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PANEL RECOMMENDS PEER REVIEW "FINE TUNING" CHANGES INCLUDING MANDATORY SERVICE BY ALL NIH GRANTEES

The President's Cancer Panel has offered specific "fine tuning" recommendations for the NIH peer review system, recommendations which were developed from suggestions made by scientists at the six regional meetings the Panel has held over the last two years. Although nearly all of those who made recommendations agreed the present system is an excellent one and that only limited modifications needed to be made, the "fine tuning" they suggested and the subse-

(Continued to page 2)

In Brief

PEAGLER HEADS AACE, MYERS IS PRESIDENT ELECT; BOTTIGLIERI RETIRES, FINK TO REPLACE HIM AT ACS

FREDERICK PEAGLER, chairman of the Dept. of histopathology at Howard Univ. School of Dentistry, is the new president of the American Assn. for Cancer Education. W.P. Laird Myers, Memorial Sloan-Kettering and professor of medicine and associate dean at Cornell Univ. Medical College, is the new president elect. Beverly Raney, Univ. of Pennsylvania and Children's Hospital of Philadelphia, was reelected treasurer, and Stephen Stowe, Univ. of Southern California School of Medicine, was reelected secretary. Henry Kaplan, Stanford, and Leonard Schuman, Univ. of Minnesota, received AACE's annual Samuel Harvey award. . . . NICHOLAS BOTTIGLIERI, vice president for professional education of the American Cancer Society, will retire Feb. 1. He will be succeeded by Diane Fink, who has been vice president for service and rehabilitation since 1981. Fink, former NCI executive, has also been responsible for programs in cancer detection. . . . ARIZONA LEGISLATOR Bart Baker plans to introduce a bill to fund research on cancer and other smoking related diseases with an additional one cent sales tax on cigarettes. Baker said the new tax would generate about $3 million a year which, in the first two years, would be used to complete and equip the Univ. of Arizona Cancer Center. The UA Foundation has raised $8 million of the $10.7 million construction cost of the new building. In subsequent years, the tax would provide core support for the Cancer Center, including clinical and laboratory research, cancer prevention research, education, and community service. It also would establish a fund for research at the three state universities on smoking related diseases.

PANEL'S FINE TUNING RECOMMENDATIONS WOULD AMOUNT TO MAJOR REVISIONS

(Continued from page 1)
quent recommendations by the Panel actually would constitute some major revisions in the system as it is run by NIH.

NCI already has implemented several recommendations of the Panel since Armand Hammer became chairman. Those relating to NIH peer review may not be so quickly adopted, however. The NIH and Dept. of Health & Human Services hierarchy is not as responsive to the Panel as is NCI.

Elliott Stonehill, executive secretary of the Panel, drafted a report summarizing the recommendations coming out of the series of national meetings. The report concludes with the statement, "It is the recommendation of the President's Cancer Panel that NIH examine and consider these proposals which are intended to strengthen the integrity of the NIH peer review system and hence maintain the excellence of the science supported in this country."

Those recommendations are:

1. Improve the composition of study sections and site visit groups.

"It is felt that there has been a trend toward younger, less experienced scientists being recruited for review responsibilities both in study sections and on the site visit teams, a trend which has been to the detriment of the scientific analyses by NIH. To correct this situation it is proposed that those who are grantees and live by the system should be required to serve mandatory terms on study sections. To further encourage the recruitment of senior scientists on study sections it is proposed that the term of service be reduced from the current four years to two years. This will enable more scientists to enter the review process and to reduce the burden on those who accept this time consuming responsibility. In addition, more senior scientists should be included on site visit teams to better ensure true peer evaluation of research projects.

"It has also been recognized that the experience and effectiveness of study section executive secretaries has been uneven, and although most are knowledgeable and extremely capable scientist administrators, there is a need to initiate selection and training procedures that will improve the overall quality of reviews and approach more uniform excellence in the administration of reviews by all study sections. This aspect of the peer review process is significant, since it is the executive secretary who is responsible for both the recruitment of the members of the review groups and the preparation of the summary statements for each grant application."

2. Improve communications between applicants and study section members.

"At present there is a period of suspended communication between applicants and executive secretaries which extends from the time of study section meetings until the following council or board meetings of the institutes. This operates to the extreme detriment of those who obtain unfavorable reviews and must resubmit or modify their applications for a subsequent study section meeting. It is proposed that applicants be contacted immediately following the reviews and apprised of their status and given both the reason and the opportunity to amend their submissions, without the additional penalty of a full cycle's delay before reconsideration. This may be effected by direct telephone contact, by telegram, or perhaps electronic or video conferences. It is suggested that all these alternatives be explored since the reduction in the number of applications which are reexamined will benefit both the applicant and the review committees. The immediate telephone or personal availability of the applicant to answer questions raised during review would serve far more expeditiously and competently to provide a definitive and thorough evaluation, than a prolonged mail rebuttal system. The benefits of personal interviews and more frequent use of the site visit as a component of review were frequently referred to and strongly encouraged.

"In addition, communication between the research program staff and the grant applicants should be encouraged, with the aim to facilitate the review of more effectively constructed proposals to support better science without interfering with the current unbiased and independent peer review process."

3. Simplify paperwork for both applicants and reviewers.

"More vigorous attempts should be made to remove the need for written paper transport and mail transmittal of grant applications, scientific reprints, curriculum vitae, and all other communications which can be accomplished by electronic means. Use of

computers, electronic mail, electronic and video conferences between academic institutions and NIH should replace the current burdensome documentation aspects of the peer review process and the study section meetings."

4. Alter study section procedures to permit more equitable evaluations of proposals.

"It is the perception of many scientists who have served as study section members that often one or two individuals submit extreme scores which unfairly influence the average priority score for an application. Since study section voting is done secretly, it is only the executive secretary who learns of extremes in the voting, at some time after the session is completed. To eliminate this effect, sometimes due to a single outlying score, study section practice should be altered to permit a display of all scores at the time of voting, with procedures instituted to eliminate high and low extremes as well as outliers."

5. Implement and publicize an effective appeal procedure.

"It was quite clear at each of the Panel meetings around the country that few are aware of existing NIH rebuttal and appeals processes for scientists who, for various reasons, might feel their grant applications were incorrectly reviewed. Almost none of the younger, recently graduated scientists are aware that they are able to respond to adverse reviews, nor are they aware that they may register disagreement with the study section assignment of their applications. These issues may be relieved if the Div. of Research Grants does implement new uniform procedures for appeal and rebuttal of summary statements, but it was clear to the Panel that an effective procedure is needed, and its availability and its utility must also be adequately communicated to the scientific community."

6. Improve the conditions of awards to the benefit of the entire academic community.

"Current study section recommendations usually result in grant awards of three years duration. Often there are two year awards, and only infrequently are longer periods recommended. Although it is the scientific community itself that makes these recommendations, it was clearly recognized by many of the witnesses who testified before the President's Cancer Panel that if the duration of awards was lengthened, with five years as an average, stability could be given to many research projects and productive research careers would be enhanced. The reluctance of study section members to approve longer terms for grants, for which they do have authority, may derive from fears of declining budgets for future research support. An additional meritorious aspect of five year awards would be the concommitent reduction in repeated application and review, a significant saving of time, effort, and expense for the applicant and for NIH.

"To further promote equity among grantees and grantee institutions, it is recommended that NIH establish an appropriate universal formula for indirect costs. The perception of all those who discussed this problem is that the current system is excessive and inequitable. The Panel agrees that a study of this issue should be undertaken, with the aim to derive a fair and uniform equation for the country."

7. Provide support for innovative research.

"A common theme, espoused by many of the prominent and accomplished scientists who spoke before the Panel, was the recognition that advances in science are most often the result of paradigm changes. Paradigm changes however are not likely to be approved by study sections, since they flaunt the more conservative dogma which must be used to gauge the merit of new proposals which are submitted for review. To overcome this deterrent to innovative research concepts, some specific suggestions have been made.

"One option is for NIH to designate specific limited funds for new or heretic concepts approved by any study section. Another suggestion was to create one 'heretical' study section, constituted by representatives from each of 20 other review groups. A third suggestion, which may be implemented independently of any other, is to provide funds directly to a number of academic institutions to permit them to award seed money intramurally for short term pilot projects which they recognize as innovative. NIH can relegate the technical award responsibilities to a number of such institutions in the country, and reduce its own administrative costs for these research projects.

"Innovative research is often the product of mature and experienced investigators as well as young investigators, and both groups should be encouraged to embark on new challenges. It was strongly suggested to the Panel that a grant be established for outstanding investigators to provide them

with long range stability for the pursuit of innovative projects. This should not be a lifetime award, but for a significantly extended finite grant period. Outstanding investigators should be recognized by their publications and their scientific productivity, and not be required to submit exhaustive application materials with detailed predictions of each step they intend in their future research ventures. This concept has been endorsed by the Panel, and NCI is developing parameters and guidelines for such a grant."

COOPERATIVE GROUP CHAIRMEN, OPRR TO SEEK AGREEMENT ON ASSURANCES

Cooperative group chairmen may have succeeded in turning aside imposition of a long and tedious set of instructions proposed by the NIH Office of Protection from Repeated Risks for securing from group affiliates, including Community Clinical Oncology Program participants, assurances that rights and welfare of research subjects are adequately protected.

OPRR Director Charles McCarthy and staff member Charles MacKay presented the proposed instructions to chairmen at their recent meeting. "All satellite members and affiliates who do not have multiple project assurances or, in the case of CCOPs, agreements with research bases, on file with our office will be asked for such assurances," MacKay said. "They will be given a reasonable amount of time, six to eight months, to complete the negotiations, and will be given provisional acceptance. In the unlikely event that negotiations do not come to fruition, we would advise the group that the affiliate has not met the requirement for assurance." And that would preclude the affiliate from participating in the group's protocols.

"The reason we are so interested in pursuing this," McCarthy said, "is our recent experience with Congress and the assistant secretary for health. There is no question we need to make better accounting. Although we feel in most instances that human subjects are being protected, we can't demonstrate that. We're inserting into the system some additional procedures."

"The magic words are the concerns of Congress and the assistant secretary," Charles Coltman, chairman of the Chairmen's Committee, commented.

Emil Frei, chairman of Cancer & Leukemia Group B, and Denman Hammond, chairman of the Childrens Cancer Study Group, objected to the proposed set of instructions as being too detailed and duplicative. Frei suggested that OPRR "piggyback" on the existing system in operation by groups for quality review and institutional review boards.

"You're too liberal," Paul Carbone, chairman of the Eastern Cooperative Oncology Group, said to McCarthy. "We've made a policy that no institution may participate without assurances. It does not hurt the science to make an institution wait one to two months. If an institution can't get an IRB set up and the necessary assurances in that time, then we feel they are not very interested in participating. I have a deep concern that you're initiating procedures which will not do anything but create a lot of paperwork. When Tom Frei and I visit an institution, we demand to see if informed consent has been signed by the patients. That's the important thing, along with an IRB.

"If you can define what you want," Carbone continued, "we can help you get your job done, within our current procedures. On a random sample, we can guarantee you informed consent has been signed. Had we gotten together and discussed this, we could have come up with a simpler system. Let's not do this by having you propose something and have us react negatively."

"This is not the place to become engaged in a debate," Coltman said, wrapping up the discussion. He appointed Carbone chairman of a subcommittee, to include Frei and George Lewis, chairman of the Gynecologic Oncology Group, "to work with OPRR to develop a plan for the cooperative groups, to get this solved."

McCarthy was agreeable to the suggestion.

CIDAC RFP LIMITS RECOMPETITION TO SMALL BUSINESS UNDER $2 MILLION

The RFP for recompetition of the Cancer Information Dissemination & Analysis Center (CIDAC) for biology and carcinogenesis will soon be available (see announcement, page 7), and it will carry with it the stipulation that only firms which qualify as small businesses may compete for the award, estimated to be in the range of $3 million over four years.

The requirement was imposed by the Small Business Administration over NCI's strenuous objections. NCI executives feel that it is very unlikely that a firm which meets the SBA requirements for small business in this case

(with an annual gross not exceeding $2 million) will have the professional expertise on its staff which is required by the RFP.

The small business requirement will eliminate the current contractor, Franklin Institute, from the competition, and, of course, precludes any nonprofit, not for profit, or academic institution from competing for the job. The recompetition will combine two CIDACs which were established six years ago by Franklin under NCI contracts, one for carcinogenesis and the other for virology and immunology.

The treatment and diagnosis CIDAC, operated by M.D. Anderson Hospital under NCI contract, also will be recompeted this year, and the RFP will be available soon. The Cancer Letter has learned that the small business restriction will not apply to that contract, permitting M.D. Anderson to compete for it.

Complicating Franklin's position in the recompetition is the fact that its subsidiary, Franklin Research Center, which has the NCI contract, is being sold to American Standard Testing Corp., definitely not a small business.

NCI CONTRACT AWARDS

TITLE: Production and testing of human and murine interleukin-2
CONTRACTOR: Litton Bionetics, $188,411.

RFA 84-CA-02
Biochemical Epidemiology
Application receipt date: May 15

Epidemiologic studies have resulted in the identification of factors which appear to increase or decrease cancer risk and have suggested the importance of host susceptibility factors. The usual epidemiologic techniques, however, have been limited in their ability to reach firm conclusions by the difficulties in defining past carcinogen exposure levels and susceptibility states, in measuring low levels of risk, in evaluating directly host environmental interactions, and in identifying dietary determinants of cancer. Fortunately, a variety of sensitive and specific laboratory methods are now becoming available which are likely to facilitate epidemiologic investigations by providing better measures of exposure to initiators, promoters, anticarcinogens and inhibitors of carcinogenesis. Increased collaboration between laboratory scientists and epidemiologists in the application of these emerging techniques would be highly desirable.

Modifying factors related to diet and nutrition have been implicated in several epithelial cancers including those of the gastrointestinal tract and reproductive organs. Hence these types of cancer (among others) might be especially suitable for collaborative studies involving epidemiologists and experimentalists.

The purpose of this RFA is to stimulate the development and/or use of objective measures of risk in epidemiologic studies of the etiology of cancer.

Studies of interest include (1) pilot and feasibility studies which (a) are necessary to adapt laboratory procedures to epidemiologic use; (b) characterize the accuracy and validity of the tests; and (c) compare the laboratory procedures with more traditional methods of assessing risk factors; and (2) full scale epidemiologic studies using well characterized laboratory procedures. These procedures may measure actual levels of substances directly involved in the carcinogenic process, may measure markers (substances closely correlated with carcinogenic events), or factors which influence susceptibility. Collaboration between epidemiologists and laboratory scientists is encouraged at all stages in the development and use of tests in order to promote the efficient transition of research effort from laboratory to field study, although level of involvement of the epidemiologist will vary from consultation to project direction depending upon the stage of test development.

Successful grant awardees under this RFA will be required to participate in an annual program meeting of one or two days duraction. The meeting will be held in Bethesda to review and assess overall progress. The respondents should request sufficient funds within the budget to accommodate expenses for one to two participants at this meeting.

This RFA will use the traditional NIH research project grant. Responsibility for the planning, direction, and execution of the proposed research will be solely that of the applicant. The total project period for applications submitted in response to the present RFA should not exceed three years. The intent is to fund several individual research project grants, with total costs amount to approximately $1 million for the first year. This funding level is dependent on the receipt of a sufficient number of applications of high scientific merit. Although this program is provided for in the financial plans of NCI, the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. Renewal applications will compete with all other unsolicited applications received by NCI. NIH policies governing regular research project grants, including cost sharing, apply to applications received in response to this request.

Copies of the biochemical epidemiology RFA may be obtained from Dr. Genrose Copley, Special Programs Branch, Div. of Cancer Etiology, NCI, Landow Bldg Rm 8C-16, Bethesda, Md. 20205, phone 301-496-9600.

RFA 84-CA-03
Cooperative agreements for risk reduction clinical trials examining the role of micro and macronutrients in the prevention of cancer.
Application receipt date: Feb. 15

A prior announcement on the role of micro and macronutrients in the prevention of cancer invited investigators to submit applications for cooperative agreements to support risk reduction clinical trials directed at examining the role of micro and macronutrients in the prevention of cancer. The RFA is hereby reissued.

The Div. of Cancer Prevention & Control of NCI invites cooperative agreement applications

to support risk reduction clinical trials directed at examining the role of micro and macronutrients in the prevention of cancer. These clinical trials, which exclude focus on skin cancer (except melanoma) are to be conducted among normal populations as well as those who are at high risk for cancer. Micronutrients include, but are not limited to, betacarotene, vitamin A or analogs, vitamin C, selenium, and alpha tocopherol. Macronutrients include fats, vegetables, fruits, cereals, and fibers.

An applicant, if funded under this RFA, will be supported through the cooperative agreement mechanism. The awardee will have the primary responsibility for the planning and direction of the proposed study. This will involve active participation and interaction with NCI staff on both administrative and scientific program activities. NCI staff will periodically review progress to ensure that the project conforms to the conditions of the award.

Applicants are not restricted to those who responded to the May, 1983, announcement.

The RFA is available from Winfred Malone, PhD, MPH, Chemoprevention Branch, Blair Bldg Rm 624, NCI, Bethesda, Md. 20205, phone 301-427-8643.

Program Announcement
Surgical Oncology Research

NCI's Div. of Cancer Treatment desires to expand support of surgical oncology research. This announcement invites applications for individual research project (R01) and program project (P01) grants.

The treatment of cancer has evolved as a multidisciplinary effort involving (but not limited to) the disciplines of surgical oncology, medical oncology, pediatric oncology, and radiation oncology. The disciplines of medical oncology, pediatric oncology, and radiation oncology have developed strong cadres of academic investigators but academic development in surgical oncology has not kept pace. It is felt that surgical oncology is not keeping pace because of an insufficient number of surgical oncology research programs and an insufficient number of surgeons undertaking research related to cancer. Continued development of multidisciplinary treatment of cancer is the long range objective of DCT and the attainment of the goal requires sufficient academic strength in surgical oncology.

DCT is seeking applications for research grants concerned with research in surgical oncology. Examples of relevant studies include mechanisms of metastases, effect of surgery on tumor cell kinetics, and host responses to surgery. Preclinical and clinical research is encompassed in this program. Categories of research include (but are not confined to) the following:

A. Pathophysiologic studies in laboratory models or in humans related to surgery and cancer.

B. Laboratory and clinical studies which examine the biochemical, cytokinetic, immunological, or nutritional effects of cancer surgery.

C. Therapeutic studies in which surgery or a surgical question is the primary treatment modality.

D. Studies relevant to staging of patients and identifying prognostic factors relevant to the treatment of cancer patients.

E. Surgical supportive care.

F. Regional chemotherapy or hyperthermia in which a surgical approach to the treatment site is a major aspect of the procedure.

In making this program announcement, it is not the intent of NCI to make or imply any delimitation of investigator initiated research in the cancer field.

Applications should be submitted on form PHS 398, which is available in the business or grants and contracts offices at most academic and research institutions or from the NIH Div. of Research Grants. The title, "Surgical Oncology Research," should be typed in section 2 of the first page of the application. Additionally a brief covering letter should accompany the application indicating it is being submitted in response to this program announcement.

The original and five copies of the application should be sent or delivered to Application Receipt Office, Div. of Research Grants, NIH, Westwood Bldg Rm 240, Bethesda, Md. 20205.

In order to alert DCT to the submission of proposals with primary thrust directed to surgical oncology research, a copy of the covering letter and an additional copy of the application should be sent under separate cover to Ernest deMoss, MD, MPH, Head, Surgery Section, Clinical Investigations Branch, DCT, NCI, Landow Bldg Rm 4B04, Bethesda 20205, phone 301-496-4844.

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 the U.S. Postal Service will not deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CO-44025-37
Title: Technical writing, publication distribution, and telephone answering services in response to cancer related inquiries.
Deadline: Approximately March 10

NCI intends to solicit proposals to provide communications services to support the Office of Cancer Communications. Consideration will be limited to offerors whose proposals demonstrate the ability of proposed staff to be available for consultation at NIH in Bethesda within one hour's notice and whose staff offices will be located within the Washington DC metropolitan dialing area.

Contract Specialist: Edward Hodges
RCB Blair Bldg Rm 314
301-427-8745

RFP NCI-CO-44019-37
Title: Communications program evaluation
Deadline: Approximately March 7

This RFP is for a three year contract to support the planning and development of a

master evaluation plan for all NCI communications projects, including such tasks as the development of study designs and methodologies, the preparation and pretesting of materials and instruments to be used in studies, the development of OMB and other clearance packages, the provision of data processing and statistical services, and the preparation and presentation of evaluation reports. Consideration will be limited to offerors whose proposals demonstrate the ability of the project director and his/her staff to be available to attend frequent unscheduled meetings in Bethesda on as little as 24 hours notice.

The proposed procurement listed herein is a total set aside for small business concerns. The size standard is "a concern, including its affiliates, having average annual sales or receipts for its preceding three fiscal years not in excess of $2 million."

Contract Specialist: Edward Hodges
RCB Blair Bldg Rm 314
301-427-8745

RFP NCI-CO-44016-30
Title: Cancer Information Dissemination & Analysis Center (CIDAC)—Carcinogenesis and Cancer Biology.
Deadline: March 5

NCI is seeking organizations with scientific and technical capabilities to assume the operation of a CIDAC for the International Cancer Research Data Bank Program. One contract will be awarded in the subject area of carcinogenesis and cancer biology. Major activities include:

1. Assuming regular production of 45 different CANCERGRAMS, monthly current awareness bulletins containing 30-100 abstracts of recently published cancer research. For each CANCERGRAM topic, a CIDAC staff member (subject specialist) monthly screens abstracts retrieved from computerized searching of an ICRDB data base and prepares a package of some 50-100 abstracts for review by a consultant (identified by the CIDAC) who is currently involved in research pertinent to the CANCERGRAM topic area and who need not be an employee of the organization.
2. Producing annually 10 different ONCOLOGY OVERVIEWS, retrospective compilations of 100-500 selected abstracts on high interest cancer research topics. The publications are developed by the subject specialists in consultation with researchers (identified by the CIDAC) who are recognized as experts in the subject area of each ONCOLOGY OVERVIEW.
3. Responding rapidly to request for information in specific cancer research subject areas. Subject specialists must be able to interact knowledgeably and professionally with scientists requesting information, and formulate and use computer search strategies for retrieving the needed information from ICRDB data bases.

The organization must have previous experience in analysis and processing of cancer research information or similar biomedical information as well as involvement with cancer research (preferably inhouse or via a teaming arrangement). The project director must have a PhD or MD in a biomedical subject relevant to research areas covered by the CIDAC, current or very recent involvement in cancer related research, and administratave experience. Subject specialists must all have at least an MS or equivalent (approximately half should have a PhD or equivalent), research experience in a biomedical subject area relevant to the CIDAC. The consultants must all have a PhD or MD and current research involvement in biomedical subject areas directly relevant to the CANCERGRAM each will be reviewing. Collectively, they must cover all CANCERGRAM topics within the CIDAC's purview and should be located in sufficiently close proximity to the CIDAC office to permit rapid turn around in their review of CANCERGRAM materials.

It is anticipated that the project will require the following staffing levels for each year (person years): Project director, 0.5; subject specialists, 7.0, (including full and part time employees); and clerical/support staff, 3.0. Consultant services may be required at the rate of approximately 0,5 day per month per CANCERGRAM, and 1-3 days (total) per ONCOLOGY OVERVIEW.

The proposed procurement listed herein is a total set aside for small business concerns. A small business, for purposes of this procurement, is a firm, including its affiliates, whose average annual sales or receipts for its preceding three fiscal years do not exceed $2 million. This project is for a four year period.

Contract Specialist: Elsa Carlton
RCB Blair Bldg Rm 314
301-427-8745

RFP NCI-CP-FS-41017-77
Title: Record linkage studies utilizing resources in population based tumor registries (master agreements).
Deadline: March 15

NCI wishes to contract with population based cancer registries in the United States and in other countries in order to collaborate in the conduct of record linkage and subsequent analytic studies.

Respondents should have cancer incidence data for all patients diagnosed within a defined geographic locale during the previous decade, 1973-82. The respondents must have experience in the collection of cancer data from a variety of medical sources and multiple institutions. Respondents must have experience in obtaining information on vital status of cancer patients years after initial diagnosis. Respondents must have the legal authority to collect medical data within the given geographic area or else be able to demonstrate the willingness of all medical facilities within that area (including hospitals, clinics, private pathology laboratories, private radiotherapy facilities, and nursing homes with diagnostic services) to participate in data collection and patient followup activities. Respondents must have, or the ability to obtain, access to existing population based registries of exposed groups of individuals in the geographic areas covered by the cancer registry. Respondents must be willing to conduct collaborative research studies and analyses with the Environmental Epidemiology Branch and be willing to permit the pooling of data with other cancer registries for combined analyses.

Master agreements will be awarded to all respondents whose technical proposal is considered acceptable.

The initial master agreement award is nonmonetary, and is exclusively for the

purpose of establishing a pool of contractors who are qualified to perform services for epidemiologic studies of cancer utilizing the resources of population based cancer registries. Each master agreement holder will be able to compete for awards of master agreement orders to carry out specific record linkage and subsequent analytic studies. Master agreement holders receiving a MAO award will be selected from among those with a master agreement who choose to compete for the MAO RFP, based on technical merit and budgetary considerations for the specific tasks involved. It is anticipated that multiple awards would be made following each MAO RFP, especially when several population based cancer registries would be beneficial, e.g., to evaluate small effects or rare cancers.

No government personnel may be contacted in connection with this procurement except for the individual named below.

Contract Specialist: Patrick Williams
RCB Blair Bldg Rm 114
301-427-8888

RFP NO1-CP-95607
Title: Resource to support the chemical, economic, and biological information needs of the Div. of Cancer Etiology and to provide chemical process production and economic information as support to the International Agency for Research on Cancer.
Deadline: March 19

The RFP is to provide a resource contract to support the process of establishing and maintaining a mechanism nominating chemicals as candidates for the inclusion into the carcinogenesis testing and evaluation program as an NCI contribution to the HHS program administered and operated by the National Toxicology Program. NCI also provides support to IARC through a variety of funding mechanisms for work on the IARC monographs on the evaluation of carcinogenic risks of chemicals to man. As a component of such support to provide the monographs the project further serves as a resource to IARC to provide data packages for each of the one to three meetings within the year held in Lyon.

The information required by IARC falls in the categories of chemical production, uses, environmental exposure, chemical physical properties of the chemical, and analytical methodology. The resource contract is expected to obtain and compile relevant data in these areas from nations around the world including USA, Europe, and Japan.

In the information gathering process it is expected to perform other tasks such as class studies, summary sheets, etc., all relevant to the aforementioned nomination process. Another important area is the development of data for an on line data retrieval system called CCRIS (Chemical Carcinogenesis Research Information System) which has extensive information on environmental carcinogens, mutagens, promoters as they relate to environmental exposure law, water, diet, drugs, cosmetics, occupations, etc.

One phase of effort is the development of special information and data resources reports on environmental chemicals, carcinogenesis mechanisms, etc. which furnishes the input to CCRIS specified above.

The resultant contractor is expected to have or to have established at the time of contract award a liaison office located within close proximity of NIH, Bethesda.

The contractor currently performing the effort is SRI International.

A preproposal conference will be held Feb. 16, 9 a.m., at the Blair Bldg, first floor conference room, Silver Spring, Md. A reading room will be available for interested offerors to review background materials regarding this project.

Contract Specialist: Elizabeth Osinski
RCB Blair Bldg Rm 117
301-427-8888

RFP NCI-CM-47659-64
Title: Production of a liposome pharmaceutical for the delivery of agents capable of activating pulmonary macrophages and the development of liposomes capable of delivery to the liver.
Deadline: Approximately March 2

The Biological Response Modifiers Program, Div. of Cancer Treatment, NCI, is seeking support in the production of liposomes capable of activating human alveolar macrophages and in the development of liposomes capable of activating hepatic macrophages and inducing an antitumor effect.

The resultant contract shall be for two years from its date of execution.

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

RFP NIH-ES-84-50035
Title: Rodent disease diagnostic laboratories.
Deadline: Approximately Feb. 10

The National Toxicology Program is interested in obtaining proposals to monitor the microbial and health status of the genetically defined F344 rats and B6C3F1 mice produced TRIP, NIEHS rodent production centers producing rodents for evaluation of chemicals for toxicologic and carcinogenic properties under NTP. Multiple awards are anticipated.

RFP NIH-ES-84-50036
Title: Chemical support services for the National Toxicology Program.
Deadline: Approximately Feb. 18

NTP is interested in obtaining proposals for chemistry support which includes procurement and synthesis bulk chemical characterization, dosed vehicle preparation and analysis. Multiple awards are anticipated.

Dorothy Britton
National Institute of Environmental Health Sciences
National Toxicology Program
Westwood Towers Rm 800
5401 Westbard Ave.
Bethesda, Md. 20205
301-496-9781

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