THE CANCER LETTER

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## DEVITA CONSIDERS ALTERNATIVES TO RECOMMENDATION OF NCAB ON ORGAN SYSTEMS COORDINATING CENTER

NCI Director Vincent DeVita is considering rejecting the National Cancer Advisory Board's advice on the award of the Organ Systems Program Coordinating Center to Roswell Park Memorial Institute, **The Cancer Letter** has learned. DeVita will present the issue to the NCI

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*In Brief*

### JACK WHITE RESIGNS AS DIRECTOR OF HOWARD CANCER CENTER; ROBERSON TO RETIRE FROM CENTERS PROGRAM

**JACK WHITE** has resigned as director of the Howard Univ. Cancer Center and as chairman of the Dept. of Oncology, effective July 24. He will remain as professor of surgery and oncology in the College of Medicine and as attending physician at Howard Univ. Hospital. A spokeswoman for medical Dean Russell Miller said no efforts have as yet been initiated to find a new director. . . . **WILLIAM ROBERSON**, program director in the Cancer Centers Branch of NCI's Div. of Cancer Prevention & Control, will retire this month after 36 years with the Public Health Service, the last 14 with NCI. Almost all of his time with NCI has been in the centers program. . . . **NEW NCI** branch chief appointments: John Boice, to head the Radiation Epidemiology Branch in the Div. of Cancer Etiology; and Rosemary Romano, to head the Information Projects Branch in the Office of Cancer Communications. . . . **NCI IS SEEKING** applications for the position of associate director in the Div. of Cancer Prevention & Control to head the Cancer Control Science Program. DCPC Deputy Director Joseph Cullen has headed the program on an acting basis since it was established. The job entails responsibility for planning, coordinating and evaluating a broad national program to reduce cancer incidence, morbidity and mortality through cancer control applications, health promotion strategies, and health professional education and training. The program includes three branches which administer $50 million in contracts and grants. The salary range is $58,939-66,000, and physicians may be eligible for an additional $10,000. Contact Cathy Schmader, PMS, NCI, Bldg 31 Rm 3A32, Bethesda, Md. 20205, phone 301-496-6862. Applications are due July 2. . . . **HENRY NEIL**, staff director of the Labor-HHS Appropriations Subcommittee chaired by William Natcher: "Our subcommittee spends more time on NIH than any other agency. NIH has always been the favorite child of Congress. Cutting its budget is unthinkable". . . **JUDITH KAUR**, fellow in hematology/oncology at the Univ. of Colorado, is the first recipient of the ASCO-Mead Johnson Young Investigator Award. Sharon Murphy, chairman of the committee which selected Kaur from 24 applicants, said, "There are many very talented young investigators out there."

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## NCI EXECUTIVE COMMITTEE TO CONSIDER OPTIONS FOR ORGAN SYSTEMS CENTER

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Executive Committee within two weeks to consider a number of options open to the Institute following the NCAB's action.

The NCAB voted 8-2 with two abstentions to make the award to Roswell Park over the proposal submitted by the Univ. of Texas Graduate School of Biomedical Sciences at Galveston, although the latter's application scored nine points better, 263 to 272, in the review by an ad hoc study section. Several Board members who voted with the majority told **The Cancer Letter** they felt the Roswell Park proposal was the stronger of the two and that the study section had erred.

DeVita declined to comment on the relative merits of the two proposals, and, following NIH peer review policy, refused to discuss issues that were debated in closed session. However, it was learned that DeVita had insisted during the Board's discussion that the award should go to the Texas group based on the better score.

NCI staff members in the past have generally agreed that 10 points one way or another does not usually make any difference in the quality of the proposals, considering the vagaries of peer review. That conclusion has usually been expressed in reference to the unfairness of funding cutoffs based on priority scores and not on head to head competition between two proposals.

The coordinating center will replace the four existing headquarters which have served the Organ Site Program for the past 10 years. The NCAB decided last year to revamp the program, rename it the Organ Systems Program, consolidate the four headquarters into one, add the Breast Cancer Task Force which did not have an extramural operating group, and bring the review of organ site grants previously reviewed by the four working groups (bladder, prostate, bowel and pancreas) back to NIH. The new coordinating center will organize working groups for each of the five sites, with the groups to conduct oversight functions for their respective areas through workshops, conferences and various communications modalities. The groups will make recommendations for new research initiatives to be developed into concepts for consideration by NCI boards of scientific counselors. The coordinating center also will be charged with determining when to recommend additional sites for incorporation into the program and for phasing out existing ones when the need for special attention has ended.

Roswell Park, with Director Gerald Murphy as the chairman, was the headquarters for the National Prostatic Cancer Project. None of the other headquarters competed for the coordinating center award, which will be funded by a cooperative agreement.

Since the NCAB did not disapprove the Univ. of Texas application, DeVita is free to accept the Board's recommendation or not. Among his options are:

1. Accept the recommendation and make the award to Roswell Park.
2. Make the award to the Univ. of Texas.
3. Reject both proposals and call for a recompetition of the award.
4. Reject not only both proposals but the NCAB's hard fought compromise achieved last year for a coordinating center to be established outside NCI, and bring that function into the Institute.
5. Make two awards, to Roswell Park and the Univ. of Texas, combining the stronger elements of both proposals.

Some Board members favored recompetition because the scores are well above the projected NCI payline of 175-180. Most of those expressing that opinion accepted the argument that recompetition would require many months, perhaps up to a year, and with the present headquarters going out of business June 30, that would leave too much of a gap in the program. Others argued that the review was inadequate and that the scores should have been better.

NCAB member Robert Hickey, who is executive vice president of the Univ. of Texas System Cancer Center/M.D. Anderson Hospital, absented himself from the meeting when the coordinating center proposals were considered and was not present when the vote was taken. Those who voted for the Roswell Park proposal were Richard Bloch, Victor Braren, Ed Calhoon, Geza Jako, Rose Kushner, Sheldon Samuels, William Powers and Morris Schrier. Maureen Henderson and Roswell Boutwell voted against it, Gale Katterhagen abstained, and Chairman Tim Lee Carter did not vote as is the prerogative of the chair except to break a tie. Not attending the meeting were Angel Bradley, Ann Landers, Janet Rowley, LaSalle Leffall and Irving Selikoff. Landers and Leffall attended the first day of the two day meeting.

J. Palmer Saunders, dean of the Univ. of Texas Graduate School of Biomedical Sciences at Galveston, is the principal investigator for that institution's coordinating center proposal. Before he assumed that position, Saunders was director of the NCI division then known as the Div. of Research Resources & Centers. **The Cancer Letter** (May 4) stated that the division under Saunders "had responsibility for managing all of NCI's grants portfolio except the Organ Site Program."

Saunders stated in a letter to the editor that that information was incorrect.

"The Organ Site Program was under my management," Saunders wrote. "In fact, for your information, I devised the program in 1972 in order to stimulate and target research in cancer areas which at that time had relatively poor prognoses. The division managed each of the working groups and provided staff assistance and review monitoring through the National Organ Site Programs Branch headed by Dr. Samuel Price... The only organ site activity that was not under the division's administration was the breast task force. This was located in one of the intramural divisions; as a consequence, support for research undertaken in this program was through the contract mechanism."

Powers, who is chairman of the NCAB's Committee on Organ Systems Programs, also declined to comment on the Board's deliberations. He acknowledged that the NCAB is an advisory body and that the final decision is in DeVita's hands.

Powers said that the Board did not make a written report and that he had asked DeVita for the opportunity to respond in writing to his concerns.

The Board's 8-2 vote was decisive, Powers said, and probably would have been even more so if other members had been present. Leffall had said he could make arrangements to be there for the vote if he was needed to make up a quorum (12 of the 18 voting members). Bradley had said she would telephone her vote in if it were needed. "That would have constituted a majority of the entire Board," Powers said, assuming they would have voted with the plurality.

The NCI Executive Committee consists of DeVita, Deputy Director Jane Henney, Associate Director Peter Fischinger, the five division directors and Executive Officer Philip Amoruso.

## ONS MEMBERS VOTE TO PRESS CONGRESS ON PROBLEMS RELATED TO DRG SYSTEM

The Oncology Nursing Society, which added another 1,500 to its membership during the past year and now totals more than 6,500, voted at last month's ninth annual congress to bring its potentially powerful influence to bear on the issues related to the economic impact of cancer, including the controversial DRG reimbursement system.

More than 2,000 nurses attending the congress in Toronto approved a resolution calling on the ONS membership to "collectively and individually exercise their rights as citizens to make their legislators aware of this serious problem; and further that the membership of professional oncology nurses examine the DRG system as it relates specifically to the reimbursement of services offered by oncology nurses; and further that the Oncology Nursing Society join efforts with other groups which are attempting to analyze the needs of cancer patients as they relate to the present DRG system, participate in ongoing legislative efforts regarding this issue and continue to take action regarding DRGs."

The action lines ONS up with the Assn. of Community Cancer Centers which has decided that if the Health Care Finance Administration cannot be persuaded to relax DRG regulations to permit reimbursement for full costs of patient care in clinical trials, Congress will be asked to do so with new legislation.

ONS also approved an antismoking resolution calling on its members to "initiate and support efforts to ban sale of cigarettes in health care facilities, starting with the members' own institutions; initiate and support policies governing designated smoking/nonsmoking areas in the workplace and public facilities; support existing antismoking efforts on the local, state and national levels, such as participating in the American Cancer Society annual Great American Smokeout; initiate support for this issue by banning smoking at the ONS national and local chapter meetings; and support a one day smokeout at each annual ONS congress."

In other resolutions, ONS:

*Called on members to participate in establishing policies related to the safe handling of antineoplastic agents, study current data, set guidelines for safe handling of antineoplastic agents as needed, and disseminate this information to health care professionals.

*Called on members to actively participate in efforts of groups such as the American Cancer Society and comprehensive cancer centers in disseminating educational materials and conducting information programs on cancer and black Americans, particularly those directed to increasing awareness among nurses; and further that ONS join forces with the National Black Nurses Assn. to facilitate transfer of the most current data on cancer prevention and early detection to NBNA members and the black community.

*Called on ONS to join forces with those supporting legislation advocating establishment of a National Institute of Nursing.

*Saluted NCI for its support and encouragement in the "development and dissemination of nursing science."

*Called on nurses to encourage use of phrases such as "the person or individual experiencing cancer" or the "person or individual diagnosed as having cancer" as substitutions for the term "cancer patient."

ONS President Judith Johnson announced that the

society has released its latest publication, "Cancer Chemotherapy Guidelines and Recommendations for Nursing Education and Practice." The ONS Chemotherapy Task Force, chaired by Suzanne Miller, designed the booklet to provide a basic framework of information relevant to the administration of chemotherapeutic agents, Johnson said.

Subjects covered include qualifications of professional nurses to administer chemotherapy; informed consent; preparation, handling and disposal of chemotherapeutic agents; administration of IV chemotherapeutic agents; and management of extravasation and anaphylaxis.

The booklet is available for $6 per copy. Checks should be made payable to ONS. Quantity discounts are available. Contact ONS, 3111 Banksville Rd., Suite 200, Pittsburgh, Pa. 15216, phone 412-344-3899.

## NCI MOVED TOO SLOWLY, GAPS DEVELOP FOR CARCINOGENESIS CANCERGRAMS

Because NCI did not move fast enough to extend its contract with Franklin Institute for the carcinogenesis Cancer Information Dissemination & Analysis Center, publication of the carcinogenesis CANCERGRAMS and other literature search and data compilation activities of that CIDAC have ceased.

The immunology and biology CIDAC, also operated by Franklin, likewise faces suspension of activities if the recompetition of the contract is not completed by mid-July.

The carcinogenesis CIDAC contract ended May 3. NCI originally had anticipated that the new contract would be awarded in September, leaving a four month gap for the carcinogenesis CANCERGRAMS and a two month hiatus for the immunology and biology CANCERGRAMS. But Franklin had informed NCI that about $24,000 of the amount negotiated in the contract would not be expended and suggested that it be used to extend the contracts into September, permitting continued operation of the CIDACs.

NCI staff agreed, but "unfortunately," NCI Executive Officer Philip Amoruso said, "the contract expired before the required paperwork could be completed." Before then, the extension could have been made administratively; using unexpended funds after expiration of the contract would require NCI to complete the tedious "justification for noncompetitive procurement" (sole source) process. By the time that cumbersome task could be completed, the new contract would be in place.

Instead, Amoruso said, efforts are being made to speed up the recompetition. He is confident now that the award can be made in July, preventing a gap in the immunology and biology service and cutting the lapse time in carcinogenesis to two months.

That still leaves two months when the approximate 3,500 who receive the 21 carcinogenesis CANCERGRAMS will not find them in their mailbox, including those who pay $30 a year per CANCERGRAM for their subscriptions. What will be done about that gap?

Susan Hubbard, chief of the Scientific Information Branch in the International Cancer Research Data Bank Program, said she did not know how the missing time would be covered. Amoruso said, "We're looking at alternatives."

Alternatives include late publication of the missing issues; collection of the abstracts which would have gone into the May and June issues and publishing them in a combined May-June-July issue; picking up in the literature where the old contract left off, placing what would have been the May abstracts in an issue to be labeled July, and calling what would have been the June issue "August," in effect skipping May and June, with the intent to eventually catch up to the previous schedule. If any issues are skipped, the subscriptions of those who paid for them possibly would be extended to make up for it.

Amoruso emphasized it was NCI staff and not the contractor which was responsible for the problem. "It was known that the contract was not planned for award until September. It was incumbent on us to move fast enough to get the extension. We didn't do that."

## BRESLOW SAYS NCI, CENTERS, STATES SHOULD COLLABORATE ON CANCER CONTROL

Lester Breslow wrapped up his four year term on the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control, the last two as chairman, with a summary of the Board's activities and some suggestions for the future.

"When Steve Carter left the Board chairmanship about two years ago, he made some departing remarks. That is a good custom, and I would like to follow suit," Breslow said.

"First, the main events of the past four years are reflected in the work of the Board. One, the appointment of Peter Greenwald as division director. We can take pride that he came from the Board (Greenwald was a member of the Board when NCI Director Vincent DeVita named him division director).

"Second, primarily as the result of his leadership, the staff has grown, appropriately and not inordinately, with the program's expansion.

"Third is the transfer into the division of two important programs, the Organ Site Program and SEER. These are three rather important things that have happened to the division over that period."

Other activities in which the Board has participated, Breslow said, include:

*"Improved organization of your work. Because

that work has grown, we had to organize into several committees." Those committees, Cancer Control Application, Prevention, Centers and Community Oncology, and Budget and Agenda, now meet at least once between Board meetings to take preliminary looks at concepts, make suggestions for improving them, and hear presentations on various aspects of the division's activities.

*"Formulation of the concept of cancer control research. We had the notion before, but now we have something that is really implementable with Cancer Control Research Units, the Cancer Control Science Program, and other projects in cancer control research that are planned or under way.

*"New approaches to enhance the care of cancer patients in the community, with the Community Clinical Oncology Program.

*"Important new thrusts in prevention, especially nutrition and chemoprevention. We have approved 25 concepts in those areas in the last four years."

Some issues the Board probably will consider in the near future, Breslow said, include:

1. "The nature and volume of concepts presented to the Board and how the Board will handle them. In the first four of 12 meetings we have had in the last four years, we considered 21 concepts. In the next four meetings, we had 22. In the last four meetings, we have considered 64 concepts.

"We've been endeavoring to deal with the problem by assigning concepts to the committees. That helps, but I wonder if concepts should be broader in scope and less detailed? Leave to staff, investigators and the peer review mechanism the details of what projects should be undertaken.

"It is important to remark that the Board's work has greatly helped to define the needs of cancer control and helped build a scientific constituency. There is no doubt about the contribution to the growth of the field, with so many concepts put forth. But perhaps now we could go back to concepts of larger scope.

2. "Bringing cancer control and cancer centers into one division created some concern, especially among center directors and those involved in the cancer control effort. (However) Cancer centers have become, and I expect will continue to be, pillars of the cancer control effort."

Breslow cited six special functions of centers in relation to cancer control:

1. "With NCI, define geographic areas and populations for which they will serve as outposts for cancer control. Centers do a lot of other things. The notion of centers and their geographic responsibilities has been vague. This can be more explicit.

2. "In cooperation with state and other health agencies, analyze and publicize the nature of the cancer problems in the region.

3. "Join with other appropriate agencies in the region in setting objectives for cancer control in line with national objectives.

4. "Monitor and report trends in cancer related phenomena, such as cigarette smoking, patterns of care, survival, do the elderly get the same kind of break as younger cancer patients, setting and monitoring of objectives, environmental factors, improving public knowledge and attitudes.

5. "Provide technical assistance to appropriate agencies in developing and evaluating cancer control programs, in detection, diagnosis, treatment, rehabilitation and continuing care.

6. "Cancer control research."

Breslow said that establishing appropriate contacts with state and local health agencies should be a top priority for the Board.

"This division is the best place to tackle a job Congress has given to NCI but which has never been carried out... In 1937, when NCI was established, and again in 1971 (in the National Cancer Act), Congress said NCI should establish liaisons with state health departments. That has never been done. In 1983, state and local government spent $185 million on cancer research and control. That is 9.5 percent of the total. NCI spends half of the total. The great proportion of the 9.5 percent is in a few states. Other states could be encouraged to join in. We have noted substantial and sudden enthusiasm in states for cancer control.

"Over 90 percent of the local health departments in California are engaged at least in screening activities for detecting early breast cancer and cervical cancer. There is considerable strength out there. We don't need to pour in money. The money is out there. But we do need to provide leadership and technical assistance."

## DCPC BOARD DEFERS DECISION ON ONE CONCEPT, DISAPPROVES PAP TEST STUDY

Among the concepts presented to the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control at its recent meeting were two requests for supplemental funds for previously approved projects and several intended for sole source awards. Included were two controversial projects, one of which was deferred by Board action. Another concept for a contract to determine sensitivity and specificity of Pap smears was disapproved.

The Board went along, after some grumbling, with a request to increase the annual budget for the phase 3 trial of low fat diets in stage 2 breast cancer patients from $1.5 million approved when the concept was first presented to $2.5 million.

This project will be a randomized controlled

clinical trial in which study participants will be randomized to either receive a diet in which 20 percent of calories are derived from fat or to continue their usual diet, normally 40 percent calories from fat. The objective is to reduce the rate of appearance of metastases and second primary tumors in stage 2 breast cancer patients and to document patient acceptance of a diet which is low in fat and high in fruits, vegetables and grains.

The project had been approved by the Board in January, 1983, with the provision that a pilot study be undertaken to determine if the study participants would follow recommended diets and if adequate monitoring of compliance could be maintained. Cooperative agreements will be funded in three categories—clinical units, a nutrition coordinating unit, and a statistical unit. Three clinical units will be funded for the pilot study during the first year and five additional clinical units will join the patient accrual in the second year if the pilot study is successful, making a total of 10 awards. The study will require five years, plus additional time for followup.

The applications generated by the RFA have gone through peer review, and on the basis of study section recommendations, the funding required will exceed the initial approved level of $1.5 million. "A major determinant of the increase in budget relates to the labor intensive nature of the interaction between nutritionists and study participants," the staff justification for the request said. "Since this is our first clinical trial in this area, we do not wish to have false economies by underfunding these units. Another difference between our original estimates and the approved levels relates to increased costs in the nutritional coordinating unit related to the cost of monitoring adherance to the diet. This also is justified on the basis of the labor intensive nature of the conversion of intake information into nutrient information."

Board member Loretta Itri noted that the project was controversial when it was approved at a total estimated cost of $15 million. "Chuck Moertel (at that time a Board member) was particularly concerned. Now it looks like we are doubling the amount needed. I think that would have affected the Board's original decision."

William DeWys, director of the Prevention Program, said that the size of the increase was 50 percent, not doubling.

Board members Barbara Hulka and Harry Eagle complained about lack of details on the project's budget in the concept proposal. Despite the complaints, the Board voted unanimously to approve the additional funding.

The Board deferred final action on a study to determine if use of hepatitis B virus vaccine will prevent primary hepatocellular carcinoma when given to infants in The Gambia, in West Africa. It would involve a sole source contract with the British Medical Research Council and cost an estimated $2.8 million over five years.

The study would follow 30,000 Gambian infants, half of which will receive the HBV vaccine, the rest a control vaccine. MRC is conducting the vaccination program, and The Gambian government has insisted that it be done through a randomized trial. The vaccine will be provided by the French Pasteur Institute. The NCI support would be used to follow the cohorts and look for primary liver cancer.

Board member Virgil Loeb objected because of what he described as the "moral and ethical problem" involved. "Are you willing to leave some children unprotected from hepatitis in order to prove efficacy against cancer?"

Robert Ryder, NCI project officer, said that most Gambians have hepatitis as adults, and most is not acute. The later in age it is contracted, the less acute the disease, he said.

Board member Jerome DeCosse noted that confounding variables could be introduced, such as the percentage of liver cancer caused by afflatoxin rather than hepatitis.

Ryder said that without the randomization, "we have the risk of not getting the answer if vaccine prevents liver cancer."

"Wouldn't it be nice if we prevented all liver cancer but couldn't prove it?" Loeb asked.

"That wouldn't be scientific," Board Chairman Lester Breslow said, tongue in cheek.

Ryder insisted that "Really, this is a phased in mass immunization program."

"Before this study is completed, we'll probably have the answer because of the volume of vaccination around the world," Board member Lewis Kuller said.

DeCosse and Kuller agreed that the ethical issue is not a factor since "you can either vaccinate in a wave across the country, or on a step by step basis that makes it an ethical randomized study," Kuller said.

Hulka said that since "current data are strong linking hepatic carcinoma with hepatitis, I question the need for this study."

The motion to approve the concept was defeated by a vote of 7-5. Kuller's motion to defer a final decision until DCPC provides more details on the program including resolution of the ethical issues was approved 7-4.

The Board disapproved a concept for a retrospective evaluation of Pap smears to determine sensitivity and specificity of manual screening to establish guidelines for automated cytology screening.

The two year contract would have cost an estimated $400,000.

"If this said we were going to evaluate automated cytology screening, I would be for it," Board member Charles Smart said. "But it says we will evaluate manual screening."

Bill Bunnag, NCI project officer, pointed out the manual data would be necessary as base lines against which to measure automated screening results.

"I would agree with Dr. Smart," DCPC Director Peter Greenwald said, "except the problems is, can we come up with automated screening that will reduce false negatives?"

Board member Kaye Kilburn pointed out the project description "talks about the retrospective review of slides. What we need is to study both (manual and automated) at the same time."

"That's step two of the study," Bunnag said. "We need a base line. If the study then shows that the machine never reaches that level, there is no point in going ahead."

"The further we get into this discussion, the more confusing it is," Breslow said.

"The question is, are previous studies adequate enough to develop a comparative study?" DeWys said.

Only one vote was cast against Smart's motion to disapprove.

In other actions, the Board approved:

—Adding $37,000 to the previously negotiated budget of $50,000 in the fifth year of the study of chemoprevention of skin cancer in albinos by the Muhimbili Medical Center in Dar es Salaam, Africa, to establish a second clinic and pay for additional assays of serum beta carotine; and to extend the study for another five years at $92,000 a year.

—Modification of the contract for the data management and analysis center for followup of the breast cancer detection demonstration project participants. The contract, with University City Science Center, will be extended for two years, at a total estimated cost of $650,000, to permit further followup of the participants.

—Continuation of the interagency agreement with the National Center for Health Statistics for continued followup of the National Health & Nutrition Evaluation Survey for five years at a cost of $100,000 a year.

## NCI TO FUND 22 OF 38 APPLICATIONS FOR CLINICAL INVESTIGATOR AWARDS

A total of 38 applications were received for NCI's new Clinical Investigator Award, and 22 of them probably will be funded with a priority score cutoff of 208, Div. of Cancer Prevention & Control Deputy Director Joseph Cullen announced to the division's Board of Scientific Counselors. Five (out of 10 applications) are surgeons, three are radiation specialists, and the rest are medical and pediatric specialists.

The NCAB has approved the awards; final approval is up to the NCI Executive Committee.

The Clinical Investigator Award was established following approval of the concept by the DCBC Board last year. It is designed to encourage young physicians to undertake careers in cancer research.

Cullen said that 106 applications were received in response to the smoking program RFAs on youth, media and physicians and dentists as change agents, and on self help. They were reviewed by an ad hoc study section; 58 proposals were approved and about 20 had fundable priority scores spread evenly across the four RFAs, Cullen said.

At least 20 will be funded, Cullen indicated.

Cullen noted that two additional RFAs were published in March, on smoking prevention and cessation among Hispanic populations and among black populations. Applications are due June 15.

DCPC withdrew two program announcements, on smokeless tobacco and smoking by blue collar workers, when the response from investigators was virtually nil. Cullen said an analysis found the cool response was due to the fact that no money had been committed to the project. The division subsequently developed a concept proposal for the smokeless tobacco project to be supported as contracts, with a total of $1.5 million a year to be committed for five five year awards (**The Cancer Letter**, May 18).

Cullen cited two concepts in the smoking program presently under consideration:

*At a workshop on women and smoking, a suggestion was made that a network of women's organizations across the country be developed through which widespread attention on women's smoking behavior, issues, etc. could be promulgated, information dispensed, etc. The feasibility of developing a concept for such a network is under study by Smoking, Tobacco & Cancer Program staff, Cullen said.

*Several Board members at the January meeting voiced strong support for a concept related to cessation by heavy smokers. The reason for that emphasis is related to the fact that heavy smokers find it more difficult to stop than those who smoke less and that they experience most of the smoking related cancers. A workshop has been scheduled for June 7-8 on the subject, and a number of nationally recognized experts have been invited to help identify viable and effective approaches. Cullen said he anticipates that a concept will be developed for presentation to the Board at its October meeting.

Cullen, as acting director of the Cancer Control Science Program, reported on developments within the

three branches in that program:

*Cancer Training Branch—A workshop was held on establishing guidelines for postdoctoral training for Cancer Control Science Specialists. That will include training programs in public health sciences such as epidemiology, nutrition, health services research, health economics and preventive medicine for behavioral, social and educational scientists. Programs also will be designed in oncology related sciences (such as natural history of disease, toxicology, clinical interventions) for behavior and social scientists.

Cullen said a program announcement will soon be released regarding NRSA opportunities for such individuals. "We are working on a non NRSA training mechanism for those who will engage primarily in demonstration and intervention activities rather than research," Cullen said.

A new program announcement will be issued this fall revising guidelines for preventive oncology awards.

*Cancer Control Applications Branch—The new RFA for Cancer Control Research Units, issued in March, calls for letters of intent by July 2 and applications in December. Four applications for Cancer Control Science Program awards, in the reissuance of that RFA, were received by the January deadline; four were site visited in May; and any awards that result will be made in August. The CCSP RFA has been discontinued and has been replaced by the program project mechanism.

An RFA on reduction of avoidable mortality from cancer will be released soon, with a deadline for applications of Oct. 15.

*Health Promotion Sciences Branch—A concept is being prepared on improving utilization of effective technologies to reduce breast cancer mortality for presentation to the Board in October.

William DeWys, director of the Prevention Program, advised the Board of two concepts under development and which had been discussed with the Board's Prevention Committee:

*"Breast Cancer Detection—Wider Application" was presented at the committee meeting by Jan Howard. This would be a collaboration between the Detection Branch and the Health Sciences Promotion Branch, and would attempt to build on the results of the Breast Cancer Detection Demonstration Project and the Health Insurance Plan of New York (HIP) study. It would aim to promote wider use of mammography and physical examination in breast cancer detection.

Howard cited previous studies showing the benefit of mammography in conjunction with physical examination, notably the HIP study which began in the mid 1960s. It was pointed out that NCI has not made any policy statement regarding this study. Other issues discussed in connection with greater use of mammography were physician education, fear of radiation exposure, and insurance coverage.

This concept will be further developed by DCPC staff for presentation to the Board in October.

*Application of Automated Cytometry to the Early Detection of Lung Cancer" was presented to the committee by Bill Bunnag. This will apply existing technology in flow cytometry and high resolution image analysis to the study of sputum cytology specimens. Committee members questioned how the automated system will improve detection of lung cancer, and Bunnag agreed to attempt to address that question as he develops the concept.

## BRODER WINS FLEMMING AWARD FOR FEDERAL SCIENTIST/ADMINISTRATOR

Samuel Broder, director of the Clinical Oncology Program in NCI's Div. of Cancer Treatment, has received the Arthur S. Flemming Award for his research in clinical immunology and his leadership of the program.

Flemming, former HEW secretary, presented the award at a luncheon in Washington.

The award is made annually to outstanding federal government scientists or administrators. Broder is noted for his work on lymphoid cancers, and he collaborated with Robert Gallo in isolating HTLV-III, the probable cause of AIDS.

## NCI CONTRACT AWARDS

Title: Occupational carcinogens
Contractor: Syracuse Research Corp., $156,538
Title: In vitro evaluation of chemical candidates for in vivo testing—salmonella typhimurium assay
Contractor: Microbiological Associates, $147,165

Title: In vitro evaluation of chemical candidates for in vivo testing—mouse lymphoma assay
Contractor: Microbiological Associates, $624,720

Title: Detroit population based cancer registry, Surveillance, Epidemiology and End Results Program
Contractor: Michigan Cancer Foundation, $884,669

**The Cancer Letter** _Editor Jerry D. Boyd
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