THE CANCER LETTER

Vol. 10 No. 6
Feb. 10, 1984

Subscription $150 year North America
$175 year elsewhere

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WHITE HOUSE BUDGET ASKS $1.101 BILLION FOR NCI IN FY 1985; R01-P01 POOL GOES UP BY 5.5 PERCENT

President Reagan's budget request for NCI for the fiscal year which starts next Oct. 1, FY 1985, would provide virtually the same level of funding the Institute is getting this year—$1.101 billion, compared to $1.077 billion in FY 1984. The $24 million increase would not even come close to covering the inflation factor, even if inflation remains relatively low. Nearly all NCI supported programs would continue at virtually the same or slightly lower levels with the exception of research project grants (RO1s and PO1s). The pool for those grants would go up by $26.5 million (5.5 percent), more than the entire

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In Brief

HENRY KAPLAN DIES OF LUNG CANCER AT 65; LED DEVELOPMENT OF HODGKIN'S DISEASE TREATMENT

HENRY KAPLAN, one of the world's great figures in the development of modern, highly successful cancer treatment, died of lung cancer Feb. 4 at his home on the Stanford Univ. campus. He was 65. Kaplan's treatment of Hodgkin's disease with radiation provided the first real breakthrough in management of that malignancy. He worked with Saul Rosenberg and others in combining radiotherapy, chemotherapy and surgery to achieve further advances in that disease. Along with the work of Vincent DeVita and colleagues at NCI, more than 80 percent of patients are now being cured in a disease that had been virtually incurable. Kaplan's brilliant career included work in virology and, more recently, in the first laboratory production of human monoclonal antibodies. Kaplan worked at Yale and NCI before going to Stanford in 1948 as chairman of the radiology department. On his death, he was professor of radiology and head of the Louis B. Mayer Cancer Biology Research Laboratory. . . . **IT MIGHT** be too late to influence the selection of new members of the National Cancer Advisory Board, but here's the person to contact in urging the appointment of some knowledgeable cancer scientists: John Herrington, Assistant to the President for Presidential Personnel, White House, Washington D.C. 20501. . . . **INSTALLATION** of NCI's Patient Data Query (PDQ) system is now complete and the Institute is negotiating with 11 vendors through which the system may be accessed. Details on how to use the vastly expanded and revamped system will be made available within a month . . . . **NCI IS PLANNING** to purchase a supercomputer for installation at the Frederick Cancer Research Center, DeVita told the NCAB. It will be under the control of the Div. of Cancer Biology & Diagnosis Biology Branch. . . . **DEVITA WILL** be in Japan next week to reaffirm the U.S. interest in continuing the bilateral agreement through which the two countries exchange information and scientists.

BUDGET WOULD FUND 31% OF APPROVED R01s, P01s AT RECOMMENDED LEVELS

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amount of the total budget increase, which means of course that other areas would have to be cut.

It might have been worse. Last year, the Reagan budget had asked $986 million, with a $20 million cut that would have decimated the Cancer Centers Program, a big cut in indirect costs and funding of all grants at less than recommended levels. Congress saved the day by adding $91 million. Past administrations have sometimes ignored the previous year's congressional increases, and there was some speculation that the White House would ask for only about $1 billion for NCI in 1985.

Instead, the request amounts to $115 million more than the President's 1984 request. It provides for full funding of indirect costs, and it contends that there is enough money in the centers budget to fund the same number of centers as are being supported this year, although trimming that budget by $1 million.

NCI says that the budget includes enough money in the research project grant pool to fund RO1s and PO1s at close to their full recommended levels. Center core grants and the clinical cooperative groups would still be funded at less than recommended levels.

An estimated 31 percent of approved new and competing renewal grants would be funded, about the same as this year, with priority score paylines in the 175-180 range.

The total NIH budget ($4.566 billion, up $89 million over 1984) would maintain the goal of supporting 5,000 competing (new and renewal) grants, with NCI's share at 877. NCI's share of the NIH budget remains at 24.1 percent, the first time in several years that it has not declined. NCI received 34 percent of the NIH budget in 1973, when the first real impact of the National Cancer Act was felt. It has declined steadily ever since.

The budget for research training will permit the support of 1,181 trainees.

Once again, the Administration requested only $2 million for construction despite NCI's request for $20 million. Only about half of the $2 million would go into construction grants.

The President's request was $88 million less than asked in the NCI bypass budget approved by the National Cancer Advisory Board last spring.

Here's how the 1985 budget request compares to 1984 spending by research thrust:

—Cause & Prevention—$266.5 million in 1984, $278.2 million in 1985.

—Detection & Diagnosis—$62.4 million vs. $62.6 million.

—Treatment—$341.9 million vs. $347.7 million.

--Cancer Biology—$219 million vs. $227.9 million.

--Centers Support—$80.3 million vs. $79.3 million.

—Research Manpower Development—$38.6 million vs. $36.1 million.

—Construction—$2.6 million vs. $2.5 million.

--Cancer Control--$65.9 million vs. $66.5 million.

The figure for construction listed under research thrusts includes items in addition to those covered in the construction listing under mechanism. The latter is the amount of money available for construction (including renovation) grants and for construction costs of government owned facilities.

Will Congress come through again with a substantial increase for the Cancer Program? Possibly, but it will not be as easy as it was last year. There are no outrageous omissions this time, unless the construction budget is so considered. The national survey of cancer research facility needs sponsored by Armand Hammer and the American Cancer Society probably will not be completed in time to influence this year's appropriations.

Cancer centers and the cooperative groups could make the case that they also should be funded at full recommended levels; the decision by NIH that last year's congressional directive to fund grants at the budgets approved by peer review would apply only to RO1s and PO1s, excluding centers and the groups, was arbitrary and without any sensible logic. A strong effort with the appropriations subcommittees by the centers and groups could result in additional money put into the budget and earmarked for them, since both House and Senate last year made it clear they favored full funding.

Center representatives also might argue for more than a stand still budget. The 1985 bypass budget requested $90 million, and would permit the development of new centers.

Despite the fact that the RO1-PO1 pool would be increased by 5.5 percent, an argument might well be made that it is not enough. Funding only 31 percent of approved grants still leaves out a lot of good research.

Cancer control constituents might have a more difficult time selling Congress on increasing that budget. The President's request for cancer control, $63.9 million, is more than the $63.7 million asked for control in the bypass budget. A rare occasion indeed, when the White House gives NCI more for a program than it asked.

Election year politics, with the Democrats attempting to take over the deficit issue, makes it seem unlikely that Congress will try to jam very many budget increases down the President's throat.

NATIONAL CANCER INSTITUTE
1985 President's Budget By Mechanism
(Dollars in Thousands)

	1984 Comparable	1985
Research Project Grants	$ 470,349	$ 496,839
(Competing)	(151,493)	(146,305)
Centers	79,000	78,000
Research Career	5,627	5,627
Organ Systems	750	750
Cancer Education	6,614	5,000
Cooperative Clinical Resch	46,956	46,956
Minority Biomedical Supprt	3,000	3,000
Other Grant Research	3,500	3,000
Total Grants	615,796	639,172
NRSA	23,861	23,275
R&D Contracts	132,475	130,388
Intramural Research	182,559	185,240
Resrch Mngmnt & Supprt	56,827	57,116
Cancer Control	63,651	63,878
Construction	2,110	2,000
Total	**$1,077,279**	**$1,101,069**

NCAB GIVES FINAL APPROVAL TO NEW OUTSTANDING INVESTIGATOR GRANTS

The National Cancer Advisory Board last week approved eligibility requirements, review procedures and award size and conditions for an important new NCI funding mechanism—the Outstanding Investigator Grant.

This grant will fund investigators for seven year periods, and will do what many scientists have been saying for years should be done—"support people, not projects." The awards will be based largely on the awardees' track records.

OIG was developed when the President's Cancer Panel, holding its meetings around the country, repeatedly heard demands for an NCI mechanism that would provide long term, stable support, reduce the amount of paperwork that investigators must do to get grant support and get it renewed every three years, and would permit scientists to spend more time creatively pursuing their research.

Harold Amos and Bernard Fisher, at that time members of the Panel, worked out the general outline of the new program, with the support of Panel Chairman Armand Hammer. Amos presented a draft of the program to the NCAB last year, but Board members objected to many of its features, and it went back to the drawing board.

The Panel saw another draft at its final meeting last year (The Cancer Letter, Dec. 9). A number of controversial provisions remained, with the NCI Executive Committee, Director Vincent DeVita, and NIH all disagreeing on many of the most important considerations.

The draft presented to the NCAB last week indicates that DeVita won most of the arguments. Eligibility, size, and conditions are much more liberal than the others thought appropriate. DeVita's view that there should be no ceiling on the number of awards or on their size prevailed.

"We don't know how many awards there will be," DeVita told the NCAB. "This is a tradeoff. The investigator will have to fold his existing support into this. We'll let it float, and it will seek its own level." DeVita has insisted that the program will not involve new money, since it will require awardees to phase out their current NIH support.

The review procedure represents a radical departure from the usual NIH processes, something else DeVita had demanded. Applications will be mailed to a "nationwide panel of recognized cancer investigators" for review. The panel's reports and scores will be considered by the NCI Executive Committee which will make its recommendations to the NCAB. The Executive Committee consists of the NCI director and deputy director, administrative officer, and the five division directors.

NCI will publish an RFA, announcing the program and describing in detail all its provisions. The draft approved unanimously by the NCAB follows:

I. Aims and Objectives

A. The Outstanding Investigator Grant (OIG) is intended to provide scientists with stable financial support and research flexibility over a relatively long but finite period of time, and to encourage investigators to embark on long term projects of unusual potential in cancer research.

B. This funding instrument recognizes an investigator because of his or her established and anticipated productivity. Emphasis will be placed on evidence of recent substantive contributions, i.e. seminal ideas and innovative approaches to resistant problems.

II. Eligibility

A. An investigator who has recently demonstrated outstanding research productivity for at least five years is eligible to apply.

B. There are no age restrictions.

C. Applications will be accepted only from U.S. institutions.

D. Application for a Public Health Service grant may be submitted as indicated in III below, without prior notification of intent. However, to provide assistance to the Institute's planning efforts, such letters would be appreciated.

E. If the applicant submits a letter of intent it will be reviewed by an ad hoc committee convened by

by the director of the Div. of Extramural Activities. Letters should provide a brief statement of the investigator's accomplishments, plus a brief general statement of the project(s) expected to be undertaken with the OIG support. This statement should not exceed three pages.

1. An applicant considered to be ineligible based on the stated criteria and the letter of intent will be so informed by the director, DEA, NCI.

2. A prospective applicant considered eligible will be so advised and invited to submit an application for a Public Health Service grant (PHS 398).

III. Application Procedure

A. The PHS 398 application will be completed in accordance with instructions in the request for applications to be published for the OIG.

1. The prose portion of the application should not exceed five typewritten single spaced pages.

2. A letter indicating clear and continuing institutional commitment to the applicant must be submitted. This commitment should include salary support at least to the current level, but may not be less than 25 percent. This minimum salary requirement may be waived under exceptional circumstances such as evidence of institutional provision of unusual levels of support of other types. Adequate physical facilities, staff and administrative resources appropriate to the role of the OIG awardee must be provided.

B. The research proposed must be cancer related as defined by the NCI grant application referral guidelines.

IV. Review Procedure

A. The completed PHS 398 with supporting documents will be forwarded to an appropriate subset of a nationwide panel of recognized cancer investigators for review by mail. The reports and scores of this initial review group will be consolidated by the executive secretary, DEA, NCI, and submitted to the NCI Executive Committee to prepare its recommendations for the National Cancer Advisory Board. The NCAB will recommend awards to the NCI director for final action.

B. Review Criteria

1. What has been the impact of the applicant's work on the field of biomedical research? Is his/her research cited often and as incentives for others' research efforts? Has the applicant developed new experimental approaches crucial to the progress of his/her area of research? Has he/she contributed to the collection of important reliable data? In what way is the applicant's work seminal in nature? Has the applicant productively exploited his/her own breakthroughs and/or those of others? Has the applicant demonstrated imagination, energy, and sensitivity to the potential of serendipitous findings?

2. What will be the significance of the investigator's continued work in the field described above? Does the proposed work break new ground or continue previous work? Are the questions posed of significant interest and importance to cancer research? Will this work provide impetus for others working in related areas?

3. Is there a strong likelihood that the investigator will continue at the frontiers of research?

C. Evaluation of the Capabilities of the Applicant

1. Comment on the way in which the applicant has achieved his/her present stature in the field. Speak both to individual accomplishments and to collaborative interactions.

2. Has the applicant made significant contributions in the areas of teaching and research training and/or clinical research? Comment on the applicant's communicative, pedagogic, and organizational skills.

D. Institutional and Administrative Relationships

1. Does the applicant have adequate administrative support?

2. Have the applicant investigator and his/her institution presented a workable plan for phaseout of the applicant's current research support and conversion of staff and facilities to support by the OIG? Are there any problems anticipated? Will there be any particular benefits or disadvantages for the institution?

V. Award Size and Conditions

A. Grants will be awarded for seven years. The OIG is renewable, but is not a lifetime award. Application for competitive renewal should be submitted at the end of the fifth year according to the guidelines for initial applications.

B. The actual dollar award will reflect specifically the investigator's current and projected research needs evaluated by the initial reviewers, and reviewed by the NCI Executive Committee.

1. The grant normally will provide that fraction of the investigator's salary that approximates the total proportion of salary awarded through current grants, but not to exceed 75 percent. This limit may be waived under exceptional conditions such as evidence of institutional provision of unusual levels of support of other types.

2. Salary support will be included for technical staff, research staff, and graduate students, but not for other academic faculty or institute equivalents. Salaries of other principal investigators may not be included.

3. Other expenses, as would be included in RO1 grants, are legitimate costs.

4. Unexpended balances may be carried over from one grant year to the next. This and other fiscal considerations, such as annual inflationary factors and rebudgeting flexibility, will be in accord with

NIH and OMB policies and regulations, and within the limits stated above.

C. Obligations of the Awardee

1. The OIG principal investigator is required to commit at least 75 percent of his/her time and effort to the research supported by this instrument.

2. For the duration of this award the OIG recipient will be permitted to receive additional NIH research grant or research contract support only for the balance of his/her time and effort, provided the requirement that the applicant institution provide 25 percent salary support has been waived. The awardee will be required to renegotiate all concurrent NIH funds upon acceptance of this grant.

3. Application may still be made, however, for training grants, construction grants and capital equipment grants, which are excluded from the restrictions of the OIG.

HENDERSON COMMITTEE SUBMITS FINAL RECOMMENDATIONS ON PROGRAM PROJECTS

National Cancer Advisory Board member Maureen Henderson, who chaired the NCAB committee which developed recommendations that have led to significant modifications in program project applications and review, wrapped up that effort with a series of conclusions and additional recommendations presented at last week's meeting of the Board.

The previous recommendations led to development of new guidelines for program project grant applications, published last September and now in effect with applications submitted starting this month. If they have the intended results, they will result in leaner, stronger, and easier to review program projects.

Henderson's committee included Board members Roswell Boutwell and Robert Hickey. It was supplemented by chairmen of the program project review committees, and representatives of the four NCI boards of scientific counselors. The committee's final report, Henderson said, "represents the informed judgement of representatives of the cancer community and speaks strongly for an approach to the review of program project grants which will continue to support the value and validity of this instrument."

The committee delved deeply into the subject, making detailed studies of the number and uses of program project grants, their size, research areas included, and how they are reviewed. The committee found, for instance, that individual projects within a PO1 application are much more thoroughly reviewed than are RO1 applications—a finding that refuted a long held argument of program project critics. That section of the report follows:

"Nearly all RO1 applications are reviewed in the DRG categorical study sections. During a typical review committee meeting, the primary reviewer reads his/her description of the research proposed and his/her critique of the research, of the investigator and facilities. The secondary reviewer then presents only the critique elements of his/her review. This is followed by a general discussion of the application around the review committee table. A typical DRG (NIH Div. of Research Grants) study section reviews about 90 applications per review cycle. Review committee meetings routinely continue for three days. So, on an average, the DRG study sections review 30 RO1 grant applications per day, averaging about 15 minutes per grant application (although there are occasions when grant applications may take an hour or more to review). It is important to note that the primary review activity occurs prior to the meeting at the home of the reviewer and discussions with reviewers indicate that they spend many hours in reviewing each application.

"A typical RO1 review committee is made up of 15-25 experts in one categorical area, so that in general there are about two people on the committee who are expert in any particular focal area of research. These committee members serve for a period of four years. Outside opinions are obtained by the executive secretary as necessary to complement committee expertise especially in circumstances when an overload occurs in one specific research area so that applications must be assigned to reviewers who must speak with less authority in a particular research area.

"In the review of a program project grant application, the primary review of the application occurs at the site visit and involves a team of 10-12 consultants on average, although some of the larger applications require teams of 25-30 visitors. These ad hoc reviewers are selected specifically for their expertise in the particular research area of the application which they are charged with reviewing. The site visitors are usually assigned two or three components of the program project for review and are asked to study the entire application from the perspective of their own scientific expertise in advance of the the site visit. In general, many hours are devoted to study of the application by each of the reviewers prior to the site visit. This would work out to approximately two-four reviewer hours per project prior to the site visit. At the pre site visit meeting, there is a discussion for an hour or two of the separate projects to identify areas of concern on the evening before the site visit.

"During the site visit presentations, the entire site visit team hears from, and discusses with, the applicants each individual project on a basis of about one hour per project (half an hour focussed on

the specifics of the science and a half hour relating more to resources and facilities and to the more logistical, synergistic, leadership issues, etc.). At the subsequent executive sessions, each individual project is discussed in detail. The discussion is led by the assigned reviewers, with the general discussion involving nearly all of the members of the site visit team. This discussion routinely proceeds for three to six hours and is led by individuals who are specifically invited because of their particular expertise in the research area being reviewed. Following this discussion, each site visitor, alone or with other reviewers, drafts a critique of each individual project in accord their assignments. This is a serious and difficult task and often takes a number of hours. On the following day, the critiques of each of the individual projects and of the project as a whole are read back to the site visitors and modified as needed to assure that the comments made reflect the consensus of the group.

"Prior to the parent committee meeting, each of the chartered committee members receives the application and the additional information available in the site visit report. At the parent committee meeting, the site visit report is presented by those committee members who were present at the site visit. A discussion of the application and the site visit report involving all of the committee members ensues and finally the parent committee votes for approval or disapproval. If the application is approved, a priority score and appropriate budget are developed. Typically, the parent committee discussion of a program project grant application takes about two hours."

"This sort of rough calculation illustrates that each individual project of a program project receives considerably greater discussion and deliberation (averaging more than two hours of the site visit team per project) than occurs in the RO1 study section situation (average about 15 minutes of committee time per application). Furthermore, the discussion of PO1 projects is led by individuals who are selected specifically for the review because of their indepth expertise rather than the committee members with expertise in that broad general area."

The report noted that, with the new guidelines, "areas particularly strengthened include a clear statement of the need of a letter of intent to assure that applicants take advantage of input and advice of program staff relative to the preparation of better grant applications; more clearly stated policy concerning the responsibility of the principal investigator to develop a cohesive, synergistic series of projects tightly integrated to a central theme or focus; discussion of the advantages of limited size of program projects; a clear statement to applicants that the reviewers will be asked to consider the effectiveness of the principal investigator in bringing together a cohesive program project that does not include low quality and/or thematically irrelevant projects."

The committe suggested that a study might be undertaken to take a look at factors in the minds of reviewers as they develop priority scores. "This behavioral parameter of the peer review process never has been systematically investigated... A period of time should be allowed to assess the impact of the new guidelines... After that time, the need for a study of the relative importance of a series of factors in the review of program project grants should be reassessed."

The committee reached these conclusions:

* NCI program project grants are supporting unique basic science and unique clinical research, research that would not be readily supported by other existing mechanisms.
* Good PO1 research programs are both integrated and synergistic.
* It is reasonable to expect the output of a PO1 to be more than the sum of the outputs of the individual projects.
* Program projects and all constituent projects usually have more extensive peer review than a majority of RO1 applications.
* All three chartered NCI PO1 review committees use similar criteria to evaluate program project grant applications.
* There are a few unavoidable and appropriate differences in the review of basic science and clinical program project grants but both stand to benefit from more explicit and standardized review.
* Two levels of initial merit review by site visit teams and chartered committees provide the best assurance that all individual projects and the entire program are thoroughly reviewed and appropriately weighed.
* Innovativeness, expected scientific performance, percentage of science that is not reiterative, research record of the investigators, relatedness of the project to the entire program, feasibility of achieving project goals, and the budget are major criteria used by all three chartered review committees when they assess the separate projects.
* Major criteria used by all three committees as a whole include leadership ability of the PI; the program's potential for synergistic interactions; its cost effectiveness; its scope and its likely impact on the scientific knowledge and technological state of the art.
* Members of chartered PO1 review committees presently develop their priority scores based on their understanding of the scientific merit and relevance of every individual project proposed by

the applicant as well as their assessment of the merit of the whole research program.

* The number of disapproved projects is currently being taken into account to a greater or lesser extent when PO1 priority scores are awarded. Review committees intuitively distinguish between projects that are disapproved on the basis of scientific merit and those that are disapproved because they are inappropriate for inclusion in the overall program. Priority scores are poorer if projects are disapproved on the basis of scientific merit. Most disapprovals of individual projects are based on a lack of scientific merit. The (new) program project guidelines have codified this process and made it explicit to applicants and review committees.

* It was the unanimous view of the participants in all of the committee's meetings that no form of arithmetic weighting (as had been suggested as a possibility) would be an adequate and fair substitute for the process of assessment of merit of the individual projects and of the program as a whole which is currently being used.

* Quality of PO1 review can be threatened by the absolute size of a program project proposal. This statement applies both to the number and complexity of individual projects and to the overall budget.

* Quality of PO1 review can be hampered by inclusion of too lmany reviewers with limited experience of research management and administration.

* Patient care costs are difficult to describe effectively to nonclinical reviewers and, if misunderstood, can have an inappropriate influence on review decisions.

* The capacity of more institutions and more investigators within institutions to develop programs of advanced technological research and study which require an integrative, collaborative approach has made increased utilization of the PO1 grant mechanism mandatory.

* Future needs of NCI for field trials, particularly in the areas of prevention and therapy, will necessitate this mechanism of stable, long term support.

The committee recommended that (many of these were incorporated into the new guidelines):

—Principal investigators are responsible and accountable for the scientific merit and the integrative and synergistic qualities of every project included in a PO1.

—Each project in a PO1 grant application be judged on its integrative and synergistic potential within the overall program as well as its scientific merit.

—Every review committee include the results of review of every project in the development of a final priority score for a PO1.

—Chartered review committees be clearly instructed to take disapproved projects into account in the assignment of the priority score.

—Review committees continue to intuitively distinguish between projects that are disapproved on the basis of scientific merit and those that are disapproved because they are inappropriate for inclusion in the overall program.

—All three chartered NCI PO1 review committees continue to use similar criteria to evaluate program project grant applications.

—NCI continue to use two levels of initial merit review by site visit teams and chartered committees to provide the best assurance that all individual projects and the entire program are thoroughly reviewed and appropriately weighed.

—The core component of PO1 grants be recognized as administrative support components whose review does not contribute to the overall priority score since it is not a research element. The committee recognizes, however, that the cost of the core would be considered and taken into account by the reviewers in the overall budget assessment.

—The review process assure complete transmission of all findings of the site visit team to the chartered review committee together with its recommendations but without any numerical scores.

—NCI review staff make review guidelines more explicit for distribution to the reviewer and applicant communities.

—Program staff and chartered review committees are responsible for directing PO1 support to research programs that meet the stated goals and requirements of the program project grant.

—The quality of PO1 review can be strengthened by inclusion of reviewers with experience in research management and administration.

—Patient care costs are difficult to describe effectively to nonclinical reviewers and the reviewers of such programs should include experienced managers and administrators of health services programs.

—Review committees include appropriate experts to assure review of proposed experimental designs and plans for data management and data analysis.

—The performance of the applicant in the role of leader and PI be evaluated when competing renewal applications are reviewed.

—All PHS grant recipients be advised of their obligation to participate in review activities when requested.

—NCI make a formal appeal to encourage senior and experienced reviewers to be responsive to requests to serve in review activities.

—NCI recognize the complementary, noncompetitive nature of the program project grant with various other grant support instruments.

NCAB member Janet Rowley, an ardent defender of

RO1s and sometimes a critic of the program project mechanism, was convinced. "I would like to compliment Dr. Henderson and her associates for their report," Rowley said. "I've been one of those concerned about the size and amount of money co-opted by PO1s from the research pool and felt it was not the wisest use of money. After this report and study I'm much more reassured about the value of program projects."

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-CP-41008-76

Title: Breeding, maintenance and supply of congenic strains of mice for cancer research
Deadline: Approximately April 27

NCI has a requirement to breed, maintain and distribute the following strains of mice:

Differential congenic mice: B6-H-2k; locus/loci: H-2; number of generation: N15; annual production requirements: 200.

AKR-H-2/b, H-2, N17, 150.
129H-2/d, H-2, N15, 50.
B6-Tla/a, Qa:Tla, N27, 200.
A-Tla/b, Qa:Tla, N16, 50.
B6-Gix+, Gv-1:Gv-2, N11, 50.
129-Gix-, Gv-1, N11, 50.
B6-Fv-1/n, Fv-1, N20, 50.
AKR-Fv-1/b, Fv-1, N20, 50.
BALB-PC, Pca-1, N20, 50.
B6-PC, Pca-1, N11, 50. Total, 950.

Mice shall be housed in an isolated area to minimize the possibility of microbial contamination. The contractor shall provide an animal health surveillance program which shall provide continuous parasitological, microbiological, and virological definition of the colony. Mice shall be shipped to investigators at the direction of NCI.

Estimated date of issuance is March 9.

Contract Specialist: Steve Metcalf
RCB Blair Bldg Rm 114
301-427-8888

RFP NIH-ES-84-11

Title: Pathology support for the Toxicology Research and Testing Program
Deadline: Approximately April 20

Support will include processing and making histopathologic interpretations on up to 70,000 tissues per year; reviewing and providing written evaluations of the results of toxicologic pathology and carcinogenesis experiments from other contractors; chairing National Toxicology Program Pathology Working Group sessions; and providing technical expertise to advisory panels, audit groups and pathology working groups.

Because frequent meetings (average 1-2 times a week) between NIEHS and contractor personnel are required, contractor must have an office within a 25 mile radius of the NIEHS facility in Research Triangle Park, N.C.

National Inst. of Environmental Health Sciences
OAM Contracts Management Office
Attn. Elizabeth B. Ford
PO Box 12874
Research Triangle Park, N.C. 27709

RFP NIH-ES-84-12

Title: National Toxicology Program repository and archives
Deadline: Approximately April 22

NIEHS is soliciting proposals from offerors having the capabilities and facilities to: (1) provide storage facilities for at least 7 million microscopic slides, a storage for wet tissues, paraffin blocks, pathology narratives, computer tables and forms., and other tabular data; (2) provide space and equipment for microfiching; (3) provide space and personnel to coordinate NTP pathology data; (4) provide space and personnel to evaluate data; (5) provide transportation and personnel for the movement of all equipment and materials from the repository in Rockville, Md. to Research Triangle Park, N.C.; (6) provide transportation of materials to and from the NTP and NTP contractors and the repository; (7) provide technical capability to file and retrieve specific items from the repository/archives, process and prepare histology slides, and to perform gross photomicroscopy.

Requirements of project dictate that the offeror be within 20 minutes driving time of the NIEHS, Research Triangle Park, N.C. Offerors who currently hold NIEHS master agreements for toxicology and carcinogenicity studies in laboratory animals may not compete for this project.

National Inst. of Environmental Health Sciences
Contracts Management Office, OAM
Attn. Mary B. Armstead
PO Box 12874
Research Triangle Park, N.C. 27709

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.