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GROUP CHAIRMEN APPROVE POLICY ON INDUSTRY SUPPORT; NCI TURNS DOWN REQUEST TO "LAUNDER" CONTRIBUTIONS

Cooperative group chairmen have approved the draft of a policy statement written by NCI staff on relationships between the pharmaceutical industry and NCI supported clinical trials which is intended to encourage industry support of clinical research while offering some ground rules. The chairmen also approved NCI's approach on handling the related issue of nonfederal contributions

(Continued to page 2)

In Brief

ACR TO MOVE FROM CHICAGO TO WASHINGTON D.C. AREA; HANKS ASTRO PRESIDENT, PHILLIPS PRESIDENT ELECT

AMERICAN COLLEGE of Radiology has decided to move its national headquarters from Chicago to Reston, Va., 20 miles west of Washington D.C. The headquarters will be consolidated with ACR's Washington office, now located in Chevy Chase, Md. No time schedule has been established yet for the move. . . . GERALD HANKS, Sacramento radiation oncologist, is the new president of ASTRO (for American Society for Therapeutic Radiology & Oncology, formerly ASTR), effective at the Society's recent annual meeting. Another Californian, Theodore Phillips of the Univ. of California (San Francisco), is the president elect. Phillips is in the midst of a year at NCI while on leave from UCSF. Samuel Hellman is chairman of the ASTRO board; other officers are Rodney Million, secretary, and James Cox, treasurer. . . . UCLA'S CANCER Control Science Program funded recently by NCI will include the following projects (not reported in the recent Cancer Letter article on CCSPs because it was awarded several months after the others): smoking cessation in registered nurses, compliance behavior among women with abnormal Pap smears, outpatient program for comprehensive cancer rehabilitation, and cancer support group experience, plus developmental projects on increasing involvement in selected medical care decisions and impact of a breast self examination program. . . . USC INVESTIGATORS report an apparent relationship between a history of hepatitis, cigarette smoking, heavy alcohol consumption, and primary hepatocellular carcinoma in the December issue of "Cancer Research." The study was reported by Mimi Yu and colleagues in the USC School of Medicine Dept.of Family & Preventive Medicine.

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GROUPS ACCEPT POLICY ON HANDLING CONTRIBUTIONS FOR ADDITIONAL COSTS

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to groups to cover additional costs above the cost of doing the research for which NCI funds are provided. Dept. of Health & Human Services auditors had expressed concern about private funds received by groups being mingled with federal funds, giving the impression groups would be paid twice for the same work.

Following is the policy statement draft:

"NCI recognizes the importance of the pharmaceutical industry in the clinical development of new anticancer agents. NCI wishes to foster collaboration with industry wherever possible. An important role of NCI in clinical drug development is as a catalyst and coordinator of research in new anticancer drugs and biologics. NCI also shares with the pharmaceutical industry the important goal of defining the precise contribution of a new drug in the treatment of cancer. This policy statement pertains to trials involving new drugs or biologicals conducted by the clinical cooperative groups supported by NCI.

"I. INDs—Generally the needs of both NCI and the pharmaceutical firm are best served where each holds an IND. We therefore expect that in most cases either NCI or the pharmaceutical firm will file an IND which references an IND or master file held by the other.

"In certain instances, when agreeable to both NCI and the pharmaceutical firm, clinical trials within cooperative groups may be conducted under the IND of the pharmaceutical firm. As a general rule, all information in INDs will be fully shared between NCI and the firm. However, certain information pertaining to the manufacturing processes may be held in confidence by the private sponsor. Nevertheless, all quality assurance data concerning the manufacturing process will be shared. NCI and the pharmaceutical firm will exchange all information submitted to its IND including but not restricted to protocols, annual reports, adverse drug reactions, toxicology findings, and other materials. NCI will maintain the confidentiality of all materials derived from the private sponsors' IND.

"II. Protocols—Wherever possible, the establishment of an overall plan for the clinical development of a drug should be a joint venture between the firm and NCI; such a plan shall be formulated before the implementation of large scale clinical testing. NCI recognizes the need of a private sponsor to focus on clinical trials which lead to a new drug application. This goal is also important to NCI, since an NDA is the vehicle through which new drug therapies become widely available to cancer patients. In addition to areas of mutual clinical interest, NCI and the firm may independently pursue clinical studies of particular interest to each. Because such studies have implications for commitment of resources by both NCI and the firm, they shall also be the subject of joint discussion and planning between NCI and the private sponsor. There should be frequent and full interchange between staff members of the Cancer Therapy Evaluation Program and the private sponsor. Furthermore, whenever possible, the planning of a particular clinical trial should be a joint venture involving the cooperative group, the pharmaceutical firm, and NCI.

"All protocols for investigational drug research, regardless of the IND sponsor, will not be activated without review and approval by the Protocol Review Committee of the Cancer Therapy Evaluation Program. Protocols developed under an NCI IND will be sent to the pharmaceutical firm for review and comment.

"III. Resources provided to cooperative groups by the private sector--In principle, NCI encourages support of clinical research from the pharmaceutical industry. Funds may be provided directly to the cooperative group. Funds provided to a cooperative group for additional monitoring beyond the standard practices of the group will be regarded as supplementary funding. All resources, financial or otherwise, provided to a cooperative group by a pharmaceutical firm should be a matter of record as described in section V. Alternatively, other types of resources may be provided, such as support personnel to perform additional monitoring, computer resources, etc.

"IV. Data, rights, and confidentiality—All data derived from clinical trials done by an NCI sponsored group will be made fully available to NCI. Similarly, these data will be fully available to the private sponsor. The data remain the property of the cooperative group.

"The cooperative group maintains the full right to publish the data at such time and place as its membership see fit. When

mutually agreeable, manuscripts may have an advisory review and comment by private sponsors prior to submission for publication.

"V. Cooperative agreement—Clinical trials conducted with agents from a pharmaceutical firm irrespective of IND sponsorship or funding arrangements should be included in the progress reports and competitive renewal application of the group. Progress reports and renewal applications should clearly indicate the IND sponsor, if other than NCI, and the resources (funding, personnel, etc.) which have been provided by private sponsors."

The question of additional costs was addressed by NCI in a revision of cooperative agreements to include the following:

"The additional costs alternative can be applied to project related income earned by the awardee insitution for research supported by this award, in accordance with the Code of Federal Regulations Title 45, Part 74.42."

What that means is that groups may continue to accept money from nonfederal sources for aspects of their research programs consistent with overal research goals and which are in addition to work for which government resources have been provided.

The policy statement on relations with industry requires that all such contributions be reported, a provision which drew some objections.

"I don't think there's a problem," Paul Carbone, chairman of the Eastern Cooperative Oncology Group, said. ""You (NCI) tell us we're only going to be funded at 80 percent of recommended levels. By right, we should be able to get money wherever we can, to do things we're not able to do without more NCI money. If we double bill, however, we're in trouble, wherever the money comes from."

Denman Hammond, chairman of the Childrens Cancer Study Group, said, "If we get funds elsewhere to do clinical trials, NCI has a right to know it. Many members solicit funds from individuals, foundations, etc., to support clinical research. I'm not sure that is covered. Many members have to scrabble for funds to get to meetings, and for other expenses. I support this document, but I don't think we need to report every dollar the groups get."

"If that speech came to me in a document, I would sign it," Robert Wittes, director of NCI's Cancer Therapy Evaluation Program, commented.

Charles Moertel, chairman of the North Central Cancer Treatment Group, expressed concern about potential conflicts of interest when "accepting money from those attempting to make a profit. I know, all cancer researchers are honest and honorable, but objectivity comes into question when research is associated with profit making organizations."

Moertel suggested NCI explore developing a mechanism to "serve as a funnel" for industry money, accepting contributions and awarding it competitively through the peer review process.

"That's an idea we haven't explored," Wittes said. "I feel reasonably comfortable with the potential of this situation. I think everyone has to deal with it individually. Suppose drug company A gave us some money for a specific task. What difference would it make?"

"You take away the necessity for us to be directly dependent on the drug company by laundering their money," Moertel said.

"How does that relieve you of the conflict of interest possibility?" Wittes asked.

"They pay you to evaluate drug X. Then you compete it and distribute it to investigators," Moertel said.

DCT Director Bruce Chabner said he did not think NCI could accept designated money to conduct specific research. "My feeling is that this is not something easy to do," but he offered to explore the situation.

Wittes later told The Cancer Letter that no precedent could be found for an arrangement such as suggested by Moertel and that it would not be pursued further.

NTP STAFF MEMBERS IN BETHESDA TOLD THEY MUST MOVE TO N.C. OR LOSE JOBS

Twenty one staff members of the National Toxicology Program still working in Bethesda have been informed that they will have to transfer to Research Triangle Park, N.C., where NTP is headquartered with the National Institute of Environmental Health Sciences, by next July or lose their jobs.

Eight of the 21 were staff members of NCI's Carcinogenesis Testing Program when that was transferred to NTP in 1978. One of those eight told The Cancer Letter that they had been assured at that time by David Rall, NTP and NIEHS director, that they would never be moved to North Carolina against their wishes.

Rall declined to comment, but Ernest McConnell, NTP acting deputy director, said through a spokesman that the move was being

ordered "to improve efficiency, consolidate operations, and cut travel costs." He said he did not recall any promise not to force the former NCI staff members to move.

The 21 were notified of the deadline in a memo from NIEHS Executive Officer Paul Waugaman Dec. 2. "If you decide that you cannot relocate, efforts will be made to assist you in locating employment in the Washington D.C. metropolitan area. . . However, we will also initiate appropriate action to separate you from the federal service effective June 30, 1984, if it appears likely that you cannot find other employment."

Those hired after NTP had been established were informed that they eventually might have to move to North Carolina. So far, The Cancer Letter was told, only two of the 21 have agreed to move, one of them among the original eight. Another of the eight is retiring, leaving six who contend that NTP is not keeping its promise to them. Some of them have very strong personal reasons for not wanting to move.

Only two of the original Carcinogenesis Testing Program staff have moved, one professional and one administrative. Others were recruited later by NTP with the understanding they would be transferred, and have been. Most NTP and NIEHS employees at Research Triangle Park now would resist strenuously any effort to move them back to Bethesda. Comparable housing costs substantially less there, the climate is more moderate, and cultural amenities abound.

FOUR NEW CENTERS TO COMPETE IN '84 FOR CORE GRANTS, DEVITA TELLS PANEL

Four new cancer centers will be competing with the 20 centers whose core grants are up for renewal this year for support from NCI, Director Vincent DeVita told the President's Cancer Panel.

DeVita pointed out that the competing centers, new and renewal, will receive only 85 percent of their budgets approved by the Cancer Center Support Grant Review Committee. Only exceptions will be in cases where the 85 percent would reduce budgets below their current levels. "No one will get less than he's getting now," he said.

Cancer centers, like the clinical cooperative groups, are not among those included by NIH as "research projects" which fall under the congressional mandate directing that grants be funded at their recommended levels. NIH has interpreted that to apply only to RO1 and PO1 grants.

"Everyone has been getting tired of funding plans," DeVita said, funding plans being the euphemism for cutting grant budgets in order to fund more of them. Congress directed that grants be funded "at or near" recommended levels, and DeVita said that probably would work out to 96 percent of recommended, reflecting the NIH policy for tight negotiations on grant budgets.

With the mandatory full funding of program projects limiting the number which will be funded, "that leaves a substantial number of very good PO1s out of the pay range," DeVita said. "If you discuss this with the scientific community, most would feel that funds should be stretched down to the 215 priority score. We will negotiate PO1s very tightly."

DeVita said NCI staff is working on the FY 1985 bypass budget which will go to the National Cancer Advisory Board in May. "I instructed staff to develop a bypass budget as if there would be no limit."

FINAL ISSUE OF 1983, CANCER LETTER CLOSES OUT 10TH YEAR COVERING NCI

With this issue, Volume 9, Number 48, The Cancer Letter closes out another year. The next issue, Volume 10, Number 1, will be dated Jan. 6, 1984.

This marks the completion of our 10th year in reporting on the National Cancer Institute, the National Cancer Program, and related activities, counting the first year when the publication was called The Cancer Newsletter (when we changed the name, dropping "News" for a variety of reasons, we started over on the volume number). It has been an exciting decade, and we feel privileged to have been able to report on the people and programs which have produced such astonishing progress in the fight against cancer.

The Cancer Letter office will be closed from Dec. 17 through Jan. 2. Phone calls during that time probably will encounter the the tape machine, and will be answered when we return.

Best wishes for the holidays and the New Year.

NEW PUBLICATIONS

"Leukemia Reviews International," a new journal published by Marcel Dekker and edited by Marvin Rich, director of the AMC Cancer Research Center & Hospital in Denver. Major

focus of the publication is the integration of basic laboratory and clinical research and the application of new lab findings to the management of leukemia patients. Manuscripts are solicited by editorial board members or may be submitted to Rich, 6401 W. Colfax Ave., Lakewood, Colo. 80214.

"Breast Self Examination," a bibliography of articles, books, dissertations, and conference papers, with more than 350 citations from 1975-1983. Prepared by Jan Howard and James Christopher of the Health Promotion Sciences Branch, NCI Div. of Cancer Prevention & Control. Available free from NCI, Rm 632, Blair Bldg, Bethesda, Md. 20205.

"Making PSAs Work," produced by NCI's Office of Cancer Communications. For those involved in planning and producing public service announcements for radio and television. Available free from Rose Mary Romano, OCC, NCI, Bldg 31 Rm 4B39, Bethesda, Md. 20205.

The following three UICC publications are available from Hans Huber Publishers, 76, Langgassstrasse, 3000 Bern 9, Switzerland:

"International Survey of Distributions of Histologic Types of Tumors of the Testis and Ovary," edited by H. Stalsberg, 48 Swiss francs ($24 U.S.).

"Hepatocellular Carcinoma," edited by K. Okuda and I. Mackay, 44 Swiss francs ($22 U.S.).

"Public Education About Cancer--Recent Research and Current Programs," edited by P. Hobbs, 22 Swiss francs ($11 U.S.).

"Progress in Cancer Control IV: Research in the Cancer Center," edited by Curtis Mettlin and Gerald Murphy. Alan R. Liss Inc., 150 Fifth Ave., New York 10011, $66.

"Antimicrobial Chemotherapy," edited by Helmut Kuemmerle. Thieme-Stratton Inc., 381 Park Ave. South, New York 10016, $72.

"Immunobiology of Transplantation, Cancer, and Pregnancy," edited by Prasanta Ray. Pergamon Press, Maxwell House, Fairview Park, Elmsford, N.Y. 10523, $85.

The following publications were published by Raven Press, 1140 Ave. of the Americas, New York 10036:

"Radiation Oncology Annual," edited by Theodore Phillips and David Pistenmaa, $39.

"Cancer Prevention in Clinical Practice," edited by Guy Newell, $44.

"Thoracic Oncology," edited by Noah Choi and Hermes Grillo, $39.50.

"Steroids and Endometrial Cancer," edited by Valerio Jasonni, Italo Nenci, and Carlo Flamigni, $39.

"Development of Target Oriented Anticancer Drugs," edited by Yung-Chi Cheng, Barry Goz, and Mimi Minkoff, $39.

"Fundamental Immunology," edited by William Paul, $80.

DIAGNOSIS-TREATMENT CIDAC CONTRACT RECOMPETITION GETS CONCEPT APPROVAL

The National Cancer Advisory Board's Committee for Review of Contracts & Budget of the NCI Office of the Director has approved the concept of recompeting two major contracts, including that which supports the Cancer Information Dissemination & Analysis Center (CIDAC) for diagnosis and therapy.

M.D. Anderson Hospital is the present contractor for the diagnosis and therapy CIDAC under a contract which will expire in September, 1984. Total cost for the past three years has been just under $1 million. NCI estimated the new contract, to be awarded for four years, would cost from $371,000 the first year to $430,000 the fourth year, for a total of $1.6 million. Funding levels quoted in concept reviews are preliminary staff estimates for purposes of discussion and planning. Actual funding of any contract is arrived at based upon proposals submitted in response to RFPs and detailed negotiations. Funding levels may be altered due to unanticipated budgetary changes. Those interested in submitting proposals are cautioned to read carefully any resulting RFP and not to assign undue weight to the staff estimates.

The other contract approved for recompetition is for technical support services now being performed by Informatics Inc. at a total cost of $863,000 over the past three years. The committee approved an eight month extension of the Informatics contract, for reasons explained below, plus the recompetition for a five year award at a total cost estimated at $2.3 million.

The staff narrative describing the two contracts follows:

CIDAC contract--The International Cancer Research Data Bank Program is responsible for the collection, analysis, storage, and dissemination of information to cancer research scientists and clinicians. The purposes of a CIDAC are to provide scientific analysis and peer review necessary to produce high quality information services for cancer researchers to provide information for NCI and the National Cancer Program concerning the status and trends in cancer research, and to identify innovative means of information transfer among

cancer researchers. This proposed contract will process information covering all aspects of clinical cancer investigations, including cancer detection, diagnosis and treatment, and the rehabilitation of cancer patients. (Another CIDAC, operated through a separate contract, covers preclinical aspects of cancer research).

The principal activities of this CIDAC are the regular monthly production of 21 Cancergrams, current awareness bulletins containing abstracts of recently published literature in tightly focused areas (e.g., "Diagnosis & Treatment of Breast Cancer"); and the annual production of five Oncology Overviews, retrospective bibliographies with abstracts concerning high interest topics in cancer research (e.g., "Interstitial and Surface Brachytherapy"). Material for these publications is derived from the ICRDB Program's Cancerlit data base, and peer reviewed by a network of CIDAC consultants who are active clinical investigators. These consultants select and organize the information for presentation in the most focused and useful manner. The CIDAC also performs custom searches of the Cancerline databases in response to requests for information, submits monthly Highlight Reports pinpointing significant new developments in cancer research, and assists in database quality control.

The Cancergrams collectively provide coverage of the entire spectrum of cancer research, and are read by 12,000 researchers in 80 countries.

Technical support services contract--The original contract began in 1975. The present contract began in August, 1981, and will expire in August, 1984, although latest projections indicate that labor hours and funding for the third year of the contract will only be adequate for seven months at the current rate of spending. A five month extension is required at this time, because of the expenditure of funds and labor hours connected with PDQ related activities, which could not have been anticipated at the time of negotiations. These activities will continue into the new procurement. The additional three months are required in order to meet the requirements for a 302 day recompetition cycle, allowing for a one month transition period for a new contractor, if required. This contract impacts upon almost every activity of the ICRDB Program, and it is anticipated that it will also provide similar support services for the entire Office of International Affairs. Due to the broad scope of work for this contract, it is possible to provide a quick, competent response to many different and, often unanticipated requests. Without this mechanism, it would be extremely difficult to accommodate these rapid expansions and contractions in the required level of effort.

PDQ related activities--Three ICRDB contracts, one of which is the TSS contract, provided both initial and interim support for all PDQ activities until the PROMIS contract was signed. The TSS contract will continue to provide support for PDQ related activities during the period of performance under the new contract. Examples of PDQ activity under this contract are:

1. Provide required funding for programming and computer time to develop prototypes to make Cancer Therapy Evaluation Program and Community Clinical Oncology Program data directly available on PDQ.
2. Telephone calling task associated with building of the PDQ/Directory file in which approximately 10,000 physicians involved in cancer treatment were called within a three to four week period.
3. Preparation of monthly update tapes for the PDQ-1 file.
4. Formatting and printing of PDQ promotional material sent in response to written and phone requests to the ICRDB Program and used for ICRDB exhibits at cancer conferences.

Other database related activities:

1. Development of a comprehensive list of high quality, high yield journals to be used for Cancerlit and Cancerexpress for the new National Library of Medicine agreement.
2. Development of search profiles to permit the selection of citations for Cancerlit and Cancerexpress.
3. Keying and editing of research project descriptions for subsequent input to Cancerproj.

General activities:

1. Answering requests for information on ICRDB databases, publications, and services. These requests average 450-500 per month and have exceeded 700 a month. This level of activity is expected to increase after the move to the International Cancer Information Center. This task also includes the distribution of several thousand publications a year.
2. Maintaining an inventory of ICRDB publications, such as the Compilation of Experimental Cancer Therapy Protocol Summaries, Cancergrams, Oncology Overviews, and all related promotional literature.
3. Implementing large volume mailing tasks in which the contractor sends computer generated letters to targeted segments of the cancer research community. These mailings are routinely sent to as many as 15,000 individuals per mailing.
4. Providing exhibit support. The contractor packs and ships publications and promotional materials to ICRDB exhibits at cancer conferences. The contractor also provides personnel upon request to perform searches of the Cancerline databases and to help staff the exhibit booth at these conferences.

Special activities--some examples performed on this contract are:

1. Development of hybridoma profiles, for which the contractor collected data on current cancer related hybridomas and compiled this information in the form of an annual publication for subsequent distribution to that particular segment of the cancer research community.
2. Development of a mailing list for and distribution of six volumes of the Cold Spring Harbor Cancer Symposia, also known as the Banbury Reports.
3. Distribution of the most recent edition of the Survey of Compounds Tested for Carcinogenesis, formerly known as the PHS-149 reports.

Increased funding is being requested in order that the services mentioned above may continue without interruption. The amount of increase requested is based upon current increased levels of spending, which are expected to continue into the period of performance of the new TSS procurement.

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

National Bladder Cancer Project--Jan. 4-7, Hyatt Hotel, Sarasota, Fla. 10th Investigators' Workshop.

Fourth Conference on Human Tumor Cloning--Jan. 8-10, Univ. of Arizona Cancer Center, Tucson. Contact Mary Humphrey, Conference Coordinator, UACC, Tucson 85724, phone 602-626-6044.

Breast Cancer Task Force--Jan. 9-12, NIH Bldg 31 Rm 6, 8 a.m.-5 p.m. each day.

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors--Jan. 12-13, NIH Bldg 31 Rm 10, 8:30 a.m.

Vail Midwinter Seminar--Jan. 18-20, Marriott/-Mark Resort, Vail, Colo. American Cancer Society Colorado Div. Contact Chris Heminway, ACS, 2255 Oneida, Denver 80224.

Head and Neck Cancer: The Integration of Treatment and Rehabilitation--Jan. 18-19, NIH Lister Hill Auditorium, 8:30 a.m.-5 p.m. Contact Linda Wong, NCI, DCPC, Blair Bldg Rm 7A-05, Bethesda, Md. 20205, phone 301-427- 8708.

Cancer Research Manpower Review Committee--Jan. 19-20, NIH Bldg 31 Rm 7, open Jan. 19 8:30-9 a.m.

Latin American Cancer Congress--Jan. 23-28, Panama City. Also, Latin American Cancer Nursing Seminar, Central American and Panamerican Cancer Congress, Latin American Meeting of Cancer Control Volunteers, and Latin American Cancer Chemotherapy Congress. For all, contact E. Aviles, Inst. Onc. Nacional, Apto. Postal 6-108, El Dorado, Panama, Rep. of Pan.

The Patient with Bowel Cancer: A Nursing Update--Jan. 24, Hilton Inn, Northeast Philadelphia. Contact Jacqueline Sander, Episcopal Hospital, Front St. and Lehigh Ave., Philadelphia 19125, phone 215-427-9916.

National Surgical Adjuvant Breast & Bowel Project--Jan. 26-28, Hilton Riviera Hotel, Palm Springs, Calif. Contact Dr. Bernard Fisher, Dept. of Surgery, Univ. of Pittsburgh, 3550 Terrace St., Pittsburgh 15261, phone 412-624-2671.

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

Cancer in the 80s: Breakthroughs in Diagnosis & Treatment--Feb. 1, Biltmore Hotel, Los Angeles. (Previously announced as Feb. 8). Contact Dolores Gay, Hospital of the Good Samaritan, 616 S. Witmer St., Los Angeles 90017, phone 213-977-2352.

Tenth Fred J. Woods/St. Joseph's Community Cancer Center Lecture Series--Feb 2-4, St. Joseph's Hospital, Tampa, Fla. Contact Bruce Collison or Chuck Thomas, St. Joseph's Hospital, PO Box 4227, Tampa 33677, phone 813-870-4000.

Acquired Immune Deficiency Syndrome--Feb. 5-10, Park City, Utah. Contact UCLA Symposia, 103 MBI, UCLA, Los Angeles 90024.

Advances in Cancer Chemotherapy--Feb. 9, Roswell Park continuing education in oncology.

NCI Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--Feb. 9-10, NIH Bldg 31 Rm 7, 9 a.m.

Professional Oncology Education Review Committee--Feb. 9-10, NIH Bldg 31 Rm 2, open Feb. 9, 8:30-10 a.m.

National Cancer Communications Conference--Feb. 15-17, Shoreham Hotel, Washington D.C. Contact NCI, Office of Cancer Communications, Bldg 31 Rm 4B39, Bethesda, Md. 20205, phone 301-496-6792.

AIDS Symposium--Feb. 16-17, New York. Contact Drug Development Institute of America, 29 State Highway 34, Colts Neck, N.J. 07722.

NCI Div. of Cancer Treatment Board of Scientific Counselors--Feb. 16-17, NIH Bldg 31 Rm 10, open 8:30 a.m.-3:30 p.m. Feb. 16, 8:30 a.m.-adjournment Feb. 17.

Winter Symposium on Hematologic Malignancies--Feb. 18-25, Snowbird, Utah. Contact Dr. Stephen Jones, Univ. of Arizona Cancer Center, Tucson 85724, phone 602-626-6372.

Third Annual Congress for Hybridoma Research & Fourth Annual Congress for Recombinant DNA Research--Feb. 19-22, San Diego. Contact Scherago Associates, 1515 Broadway, New York 10036, phone 212-730-1050.

International Conference on Human Tumor Markers--Feb. 20-22, Vienna. Contact International Society for Preventive Oncology, Suite 303, 207 E. 85th St., New York 10028.

Cancer Symposium of the Desert--Feb. 23-25, West Palm Springs, Calif. Sponsored by Johns Hopkins Oncology Center and Desert Hospital. Contact Atilio Giangreco, M.D., Suite 204, Bldg 01 East, 555 Tachevah Way, West Palm Springs 92262, phone 619-323-4275.

18th Annual St. Jude Clinical Symposium--Feb. 24-25, St. Jude Children's Research Hospital, Memphis. Contact Director, St. Jude CRH, Box 318, Memphis 38101. There are no registration or other fees, but attendance is limited to 200 physicians and registration is required.

Intra-arterial & Intracavity Chemotherapy Conference--Feb. 24-25, San Diego. Contact Office of Continuing Medical Education, UCSD School of Medicine, M-017, La Jolla, Calif. 92093, phone 619-452-3940.

UICC Advanced Course on Clinical Cancer Chemotherapy--Feb. 27-March 2, St. Gallen, Switzerland. Contact David Reed, UICC, 3 rue due Conseil-General, 1205 Geneva, Switzerland.

Vitamin A and Cancer Prevention--Feb. 28-29, NIH Bldg 31 Rm 10, 8:30 a.m. Epidemiologic studies and clinical trials. Contact Dorothy Benton, Nutrition Program, NIADDK, 3A Westwood Bldg, Bethesda, Md. 20205, phone 301-496-7823.

FUTURE MEETINGS

Decade of Progress, Decade of Challenge--March 7-11, Hyatt Regency Capitol Hill, Washington D.C. Assn. of Community Cancer Centers 10th anniversary meeting. Speakers will address key issues facing administrators, physicians and nurses in community hospitals, including reimbursement, standards, and research. Contact ACCC Executive Office, 11600 Nebel St., Rockville, Md. 20852, phone 301-984-9496.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda, MD. 20205. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring, Md., but U.S. Postal Service will not deliver the RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CN-45171-34

TITLE: National occupational cancer control clinical research network
DEADLINE: March 8

The Div. of Cancer Prevention & Control, NCI, is interested in establishing master agreement contracts for a national occupational cancer control clinical research network.

Objective of this study is to conduct a large volume of occupational population assessments to determine their potential for inclusion in intervention studies. The population to be assessed will have been identified as a result of epidemiological studies. The concern of this solicitation is to determine the opportunity to use these occupational high risk populations in the evaluation of newly developed cancer control applications (e.g., chemopreventive agents), in a repetitive manner based on standardized protocols.

A task order will be issued to all MA holders upon completion of the master agreement award process to develop standardized procedures, forms and data management systems.

This study is limited to the first two phases of the Cancer Control Science Program.

Phase 1: Identification of potential occupational populations for interventions. Task orders involving this phase may include assessment of hazards by walk through type survey and assessment of the suitability of high risk occupational populations.

Phase 2: Development of intervention methods and study designs. Task orders involving this phase may include experimental design of cancer control intervention study, baseline clinical examinations, and registration of potential study populations. It is estimated that up to 15 task orders per year will be issued pursuant to the award(s) of the master agreement contracts.

The RFP will be available Jan. 4
CONTRACT SPECIALIST: Elizabeth Abbott
RCB, Blair Bldg Rm 2A01
301-427-8745

RFP NCI-CP-41005-74

TITLE: Toxicology and pharmacology of anticarcinogenic agents
DEADLINE: March 9

NCI has a requirement to expedite development of new anticarcinogenic agents. Basic objectives of this project are to make initial determinations of the toxicity and pharmacology of new or potential cancer preventive agents in experimental animals; to investigate mechanisms of toxicity of new or existing anticarcinogenic agents; to explore the role of pharmacokinetic factors in chemopreventive efficacy; to develop reliable systems for early detection of toxicity induced by these agents; to explore basic and practical ways of ameliorating toxicity; and to devise practical means for implementing such promising developments in experimental animal models of carcinogenesis/anticarcinogenesis.

It is anticipated that two awards will be made. Each award will be for a period of four years. Issue date of this RFP is Jan. 9.
CONTRACT SPECIALIST: Odessa Henderson
RCB, Blair Bldg Rm 119
301-427-8888

RFP NIH-ES-84-1

TITLE: Chemistry support for toxicity testing at NIEHS

The National Institute of Environmental Health Sciences is soliciting proposals for chemistry support for approximately 25 studies a year. Support will include bulk chemical identity and purity assays, dose preparation and verification, routine tissue and body fluid analysis and procurement and storage of test chemicals. Because of sample fragility and short turn around time for pickup and delivery of chemicals, samples, tissues, etc., the contractor must have a laboratory facility located within a one hour drive of the NIEHS facility in Research Triangle Park, N.C.

Estimated issuance date is Jan. 9.
National Institute of Environmental Health Sciences
Procurement Office, Attn: Elizabeth Ford
PO Box 12874
Research Triangle Park N.C. 27709

RFP CI-84-0043

TITLE: Chronic toxicity and carcinogenicity to rats and mice of chloroform in drinking water
DEADLINE: Not available

SIR International was awarded a cost sharing contract to study the chronic toxicity and carcinogenicity to rats and mice of chloroform in drinking water.

The studies have now been completed and the final report is in preparation. As a result of findings in the OA pathology report and in the pathology work group (NTP), additional histopathological evaluation of all tissues as having increased pathology over that originally diagnosed by SRI or having diagnoses made by the reviewing pathologists not in agreement with SRI pathologists.

Following the evaluations, all new or altered data will be recomputerized and the statistical analysis shall be redone to incorporate the new or altered data. The pathology results will be reevaluated and incorporated into the final report being prepared by SRI. Responders must have full access to the original data generated by SRI, must be able to perform the additional work without delaying submission of the final report currently being prepared and must have the personnel, facilities and equipment required to perform the work. These three items are considered of equal importance.

Environmental Protection Agency
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