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UCSF, ROSWELL PARK WIN NATIONAL COOPERATIVE DRUG DISCOVERY GROUP AWARDS; RFA TO BE REISSUED

Two National Cooperative Drug Discovery Groups have been approved for funding by the National Cancer Advisory Board and the Div. of Cancer Treatment Board of Scientific Counselors. The two groups will be headquartered at the Univ. of California (San Francisco),

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In Brief

OUTSTANDING INVESTIGATOR AWARDS DRAW 150 LETTERS OF INTENT; APPLICATIONS DUE JULY 15

NCI'S NEW Outstanding Investigator Award mechanism has drawn more than 150 letters of intent. The deadline for applications is July 15. Letters of intent, while requested in the program announcement, are not mandatory. Investigators who may be interested but who did not submit letters of intent are still being encouraged to apply. Div. of Cancer Treatment Director Bruce Chabner told his Board of Scientific Counselors that several outstanding investigators in treatment research had submitted letters of intent. NCI probably will fund about 20 OIAs in the first year of the program, Chabner said .... **DCT IS STILL** trying to recruit a top radiation oncologist to head the division's Radiation Research Program, a position vacant since David Pistenmaa left last fall for private practice. The problem: The very high incomes good radiation therapists command these days. Most NCI can offer is about $70,000 a year including the $10,000 bonus for physicians. NCI hopes the challenge of running its nationwide extramural program in radiation research, including all of NIH's imaging research as well as research in radiotherapy, hyperthermia and other radiation potentiating modalities, will overcome the pay differential....**CHABNER PAID** tribute to Saul Schepartz, his former deputy who is now associate vice president of the New Jersey School of Medicine & Dentistry. Schepartz' 26 years with NCI was a "service characterized by a loyalty, a concern for human values, a wisdom based on experience, and an honesty which will be remembered by all of us," Chabner said. Recruiting has started for a successor; Arnold Welch, on loan from the Developmental Therapeutics Program, and Gregory Curt, special assistant for clinical affairs, are handling duties of the deputy director in the interim.... **JAMES NEIDHART,** deputy director of the Ohio State Univ. Comprehensive Cancer Center, has been named chairman of the Dept. of Medical Oncology and deputy head of the Div. of Medicine at M.D. Anderson Hospital by Irwin Krakoff, head of the Div. of Medicine.... **JOHN BERTRAM,** associate chief of the Dept. of Experimental Therapeutics at Roswell Park Memorial Institute, will join the Cancer Research Center of Hawaii as senior investigator, Lawrence Piette, executive director of the center, announced.

UCSF, ROSWELL PARK WIN FIRST OF TWO DRUG DISCOVERY GROUP AWARDS

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where Victor Levin is the principal investigator; and Grace Cancer Drug Center at Roswell Park Memorial Institute, where Carl Porter is the PI.

A third group, which DCT had hoped to fund, failed to win the concurrence of the DCT Board, although the NCAB had gone along with the staff's request to fund all three groups.

The three had priority scores of 144, 196 and 199. Because the last two were more than 20 points below the current payline of 175, the question of whether to fund them was referred to the DCT Board, which had approved the concept of the new groups two years ago.

The Board considered the matter in closed session. Rejection of the third group was based more on the Board's feeling that it had not presented approaches that were sufficiently novel, **The Cancer Letter** learned.

Michael Boyd, director of DCT's Developmental Therapeutics Program, told the Board that 13 groups had participated in the competition. Eight were approved and five disapproved. The five groups not recommended for funding scored from 224 to 385, Boyd said.

Those not funded will have another crack at if they so desire. The Board gave concept approval to Boyd's request to reissue the RFA, with $1 million a year set aside to fund an additional two groups.

Boyd said that in his opinion, the short interval between issuance of the RFA and the deadline for submission of proposals "compromised some of them. The approved but unfunded groups should be encouraged to apply again."

DCT Director Bruce Chabner said he was surprised that the proposals which were primarily interested in biochemistry did not do better. The review committee, which included a number of chemists, "I thought would be biased in favor of the chemistry proposals. I think they knew the subject so well that it was easier for them to criticize. I feel those proposals will do better next time."

The awards are five year cooperative agreements and will be funded at a little more than $500,000 each. The new RFA earmarks $1 million for first year support of the two additional groups.

The concept statement for the new RFA describes the program:

The complexities of modern antitumor drug development demand that a diversity of scientific talents be brought to bear on the problem. In order to enlist the considerable talents of topflight scientists in all aspects of drug development, DTP wishes to invite the participation of these state of the art practitioners in a multi-institutional cooperative agreement. This will permit a more rapid transfer of sophisticated technology to the rational development of new antitumor agents with DTP participating as an equal member. The multi-institutional aspect of this approach is particularly important as experience has shown that there is rarely, if ever, the complete range of topflight expertise needed for drug design, synthesis and evaluation at one institution. For this reason the use of the traditional research grants or contracts have been somewhat limited in their accomplishments. The proposed use of cooperative agreements to establish technical partnerships for drug development must greatly enhance the likelihood of discovering new therapeutic entities for cancer by formally bringing together the best scientific minds in the appropriate disciplines. The cooperative agreements are expected to involve academic nonprofit and commercial/industrial institutions. Although the June 1982 Board of Scientific Counselors conceptually approved the National Cooperative Drug Discovery Groups at $3 million per year, at this time we anticipate that three groups will participate in this effort at approximately $1.6 million (with the initial funding cut to two groups, that figure will be closer to $1 million). If this present action is approved, the total effort will increase to $2.6 million by the summer of 1985 (provided the new RFA results in funding three more groups for the total of five as envisioned by DCT before the third group this year was left unfunded).

It is proposed that two (now, perhaps, three) additional cooperative agreements be established to form National Cooperative Drug Discovery Groups. These groups will be assembled by the principal investigators to form multi-institutional consortia with those skills needed to prosecute successfully the design, synthesis, testing and evaluation of new, rationally based antitumor agents. Specifically excluded from the group's activities are those functions related to clinical introduction of new agents such as bulk synthesis and formulation, detailed biological testing, animal toxicology and performance of the phase 1/2 clinical trials.

In order to maximize the skills to be marshalled for these efforts it is envisioned that a multi-institutional approach be adopted so that in a group of scientists incorporating medicinal, pharmaceutical and synthetic chemists, biologists, biochemists, molecular biologists and pharmacologists of several kinds, the best talents will be available wherever they are located. Only in the largest institutions might it be possible to find sufficient highly skilled staff to contribute to such a project in a meaningful way. In practice, however, differing scientific interests often diffuse any concerted approach to what necessarily has to be a closely coordinated effort. Operationally, the PI will be the conceptual focus of the group and, depending on the perceived needs of the project, will extend invitations to appropriate scientists in other institutions to participate in the project. Since this project will only be as strong as its weakest link, it is important that the PI assemble

the strongest possible group for the work. In an interdependent effort such as this the competitiveness of the application as a whole will be severely compromised by the inclusion of weak components.

Ideally, the application should address all phases of the design, synthesis, testing and evaluation of new types of antitumor agents together with a sound and detailed rationale. NCI participation in the project would commence with the award of an agreement. A representative of DTP would then participate as a full member in the important deliberations of the group. This would mean that technology transfer from government owned data bases would be greatly facilitated and further contribute to the overall efficiency and effectiveness of the project. Prompt clinical development of candidate agents emanating from group activities would also be enhanced. The cooperative nature of these groups is clear. RO1 and PO1 grants would not necessarily accomplish the multi-institutional participation. Government involvement in and assistance of these groups is well defined and the research nature of the pioneering work contemplated makes the use of research contracts inappropriate.

The DCT Board gave concept approval to only two other RFAs at last week's meeting.

The Board approved the concept of a variety of new contract supported projects and the recompetition of others. Only two other (in addition to the drug discovery groups) grant (or cooperative agreement) supported projects were presented.

One was a proposal for two to four cooperative agreements, with total first year costs of $750,000, for the clinical evaluation of models of biochemical modulation. They would be five year awards.

Board member David Goldman said, "You are proposing an ambitious continuum of studies. Is this predicated on any data?"

Robert Wittes, director of the Cancer Therapy Evaluation Program, said, "We could look at methotrexate and 5-FU, or platinum and VP-16 actions. We have no preconceived idea of what agents to study."

"This is a very important study but of immense complexity," Goldman said. "What you are proposing is laudable; whether you can pull it off is questionable."

Chabner said he agreed, that not many combinations are producing positive results in colon cancer, "except 5-FU and leukovorin, which seems to be better than 5-FU alone. We hope we can get a good group to put in a strong application. It would have to involve drugs where we know the biochemical actions."

Wittes said that a proposal could be a consortium of institutions and that it could include ionizing radiation.

The other RFA receiving concept approval was for grants to use oncogene related products for cancer therapy. A total of $500,000 was approved for the first year of three year awards. Staff description of the two grant supported projects:

Clinical evaluation of models of biochemical modulation.

The synergistic interaction of drugs at a biochemical level has been demonstrated in both in vitro and in vivo systems. These leads have not, however, been successfully applied to clinical trials in a rational and systematic manner. Studies which reproduce the preclinical conditions necessary for optimal synergy in the clinical setting have not been performed. Synergy of two agents in murine tumors has previously been the justification for combining such agents in clinical trials. For instance, research on the combination of methotrexate and 5-FU demonstrates that careful consideration of dose and schedule is required to maximize such synergy in vitro. Clinical trials of this combination in several tumors have not shown it to be superior to 5-FU alone. However, the design of these trials has failed to translate accurately dosage and scheduling considerations from the in vitro and preclinical in vivo models to the clinic. This observation is also applicable to trials of the modulation of other agents, such as cytosine arabinoside, cisplatin and anthracyclines. The potential for defining and maximizing the synergistic interaction of these and other antitumor agents can only be realized by careful study in the preclinical setting, and by confirming and refining this interaction through detailed biochemical studies in the initial clinical trials.

Having established in phase 1 trials the optimal doses and schedules to maximize both synergy and selectivity in this manner, the regimen should then be carried forward in appropriate comparative trials. Studies of cytosine arabinoside and 5-FU metabolism show that the technical obstacles to the realization of these goals are surmountable. However, the execution of such trials requires a major commitment of resources by both the clinician and laboratory scientist. The experimental findings of each will modify the design and conduct of the other's study. Strong program planning is required to effect the integration of laboratory and clinic. Such program planning can only be achieved under the aegis of a single funding instrument.

It is proposed that two to four institutions receive cooperative agreements to support a program of clinical and laboratory investigation directed toward the optimal clinical use of a combination which is synergistic in vitro. The realization of this goal would require: (1) delineation of the mechanism of modulation at a molecular level in an in vitro setting; (2) measurement of the efficacy of such combinations in in vitro antitumor screens; (3) confirmation and validation of this enhanced efficacy at an in vivo preclinical level, and refinement of the mechanistic modulation in this setting; and (4) advancement of the combination into phase 1 clinical testing, and in such trials to: (a) establish that the projected modulation is indeed occurring in the target tissue, (b) examine the pharmacokinetic and pharmacodynamics of such schedules for later phase 2/3 trials, and (c)

describe the alteration in selectivity by the modulation at a biochemical and clinical level. Applications will be sought which propose a series of projects comprising the program described above. It is envisioned that these applications will closely resemble a program project.

Use of oncogene related products for cancer therapy.

A number of cellular genes collectively called oncogenes have been identified which control cellular proliferation and differentiation and have been shown to be direct mediators of cell transformation. Activation of cellular oncogenes appears to play an important role in both initiation and maintenance of oncogenesis. At least 20 oncogenes have been identified in the human genome and a number of these have been found in the activated form in various human tumors including bladder, lung, colon, lymphoid and myeloid forms. Inhibition of oncogene activity appears to be associated, in several instances, with regression of the tumor. Oncogene activity has been associated with the production of discrete protein products. Where functional products of oncogenes have been described, they have been localized to the cell membrane, cytoskeletal elements, or the nucleus. These all represent areas where alterations might be expected to lead to the cancer phenotype, such as lack of contact inhibition and uncontrolled cell division. Specific examples of onc gene products that have been identified include the src family of tyrosine specific kinases, which appears to be located at the cell membrane, the ras p21 product which binds guanine nucleotides is located at the inner surface of the cell membrane, the product of the myc gene is located in the nucleus and appears to be bound to the nuclear matrix, the mht product which binds to RNA is localized in the cytoplasm, the fms product, which based on preliminary studies, is a glycoprotein associated with cytoskeletal elements and intracytoplastic membranes, and the sis product which shares extensive sequence homology with platelet derived growth factor. The sis oncogene product is most interesting in that it suggests oncogene activation may result in constitutive production of a growth factor like substance and lends support to the autostimulation concept of tumor development. As the oncogene area of research continues to develop and the molecular basis of malignancy is clarified, it is also important further to develop and apply the knowledge for therapeutic benefit.

This will be a request for grant applications to develop and utilize oncogene products or reagents made against these products in therapy model systems. Studies may involve the isolation and characterization of these products and reagents and their evaluation for growth control or cytotoxicity in vitro and in vivo animal models. Development of oncogene related products may involve use of membrane associated oncogene products as tumor associated antigens and vaccines, use of monoclonal antibodies directed against oncogene products involved in growth control or analysis of factors that inhibit the action of oncogene products that act to stimulate cell division through direct interaction with DNA or RNA replication and processing.

Funding levels associated with contract concepts are preliminary staff estimates for purposes of discussing and planning. Actual funding of any contract is determined based upon proposals submitted in response to RFPs and detailed negotiations. Endorsement of a project concept may not necessarily result in issuance of a contract. Organizations interested in submitting proposals to implement approved contract concepts are cautioned to carefully read any resulting RFP and not to assign undue weight to staff budget estimates. Notice of availability of the RFPs will appear in **The Cancer Letter.** Dollar estimates listed with RFA concepts (grants and cooperative agreements) are the amounts NCI plans to set aside to support those projects. Those amounts also are subject to budget changes, and final awards will depend on amounts approved by peer review and availability of funds.

Concepts approved by the Board for new and recompeting contracts included the following requested by the Developmental Therapeutics Program:

Antitumor agents from fungi. Estimated annual award, $250,000, three years.

The purpose of this project is to evaluate systematically the various genera of the fungal world for their ability to produce antineoplastic agents. Previous efforts in fermentation research have been generally focused on streptomyces due to their ease of isolation and fermentation and prolific metabolism for producing antimicrobial antibiotics. Fungal fermentation is almost completely untouched but the limited work done has shown that the fungi are exceptionally good producers of secondary metabolites which are qualitatively different from those produced by either the streptomyces or bacteria.

A sufficient number of cultures are available here and abroad and can be grown and scaled up for the production of selected compounds.

This project will include fermentation of 500 fungal cultures per year and in vitro and in vivo screening including screening for their antifungal activities to establish leads for chemical isolation. The effort in the first year will be directed toward initiation of screening and accumulation of leads, and in subsequent years efforts will include chemical isolation of active compounds.

Special studies in toxicology. Estimated annual award, $100,000, three years.

The objective of toxicology studies in DTP is to predict adverse effects of antineoplastic agents in humans from experiments in animals. Currently, the Toxicology Branch provides information on anticancer drugs extending from the prediction of specific organ injury to the establishment of clinical starting doses. Inherent in the overall objective, however, is the development of better strategies for predicting as well as ameliorating drug induced

adverse reactions. In order to develop strategies for more appropriate toxicologic evaluation of "new" drugs and "older" drugs with new indications, such factors as metabolism, pharmacokinetics, drug interactions and schedule of administration must be considered to clarify both the antineoplastic mechanism as well as adverse effects.

The proposed project will bridge the gap between initial experimental observations on a promising agent or an older agent with new uses, and the full scale toxicological characterization required for IND submission. Preliminary characterization of agents by exploratory procedures adapted from basic experimental information will serve as the cornerstone of this project. The objectives, although diverse, include: (1) describing intrinsic toxicity of adjuvants to chemotherapy; (2) evaluating potential interference with or enhancement of drug induced toxic effects with adjuvants; (3) determining feasibility of continuous delivery of drugs to rodents using implantable osmotic pumps; and (4) development of predictive lethality patterns using fewer rodents. The findings will serve to guide subsequent toxicity studies using protocols individually tailored to provide the most meaningful information for clinical trial.

The applied nature of the studies, required input from DTP staff and rapid turnaround make the Federick Cancer Research Facility a possible location for such projects. A DTP scientific committee will design the procedural considerations for such studies, monitor the progress and evaluate the findings.

Novel drug formulation and delivery systems. Estimated annual budget, $250,000, three years.

Many investigational substances that have interesting antitumor activity are either extremely water insoluble or unstable. They represent a broad range of chemical, biological and natural products. Some of these substances are formulated by various methods such as salt formation, mixed solvent systems, micellar formation, emulsion and other approaches. However, certain drugs have not yielded to the usual formulation approaches. Drug substances that cannot be formulated will not be evaluated in preclinical toxicology, and consequently, will not reach clinical trial.

A research effort is needed to explore new and novel formulation and delivery methods for such poorly manageable drug substances. The formulation approaches must be adaptable for intravenous delivery in patients and must meet the usual requirements for pharmaceutical systems such as safety, sterility, stability, etc. The research organization must be highly qualified and experienced in pharmaceutical development and must possess adequate instrumentation and capability to evaluate the integrity of systems developed.

Several examples of formulation difficulties will be described in the RFP. The novel approaches may involve the development of unique intravenous vehicle systems, methods to reduce irritation at the delivery site, special mechanical devices either to prepare the product or deliver the product or other approaches not mentioned, but applicable to the goals of the project. The systems are to be fully evaluated for compatibility and stability with several experimental agents. Upon acceptance of the methods and systems, a preclinical toxicological assessment will be made by NCI and all necessary documentation will be filed with FDA for clinical acceptance and trial.

NCI drug information system maintenance. This is a recompetition. The present contractor is the Environmental Protection Agency under an interagency agreement with NCI. It is being changed from a developmental project to a maintenance contract and will be a small business set aside, with an estimated annual budget of $180,000.

The primary objective of this contract is to provide support and maintenance to the NCI Drug Information System (DIS). DIS is a large computer system which is designed to accept and handle data pertaining to the drug development from DTP and its contractors. Specifically, DIS processes and handles data derived from compound selection and acquisition, chemical structure entry, shipping and inventory of compounds and the large amounts of data derived from biological screening. The entire system has been designed to be interactive as far as data retrieval is concerned and automatic with respect to database updating. In order to achieve these goals, DIS uses two large computers at DCRT as well as a variety of specific peripheral devices such as barcodes reader/printers. Development of DIS will be completed in the fall of 1984 and this contract will assume a maintenance effort approximately one year later, by which time most initial installation problems should have been cleared away.

All work on DIS up to this point has been carried out by Fein-Marquart Associates under contract to EPA until May, 1984, and to NCI since then. This group has performed superbly in developing and implementing a state of the art computer system which permits an extraordinarily high level of control of all the operations essential to the daily operation of DTP. The major development effort carried out by Fein-Marquart will be essentially completed in late 1984. This will be followed, under the same contract, by a postinstallation effort which will terminate in August, 1985.

While a general maintenance effort requires that the contractor be quite familiar with the overall design and function of DIS, systems development will no longer be the main thrust of the program. Rather, the contractor will be required to deal with routine matters concerning data entry and report generation. Some problems may arise and may have to be addressed through modification of DIS programs. It is expected that as the DTP effort continues to evolve, new requirements of DIS will arise. It will be the responsibility of the contractor to review such requirements and, if they are not major, to implement them within the framework of DIS. For this, some program modification will be necessary. The contractor must be able to engineer such modification of the DIS computer programs without disabling the system in any way and so produce the necessary functional changes as required by DTP.

Provision of animal facilities and performance of routine experiments and tests. This is a recompetition of a contract currently held by Litton Bionetics. Estimated annual budget is $400,000, for five years.

The Laboratory of Tumor Cell Biology is involved in studies on the role of retroviruses in the pathogenesis of human leukemia and AIDS. This contract was initiated to provide facilities for production of antisera against various viral and cellular antigens, and to inoculate animals with various human virus isolates and virus infected cells to determine tumorigenecity. Because of a lack of an on campus facility to provide a combination of small and large animals and the need for a biohazard containment type facility, this contract provides a much needed resource for the Lab. The type of animals being carried on this contract include rats, rabbits, goats, guinea pigs, gibbon apes and rhesus monkeys. The contractor also provides quarantine, isolation facilities and veterinary care and pathology services.

The performance of the contractor since the initiation of the contract has been excellent. The contractor has provided superb animal quarantine and biohazard containment facilities as well as excellent veterinary care and pathology services. The veterinary care is also provided by the contractor over holidays and weekends. A number of animals have been inoculated with purified HTLV P19, P24 and membrane antigens in goats, rabbits and mice to produce antibodies. Other animals including gibbon apes, rhesus monkeys, rabbits and rats have been inoculated with concentrated HTLV and virus infected cells from patients with adult T-cell leukemia-lymphoma and AIDS. Thes experiments are currently in progress. The contractor has been very cooperative in preparation of pathological slides and supply of sera from various animals for testing.

This contract is essential in providing much needed animal facilities for the ongoing work of the laboratory. The contractor will provide services for preparation of antisera against various viral and cellular antigens; inoculation of new virus isolates and virus infected cells to test for tumorigenicity. In addition, the animals on this contract will also be needed for testing of vaccines to be developed against human T-cell leukemia virus and other retrovirus isolates from patients with AIDS. The contractor should provide the following services: (1) a well equipped animal facility for maintenance of rabbits, goats, rats, gibbon apes and rhesus monkeys; (2) essential veterinary care for all animals; (3) technical assistance for performance of routine tests and procedures; (4) quarantine and isolation facilities for subhuman primates; (5) post mortem and histological examination services; and (6) short term liquid nitrogen storage facilities for the storage and recovery of tissue specimens and body fluids.

Additional concepts acted upon by the DCT Board at its meeting last week, including new contract supported projects and recompetitions, will be published next week in **The Cancer Letter.**

POWERS' OFFER TO WRITE UP NCAB'S ORGAN SYSTEMS REPORT REJECTED

NCI Director Vincent DeVita has rejected the offer by the chairman of the National Cancer Advisory Board's Committee on Organ Systems Programs to write a report summarizing the committee's views on the award for the Organ Systems Coordinating Center.

The NCAB voted 8-2 at its May meeting recommending the award go to Roswell Park Memorial Institute despite the fact that the initial review committee had scored the application of the Univ. of Texas Graduate School of Biomedical Sciences at Galveston nine points higher.

At the closed meeting of the full Board when the award was considered, DeVita argued that it should be made on the basis of the priority score. After the Board's decision, DeVita indicated he might not follow the Board's advice and would present the issue to the NCI Executive Committee.

William Powers, chairman of the NCAB Committee on Organ Systems Programs, suggested in a letter to DeVita that a report on the committee's deliberations would be appropriate:

"At the most recent meeting of the NCAB, the members of the Board voted to recommend to you the support of the (Roswell Park) application for the Organ Systems Coordinating Center," Powers wrote.

"Before the discussion and the vote I made a brief report and mentioned some of the matters discussed in the committee meeting on Sunday evening. As I reported (to the full Board later in the week), we did not have a formal vote at that committee meeting and did not complete the entire discussion of the question. This occurred partly at the request of Ms. (Barbara) Bynum (director of the Div. of Extramural Activities) and partly because I was also aware that other absent members wanted to participate in the whole discussion.

"For that reason, no formal vote of the Organ Systems Programs Committee was submitted for the record. Since there may be misinterpretation or misapprehension about our discussions I would be glad to write a report attempting to synthesize the discussion.

Further, if I can again be furnished the materials of the several grant applications, the summary statements, the report of the various site visitors that led to the final summary statement and rebuttal letters, I will attempt to put together a report that will be a justification of the point of view of both the majority and minority views of the Board members present at the Sunday evening meeting.

"I make this offer because I have had several phone calls from members of the Board presenting their concerns that you were going to disregard the advice of the Board on the basis that there was no substantive information on which the Board members could base a decision to recommend funding out of order of priority score. . .

"If you do intend to disregard the Board's advice on this matter, I would appreciate an opportunity to provide some documentation of my views and those of other members of the Board so that I can present the reasons for my vote."

Powers also asked for materials relating to two grant applications in which the Board went along with the NCI staff recommendations for funding out of priority score order, in one instance, and against the initial review group recommendation in the other. DeVita declined, he said, because they are "in my view not germane."

DeVita wrote in his response to Powers' letter:

"I don't feel the need for you to provide the information you suggest. The Executive Committee is considering the advice given to us by the National Cancer Advisory Board, vis-a-vis the funding of the Organ Systems Coordinating Center.

"This is part of the normal process when advice is given to us in the nature of vote of the Board. We have been very responsive to the Board's wishes in the past. In fact, I can't think of a single exception to the Institute following the advice of the Board on issues like this.

"However, the organ systems issue is not simple and there is not an option that the Executive Committee can select that will not be controversial. We are, however, fully informed on the issue. We heard the debates both in committee and at the time of the meeting and we have read both the grant applications and the pink sheets. We also have with us all the past debates about the Organ Systems Program including the review of the program done by the outside advisory group some time ago. . .

"We are receiving a fairly heavy correspondence from a number of quarters on the issue of the Organ Systems Program. We do not intend to disregard the advice of the Board but we intend to weigh it with all the other considerations in making a final decision. As you know, the Board gave us the approval to fund both grant applications and recommended that we fund the Roswell Park application. I will circulate this letter to the Board members so that if any others wish to convey their opinion while the Executive Committee is deliberating this issue over the next several weeks, they can have that opportunity."

The Board voted 8-2 in support of the Roswell Park application, with one abstention. Chairman Tim Lee Carter was present but did not vote.

NCI EXTENDS FRANKLIN CONTRACT FOR VIB CIDAC, CANCERGRAMS TO CONTINUE

NCI has acted to extend its contract with Franklin Research Center for operation of the Virology, Immunology and Biology Cancer Information Dissemination & Analysis Center, thus assuring there will be no gaps in publication of those CANCERGRAMS.

That contract will end in July and presently is being recompeted along with the contract formerly held by Franklin for the Carcinogenesis CIDAC, which expired in May. There will be an interruption in publication of the Carcinogenesis CANCERGRAMS because NCI did not move quickly enough to extend that contract while it is being recompeted (**The Cancer Letter,** June 1).

The VIB CIDAC will continue in operation by Franklin until the new contract is awarded.

GALLO, ROSENBERG, BISHOP, VARMUS WIN 1984 GENERAL MOTORS AWARDS

Robert Gallo of NCI, Barnett Rosenberg of Michigan State Univ., and Michael Bishop and Harold Varmus of the Univ. of California (San Francisco) are the 1984 winners of the General Motors awards for outstanding achievement in cancer research.

The three prizes each consist of a gold medal, $100,000 to the prize winner and $30,000 to support a workshop or small conference under the prize winner's leadership.

Gallo will receive the Charles C. Mott Prize for his discovery of the human T-cell leukemia virus (HTLV-I) and HTLV-III, suspected as the cause of AIDS. "His HTLV discovery confirms the viral theory of cancer and suggests new strategies in cancer prevention," the General Motors Research Foundation said in announcing the awards.

Rosenberg won the Charles F. Kettering Prize for research which led to the discovery of cisplatin, the widely used anticancer drug. "It has turned around the statistics for several tumors that once were uniformly deadly, among them testicular cancer and some ovarian and bladder tumors," the Foundation said.

Bishop and Varmus are cowinners of the Alfred P. Sloan Prize for their discovery that normal cells contain oncogenes that have the potential to cause cancer. "While scientists have long suspected that external threats like radiation and carcinogens affect the DNA of cells, Drs. Bishop and Varmus identified the first of a small number of genes in normal cells that, when disturbed, cause changes associated with cancer," the Foundation said.

The four winners presented lectures on their research at NIH this week.

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.

Announcement No. NCI-CB-51002-53
Title: Operation of a human sera bank for diagnostic purposes
Deadline for capability statements: Aug.1

The Diagnosis Branch of the Div. of Cancer Biology & Diagnosis, NCI, provides for the collection, maintenance and distribution of sera obtained from preoperative or postoperative patients (if advanced) with various malignant diseases, benign disease patients, and from age and sex matched healthy individuals. These sera are to be used for research on biological markers in cancer diagnosis.

Specifically, interested organizations would be required to:

1. Obtain sera and clinical data from approximately 25-50 patients per year with the following neoplasms, prior to any therapy, except in advanced cases and from patients with benign tumors that approximate the cancer sites: Buccal cavity, pharynx, stomach, colon, rectum, pancreas, uterus, ovary, prostate, urinary bladder, kidney, lung (squamous, small cell, adenocarcinoma), soft tissues, heart, melanomas, skin, brain and nervous system, non Hodgkin's lymphoma, and Hodgkin's disease.

2. Obtain sera and clinical data from approximately 25-50 patients per year with nonmalignant diseases of the following kinds: Infections, endocrine/immunity, blood, nervous system, circulatory, respiratory, digestive, genitourinary (male and female), musculoskeletal, hematopoietic and lymphoid, skin.

3. Obtain sera and clinical data from at least 100 normal volunteers in each of four groups defined by sex and ages 30-55 and > 56.

4. Provide a minimum of 10 ml serum from each patient to be divided in to 10 one ml aliquots and store in sterile glass vials at -70 degrees C.

5. Maintain quality control procedures on sera and vials.

6. Maintain a computerized data management system.

7. Maintain a repository of a maximum of 90 freezers containing approximately 500,000 vials from past collections. The temperature range is to be -75 degrees C to -85 degrees C provided with an acceptable 24 hour monitored automatic alarm system.

8. Distribute panels of serum to individual investigators as designated by the project officer and bank director.

9. Distribute labels, vials and shipping containers to other serum resource laboratories and store the serum collected by them.

A brief response to this announcement should include documentation of the following: (1) Experience and demonstrated proficiency in operating such a resource; (2) access to adequate numbers of patients with malignancies of the various sites and corresponding nonmalignant conditions and to adequate numbers of healthy controls; (3) a computerized data management system; (4) availability of good clinical data for each patient; and (5) adequate personnel, equipment and facilities for operating such a resource.

Contract Specialist: Eileen Webster
RCB Blair Bldg Rm 114
301-427-8888

NCI CONTRACT AWARDS

TITLE: Technical support for review and evaluation of Biological Response Modifiers
CONTRACTOR: Koba Associates Inc., Washington D.C., $1,113,416.

TITLE: Screening, indexing, abstracting, and keying of cancer related literature for the International Cancer Research Data Bank
CONTRACTOR: Information Ventures Inc., Philadelphia, $3,361,272.

TITLE: Comparative clinical NMR imaging studies
CONTRACTORS: Bowman Gray School of Medicine, $550,986; Univ. of California (San Francisco), $720,268; Duke Univ., $576,920; Massachusetts General Hospital, $718,842.

TITLE: Biochemical & biological characterization of antitumor drugs
CONTRACTOR: Southern Research Institute, $541,109.

TITLE: Support to evaluation monographs on drugs amd cosmetic ingredients
CONTRACTOR: Tracor Jitco Co. Inc., Rockville, Md. $39,310.

TITLE: Breast cancer bank for animal and human tumors
CONTRACTOR: EG&G Mason Research Institute, Worcester, Mass., $749,720.

The Cancer Letter _Editor Jerry D. Boyd

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