THE CANCER LETTER

Vol. 9 No. 32
Aug. 12, 1983

Subscription $125 year North America
$150 year elsewhere

P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

NCAB ASKS HHS TO EXEMPT FROM DRG PEER REVIEWED INSTITUTIONS WITH AT LEAST 25 PROTOCOL PATIENTS

The National Cancer Advisory Board, voting by mail, has approved recommendations of its Committee on Cancer Control & the Community calling on the Dept. of Health & Human Services to exempt from the Diagnosis Related Groups reimbursement system most institutions conducting cancer clinical trials.

Board members voted 14-1 (with three ballots still out) to accept the committee's recommendations which were modified somewhat

(Continued to page 2)

In Brief

CONGRESS RECESSES WITH NO MORE ACTION ON WAXMAN BILL; BCTF TO LOOK AT NEW DIAGNOSIS, DETECTION

CONGRESS RECESSED last week without further action by the House on the Waxman bill (HR 2350), Health Research Extension Act of 1983. Further debate and a vote on the substitute amendment by Congressmen James Broyhill and Edward Madigan, which would eliminate the line item authorization for cancer centers, will be scheduled when Congress reconvenes in September. . . . **THE HOUSE** did act before recessing to increase the maximum federal payment to hospice programs for Medicare patients from $4,200 to $6,500. Legislation approved last year which provided reimbursement for hospice patients anticipated a maximum payment of $7,600. However, HHS regulations drafted earlier this year set the maximum at $4,200. The new House bill would adjust the fee from $6,500 according to annual changes in the medical care component of the consumer price index. . . . **BREAST CANCER TASK** Force meeting Sept. 12-14 will include a scientific program the first day on new methods for the early detection and diagnosis of breast cancer. The last two days will be devoted to consideration of new initiatives in breast cancer. The meeting will be held at the Lister Hill Center at NIH, starting at 8:30 a.m. each day. . . . **NATIONAL TOXICOLOGY** Program Ad Hoc Panel on Chemical Carcinogenesis Testing & Evaluation will meet Aug. 23-24 at the HHS North Auditorium, 330 Independence Ave. SW, in Washington. The panel will review progress of its subgroups which have been meeting to develop new guidelines for the detection and evaluation of chemical carcinogens. The meeting, starting at 9 a.m., is open to the public. The Subgroup on Design of Chronic Studies will meet Sept. 15 at the Dept. of Labor Conference Room N3437, 200 Constitution Ave. NW, 9 a.m.; and the Subgroup on Techniques to Supplement or Foreshorten Cancer Tests will meet Sept. 21 in the Hubert Humphrey Bldg., 200 Independence Ave. SW, first floor auditorium, 9 a.m. Subgroup meetings also are open to the public.

CENTERS, GROUPS, CCOPS EXEMPTION FROM DRG REIMBURSEMENT ASKED BY NCAB

(Continued from page 1)

from those approved by the committee at an emergency meeting June 27 (***The Cancer Letter,*** July 1). The committee drafted a position at that time asking that institution specific rates be established for comprehensive and specialized cancer centers, and for rates double the average reimbursement for cooperative group member institutions and Community Clinical Oncology Program institutions. The committee agreed that these exceptions would apply only to NCI peer reviewed institutions which place at least 25 patients a year on research protocols.

Committee members, primarily Chairman Gale Katterhagen, Rose Kushner and William Powers, revised those recommendations before they were sent out to all members of the Board for their approval. The recommendation as approved by the Board states:

"The National Cancer Advisory Board recommends to the assistant secretary for health in the Dept. of Health & Human Services that exemptions to the system of reimbursement for Diagnosis Related Groups be provided for cancer patient care and study in National Cancer Institute peer reviewed and funded Comprehensive cancer centers, specialized clinical cancer centers, and community clinical oncology programs when it has been established that these institutions contribute 25 or more patients to peer reviewed and NCI approved clinical trials."

Katterhagen told ***The Cancer Letter*** that the committee interpreted "specialized clinical cancer centers" to include all other institutions (than comprehensive centers and CCOPs) peer reviewed by NCI which place 25 or more patients on NCI approved protocols, including members of cooperative groups and institutions with clinical program project grants.

The recommendation to Assistant Secretary Edward Brandt will carry with it a justification for the request, as written by Katterhagen's committee:

"This special attention and exemption is consistent with the existing legislation 'Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)' which states–'provide by regulation for other such exceptions and adjustments to such payment amounts under this subsection as the secretary deems appropriate with respect to hospitals involved extensively in treatment for, and research on cancer.'

"It is our understanding that the secretary is not considering the implementation of this provision or is considering its implementation in only a handful of the U.S. institutions involved in cancer clinical research.

"It is our judgment that a lack of an exception will cripple and soon cause severe limitation to the National Cancer Program's clinical research initiatives, thereby ending a decade of significant progress against this most dread of diseases. Indeed, it will set the National Cancer Program back significantly.

"The crux of the problem was carefully set forth by Congress. There are a number of hospitals in the U.S. which are conducting clinical research on new methods of attacking the myriad forms and stages of cancer. Together these institutions account for less than five percent of U.S. hospitals, yet they provide almost all of the progress in improving cancer treatment.

"These institutions have two important characteristics:

"○ First, they are involved in formal clinical research programs with the National Cancer Institute, one of the U.S. cooperative research groups, or one of the large designated cancer research centers.

"○ Second, in order to qualify for this role, these institutions have been peer reviewed and found to have the cancer specialists, personnel and facilities necessary to support the more sophisticated care and treatment required by clinical research. Because of these unique and outstanding characteristics, they are funded by the National Cancer Institute. These 'environments for research and treatment' include dedicated oncology beds, specialized (more intensive) nursing care, pharmacy, dietary, social service and data management facilities that are all extraordinary.

"Not only do patients on clinical trials benefit from these environments but every cancer patient referred to these institutions also benefits directly from these 'environments of excellence.' It is fair to say that these institutions represent the most advanced state of the art cancer care, although it is clear that other institutions also provide the best available care for many kinds of cancer. In all, we are speaking of approximately 80 cancer centers and medical schools and, perhaps a 150 to 200 community hospitals which enter a minimum of 25 patients on clinical protocols each year.

"Clearly the costs of this clinical research effort are significantly different from the mainstream of cancer care costs. These institutions are continuously involved in new experiments that will put their patient costs well outside the average costs developed for DRGs. Rigorous research requires extra testing to assess the impact of new research protocols. It requires environments where patients can be managed using potentially toxic regimens and other advanced therapeutic modalities. To lump these institutions and patients with the 95 percent which give more standard treatments is a major error. Hospital administrators will quickly tell researchers to cease research activities and disband specialized cancer care resources, since these endeavors will literally generate major monetary losses for hospitals. Cancer centers caught at the same rates as average hospitals will

quickly fold. Their levels of intensity are far above normal rates.

"More importantly, it is a major error for our society to limit cancer research initiatives to a given amount. What this says is that an advance in cancer care cannot even be attempted unless it is as cheap as the average cost of a technique that does not solve the problem but which is currently in use! This barrier to cancer research will, of itself, cripple or seriously impede all future clinical research.

"The contributions of the National Cancer Program basic science and clinical investigation in reducing the cost of cancer care and mortality cannot be completely evaluated in this small document, but the increasing survival of patients with many forms of cancer and the good scientific understanding of the malignant disease process—all benefits of the expanded National Cancer Program—have to be recognized as compared to what would have occurred had we not had this investment in basic science and clinical investigation. We can summarize as follows:

"• Cancer clinical trials have been productive in the past in developing new forms of treatment for many types of cancer and these forms of treatment are in general clinical use. We have exciting new leads based on good scientific principles and observations to lead to more effective clinical trials with an expectation of improved cure and decreased mortality from cancer.

"• Cancer morbidity and mortality is still significant and must be reduced as the cost of the care of the cancer patient is growing more rapidly than the cost of other types of health care.

"• The cure of cancer patients is cost effective, even considering the patients who are cured will eventually die of some other disease requiring significant expenditures for health care.

"A scientist or group of scientists should not be prohibited from testing new methods of curing cancer because the cost of the research is marginally higher than an average technique in current use. One of the distinctions of cancer treatment is we have no final answers. We have dramatically improved our percentages, but the final cures lie ahead and are dependent on continued support of basic and clinical investigation.

"In outlining this position, we do not mean to attack the DRG system as a whole, although we are also concerned about the rapid dissemination of new technologies to cancer patients wherever they are treated. In this paper, the focus of our concern is the potential loss of the total national cancer research program.

"We urge the President, Congress, and the Secretary of DHHS to assure that this important program does not end. For with its end, is an end to the hopes of millions of Americans who look forward to our continuing and winning the battle against cancer."

The NCAB recommendation included much of what the Assn. of Community Cancer Centers had requested, although that group is hoping for a broader exclusion, to include all institutions which place 25 or more patients on protocols regardless of whether they have an NCI grant. "It doesn't do anything about the major problem," ACCC Executive Director Lee Mortenson commented. "I'm afraid that many hospitals are going to close down their oncology units."

Mortenson said that there could be as much as a six year lag in technology reimbursement through DRG, with the proposed procedures for updating average costs falling far behind implementation of new techniques.

Representatives of eight CCOPs in Washington last week for a seminar spent an afternoon lobbying Congress for exemptions from DRG reimbursement. The issue at the moment is out of the hands of Congress, although members, if they are so inclined, could help put pressure on HHS and the Health Care Financing Administration.

If HCFA implements regulations which do not provide exemptions sought by ACCC, the association is prepared to seek corrective legislation. Response from mail and personal contacts so far indicate Congress will be receptive to that approach.

NCI CHARGING USER FEES FOR COMPOUNDS IN REPOSITORY; FUNDS GO TO R01 POOL

NCI has operated since 1975 a Chemical Carcinogen Reference Standard Repository, a program of the Div. of Cancer Cause & Prevention which was designed to provide authentic analytical reference grade carcinogens and related compounds for reference purposes to cancer researchers. Until last April, the compounds were provided at no cost to those requesting them.

Starting April 1, NCI has been charging a user's fee for the compounds, designed to recover part of the cost of the service. David Longfellow, program director, said there has been some dropoff in requests for the compounds since the fees were imposed, "but it has not been dramatic."

The fees charged are modest, ranging from $25 for five milligrams of aromatic amines to $300 for 1 mCi of a PAH metabolite, labeled optical enantiomers. One mCi of radiolabeled retinoids costs $200.

Users also are charged shipping fees of $50 for domestic (U.S.) shipments, and actual costs for foreign shipments, which average $275. Handling fees of $10 per unlabeled item and $25 per labeled item also are charged.

The repository is a contract function of the Chemical Research Resources Section of the Chemical & Physical Carcinogenesis Branch. Under contract with NCI, the repository facility is located at the IIT Re-

search Institute in Chcago, There, the carcinogens, potential carcinogens and their metabolite derivatives are stored, repackaged, and distributed. The repository maintains a computer inventory, keeping a running balance of all stocks and commitments and projecting future needs.

Stocks are purchased from commerical suppliers and verified for purity, or are received from one of NCI's contractors responsible for synthesis of these compounds. In addition, each compound tested in the National Toxicology Program is also available through the repository.

Nearly 700 compounds are currently available through the repository, most of which are carcinogens or suspected carcinogens, although reference samples of some noncarcinogens are also held. Carefully packaged samples are supplied to qualified requestors, in amounts ranging from a few milligrams to a hundred milligrams. An important subset of the Repository's stock are the metabolites, consisting of hydroxy, ketonic, and epoxy derivatives of various polynuclear aromatic hydrocarbons, principally benzo(a)pyrene, 3-methylcholanthrene, benz(a)anthracene, and dibenz(a,h)anthracene. Since the metabolite samples are held in limited quantities, and many requests are received, it has been necessary to limit the amounts shipped to 3-5 mg in most cases.

Included in the repository holdings are numerous representatives of the following major classes: polynuclear aromatic hydrocarbons, PAH metabolites, labeled PAH metabolites, nitrogen heterocycles, nitrosamines/mides, aromatic amines, aromatic amine metabolites, labeled retinoids, azo/azoxy aromatics, inorganics, nitroaromatics, pesticides, pharmaceuticals, natural products, dyes, dioxins, chlorinated aliphatics and other miscellaneous groups.

Shipments made from the repository are sent by commercial carrier air freight. Packaging is based on the requirements for etiological agents, but includes a heat-sealed polyethylene bag surrounding the primary container. Primary containers are screw capped vials with teflon cap liners, sealed ampules, or amber bottles with polyseal caps. Secondary containers are paint cans, with can clips to ensure against pressure drops in air freight shipment. Although most of the compounds stocked by the repository are known carcinogens, some are not, and many may still be controversial, at least in regard to their effect on humans. However, to stock both carcinogens and noncarcinogens, and to provide for different handling, packaging and shipping procedures for each leaves too many opportunities for error, leading to possible exposure, mislabelling, accidental release of carcinogens to the environment, etc.

Therefore all compounds entrusted to the repository are regarded as potential carcinogens and are handled, package, and labeled accordingly. All of the labels bear the warning "Chemical Carcinogen." This is not necessarily meant to imply that the sample is a known carcinogen—only that it is intended for use in research involving chemical carcinogens, and unless the recipient has contrary information, it should be treated as a carcinogen.

The repository provides data sheets on the compounds in stock, including chemical and physical properties, analytical data, and hazard, storage and handling information.

NCI contends that the user fees will recover only about 20 percent of the total cost of the program, estimated at $1.2 million for FY 1983. Funds that are recovered will go into the R01 grants pool supporting investigator initiated research.

For a list of available chemicals, prices, and other information, contact David Longfellow, PhD, Program Director, Chemical Research Resources Program, NCI, Landow Bldg. Rm. 8C29, Bethesda, Md. 20205, phone 301-496-5471.

The program recently obtained permission from the DCCP Board of Scientific Counselors to enter into a memo of understanding with the Coordinating Research Council, an organization of members of the American Petroleum Institute and the Society of Automotive Engineers, which will provide 20-25 additional nitro-PAHs to the repository. CRC will spend up to $55,000 to have the compounds prepared by Midwest Research Institute, by December of this year. They will be provided to the repository at no cost to NCI. A portion of the user fees will be returned to CRC to provide a continuing source of funds for new or replacement synthesis.

Another resource, seed plasmacytomas, is being made available by NCI. Requests must be received by Nov. 30, 1983.

NCI announced it is interested in assuring an adequate supply of homogeneous mouse immunoglobulins to the scientific community. It will supply to any legitimate source, commercial or other, seed plasmacytomas of six major heavy chain classes as well as tumors producing free Kappa and Lambda chain of BALB/c origin, for the purpose of producing homogeneous immunoglobulin products which in turn will be supplied to the scientific community. The seed plasmacytomas are:

	Kappa	Lambda
IgM	TEPC183	MOPC104E
IgG3	FLOPC21	J606
IgG1	MOPC21 MOPC31C	----
IgA	TEPC15 MOPC467	MOPC315
IgG2G	AdjPC5 UPC10	HOPC1
IgG2b	MOPC195 MOPC141	----
None	MOPC41	RPC-20

Evidence of an organization's interest and ability to produce is a prerequisite; therefore, a brief resume of experience and capabilities must be sent with the request for seed tumors to David Monk, Contract Specialist, Research Contracts Branch, NCI, Blair Bldg. Rm. 324, Bethesda, Md. 20205.

SUPPORT AVAILABLE FOR STUDIES ABROAD IN PROGRAMS ADMINISTERED BY UICC

Four international study programs administered by the International Union Against Cancer are available to investigators for studies abroad.

American Cancer Society Eleanor Roosevelt International Cancer Fellowships—UICC, with funds provided by the American Cancer Society, will award fellowships for research on cancer. The awards will be granted to experienced investigators who have demonstrated their ability for independent research and who wish to broaden their experience by a period of study at a single institution in another country.

Fellowships will be granted only to persons on the staff of universities, teaching hospitals, research laboratories or similar institutions. Awards will be made to investigators who are devoting themselves either to the experimental or the clinical aspects of cancer research.

Fellowships will not be granted to persons who wish to perfect their training in methods of cancer detection or in therapeutic techniques, or who wish to visit briefly several institutions abroad.

The duration of fellowships will be one year but in special circumstances this period may be longer or shorter. The stipend will be based on the current salary of the applicant and the salary of an investigator of comparable experience in the place where the applicant expects to study. An allowance will be made toward the cost of travel of the fellow and of those dependents who will accompany him.

Deadline for receiving applications and supporting documents is Oct. 1. Successful applicants may begin their fellowship at any time during the 12 months' period beginning May 1.

Cancer Research Campaign International Fellowships—UICC, with funds provided by the Cancer Research Campaign (UK), will award fellowships for research on cancer. These are designed to enable investigators to work abroad to gain new experience in clinical or basic research in cancer. These fellowships are also open to investigators in the behavioral or social sciences relevant to cancer.

Fellowships will be granted only to persons on the staff of universities, teaching hospitals, research laboratories or similar institutions. Applicants must have between two and 10 years' postdoctoral experience (PhD, MD, DVM) or equivalent.

A fellowship will not be granted to a person who visit briefly several institutions abroad. The duration of the fellowships ordinarily will be one year but this period may be longer or shorter in special circumstances.

The stipend will be fixed on the basis of £9,000 per annum adjusted to the cost of living in the host country. The fellow will receive a travel allowance toward the cost of a tourist/economy class air fare. A similar allowance will be granted to the spouse who wishes to join a fellow for six months or more.

Deadline for receiving applications and supporting documents is Oct. 1. Successful applicants may begin their fellowship at any time during the 12 months period beginning May 1.

The Yamagiwa-Yoshida Memorial International Cancer Study Grants—These are funded by the Japan National Committee for UICC which receives support from the Olympus Optical Co. They are designed to enable investigators of any nationality to gain experience in, or make comparative studies of, special techniques in both the biological and clinical aspects of cancer research.

The study grants will not be awarded for the purpose of visiting a number of institutes or of solely participating in congresses, conferences, and symposia.

They will be awarded for periods not exceeding 90 days. Each grantee will receive a travel allowance towards the cost of a tourist/economy air fare, and a living allowance towards the cost of board and lodging. No allowance will be paid for dependents.

The closing dates for receipt of applications will be June 30 or Dec. 31 of each year. Successful applicants will be notified within 90 days of each closing date. Study grants must be activated within 180 days of the date of notification.

International Cancer Research Technology Transfer Program—UICC, with funds partly provided by NCI's International Cancer Research Data Bank and partly by UICC, will award International Cancer Research Technology Transfer grants for research on cancer.

The purpose of this program is to promote direct and rapid person to person transfer of information about new or improved techniques or methods between investigators located in different countries who are working in areas of basic, clinical or behavioral research in order to further the progress of cancer research.

The available funds are designed to permit investigators of any nationality (except employees of U.S. government agencies) to visit a research center or centers for a period not exceeding 28 days. The grant will be allocated towards travel and living expenses.

The selection of applicatns will be on a continuous basis and the results will be communicated as rapidly as possible.

For additional information and application forms

for any of the four programs, contact UICC, rue du Conseil-General 3, 1205 Geneva, Switzerland.

DIV. OF CANCER TREATMENT FUNDING MECHANISMS AND HOW THEY ARE USED

Included in material provided to members of the Board of Scientific Counselors of NCI's Div. of Cancer Treatment at its last meeting was a list of various funding mechanisms used by the division and descriptions of how each is used. Board member Dani Bolognesi suggested that there may be many members of the scientific community who are not familiar with the various mechanisms and how NCI uses them. The list follows:

(Since this list was developed for the DCT Board, it did not include those mechanisms used exclusively by other divisions, namely the cancer center support grants, cancer control grants, and training grants administered by the Div. of Resources, Centers & Community Activities. All of the mechanisms used by DCT are also available to the other divisions.)

Grants

Grants are a mechanism of funding in which the idea for the project is initiated by the investigator, there is no expectation by NCI of a specific service or end product, and there is a minimum of control exercised over the research by NCI, thus allowing the recipient freedom of action in carrying out the research project. All grants receive peer review by chartered study sections.

Research Project Grants (R01)—Support a discrete, specified, circumscribed project of basic research to be performed by the named investigator in an area representing his specific interest and competencies. Generally referred to as a traditional research project.

RFAs—The need for specific research emphasis is identified by NCI staff with input and advice from consultants and advisory committees. Applicants respond to a request for applications (RFA) and are peer reviewed similar to other R10 grant applications. Specified funds are set aside by NCI to award grants in these particular areas.

Program Project Grants (P01)—Support a broadly based, multidisciplinary, often long term research program which has a specific major objective or a basic theme. A program project is directed toward a range of problems having a central research focus in contrast to the usual narrower thrust of the traditional research project.

Conference Grants (R13)—Support international or national meetings, conferences, and workshops.

Young Investigator Awards (R23)—Support basic and clinical studies so that newly trained investigators remain active during the developmental stage of their career.

Exploratory Grants (P20)—To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of NIH.

Specialized Center (P50)—To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. The spectrum of activities comprises a multidisciplinary attack on a specific disease entity or biomedical problem area. These grants differ from program project grants in that they are usually developed in response to an announcement of the programmatic needs of an institute or division and subsequently receive continuous attention from its staff. Centers may be asked to perform additional studies on research problems because the funding component urgently needs information or to serve as a regional or national resource for special purpose research.

Cooperative Agreement

Like a grant, the cooperative agreement supports an assistance-type relationship between the government and the awardee. Applications are reviewed by the same peer review system as grant applications and are administered under the same administrative policies as grants. The cooperative agreement does, however, include as a part of the award document specific terms of award outlining the involvement anticipated between NCI and the recipient. The clinical cooperative groups are now supported by cooperative agreements.

Contracts

A contract is a funding mechanism providing for the procurement of a specific service or end product. The request indicating specifications, etc. is initiated by DCT (Request for Proposal—RFP) and, after award, DCT exercises considerable direction or control over the project.

Resource Contract—Contracts that provide services or materials in support of a program. Generally, specifications for these contracts are rather precisely written and the contractor is required to follow these in providing the required services or materials. By definition, DCT considers the following as resource contracts: routine screening activities, equipment procurement, production and procurement of chemical and biological materials, routine pharmacology and toxicology studies, and general phase I, II, III clinical trials. (There are very few phase III contracts, and the number is getting fewer each year.)

Interagency Agreement—These take the form of a contract and may be either research or resource. The distinction is that the "contractor" is another federal agency such as the Dept. of the Navy.

Research Contract—Contracts that are primarily for the accomplishment of research as opposed to the

provision of services and material in support of research. Such research may be fundamental, applied, or, in some cases, developmental. A research contract is generally one in which the contractor must be innovative in the development of work processes, etc., and for which it is generally not possible to develop precise work specifications. However, the division requires a desired end product as part of the overall program mission. DCT no longer uses research contracts for projects more suitable for grants.

Small Business—Under federal law and federal procurement regulations, it is the policy of the government to encourage and strengthen small business enterprises. As a result, every contract project plan is reviewed for the possibility of being set aside for small business. The Small Business Administration has the authority to declare a project reserved for small business and to limit competition to those qualifying companies.

Title 8(a) under small business—a subcategory under the Small Business Set Aside Program—is a further set aside for small minority owned businesses. Again, competition is limited to those qualifying companies.

Task Order Contract—The purpose of a task order contract is to make available several contractors who have the capability of performing specific project requirements as designated by the government. This type of mechanism provides the capability of a quick response to a specified requirement, makes accessible a pool of contractors with varied expertise to deal with changing requirements, isolates cost for each project, provides flexibility for funding (funds are committed only as needed), and avoids prolonged contract competitions once the master contracts are competed and awarded. The competition and award of "master agreements" creates the pool of potential contractors who may bid on specific task order RFPs. Concept review by the Board, and technical review by the Div. of Extramural Activities are done only for the award of the master agreements.

What is the difference between an "RFA" (request for application) and a "program Announcement"?

Both of these announcements indicate NCI's interest in supporting grant or cooperative agreement applications in certain scientific areas. In the case of an RFA, the division intending to fund such awards must set aside out of controllable budgets a certain amount of funds. Applications are awarded in priority order; however, if the allocated funds are insufficient to award all high quality applications, the remaining applications are not necessarily funded (i.e., they do not go into the NCI grants "pool" for funding utilizing other NCI funds designated for the award of grants). When grant applications that were initially funded in response to an RFA are up for renewal, they compete for "pool" funds along with other grants submitted to NCI.

A program announcement differs from an RFA in that no funds are specifically set aside for applications responding to the announcement. High quality applications are funded out of the "pool" of funds established during the NCI budget development process for the funding of grants or cooperative agreements.

What is the difference between an "RFA" and an "RFP" (Request for Proposal)?

Both announcements indicate an interest by NCI in supporting specific scientific projects. Both normally have certain funds set aside for awards within the definitions of the announcement. An RFA solicits grant or cooperative agreement applications for specific scientific areas; however, the approaches to the project are left to the initiatives of the applicants. An RFP also solicits proposals, but for specific projects supported by contracts; however, the goals and objectives of the project are clearly spelled out, and a specific end product is required.

What is the difference between a cooperative agreement and a grant?

Both award mechanisms support investigator-initiated research. In both cases, the relationship between the awardee and the government is an assistance relationship. Unlike a grant, under a cooperative agreement there is substantial programmatic involvement between NCI and the recipient during performance of the contemplated activity.

NEW PUBLICATIONS

"Fundamentals (Vol. 1): Clinical Chemotherapy," edited by Helmut Kuemmerle. Introduces essentials of chemotherapy. Thieme-Stratton Inc., 381 Park Ave. South, New York 10016, $68.

"Pretesting in Health Communications," published by NCI's Office of Cancer Communications. For those involved in planning social and health communications. Describes the purposes and principles of pretesting and resources needed to conduct pretesting research. Available free from Rose Mary Romano, OCC, NCI, Bldg. 31 Rm. 4B39, Bethesda, Md. 20205.

The following are available from Raven Press, 1140 Ave. of the Americas, New York 10036, phone 212-575-0335:

"Perspectives on Genes and the Molecular Biology of Cancer," edited by Donald Robberson and Grady Saunders. 35th M.D. Anderson Symposium on fundamental cancer research, $49.50.

"Pain, Analgesia, and Addiction: The Pharmacologic Treatment of Pain," by Barry Stimmel, $39.50.

"Precancerous Lesions of the Gastrointestinal Tract," edited by Paul Sherlock, Basil Morson, Luigi Barbara, and Umberto Veronesi, $39.50.

"Endocrinology of Cystic Breast Disease," edited

by Alverto Angelli, Leon Bradlow, and Luigi Dogliotti, $49.

"Recent Clinical Developments in Gynecologic Oncology," edited by Paul Morrow, John Bonnar, Timothy O'Brien, and William Gibbons, $45.

"Bone Metastasis Monitoring and Treatment," edited by Basil Stoll and Santilal Parbhoo, $65.

"Perspectives on Prevention and Treatment of Cancer in the Elderly," edited by Rosemary Yancik, Paul Carbone, Bradford Patterson, Knight Steel, and William Terry, $55.

"DNA Virus Oncogenes and their Action," edited by George Klein, $73.50.

"Computed Tomography in Radiation Therapy," edited by Clifton Ling, Charles Rogers, and Robert Morton, $45.

"Advances in Polyamine Research (Vol. 4)," edited by Uriel Bachrach, Alvin Kaye, and Ralph Chayen, $49.

"Pathobiology Annual, 1982," edited by Harry Ioachim, $60.

"Role of Medroxyprogesterone in Endocrine Related Tumors (Vol. 2)," edited by L. Campio, Della Robustelli, G. Cuna, and R.W. Taylor, $24.

(The last four titles above appeared in ***The Cancer Letter*** July 17 with the name and address of the publisher inadvertently omitted.)

HAMMER SAYS HE WILL ASK FOR MORE CONSTRUCTION FUNDS IF NEED PROVEN

The President's Cancer Panel was established by the National Cancer Act of 1971 as part of the compromise between those who wanted NCI to be completely independent from NIH and the Dept. of Health, Education & Welfare, and those who insisted that it should remain within NIH. Other elements of the compromise included presidential appointment of the NCI director and members of the National Cancer Advisory Board, and creation of NCI's bypass budget.

The Panel was established to monitor the National Cancer Program and to bring to the attention of the President any problems which need correction. The first chairman, Benno Schmidt, used that authority and got results. Schmidt also went public with problem issues, usually having to do with the budget.

The present chairman, Armand Hammer, indicated at the last meeting of the NCAB that he is preparing to go to the President on the issue of construction funds (Hammer told ***The Cancer Letter*** earlier this year that he would ask the President for more construction money if information supporting that request could be established. HHS presently is conducting a survey at NCI's request).

"We have been hearing disturbing reports on the construction program," Hammer commented at the NCAB meeting. "Indeed, Dr. DeVita has noted that the constraint to spend only $1 million on construction out of a budget of almost a billion dollars, regardless of the needs and decisions by this Board and by program leaders, was unrealistic. The Panel wants to pursue this matter and has asked for more complete and up to date information to be made available in order to determine how best to deal with this problem. We will welcome any suggestions from you Board members and we'll need to work closely with you if we are to have any effect on the policy of the Office of Management & Budget regarding funds for construction, or if we are to be able to influence Congress to make more such funds available in this area. We are expecting to get facts and figures shortly and when we do, it will be our duty to go to the President and ask for some relief."

Hammer continued, "Of course, what is really needed is what Dr. DeVita mentioned earlier: a bigger budget for the National Cancer Institute. When you stop to think of the money that's spent on defense. Someone told me that an aircraft carrier with its complement of airplanes and with all its surrounding support reaches the sum of $40 billion. I think that we are struggling with a small fraction of that. I think what would really happen if we had 10 percent of that, in other words, $4 billion for our program instead of a billion. When you think that 440,000 people die every year from cancer and that one out of every five of us will get cancer during our lifetime, it's shocking that we can' persuade Congress to increase our budget even to a modest extent."

NEXT ISSUE LAST FOR TWO WEEKS

Next week's issue of ***The Cancer Letter,*** which will be dated Aug. 19, will be the final issue before our summer break. There will be no issues published for Aug. 27 or Sept. 2, while Congress, much of NCI, and ***The Cancer Letter*** staff goes on vacation.

NCI CONTRACT AWARDS

Title: Primary Genetic Centers
Contractors: Simonsen Laboratories Inc, Gilroy, Calif., $902,507; and Harlan Sprague Dawley Inc., Indianapolis, $682,538.
Title: Construction and characterization of genomic DNA libraries
Contractor: Univ. of Maryland, $290,893, three years.

The Cancer Letter _Editor Jerry D. Boyd

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.