with summary statements on the affected application, are presented to the Executive Committee of the Institute by the appropriate division director. Each application is then considered individually by the Executive Committee and the merits of each request for an exception are judged relative to those in support of all other such requests. Obviously, not all of the requests can ever be honored. At a recent funding plan meeting, I recall that we considered $11 million in requests for exceptions, but available funds allowed only about $2 million in exceptions to be made.

"In the course of going through this process, each program administrator will have attempted to generate rearrangements which will result in overall savings. But by far the major incentives for program staff's considerable efforts in this regard are to conserve as much as possible of the best science; to preserve the thrust of programmatic objectives; and to prevent the loss of investments in ongoing projects of proven productivity and high program relevance."

The payline in 1982 was 185. Most of the exceptions paid over that involved grants with scores from 186 into the 190s. "There really isn't any difference in the quality of grants scoring 190 or 195, compared with 185," one NCI executive told ***The Cancer Letter.***

A few with scores over 200 were paid, the highest being 255. Program and division directors, and the Executive Committee, consider a number of factors in determining which grants over the payline should be funded:

- Relative priority within a given program. If a renewal (type 2) grant scores close enough to the payline that it is possible it will be picked up when additional funds are made available later in the year, it will get serious consideration for funding in the regular cycle, to avoid creating a situation where work is stopped for two or three months and then restarted. A grant in that category might be funded at the expense of a new (type 1) grant with a little better score, since delaying funding of the new grant might not be as disruptive as delaying funds for ongoing work.
- Work of special interest, considered by NCI to be of high priority (higher than determined by the study section), or of particular importance.
- Grants which are needed to keep a good laboratory in operation, one with a proven record turning out acknowledged work of high quality, especially if the lab has been in business for several years and scored just over the funding line.

• Work of unique importance, which provides a resource not otherwise available.

Exceptions over the 185 payline which were funded in 1982 included 28 R01s, six program projects (P01s), two cancer center core grants, and three R18s (cancer control grants).

Few would argue with paying grants over the payline provided good reasons are presented. The potential for controversy lies in skipping grants under the payline.

One skipover in 1982 involved a new grant which received a priority score of 143. The principal investigator was one of the top scientists in his field, with a proven record of excellence at a solid institution. The reason that grant was skipped was that which probably applies to most other skipovers: That lab was well funded, with a number of other grants and other sources of support, although perhaps none for the particular work described in this application. The NCI program director and Executive Committee determined that not funding the grant would not impair a valuable resource, and that the money saved could better be used to support other deserving investigators not so well funded.

Occasionally, a grant scoring just on the favorable side of the payline (an example in 1982 was one which had a 184) which NCI executives determine is not quite as badly needed as one just over the payline.

"The impreciseness of study section scoring makes it mandatory that we exercise some judgment," one NCI staff member said. "If that grant were reviewed again by the same study section, it might get a 186, and one which had 186 might get 184. It's silly to have an arbitrary line and risk losing some very good people from the Cancer Program by sticking with it slavishly. We aren't doing our job unless we use some judgment here."

FRED CONRAD, MDA VICE PRESIDENT, SHOT TO DEATH; CLARK GRIFFIN DIES

Fred Conrad, vice president for patient care at M.D. Anderson Hospital & Tumor Institute, was shot to death Dec. 17 while working at his desk by an unknown assailant. Police had few clues and no motive for the shooting.

Conrad, following his usual routine of starting his working day early, was in his office at about 6:30 a.m. when other employees heard several shots. They found Conrad shot several times in the head and summoned emergency personnel, who were unable to revive him. He was pronounced dead at the scene.

Police artists drew a composite sketch from a description of a man in street clothes seen by a clerk in a nearby office hurrying from Conrad's office moments after the shooting.

Conrad's colleagues said they knew of no reason why anyone would want to kill him.

"We've lost a very dear friend and respected colleague," said Charles LeMaistre, president of the Univ. of Texas System Cancer Center. "He was a pioneer in many areas, especially in the field of ambulatory care."

Conrad helped develop a chemotherapy infusor, a small pump worn by patients which allows them to administer drugs to themselves.

Robert Hickey, executive vice president of the center, said a meeting of all department heads was held after the shooting and none knew of any problems that could have led to the shooting.

Conrad was 53. He had been vice president for patient care since February 1980, after joining the MDA staff in 1978 as associate internist and associate professor of medicine. He was later appointed professor of clinical medicine. He is survived by his wife Ann and five children.

The cancer center lost another executive last week when Clark Griffin, a pioneer in the field of chemical carcinogenesis, died in an Austin hospital of complications from a recent illness. He was 65. Griffin was director of the UT Science Park Research Div. in Smithville, part of the university's system cancer center.

Griffin came out of retirement in 1980 to assume that position, following 25 years of service at MDA.

CCOP REVIEWERS BRIEFED ON WHAT TO LOOK FOR IN 191 APPLICATIONS

Members of the three committees which will review the Community Clinical Oncology Program applications were briefed in December by NCI staff on the program's goals and what they should be looking for in the review.

The three committees will split up the 191 applications which were submitted, with review meetings scheduled for later this month. The committees have from 19 to 21 members each.

Robert Frelick, CCOP program director, described major elements in the applications which the reviewers should assess:

—"What are the resources? Community, professional, nurses, etc. What is their experience. Look at the CVs. Do they have previous experience with research protocols, cancer control?

—"Do they have the patient resources?

—"Is their choice of protocols appropriate for their resources?

"If these things are clear in your mind, it will be easier for you to look at the applications."

Frelick said the reviewers "should not be too worried about geographical distribution for the moment." The spread of applications from around the country "looks pretty good."

The CCOP applications, considered along with the 450 hospitals which participate in the Cooperative Group Cancer Control Program, and with the com-

prehensive and clinical cancer centers around the U.S., "all together provide pretty good distribution according to the population," Frelick commented.

A reviewer asked Frelick how many of the 191 applicants would be funded. "We're waiting to hear from you on that," Frelick said, then qualified that answer. The number funded will depend on the size of the individual budgets, with a total limit of $10 million available. A large percentage of the applications involves consortia, which probably will have larger budget requests than the individual hospital applications. The total number funded will depend to a large extent on the number of consortia awards made.

"There are some very good individual hospital applications and some very good consortia applications," Frelick said.

Jerome Yates, director of the Centers & Community Oncology Program in NCI's Div. of Resources, Centers & Community Activities, suggested the reviewers should "review as if there is an unlimited amount of money and use your best judgment on determining which is best."

Dennis Cain, chief of the Grants Review Branch in the Div. of Extramural Activities, said that determination of budgets in applications should be "your best estimate of what is required to carry out the research proposal."

Virgil Loeb, chairman of CCOP Review Committee B, suggested that quality of science should be the major factor in rating applications. "If you have competing CCOPs, one beautifully tooled up to enter patients on simple adjuvant chemotherapy protocols, and another comes in with some interesting ideas to develop new protocols aimed at learning something, I assume we should give weight to the second."

"That's true," Frelick said. "But let's not have a misunderstanding on the initiation of new protocols. We're saying that new protocols should be initiated through the research bases (centers or cooperative groups)."

Clearly, protocols seeking important answers should be given more weight," Yates said. "You'll have to make those judgments in your evaluation."

Cain was asked why site visits were not scheduled for the review. "That's an option normally available if you can't make a decision without it," he answered. "With NCI reviews, site visits generally are limited to the large applications, when our experience tells us they will require site visits. CCOPs are smaller, and also there are a large number of applications. It would be difficult to site visit that many, although I don't know that that has been excluded."

"It has not been excluded, but has been discouraged," Yates added.

Dorothy MacFarlane, executive secretary for the three committees (each of which also has a review coordinator from the Grants Review Branch), listed review criteria as derived from the CCOP request for applications:

1. "Availability of patients. Assess whether they will be able to enter the number proposed, particularly the number needed for the protocols chosen.

2. "Physicians involved. Can they carry out the program? Consider their experience and training, as appropriate for the protocols chosen. If they have not chosen a radiotherapy protocol, you should not expect them to have a radiotherapist involved, as you would if they had chosen RTOG as a research base.

3. "Facilities and equipment available, as required by the protocols. Don't knock down a group without a CAT scanner if they have not chosen a protocol that requires it.

4. "Cancer control activities. The quality of existing efforts, and those proposed should be considered. They should not be knocked down if they do not have a specific activity ongoing or proposed.

5. "Research base affiliations. If they are noncongruent (for example skipping over a nearby center to affiliate with one some distance away), there should be a good reason for it.

6. "Affiliation agreements with research bases should provide for the necessary quality control.

7. "The principal investigator. He is responsible for the conduct of the entire program. His qualifications and experience as an administrator of clinical research should be considered.

8. "The plan for how data will be transmitted to the research base should be considered. Oncology nurses and data managers are important parts of the program. Plans for their training, along with what types of persons are being chosen for those positions, are important."

MacFarlane was asked for some guidance on how to judge the quality of protocols. She pointed out that peer review means that the reviewers and those being reviewed "are the same sort of people," and said, "you're going to have to use your judgement. We're not going to dictate what is good and what isn't."

On quality control, Yates said the CCOPs "have to follow what has been established in the affiliation agreements with research bases. Whatever the requirement is, they must attempt to maintain a level of quality consistent with that in the research base. We want to avoid establishing different levels of quality control."

"Even if a CCOP says its system is cheaper and if it is OK with the research base?" Yates was asked. "Yes," he responded.

Charles Spurr, chairman of Review Committee A, said that protocols being used by CCOPs "are largely those approved by the cooperative groups and the (NCI) Div. of Cancer Treatment. There may be some proposed by cancer centers which do not require

NCI approval, but if they include investigational drugs, they would require DCT's approval. You don't have to worry about the quality of protocols which have an NCI number."

Frelick said that in the 229 letters of intent which were submitted prior to applications, there were 818 components involved with 600 hospitals. There were 84 single units, 110 with two to five components, 34 with five to 10 components, and four with more than 10 components. "Some involved whole states. This will make your review more complicated."

The letters of intent selected 31 centers as research bases. The number of proposals for specific research bases ranged from six to 64.

The committee will be asked to fill out a CCOP review report, with these instructions, an unusual but not unprecedented procedure in NIH review:

I. Description: Summarize concisely and objectively the proposed CCOP structure, organization; and patient catchment area; participating physicians and their specialities and experience; available cancer patients, available resources and facilities; research base affiliations; choice of protocols and proposed number of patients to be placed on protocols; plan for the handling of data and quality control; and previous or planned cancer control experience.

II. Critique: In narrative form, comment on and rate each area listed below, as strong, average, or weak.

A. Professional Resources: In narrative form critically comment on the qualifications and experience of the principal investigator, and participating physicians and their competence to carry out the proposed research program. Comment on the adequacy of the number and level of support staff proposed, including additions proposed for years 2 and 3.

B. Patient Resources: Comment on the availability of suitable patients for the protocols in which this unit has chosen to participate and the likelihood that the number of patients per year proposed can be placed on study.

C. Institutional Resources: Comment on whether the available resources and facilities seem adequate for carrying out the proposed research program. Evaluate past and/or proposed cancer control efforts.

D. Research Base Affiliations: Comment on whether the research bases and protocols chosen are reasonable and feasible in light of available patients, physicians and other resources.

E. Data Management Plan: Comment upon plans for record keeping, data processing and transmittal to the research base, and data quality control.

F. Summary Evaluation: Summarize in one or two sentences whether the above parts fit together as a whole to assure a successful project. List the major strengths and weaknesses of the program.

III. Budget: If you have recommended approval analyze the budget request with respect to which of the support items requested in each category is necessary and justifiable for the successful performance of the proposed research. In each category (personnel, supplies, travel, etc.) note specifically which items (if any) you would recommend adjusting. Total the budget you would recommend for the first year. If additional equipment, personnel, etc. are requested after the first year, please note whether these requests are justifiable.

David Ahmann is chairman of Review Committee C. Review coordinators are Russell Hilmoe, Committee A; John Munn, Committee B, and Anne Bourke, Committee C.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JAN., FEB., FUTURE

Advances in Bladder Cancer Research—Jan. 5-8, Hyatt Sarasota, Florida. Contact NBCP, St. Vincent Hospital, Worcester Mass. 01610.

Skin Tumors—Jan. 13, Columbia, Mo. Contact Continuing Education Coordinator, 234 Veterinary Medicine, Univ. of Missouri, Columbia 65121, phone 314-882-7854.

Urological Cancer Symposium—Jan. 14-15, Health Science Campus, USC, Los Angeles. Contact Katie Eisenberg, Regional Activities Program, 1721 Griffin Ave., Los Angeles 90031, phone 213-224-7416.

Div. of Resources, Centers & Community Activities Board of Scientific Counselors—Jan. 20-21, NIH Bldg 31 Rm 10, 8:30 a.m.

Cancer Research Manpower Review Committee—Jan. 20-22, NIH Bldg 31 Rm 8, open Jan. 20, 8:30-9 a.m.

Cancer Control Research in the Cancer Center—Jan. 21-22, Bethesda Holiday Inn. Progress in cancer control. Contact Dr. Curtis Mettlin, Roswell Park Memorial Institute, 666 Elm St., Buffalo, N.Y. 14263.

Assn. of American Cancer Institutes—Jan. 23-24, Memphis, Peabody Hotel, and St. Jude Children's Research Hospital. Semiannual meeting.

Radiation Therapy Oncology Group—Jan. 26-28, Baltimore Hyatt Regency.

Div. of Cancer Treatment Board of Scientific Counselors—Jan. 27-28, Bethesda Marriott Hotel, 8:30 a.m.

Biometry & Epidemiology Contract Review Committee—Jan. 27, NIH Bldg 31 Rm 9, open 9:30-10 a.m.

Care of Patients with Severe Chronic Pain in Terminal Illness—Jan. 28, Washington D.C., Humphrey Bldg., Rm 525. Sponsored by AMA and PHS.

National Cancer Advisory Board Committee on Organ Systems Programs—Jan. 29-30, NIH Bldg 31 Rm 9, 7:30 p.m.-adjournment Jan. 29, 9 a.m.-adjournment Jan. 30.

National Cancer Advisory Board—Jan. 31-Feb. 2, NIH Bldg 31 Rm 6, 8:30 a.m. each day, closed Feb. 1.

NCAB Committee on Planning & Budget—Jan. 31, NIH Bldg 31 Rm 11A10, closed 7:30-8:15 p.m., open 8:15-adjournment.

Interagency Collaborative Group on Environmental Carcinogenesis—Feb. 2, NIH Bldg 31 Rm 4. Contact Dr. Herman Kraybill, Chairman, phone 301-496-1625.

35th Annual Midwinter Oncology Conference—Feb. 4-6, Los Angeles. Contact Diane Johnson, Los Angeles Radiological Society, PO Box 57278, Los Angeles 90057, phone 213-484-5120.

Second Annual Congress for Hybridoma Research—Feb. 6-10,

Philadelphia. Contact Scherago Associates, 1515 Broadway, New York 10036, phone 212-730-1050.

Div. of Cancer Cause & Prevention Board of Scientific Counselors—Feb. 7-8, NIH Bldg 31 Rm 10, 9 a.m.

Children's Cancer Study Group—Feb. 1013, Salt Lake City. Contact R. Honour, 1721 Griffin Ave., Los Angeles 90031.

Recent Advances in Bone Marrow Transplantation—Feb. 13-18, Park City, Utah. Contact Robert Gale, UCLA.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors—Feb. 17-19, NIH Lister Hill Center, Bldg 38A, Rm B1N3OB. Open Feb. 17, 1-6 p.m. and Feb. 18, 9 a.m.-6 p.m., closed Feb. 19.

Ovarian Cancer: New Approaches to Treatment of Adults & Adolescents—Feb. 19, Roswell Park continuing education in oncology.

Boyne Winter Imaging Seminar—Feb. 20-25, Boyne Highlands Inn, Harbor Springs, Mich. Contact Mrs. Margaret Eager, Diagnostic Radiology, William Beaumont Hospital, Royal Oak, Mich. 48072.

Cancer Clinical Investigation Review Committee—Feb. 23, NIH Bldg 31 Rm 6, open 8:30-9 a.m.

17th Annual Clinical Symposium—Feb. 25-26, St. Jude Children's Research Hospital. Open to all physicians, no fees, registration required. Contact Associate Director for Clinical Research, St. Jude Children's Research Hospital, Box 318, Memphis, Tenn. 38101.

New Horizons in Oncology: A Clinical Update—Feb. 27-March 3, Kona Surf, Hawaii. Sponsored by the Univ. of Michigan Medical School. Contact Office of Continuing Medical Education, Twosley Center, Univ. of Michigan Medical School, Ann Arbor, 48109, phone 313-763-1423.

Cancer Control Grant Review Committee—Feb. 28-March 1, NIH Bldg 31 Rm 8, open Feb. 28, 8:30-9 a.m.

FUTURE MEETINGS

Clinical Research Issues in the Community—March 11-13, Capitol Hill Hyatt, Washington D.C. Assn. of Community Cancer Centers ninth annual meeting.

Development of Target Oriented Anticancer Drugs—March 24-25, Univ. of North Carolina, Chapel Hill. Seventh annual cancer research center symposium. Contact Dr. Yung-Chi Cheng, Cancer Research Center, Box 30, MacNider Bldg., Univ. of North Carolina, Chapel Hill 27514.

Non-HLA Antigens in Health, Aging & Malignancy—March 28-29, Roswell Park Memorial Institute. Contact Dr. Elias Cohen, RPMI, 666 Elm St., Buffalo 14263, phone 716-845-5778.

Nicholas J. Thompson Cancer Update: Head & Neck Conference—April 26-27, Dayton. Contact Mary Fisher, Arrangement Coordinator, Dept. of Postgraduate Medicine, Wright State Univ. School of Medicine, Greene Memorial Hospital, 1141 N. Monroe Dr., Xenia, Ohio 45385, phone 513-429-3200, ext. 377.

CELL CULTURE IDENTIFICATION OFFERED BY NCI THROUGH MICHIGAN CONTRACTOR

NCI has announced the availability of a service for the inter- and intraspecies identification of cell cultures.

The Biological Carcinogenesis Branch, Carcinogenesis Extramural Program, has a continuing interest in the proper characterization of established cell lines. Therefore, BCB has supported under contract with the Children's Hospital of Michigan a service facility to aid in confirming or establishing species and intraspecies identity of cell cultures. This service, available to all interested investigators, uses species specific immunofluorescence, isoenzyme analysis, and cytogenetic examination.

Evaluation of cell cultures with species-specific antisera can rapidly identify the species of the cell line and determine whether more than one cell species is present. Isozyme analysis confirms species determination. Multiple polymorphic isozymes are helpful in precisely identifying human cell lines.

Chromosomal analysis, using banding techniques, denotes chromosome numbers and markers that uniquely distinguish among cell lines.

These examinations also contribute to information about changes in cultures that may have resulted from experimental manipulation. During the past several years, this cell monitoring service has proven useful to many investigators because it has provided critical information to them about the current status of their cell lines. It has also been useful in detecting cell contamination problems.

A modest fee is charged that covers partial costs for the work done. The fee schedule is available upon request.

Investigators interested in making use of this service should contact Dr. Ward D. Peterson Jr., Child Research Center, Children's Hospital of Michigan, 3901 Beaubien Blvd., Detroit, Mich. 48201, phone 313-494-5570.

DRUG DISCOVERY GROUP ANNOUNCEMENT ISSUED TO HELP WITH ORGANIZATION

NCI has issued the announcement of plans to establish National Cooperative Drug Discovery Groups (*The Cancer Letter*, Dec. 10), the intent of the announcement being to identify individuals and institutions interested in participating and to assist "compatible scientists" in forming multi-institutional groups to respond to the request for applications which will be published later.

The announcement follows:

Chemotherapy has had a major impact on the cure of cancer over the past two decades. Nevertheless, there is considerable need for the discovery of new and more efficacious agents with higher therapeutic ratios for the treatment of these diseases. Many exciting leads in fundamental science are available for possible exploration and possible extrapolation into new drug classes with unique mechanisms of action, and new approaches to control cancer. Considerable research talent is available nationally that could be employed in a very effective manner. However, to accomplish this requires a national support mechanism that would permit the most outstanding investigators in chemistry, biology, biochemistry and pharmacology (all needed for effective drug discovery) to interact in a manner that leads to the efficient invention of new strategies and entities for the treatment of cancer.

Since it is clear that few single institutions possess a critical mass of all of the varied talents needed for effective drug discovery, a new instrument that permits the combination of the available expertise from diverse institutions is required. These units, termed National Cooperative Drug Discovery Groups (NCDDG) are envisioned to have the capacity to generate new approaches to therapeutic inventions, to rapidly translate their concepts into new chemical entities, to conduct adequate and unique biological evaluations, and to carry out in depth biochemical and pharmacological studies. It is expected that the NCDDG, because of their unique ability to apply highly sophisticated multidisciplinary technologies in concert, will discover and bring new entities to a preclinical stage that will allow the most enlightened use of other DCT resources for rapid development and clinical evaluation. . . .

While the compounds investigated may have synthetic, natural product or semisynthetic origins, all proposed projects must have a strong scientific rationale. As currently envisioned, the basic scientific composition of a NCDDG would consist of programs in at least four scientific disciplines: chemistry, biology, biochemistry and pharmacology. The groups would be organized under a group director (principal investigator) who will assemble a multi-institutional group of program leaders. This group would contain the diversity of outstanding scientific skills needed to conduct a vigorous and effective new drug discovery effort. Emphasis will be on new structural types rather than analogs of known active compounds. The ultimate accomplishments of a NCDDG will, in large measure, depend on the skill of the group director in identifying likely targets for this effort and in blending the work of multiple scientific leaders toward a common goal. After formation of a NCDDG, it is intended that the Developmental Therapeutics Program of NCI will interact closely with the groups. DTP will be responsible for the development (formulation, toxicology) of successful drug candidates to clinical trial.

The purpose of this initial announcement is to allow outstanding scientists who are interested in participating as a group director (i.e., principal investigator responsible for group formation, proposal, preparation, and overall administration of the group) or program leader (chemistry, biology, etc., see above) to identify themselves. It is the intention of DTP to tabulate and distribute this information within 30 days of announcement closing to all who respond to this announcement. This should help compatible scientists form strong, multi-institutional groups for the submission of applications which address this approach to anticancer drug discovery. Proposals that include more than 50 percent of the effort from a single campus or organization are discouraged. This announcement is intended only to expedite the formation of groups. The Div. of Cancer Treatment plans to issue a request for applications outlining the specifics of the NCDDG Program. Such an RFA will not be restricted to respondents to this announcement. NCI will play no role in the formation of the groups other than to distribute the information described above. The final composition of applicant groups may include respondents to this announcement or other scientists expressing interest at a later date.

Leading scientists from academia, research institutions and industry who are interested in leading or participating in a NCDDG should submit only the following information which will be tabulated and sent to investigators supplying information: Name, institution (including department, mailing address and telephone number), scientific discipline (chemistry, biology, biochemistry, pharmacology, other), participation level interest (group director and/or program leader).

This information should be sent by Jan. 17 to: Dr. John M. Venditti, Chief, Drug Evaluation Branch, Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, Blair Bldg. Rm. 428, 8300 Colesville Rd., Silver Spring, Md. 20910. Phone 301-427-8703.

TUMOR CLASSIFICATION, MONOCLONAL ANTIBODY ANNOUNCEMENTS ISSUED BY NCI

NCI's Div. of Cancer Biology & Diagnosis, through its Diagnosis Program, has issued two program announcements, one on the immunohistochemical classification of solid tumors, the other for development of cell lines for use in production of human monoclonal antibodies.

Applications submitted in response to the announcements will be reviewed through the usual NIH Div. of Research Grants procedures. Application receipt dates are March 1, July 1, and Nov. 1.

Immunohistochemical Classification of Solid Tumors

Immunohistochemical techniques, such as immunoperoxidase and immunofluorescence, are available that allow the examination of fixed or frozen tissue from biopsies, surgical specimens and autopsy material. The techniques provide the opportunity for a systematic attempt at the identification of antigens within or on the surface of tumors.

The Diagnosis Program is actively interested in tumor associated substances as markers with several uses. Frequently serum and urine obtained at the time of initial diagnosis or before initiation of treatment are not available, whereas fixed or frozen tissue is usually a permanent feature which is available for most cancers. Therefore the analysis of fixed or frozen tissue may provide insight into which markers are best for monitoring therapy in addition to predicting response to therapy. There is the need for a

systematic and thorough examination of different solid tumors to catalog the variety of antigens present and to relate as many of these antigenic characteristics as possible to the clinical features of that type of cancer.

Investigators are invited to submit applications to employ immunohistochemical techniques to examine fixed or frozen tissues from biopsies, surgical specimens and autopsy material to establish retrospective correlation with clinical features which may provide indications for immunochemical markers that can aid in determining prognosis, selection of therapy, detection of early recurrent tumor, etc.

Applications should be submitted on form PHS-398 with the phrase "Prepared in Response to Program Announcement: Immunohistochemical Classification of Solid Tumors" typed under item 2

Development of Myeloma or Human B Cell Lines Suitable for Somatic Cell Hybridization to Produce Human Monoclonal Antibodies

The fusion of mouse myeloma cells in continuous culture with immunized mouse spleen cells to produce hybrid cells each producing a single monospecific antibody has revolutionized immunology. The fact that these hybrids are capable of being propagated indefinitely has made possible the production of unlimited amounts of monoclonal antibodies with selected specificity.

The human myeloma and B cell lines that are currently available for fusion with human immune B lymphocytes have not shown the efficiency in fusion, cloning and antibody symthesis that is obtainable with the available mouse myeloma lines. NCI is interested in stimulating the development of human cell lines of plasma cell or B lymphocyte origin that are capable of serving as fusion partners for the production of human-human hybridomas synthesizing human monoclonal antibody.

Applications should be submitted on form PHS-398 with the phrase "Prepared in Response to Program Announcement: Development of Myeloma or Human B Cell Lines Suitable for Somatic Cell Hybridization to Produce Human Monoclonal Antibodies" typed under item 2 on page one of the application.

A brief covering letter should accompany applications responding to these two announcements. The original and six copies of the application should be sent or delivered to: Applications Receipt Office, Div. of Research Grants, NIH, Westwood Bldg. Rm. 240, Bethesda, Md. 20205.

For further information, investigators are encouraged to contact: K. Robert McIntire, M.D., Chief, Diagnosis Branch, Program Director, Diagnosis Program, Div. of Cancer Biology & Diagnosis, NCI, Bldg. 31 Rm. 3A10, Bethesda, Md. 20205. Phone 301-496-1591.

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 N01-CM-37582-68

Title: *Procurement of fresh cells from monocytes, macrophages and T and R cell lines*

Deadline: *Jan. 28*

The Developmental Therapeutics Program, Div. of Cancer Treatment, NCI, is seeking an organization qualified to provide well characterized tissue culture cells including T and B cell lines, lectin free T cell growth factor, myeloid and monocytoid cell cultures and radioiodinated DNA samples. It is anticipated that 400 grams of T and B cells will be required each year.

All aspects require strict quality control and maintenance of complete records.

These services will include daily courier services for pickup and delivery of specimens. The contractor's facilities must be within a 35 mile radius of the main campus of NIH at Bethesda,

Contract Specialist: Karlene Wakefield
RCB, Blair Bldg. Rm. 212
301-427-8737

RFP N01-CM-37579-64

Title: *Characterization and analysis of proteinaceous materials*

Deadline: *Feb. 24*

The Biological Response Modifiers Program, Div. of Cancer Treatment, NCI, is interested in initiating a support contract so that suitable qualitative and quantitative methods can be developed for new BRM to ascertain purity, identity and quality of the agents from batch to batch, in bulk and pharmaceutical dosage forms, prior to development in animal models and in humans.

Contract Specialist: Zaiga Tums
RCB, Blair Bldg. Rm. 212
301-427-8737

The Cancer Letter _Editor Jerry D. Boyd

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