THE CANCER LETTER

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NTP ESTABLISHES PANEL TO WRITE NEW GUIDELINES FOR DETECTION, EVALUATION OF CHEMICAL CARCINOGENS

The National Toxicology Program Board of Scientific Counselors has approved the development of new guidelines for the detection and evaluation of chemical carcinogens to replace the guidelines published by NCI in 1976.

The Board authorized appointment of a 12-18 member panel which will be charged with the task of reviewing the basic science, both biological and chemical, of chemical carcinogenesis and recommending to

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In Brief

LEO SACHS TO RECEIVE 1983 BRISTOL-MYERS AWARD; 50 PERCENT CURE RATE ACHIEVABLE NOW: TAYLOR

LEO SACHS, Weizmann Institute scientist, will receive the sixth annual Bristol-Myers Award for Distinguished Achievement in Cancer Research. The $50,000 award will be presented to Sachs April 6 in New York. . . . **CURE RATE** of 50 percent (not counting skin cancer and in situ cervical cancer which are virtually 100 percent curable) is achievable "if we use what we have now," Willis Taylor, American Cancer Society president told science writers last week. Taylor predicted that when the figures become available on the cure rate being obtained in 1983, that rate will be at least 50 percent. Lawrence Garfinkel, ACS vice president for epidemiology and statistics and director of cancer prevention, pointed out that relative survival has been computed at 46 percent (based on 1979 five year survival data) compared with 41 percent in the early 1970s. A paper being prepared for publication will place relative survival at 47 percent, using later data. "Every indication is that this will continue to rise," Garfinkel said. Michael Shimkin, professor emeritus of community medicine and oncology at the Univ. of California (San Diego), said that cancer mortality for those under age 45 "has decreased remarkably, and we can't attribute it all to better treatment". . . . **MORE ON** survival improvement: Alvin Mauer, director of St. Jude Childrens Research Hospital, said recently that 55-60 percent of St. Jude cancer patients are being cured. The rate for Hodgkin's disease is 85 percent; Wilm's tumor, 95 percent; neuroblastoma, 40 percent. Moreover, rates are continuing to improve. Children on St. Jude's Protocol No. 10 for ALL "are doing significantly better than those on No. 8 and 9," Mauer said. . . . **PETER HOWLEY**, chief of the viral oncology & molecular pathology section, Laboratory of Pathology, in NCI's Div. of Cancer Biology & Diagnosis, has received the 1983 Warner-Lambert/Parke-Davis award for meritorious research in experimental pathology. The $3,000 prize and bronze medal will be presented at the annual meeting of the American Assn. of Pathologists April 11.

NTP PANEL TO WRITE NEW GUIDELINES FOR CHEMICAL TESTING, EVALUATION

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the Board methods for the detection and evaluation of chemical carcinogenesis.

John Doull, professor of pharmacology and toxicology at the Univ. of Kansas Medical Center, has agreed to serve as chairman of the panel.

"I view this as a landmark in the testing of chemicals for cancer," NTP Board Chairman Norton Nelson said. "This was last reviewed in 1976, when guidelines were published by NCI, and there have been series of documents in between."

NTP Deputy Director John Moore commented that "cancer testing is one of the more emotional and visible components of NTP. . . . We feel strongly the need for a set of guidelines which in 1983 defines and outlines what needs to be done, put together by the best minds available. We can use them to judge how well we're doing, and how far we need to go. We will make sure that all viewpoints will be heard. After we get new guidelines, we'll ask NTP staff to match up what we are doing, and what we plan to do, to conform."

Moore presented a statement to the Board explaining NTP's justification for new guidelines and suggesting how it would be implemented:

"The National Toxicology Program cancer testing objectives are to identify chemical carcinogens and to also provide data that enhances a more comprehensive evaluation of hazard associated with such chemical exposure. Although a number of modifications have been initiated in NTP cancer testing, there is no current document that could serve as a reference against which to assess the adequacy and completeness of NTP activities. In addition, there is also a need to identify the preferred approaches to the evaluation of such test data.

"Guidelines developed and published by NCI in 1976 are held to be inadequate for current needs, given the broader NTP test objectives and the advances in scientific knowledge that occurred since that time."

Moore asked the Board to endorse the need for new guidelines; select an ad hoc group of expert scientists to develop them; charge the ad hoc group to utilize a work approach that permits adequate opportunity for participation and comment by all interested individuals or groups; and specify that the document be submitted to the Board.

NTP suggested that topic areas could include two generation design, prechronic data needs, genetic toxicity, chronic toxicity detection, chronic study design, and complementary studies.

Chronic study design would include duration of study, dose route, dose vehicle, number of doses, number of animals, number of species, interim kill, pathology—gross, microscopic, and diagnoses review; data compilation, criteria for selective combining of tumors, data interpretation—historic controls, negative trends, and dose trend analyses; and diet.

Complementary studies would include promotion and short term in vivo models.

Donald Hughes, of Proctor & Gamble, attending the meeting as a representative of the American Industrial Health Council, commented that "carcinogenesis bioassay reports are used widely by regulatory agencies and others. Therefore, NTP testing should be state of the art. We welcome establishment of a committee to review NTP bioassay carcinogenicity programs. This could make a significant contribution."

"I think it is an important venture, one that I'll watch with great interest even though I'm going off the Board," Nelson said. "It will be watched around the world with a great deal of interest. We're not living in a vacuum. I don't expect it to solve all the problems, or to solve any of them forever. But it will be an important update."

NTP Director David Rall said that the panel will be a committee of the Board of Scientific Counselors, and will meet in open sessions. "When a draft is completed, it will be made widely available, and will solicit comments."

Nelson said the panel would not have a time limit to complete its work, but "we feel it should move as rapidly as possible," with a goal of completing a draft by autumn of this year, and final draft by spring of 1984.

The Board met in closed session to draw up a list of prospective members. It was announced later that Doull was one of those who had been recommended and that he had accepted the chairmanship.

WAXMAN ADDS NIH BYPASS TO BILL, OKs $1.32 BILLION AUTHORIZATION FOR NCI

Congress was in Easter recess this week, but before adjourning, the legislators took actions with potential major impact on the National Cancer Program, including the prospect of a new "bypass" budget with some real clout.

• Chairman Henry Waxman (D.-Calif.) of the House Health Subcommittee amended his NIH reauthorization bill (HR 1555) to provide that the entire NIH budget would be submitted directly to Congress, bypassing the White House, the Office of Management & Budget, and the Dept. of Health & Human Services. Waxman had threatened to include such a provision when he saw the figures for NIH in the President's FY 1984 budget (***The Cancer Letter,*** March 4).

The Waxman NIH bypass would be sent to the White House, which could review and comment on it but not change it before sending it on to Congress.

The National Cancer Act of 1971 established NCI's bypass budget authority, permitting the Institute to submit its budget directly to the President. The White House has always disregarded that budget, adopting one for NCI drawn up by NIH and the department for submission to Congress. The bypass budget, of course, always has been substantially higher than the President's request for NCI, since it followed the intent of Congress and asked for the amount NCI and its advisors determined was required to fund a strong Cancer Program.

The new authority in Waxman's bill should lend greater credence to the NCI bypass budget, as well as extending the bypass authority to other NIH institutes. The President still could recommend lower levels, and Congress always has had the privilege of voting increases over the budget recommendation. But perhaps by making it more definite that the bypass budget is the one Congress is considering, it would encourage members of the appropriations committees to accept those figures rather than the President's.

The Administration is certain to oppose the new provision, as it does many others in the Waxman bill. In fact, the Administration opposes the NCI bypass budget.

The Senate reauthorization bill (S 773) offered by Chairman Orrin Hatch (R.-Utah) of the Labor & Human Resources Committee includes the NCI bypass authority. The NIH-wide bypass will be just one of the many differences that will have to be resolved in conference, when and if the two bills clear their respective houses.

• The Waxman subcommittee, in marking up HR 1555, accepted an amendment by Richard Shelby (D.-Alabama) increasing the amount authorized for NCI to $1.32 billion in FY 1984.

• The Social Security bill passed by Congress, which establishes diagnosis related group (DRG) payment rates, includes a provision permitting the HHS secretary to exempt from the rate schedules or to adjust payments for teaching hospitals and other hospitals extensively involved in cancer treatment or research. This provision was worked out after a coordinated lobbying effort by the American Society of Clinical Oncology, American Assn. of Cancer Institutes, and Assn. of Community Cancer Centers, along with the help of Gale Katterhagen, representing the National Cancer Advisory Board.

• Katterhagen, working on behalf of the above organizations and the American Medical Assn., made some progress with the Health Care Financing Administration in the development of hospice regulations. Katterhagen and the NCAB had objected to an early draft of HCFA regulations which he said would lead to "less adequate, inferior level of care for terminally ill patients" (***The Cancer Letter,*** Feb. 11). It appears now that HCFA will incorporate Katterhagen's suggestions for upgrading hospice regulations in its next draft.

• Another amendment to the Waxman bill, by Doug Walgren (D.-Pa.), offers a less drastic animal welfare measure than the controversial bill Walgren introduced last year. His amendment, approved by the subcommittee, encourages NIH to find alternatives to use of animals in research and authorizes for that purpose $3 million in FY 1984, $7 million in 1985, and $10 million in 1986. He dropped the provision requiring NIH to develop accreditation standards for labs receiving research funds.

• Appropriations subcommittee hearings: The hearing scheduled for last week by the House Labor & HHS Appropriations Subcommittee on the NIH and NCI 1984 budgets was postponed to April 19. The Senate Labor & HHS Appropriations Subcommittee has scheduled its hearing on NIH and NCI budgets for April 11.

• Hatch has scheduled a hearing for April 12 on his bill which would provide for compensation of persons who incur cancer after exposure to radioactive fallout from U.S. atomic weapons, uranium miners, and military personnel assigned to nuclear test sites. The Radiogenic Cancer Compensation Act would require radioepidemiological tables and formulae being developed by NCI to be used as a standard for judging the merits of cases. The tables will show the percentage of chance that a cancer victim's particular disease was caused by the dose of radiation received.

At the hearing by Hatch on his NIH-NCI reauthorization bill March 17, the American Cancer Society renewed its request for a half billion dollar boost in NCI funding, for a total of $1.5 billion.

The ACS request was endorsed by Timothy Talbot, chairman of the board of AACI and former president of Fox Chase Cancer Center.

ACS, in a statement submitted to the committee, repeated figures presented to the Waxman committee earlier last month by Vice President Frank Rauscher, noting that NCI will turn down 1,870 of the 2,600 approved grant applications it will receive this year.

Hatch, the only committee member present at the hearing, brought up his "concerns" about what he alleged are incidents of "mismanagement of funds, fraudulent research, favoritism resulting in funding primarily well established research scientists, resistance to funding research in unpopular or nontraditional therapies, and overemphasis on biomolecular research at the expense of preventive and behavioral medicine research.

"There is a legitimate basis for some of these allegations. However, I am doubtful that the way to solve these problems is by legislation. I prefer to convey the concerns of my colleagues and the citizens we represent, to officials within HHS and NIH with the

full expectation that they will respond with efficient and effective solutions."

RFA NIH-NCI-DRCCA-OSP-83-2

Title: *Administrative Coordinating Center for the Organ Systems Program*

Application Receipt Date: *July 15*

The Div. of Resources, Centers & Community Activities of NCI invites cooperative agreement applications from institutions capable of establishing a coordinating center for the Organ Systems Program. All applications received in response to this RFA will be reviewed by the same NIH initial review group. An applicant if funded under this RFA will be supported through the cooperative agreement award.

The awardee will have the primary responsibility for the planning and direction of the proposed Organ Systems Coordinating Center (OSCC). This will involve active participation and interaction with the NCI Organ Systems Program staff. NCI staff will work closely with the Coordinating Center staff on both administrative and scientific matters. NCI staff will participate with the center staff in the planning of program activities as well as in the annual evaluation of program priorities. NCI staff will periodically review progress to ensure that the center conforms to the purposes and objectives of the program, as well as conditions of the award. The Board of Scientific Counselors of DRCCA and the National Cancer Advisory Board will oversee these activities.

An applicant may apply for a project period of up to five years under this RFA. Only one award for an OSCC will be made. The specific amount to be funded will depend on the merit of the applications received and the availability of funds.

Applicant institutions are encouraged to submit letters of intent and consult with NCI staff before submitting applications in response to this RFA. Letters of intent are due by April 29.

The successfully funded awardee institution will be required to present its findings and progress to NCI annually at a specified meeting time. The presentation will include recommendations regarding present and future research pursuits for each organ system. An annual trip to Bethesda should be budgeted for this purpose.

The program currently in existence is the Organ Systems Program which consists of the former Breast Cancer Program and National Organ Site Program. These are coordinated grants programs of focused research. The Breast Cancer Program, formerly located in the Div. of Cancer Biology & Diagnosis, and now transferred to DRCCA, has been administered by an NCI staff functioning in close coordination with the Breast Cancer Task Force Committee. This is a multidisciplinary, extramural advisory committee made up of clinical and laboratory research scientists.

The National Organ Site Program consists of four grant supported projects of targeted cancer research. Each project is a planned research effort oriented toward cancer at a specific organ site. Currently there are projects concerned with cancers of the large bowel, pancreas, prostate and urinary bladder. The planning, direction and coordination of each project are provided at a headquarters office outside NCI. Four project directors are assisted in planning and administration by the four headquarters staffs and by committees of clinical and laboratory research scientists recruited from institutions throughout the nation.

In May 1982, the NCAB recommended that the National Organ Site Program be reorganized into an Organ Systems Program with a mission to continue to focus on the large bowel, pancreas, prostate and urinary bladder, and begin to appraise progress in other organ systems in order to identify those which might require specialized attention. In addition, the Breast Cancer Program has been integrated into the Organ Systems Program. A single OSCC external to NCI will replace the present four headquarters for the large bowel, pancreas, prostate and urinary bladder, and the center will have five working groups at the outset: breast, large bowel, pancreas, prostate and urinary bladder. Each working group will be responsible for planning, coordination, monitoring, evaluation, and overview of the epidemiologic, laboratory and clinical research components of these programs. Interactions and communication among these components will be fostered through workshops and conferences, and will be maintained through other mechanisms as appropriate. Peer review of research grant applications submitted in response to OSCC Working Group recommendations will be performed as appropriate by initial review groups within the NIH Div. of Research Grants and NCI Div. of Extramural Activities. The Organ Systems Program will be located within DRCCA.

The goal of the Organ Systems Program is to reduce cancer incidence, morbidity and/or mortality by pursuit of targeted research through investigator initiated efforts; application of a spectrum of research disciplines to cancer within specific organ systems; encouragement of accomplished investigators to study cancer in specific organ systems; encouragement of multidisciplinary collaboration in studying specific organ system cancers; and recruitment of scientific and administrative expertise from the biomedical community for planning and implementing targeted research.

An applicant institution must present an OSCC program and separate programs for organizing, planning, coordinating, monitoring, and evaluating interdisciplinary activities relating to cancers of the breast, large bowel, pancreas, prostate and urinary bladder.

The following outline describes the basics of an OSCC administrative program and indicates the sequence which should be followed in the application format:

1. Administrative program of the coordinating center: a) goals and objectives; and b) scope of the administrative plan.
2. Scientific rationales and activities for each of the five program areas, including how program planning will be carried out, areas of scientific expertise to be involved and how they relate to the activities of the OSCC. (The application should not identify individual scientists; they will be specified during the pre-award negotiation according to procedures outlined in a later section of this announcement.)
3. Scientific rationales and activities for the interaction and coordination of the respective working groups.
4. Resources at the coordinating center in support of administrative activities: scientist administrators and support staff; size and location of available space; and available resources.

An application for the OSCC should provide administrative operational plans and scientific rationales for all proposed activities and will be reviewed with this in mind. The goals and objectives of the OSCC should be consistent with the goals and objectives of the National Cancer Program. The application must include plans for the initial five program areas. The qualifications of the scientist administrators at the OSCC and the organization and management of the OSCC should be presented clearly and succinctly. A description of the available physical space, institutional resources and data management resources at the proposed OSCC should be given.

Organ Systems Working Groups:

Planning and direction of scientific efforts for the Organ Systems Program will be provided by the five multidisciplinary working groups of expert scientists recruited by the OSCC from institutions throughout the nation. These scientists will be actively engaged in areas of research relevant to the focus of the working group. The OSCC will be responsible for man-

aging and coordinating the activities of the working groups as appropriate, for continuously evaluating the scientific programs for shifts in emphasis, and for identifying additional organ systems requiring attention. The application should indicate how the OSCC would propose to coordinate the activities of the working groups, and how criteria would be developed for initiating new organ system programs and, when necessary, terminating a particular program.

It is anticipated that a portion of the membership of the working groups will include members serving on current NCI breast, large bowel, pancreatic, bladder and prostate committees. This will ensure continuity during the transition. Proposed rotation of working group membership should be provided.

A major function of the working groups will be to develop detailed program plans for focusing multidisciplinary research in the various organ systems, and to develop new initiatives as appropriate. These plans will be transmitted to NCI through the OSCC. They will be updated frequently, and formally revised each year. Areas of emphasis will be established with each revision of the plans. The program plans will serve as guides for the kinds of activities needed to maximize the impact of the Organ Systems Program in the areas of prevention, detection, diagnosis, treatment and control.

Proposed RFAs will be submitted to the appropriate NCI boards of scientific counselors. The OSCC and working groups with the assistance of NCI staff will publicize these special initiatives through appropriate mechanisms such as OSCC newsletters, NCI program announcements, to encourage investigators to apply for research grants to fulfill the aims and objectives of each program plan. In order to discharge its planning responsibilities, the working groups will be kept informed by NCI staff of all NCI supported research in their respective areas. A description of how each working group will monitor research activities should be provided.

Research to be Stimulated by the OSCC:

Work to be stimulated by the OSCC working groups through mechanisms described above will include epidemiological, laboratory and clinical research in cause and prevention, detection, diagnosis, pretreatment evaluation, and treatment. The emphasis will be programmatic and multidisciplinary, not restricted by conventional categorical approaches. Basic research clearly focused on cancer of a specific organ system will be addressed if it is relevant to the program plan. Each working group will monitor and evaluate all organ systems research as part of its program planning and coordination activities.

Communication and Information Transfer:

The OSCC Working Groups will be responsible for state of the art assessments for each of the organ systems involved. To meet this end, and to discharge their planning responsibilities, the working groups will conduct workshops and conferences on a timely basis to discuss areas deemed ready for research implementation, and will survey relevant fields and make appropriate recommendations. Such workshops and conferences would normally result in written communications for the scientific and medical professions, and might identify areas with potential for medical applications. These are examples of types of communication activities which the OSCC would undertake and are not meant to be all inclusive.

Criteria and Guidelines for Initiation of a New Organ System Focus and for Possible Termination of an Individual Program:

The OSCC will develop criteria and guidelines for the possible initiation of a new Organ System Program, for the operation of the existent programs, and for the possible termination, when necessary, of an individual program. These criteria and guidelines will be subject to review by NCI, the DRCCA Board of Scientific Counselors and the NCAB. As an example, this application should set forth what criteria and guidelines the OSCC would follow in designing a new Organ System Program for upper respiratory tract, and how such a new program would be established, phased in, and coordinated with the overall Organ Systems Program. (This specific example is intended to be illustrative and does not imply any commitment or preference by NCI.)

The Director and Management Structure of the OSCC:

The proposed director of the OSCC should be a health professional with demonstrated competence in cancer research, and in cancer research administration. The director will have recognized strong interest in, and professional identification with the cancer field. The director, in collaboration with NCI staff and advised by the working groups, will be responsible for setting objectives and developing strategies for carrying out the Organ Systems Program. The director also will be responsible for the day to day operation and administration of the coordinating center. The director must make a significant commitment of effort to the OSCC. The general duties, responsibilities, and authority of the OSCC director should be fully described.

A description of the management structure and operating procedures for the OSCC and the working groups should be provided; mechanisms for communication, collaboration, and multidisciplinary input into the OSCC should be described. The OSCC should be organized around a core of highly competent scientist administrators. This should include an individual with a program planning background. Key personnel should have demonstrated capability for obtaining peer reviewed project support. These scientist administrators will be comprised of the director of the coordinating center and the additional administrator(s) needed to achieve the goals of the OSCC. A detailed justification for the proposed core of scientist administrators must be presented by the applicant institution. This should include each administrator's qualifications, scientific contributions, level and type of effort which the administrator will contribute to the OSCC, and level of support requested. Curriculum vitae should be provided on all key professional and other staff; relevant publications should be cited.

Resources of the Applicant Institution:

The institutional setting of the OSCC should be described, including the institutional commitments in support of the OSCC, personnel available with appropriate expertise, and the relationship of the OSCC to the institutional and departmental structure.

The physical location of the OSCC, square feet of space available, and all resources in support of the OSCC should be described. It is desirable for an applicant institution to have a record of cancer research achievement and to have currently established programs of substantial cancer research supported by funds obtained through competitive national peer review. The current administrative activities at the applicant institution which are relevant to the proposed OSCC administrative plan should also be described, as well as how these would relate to the proposed OSCC.

Budget, Resources and Data Bases:

A detailed budget with time and effort for OSCC scientist administrators and support personnel should be included and justified. The number of consultants required, travel required, and general supplies for the OSCC as well as support for the operation and management of the working groups should be fully described and justified. Support for working groups may be subcontracted as needed. A brief description of each resource should be provided, explaining its significance in support of the program activities, the proposed users, and the total personnel and other costs. The budget should justify each resource within the OSCC. Resources include any equipment, facility, or material which supports the entire administrative program of the OSCC or which is used by administra-

tors within the OSCC. Information should be provided on the capability of an applicant institution to utilize existing data bases at the NIH or elsewhere in each of the five organ systems areas. Details should be provided on plans for developing additional data relevant to the areas to be studied, and on the resources for storing and analyzing data at the OSCC.

The director of NCI is ultimately responsible for the Organ Systems Program and fulfills this responsibility through the director, DRCCA, and Organ Systems Program Branch. NCI program directors with the Organ Systems Program Branch will provide liaison and guidance, and will participate in planning, organizing and administering the Organ Systems Program. They will provide liaison between the OSCC director, the working groups, and NCI. They assure that the Organ Systems Program will function within the framework of policies and regulations which govern all NIH extramural programs. They will be available to the OSCC director and the working groups for consultation, and they can be expected to coordinate the Organ Systems Program with other NCI programs. To provide this liaison, NCI program directors will participate in the activities of the working groups, in the workshops of the Organ Systems Program, and in meetings and workshops of related programs of other divisions of NCI and NIH.

Annual progress reports will be submitted by the OSCC to the Organ Systems Program Branch and will be reviewed by the DRCCA Board of Scientific Counselors. At appropriate intervals, progress will be reviewed by the director, NCI, the NCAB and President's Cancer Panel. Report format will be provided by DRCCA staff.

It will be the responsibility of the OSCC to form the membership of the working groups subject to NCI approval. Each group will include a member from the NCI OSPB. Membership rosters will be submitted by the OSCC for approval by the chief, OSPB. If any part of the membership is unacceptable to NCI, the specific reasons for lack of approval will be communicated to the OSCC within 15 working days after receipt of the membership rosters. NCI staff will work with the OSCC to resolve any differences. If these differences cannot be resolved, they will be submitted to an arbitration panel appointed by the director of DRCCA, with concurrence by the OSCC. This appeals process in no way affects the right of the OSCC to subsequently appeal an adverse determination using the NIH informal appeals system and the formal Dept. of Health & Human Services procedures.

NCI staff will review, monitor and assess the mechanisms and procedures developed to carry out the objectives of the OSCC. NCI staff will serve as a resource for information on pertinent intramural and extramural NCI funded activities. This staff will assist the working groups in gathering and coordinating information for their planning activities. NCI staff will have access to all data available at the OSCC and will periodically review data management by the OSCC. Data must be available for external monitoring if required by NCI.

It will be the responsibility of the applicant to develop the details of a process by which the OSCC will report and record the activities of the working groups. An annual progress report of the OSCC will be submitted to NCI OSPB. A report format will be provided. Following receipt of the report, progress will be reviewed by NCI staff and the DRCCA Board of Scientific Counselors.

Institutions within the United States may apply. An application should be submitted on Form PHS 398 which is the application for the traditional research project grant and is available in the business or grant contracts offices at most academic and research institutions, or from the DRG, NIH, Bethesda, Md. 20205. There are no page limitations; however, applications should be as concise as possible. The words "Organ Systems Coordinating Center" should be typed in bold letters on line 2 of the face page of the application and also on the outside of the mailing package. Additionally, a brief covering letter should accompany the application indicating that it is being submitted in response to this RFA. The original and six copies of the application should be submitted to the DRG, NIH, as directed in the grant application instruction.

An additional copy should should be sent to Referral Officer, Grants Review Branch, Div. of Extramural Activities, NCI, Westwood Bldg. Rm. 826, Bethesda, Md. 20205. Two additional copies should also be sent to Chief, Organ Systems Program Branch, DRCCA, NCI, Blair Bldg. Rm. 3A05, 8300 Colesville Rd., Silver Spring, Md. 20910.

Applications responding to this RFA will be reviewed by an appropriate initial review group of the NIH. Final review will be provided by the NCAB. Reviewers will consider the application in terms of the capability to implement the operations and activities described above. Attention will be directed toward proposed programmatic activities including planning capabilities; scientific rationales and administrative plans for implementing and managing the proposed programmatic activities; disciplinary composition of the working groups with respect to balance and breadth of types of expertise (individual scientists are not to be identified); resources of the applicant institution; qualifications and experience of the proposed OSCC director as related to ability to organize, manage and direct an OSCC; and qualifications, experience, proposed duties and responsibilities of other professional and support personnel.

Inquiries related to further information, application development or letter of intent should be directed to Andrew Chiarodo, PhD, Chief, Organ Systems Program Branch, DRCCA, NCI, Blair Bldg. Rm. 3A05, 8300 Colesville Rd., Silver Spring, Md. 20910, phone 301-427-8818.

NCI CONTRACT AWARDS

Title: Centralized rederivation center for rodents
Contractor: Charles River Breeding Laboratories, '$675,112.

Title: Operation of a Population Based Surveillance, Epidemiology & End Results (SEER) Cancer Registry
Contractors: Los Angeles County Cancer Surveillance Center, New York Dept. of Health, Florida Cancer Program, Illinois Cancer Council, Statewide Cancer Registry, Austin, Texas; Univ. of Texas System Cancer Center.

RFPs AVAILABLE

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

RFP NCI-CP-FS-31032-65

Title: *Tracing individuals for environmental epidemiologic studies on cancer using vital statistics records*
Deadline: *April 28*

This support services procurement is intended only

the subject to be traced, including results of other tracing methods. The contractor should prepare its own corporate tracing form for each subject and, when results are available, transfer the information to the NCI log forms, recording clearly all steps taken. In some instances, NCI may provide information on each deceased subject on computer tape. The respondent must, therefore, have the capability of handling such computerized data. Contractors must set up an efficient system of recording progress on each cohort being followed, so that periodic and final written reports of tracing results can be readily prepared and sent to the PO and APO on specified dates. The APO will specify the frequency with which the tracing manager is to furnish reports.

Contracting Officer: Sydney Jones
RCB, Blair Bldg. Rm. 114
301-427-8888

RFP NCI-CP-FS-31024-60

Title: *Biomedical Computing: Design and implementation*

Deadline: *Approximately April 30*

The Div. of Cancer Cause & Prevention, NCI, Field Studies & Statistics, is seeking research and development and data processing support for the Environmental Epidemiology Program.

In accordance with section 15 of the Small Business Act, it is hereby determined that 100 percent of this procurement will be a small business setaside. In order to qualify as a small business for this procurement, the total number of employees shall not exceed 500 persons.

Prospective contractors must have expertise in biomedical/biostatistical computing. The estimated initial level of effort will be 25 person-years. All development and production processing will be done using the NIH Computer Center. The contractor must maintain an office within one hour's commuting distance of Bethesda, Md.

Contract Specialist: Thomas Porter
RCB, Blair Bldg. Rm. 126A
301-427-8888

RFP N01-CP-31017-74

Title: *Toxicology and pharmacology of anticarcinogenic agents*

Deadline: *May 23*

The basic objective of these studies is to evaluate the acute, subacute and subchronic toxicity of retinoids and other agents and their pharmacologic properties that will be furnished by NCI.

Tests will be performed in animals only and should run no longer than 13 weeks, in most cases. The anticarcinogenic agents will be given by both oral and intraperitoneal routes. It is anticipated that 11.5 man years will be required for this effort which will have a four year period of performance.

This RFP represents a recompetition of this project which is being performed by Battelle Memorial Institute in Columbus, Ohio.

Contract Specialist: Odessa Henderson
RCB, Blair Bldg. Rm. 118A
301-427-8888

RFP NCI-CP-31020-78

Title: *Laboratory rodent and rabbit facility*

Deadline: *May 25*

NCI has a requirement for a contractor to house, care for, and conduct experiments with the following: 500 athymic mice, 3,000 intact mice, 35 rabbits, 100 hamsters, and 150 rats. The place of performance of this contract must be within a 50 mile radius of the NIH campus in Bethesda, Md.

This effort is currently under contract with Microbiological Associates in Bethesda, Md. The contractor shall conduct experiments in accordance with protocols furnished by NCI investigators. These carcinogenesis experiments may involve topical application, feeding or injection of chemical carcinogens or tumor promoters.

Contracting Officer: Elizabeth Osinski
RCB, Blair Bldg. Rm. 117
301-427-8888

RFP NCI-CP-FS-31022-54

Title: *Operation of a population based Surveillance, Epidemiology and End Results (SEER) cancer registry*

NCI plans to establish an additional population based SEER cancer registry in an area containing at least 300,000 black and 300,000 hispanic residents. The RFP will be issued on a limited basis to only the following qualified organizations: Los Angeles County Cancer Surveillance Center, Univ. of Southern California School of Medicine, Los Angeles; New York Dept. of Health, Albany; Florida Cancer Program, Tallahassee, Fla.; Illinois Cancer Council, Chicago; Texas Dept. of Health, Austin; Univ. of Texas System Cancer Center, Houston.

This announcement is for information only, and is not an RFP. Only those sources listed above who are entitled by applicable state laws to collect cancer patient data information will receive the RFP.

The Cancer Letter _Editor Jerry D. Boyd

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the subject to be traced, including results of other tracing methods. The contractor should prepare its own corporate tracing form for each subject and, when results are available, transfer the information to the NCI log forms, recording clearly all steps taken. In some instances, NCI may provide information on each deceased subject on computer tape. The respondent must, therefore, have the capability of handling such computerized data. Contractors must set up an efficient system of recording progress on each cohort being followed, so that periodic and final written reports of tracing results can be readily prepared and sent to the PO and APO on specified dates. The APO will specify the frequency with which the tracing manager is to furnish reports.

Contracting Officer: Sydney Jones
RCB, Blair Bldg. Rm. 114
301-427-8888

RFP NCI-CP-FS-31024-60

Title: *Biomedical Computing: Design and implementation*

Deadline: *Approximately April 30*

The Div. of Cancer Cause & Prevention, NCI, Field Studies & Statistics, is seeking research and development and data processing support for the Environmental Epidemiology Program.

In accordance with section 15 of the Small Business Act, it is hereby determined that 100 percent of this procurement will be a small business set-aside. In order to qualify as a small business for this procurement, the total number of employees shall not exceed 500 persons.

Prospective contractors must have expertise in biomedical/biostatistical computing. The estimated initial level of effort will be 25 person-years. All development and production processing will be done using the NIH Computer Center. The contractor must maintain an office within one hour's commuting distance of Bethesda, Md.

Contract Specialist: Thomas Porter
RCB, Blair Bldg. Rm. 126A
301-427-8888

RFP N01-CP-31017-74

Title: *Toxicology and pharmacology of anticarcinogenic agents*

Deadline: *May 23*

The basic objective of these studies is to evaluate the acute, subacute and subchronic toxicity of retinoids and other agents and their pharmacologic properties that will be furnished by NCI.

Tests will be performed in animals only and should run no longer than 13 weeks, in most cases. The anticarcinogenic agents will be given by both oral and intraperitoneal routes. It is anticipated that 11.5 man years will be required for this effort which will have a four year period of performance.

This RFP represents a recompetition of this project which is being performed by Battelle Memorial Institute in Columbus, Ohio.

Contract Specialist: Odessa Henderson
RCB, Blair Bldg. Rm. 118A
301-427-8888

RFP NCI-CP-31020-78

Title: *Laboratory rodent and rabbit facility*

Deadline: *May 25*

NCI has a requirement for a contractor to house, care for, and conduct experiments with the following: 500 athymic mice, 3,000 intact mice, 35 rabbits, 100 hamsters, and 150 rats. The place of performance of this contract must be within a 50 mile radius of the NIH campus in Bethesda, Md.

This effort is currently under contract with Microbiological Associates in Bethesda, Md. The contractor shall conduct experiments in accordance with protocols furnished by NCI investigators. These carcinogenesis experiments may involve topical application, feeding or injection of chemical carcinogens or tumor promoters.

Contracting Officer: Elizabeth Osinski
RCB, Blair Bldg. Rm. 117
301-427-8888

RFP NCI-CP-FS-31022-54

Title: *Operation of a population based Surveillance, Epidemiology and End Results (SEER) cancer registry*

NCI plans to establish an additional population based SEER cancer registry in an area containing at least 300,000 black and 300,000 hispanic residents. The RFP will be issued on a limited basis to only the following qualified organizations: Los Angeles County Cancer Surveillance Center, Univ. of Southern California School of Medicine, Los Angeles; New York Dept. of Health, Albany; Florida Cancer Program, Tallahassee, Fla.; Illinois Cancer Council, Chicago; Texas Dept. of Health, Austin; Univ. of Texas System Cancer Center, Houston.

This announcement is for information only, and is not an RFP. Only those sources listed above who are entitled by applicable state laws to collect cancer patient data information will receive the RFP.

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