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P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

NCI DECIDES TO ACCEPT NCAB RECOMMENDATION, AWARD ORGAN SYSTEMS COORDINATING CENTER TO ROSWELL PARK

Director Vincent DeVita and the NCI Executive Committee have decided to accept the recommendation of the National Cancer Advisory Board and award the Organ Systems Coordinating Center grant to Roswell Park Memorial Institute. That decision ends

(Continued to page 2)

In Brief

HOUSE APPROPRIATIONS BILL MARKED UP, LID CLAMPED ON; WELLS NAMED DCT BOARD CHAIRMAN

HOUSE LABOR-HHS Appropriations Subcommittee marked up its 1985 money bill last week in closed session and clamped a secrecy lid on it until after it is cleared by the full committee. Congress recessed until after the Democratic convention. Final committee action on the bill, which includes NCI appropriations for the year starting Oct. 1, probably will be taken in late July or early August. . . . **SAMUEL WELLS,** chairman of the Dept. of Surgery at Washington Univ. School of Medicine, will be the new chairman of the Board of Scientific Counselors of NCI's Div. of Cancer Treatment. He will replace Samuel Hellman, who finished his four year term at the Board's meeting earlier this month. Wells has been a member of the Board since 1982. Alan Rosenthal, immunologist with Merck, Sharp & Dohme, will fill one vacancy on the Board. Another was created when Gertrude Elion was appointed to the National Cancer Advisory Board. Still another vacancy will exist for a year while Brigid Leventhal takes a sabbatical from her position as director of pediatric oncology at Johns Hopkins to to collaborate on a book with Robert Wittes, director of NCI's Cancer Therapy Evaluation Program .... **ELECTRO-NUCLEONICS** Inc. has developed an acid phosphatase assay for use with its GEMSTAR automated profiling chemistry analyzer. The assay measures serum ACP levels to aid in the diagnosis of several diseases, including prostatic cancer, multiple myeloma and breast cancer with bone metastasis. . . . **JACK GRUBER,** who has been acting chief of the Extramural Biological Carcinogenesis Branch in NCI's Div. of Cancer Etiology, has been named chief of the branch. DCE Director Richard Adamson said he has received 17 applications for the position of associate director for biological carcinogenesis. . . . **NEXT MEETING** of the President's Cancer Panel, in its continuing series of meetings around the country looking at cancer centers, will be held Sept. 7 at the San Francisco Airport Hilton. It will start at 9 a.m. and is open. . . . **BARUCH BLUMBERG,** 1976 Nobel Prize winner for medicine and associate director for clinical research at Fox Chase Cancer Center's Institute for Clinical Research, has been elected a fellow of the Royal College of Physicians in England.

TEXAS LOSES ORGAN SYSTEMS AWARD DESPITE BETTER PRIORITY SCORE

(Continued from page 1)
weeks of agonizing over the issue by DeVita and his senior staff members who felt they had been placed in a no-win situation.

Losing out in the competition was the Univ. of Texas Graduate School of Biomedical Sciences at Galveston, despite the fact that its application was scored a few points better by the initial review committee.

The NCAB voted 8-2, with two members present but not voting and six others absent, to recommend that the award go to RPMI. Some members disagreed with the review committee's findings and said they felt the Roswell Park proposal was the stronger of the two.

Most parties agreed that a few points difference in priority scores (in this case, nine) meant very little and that the review committee was saying in effect that one proposal was as good (or as bad) as the other.

The NCAB in its action left the decision up to DeVita. The Board approved both proposals for funding, with the recommendation that it go to Roswell Park.

This left DeVita and NCI to take the heat from both sides, and a considerable amount was generated. DeVita considered several options, none of which would have satisfied everyone, and some of which would have delayed implementation of the new Organ Systems Program, perhaps fatally.

In the end, the decision reflected DeVita's philosophy of going along with the recommendations of his advisors unless there is some compelling reason to do otherwise. He has never flat out rejected an NCAB decision, and only on one or two occasions did he act contrary to the wishes of a board of scientific counselors, when he was director of the Div. of Cancer Treatment.

Gerald Murphy, director of RPMI and chairman of the now defunct National Prostatic Cancer Project, is principal investigator for the Organ Systems Coordinating Center, which will be funded through a cooperative agreement. The four headquarters for the national organ site projects--bladder, bowel and pancreas in addition to prostate—all went out of business June 30, and the working groups which operated with each also ceased to exist.

Murphy now has the task of organizing new working groups for each of the four sites, and also a new working group to replace the Breast Cancer Task Force, which for the first time now has been brought under an outside headquarters.

The five working groups will be charged with the task of reviewing ongoing research in their respective fields, organize workshops and other means of information exchange, and develop recommendations for research which needs to be stimulated. Those recommendations will go to the appropriate NCI board of scientific counselors for concept approval.

Negotiations between NCI and RPMI still must be completed before the award is implemented. Murphy told **The Cancer Letter** he hoped to "get started just as quickly as we can get the wheels in motion" so that as little time as possible will elapse between the end of the old program and the start of the new.

Resolution of the controversy thus wraps up one more major revision in the way NCI does business initiated by DeVita in his four and a half year reign as director. In one of his first public statements after his appointment, he suggested that the Organ Site Program may have been so successful in stimulating research that it could be phased out. That aroused those who thought otherwise, and opposition was strong and loud every step of the way.

The NCAB, with William Powers, chairman of its Organ Site Committee, as chief spokesman, was the principal defender of the program. But Powers and the Board went along with a review of the four off campus projects by an independent, ad hoc group. It was that group's recommendations which led to the shape of the new Organ Systems Program, after months of debate among Powers' committee, other NCAB members, DeVita and NCI staff. Eventually, a compromise was hammered out in which it was agreed that review of organ site grants was returned to NIH (and NCI, when appropriate); an off campus direction would be maintained through the new coordinating center which is replacing the four headquarters, with the addition of the Breast Cancer Task Force; and provisions made for phasing out existing site related programs and starting new ones.

The NCI focus of the new program was the Organ Systems Branch, recently merged into the Cancer Centers Branch, in the Div. of Cancer Prevention & Control.

DCE BOARD OKs CONCEPTS FOR RESEARCH ON HTLV, MUTAGENS, CHEMOPREVENTION

Three new RFAs with awards totaling an estimated $3 million a year were given concept approval by the Board of Scientific Counselors of NCI's Div. of Cancer Etiology at the Board's recent meeting.

The RFAs (requests for applications) will solicit grant applications for studies on human T-cell leukemia/lymphoma virus, mutagens in human foods, and development of cancer chemopreventive agents.

The Board also approved a request by DCE Director Richard Adamson to fund two grants above the

priority score payline. They were in response to an RFA the Board had approved last year for studies on new natural and synthetic inhibitors of carcinogenicity, with $1 million set aside for first year funding.

Adamson said he agreed with program staff that the two additional applications were meritorious and of high programmatic interest. There is enough money in the RFA and cooperative agreement pool to fund them, Adamson said, along with $20,000 "from contract monies freed up as a result of tight budget negotiations."

Concept statements on the three RFAs:

Studies on human T-cell leukemia/lymphoma virus. Proposed first year funding, $750,000 for five to six three year grants.

Human T-cell leukemia/lymphoma virus (HTLV), a type of C RNA tumor virus, has been shown to be etiologically associated with certain forms of human malignancies, primarily human adult T-cell leukemia and lymphoma. This virus induced human cancer occurs sporadically in the southeastern part of the U.S. and in the Caribbean. In Japan, clusters of human adult T-cell leukemia have been found to occur in the southwestern part, and a virus identical with HTLV type 1 has been implicated as the etiologic agent. Adult T-cell leukemia associated with HTLV has recently been reported from other parts of the world, notably Israel and certain South American countries. More recently, HTLV has been found to be associated with many cases of human AIDS in the U.S. France and the Caribbean. Antibodies reactive against components of HTLV have also been found in many AIDS patients. The etiological role of HTLV in AIDS is at present unclear and remains to be elucidated.

HTLV has been repeatedly isolated from many, but not all, patients with adult T-cell leukemia including those with the cutaneous form of this disease. The virus has also been isolated from a few patients with Sezary syndrome. Two antigenic types of virus have been identified: HTLV-1 and HTLV-2. The virus is highly cell associated and has a predilliction for T lymphocytes, although B lymphocytes can be infected. In vitro transformation of T-cells has been achieved by cocultivation of virus infected lymphocytes with lymphocytes stimulated with T-cell growth factor. Among the known type C RNA viruses, HTLV appears to be related to the bovine leukemia virus. Neither virus is endogenous in its host species, both are horizontally transmitted, overt virus expression in infected hosts is minimal or absent, the pattern of infection spread is nearly the same, and the reverse transcriptases of both viruses have a preference for magnesium over manganese.

At the present time, there are no funded NCI grants or cooperative agreements strictly devoted to studies on HTLV and its association with human neoplasia. As a first step towards stimulation of extramural research on this first authentic human cancer virus, the Biological Carcinogenesis Branch held a workshop on HTLV. The consensus of the participants was that NCI should stimulate additional studies in the following areas of HTLV research:

1. Investigation of the viral genome of various substrains of HTLV including studies of the LTR, env and pX regions.

2. Identification and characterization of viral genome protein products as a clue to determining if they are transforming proteins and to understand the functional activity of the resultant products.

3. Investigations of virus integration sites in various systems and/or hosts to determine if the transforming function acts in the cis or trans mode.

4. Investigations directed to characterizing the clinically relevant biological activities of the virus, especially its immunosuppressive and/or immunoregulatory effects on the host.

5. Determination of the exact mode of horizontal transmission of the virus, including investigations of possible insect transmission.

6. Studies in virus-host interactions, including geographical localization, determination of host range, endemic areas other than the Caribbean and Japan (i.e. Africa and Far East) and localization and overlap of different types of HTLV.

7. Characterization of HTLV like viruses of nonhuman primates and determination if there is an evolutionary link to HTLV.

8. Investigation of the possible use of vaccines to prevent or suppress the horizontally transmitted HTLV associated diseases.

The cooperative agreement was selected as the appropriate mechanism for funding this award because the government will be entering into a financial assistance relationship, and there will be substantial involvement by program staff during the performance of the grant. This involvement will include facilitating collaborative research efforts, planning an annual meeting of collaborative investigators for the dissemination of information, and acting as a facilitator in the exchange of selected reagents such as virus infected cell lines, polyclonal and monoclonal antibodies, serum or plasma, normal tissues and tumor material.

Padman Sarma is the program director.

Board member Myron Essex, who chaired the workshop, said, "We're at the stage where there is a lot of interest, but in comparison with work in Japan and with NCI support of work with oncogenes, it is miniscule. There are few opportunities to study a virus known to cause human cancer. There is not much going on outside (NCI), although Bob Gallo is doing a lot of work here."

Board member Marcel Baluda, who participated in the workshop, said, "I would limit this to objectives one to four. With five to seven, there is contract work going on. I would leave out eight. The focus of the RFA should be, 'Is it carcinogenic?'"

"I disagree with Marcel on that," Essex said, and added in response to a question that biohazard containment in handling HTLV is the standard P2.

Adamson noted that research with HTLV-3, associated with AIDS, was not included in this RFA because the AIDS Task Force is supporting five

grants for research in that area. Baluda's motion for approval with elimination of activities five through eight died for lack of a second. Board member Diana Lopez moved approval as written, and it was passed unanimously.

Mutagens in human foods. Proposed first year funding, $1,250,000 for five RO1, four year grants.

Concern over the presence of mutagens in human foods is part of a large and growing interest in the role of diet in human cancer causation and in the possible inhibition of cancer by dietary means. In this context, the relevance of dietary mutagens derives from their genotoxic effects which could lead to cancer induction. Concern over dietary mutagens gains further emphasis from the widespread occurrence of mutagens in human foods. Apart from the well publicized association of mutagens with charcoal broiled steak, mutagen formation has been reported to occur upon the boiling of beef stock, the broiling of hamburgers at a relatively modest surface temperature, the frying of potatoes, and the toasting of bread. Mutagens have also been found to be present naturally in many vegetables, in alcoholic beverages, spices, coffee and tea. Various contaminants may also constitute a source of mutagens present in human foods. According to one estimate, the foods and beverages ingested by an individual in the course of a single day might contain one to two grams of mutagens.

The purpose of the proposed RFA is to accelerate the development of additional understanding relative to the possible role, fate and cancer relevance of known dietary mutagens commonly present in human foods. Representative activities would consist of:

1. In depth, basic studies on a small number of mutagens selected from among those which are known to occur naturally in human foods, those found in human feces, and those human dietary mutagens the formation of which is associated with the processing and preparation of food; compounds of particular interest include, but are not limited to, the following six classes—heteroaromatic amines of the carboline and imidiquinoline types; hydroxylated flavonoids; carbonyl compounds such as acrolein, malonaldehyde and methylglyoxal; fecapentaenes; endogenous N-nitroso compoounds; and aromatic hydrocarbons.

2. Development of analytical procedures for the quantitation of the foregoing mutagens in foods and for the quantitation of them and their respective metabolic products present in blood, body fluids and tissues, and feces.

3. In vitro and in vivo studies relative to the absorption, metabolism, and possible carcinogenicity of selected compounds such as quercetin and the human fecapentaenes. However, full scale animal bioassays will not be supported through this announcement.

David Longfellow is the program director.

Longfellow told the Board that "this is territory that was ploughed and sowed by Dr. (Thadeus) Domanski before his retirement. One consistent theme he advocated was, let's not start a broadscale testing, witch hunting program, looking for mutagens in food but rather one with research based on epidemiologic leads."

Board member C.C. Cheng noted that "all mutagens are not necessarily carcinogens and in some cases may be anticarcinogenic." Board member Dietrich Hoffmann added, "And there are carcinogens that are not mutagens. PCBs are an example."

Approval was unanimous.

Development of cancer chemopreventive Agents. Proposed first year funding, $1 million for up to seven four year grants.

Experimental in vitro and in vivo evidence exists which demostrates that certain classes of compounds are capable of suppressing transformation in culture, blocking tumor initiation and suppressing tumor promotion/tumor progression in vivo. Among these compounds which have shown promise are protease inhibitors, arachidonic acid cascade inhibitors, free radical scavaging compounds and dehydroepiandrosterone (DHEA). Further, increasing numbers of biochemical studies are beginning to provide data on possible mechanistic interpretations of these antitransformation and anticarcinogenic agents. However, the data are very sketchy from the standpoint of both efficacy in anticarcinogenesis and the mechanisms involved in inhibition. An NCI workshop on the development of cancer chemopreventive agents was sponsored by the Chemical & Physical Carcinogenesis Branch of DCE in May. The workshop sought to review the status of these four areas of anticarcinogenesis research and to identify needs for future research in these areas. The objectives of the proposed RFA have been derived from these recommendations.

Research emphasis in the proposed RFA will seek to expand knowledge and understanding of the role of protease inhibitors, free radical protective agents, arachidonic acid cascade inhibitors and DHEA compounds in modulating the carcinogenic response. Areas for emphasis include:

1. Development of reliable short term systems for predicting the anticarcinogenic effects of compounds in these categories.

2. The mechanisms of action of these compounds needs investigation. Studies are needed from both in vitro and in vivo perspectives.

3. The pharmacokinetics of promising compounds should be established for optimizing dose and delivery schedule in chemoprevention and for deriving basic understandings of the absorption, distribution, metabolism and excretion of these agents.

4. Structure activity relationships of promising compounds should be investigated.

5. Comparative studies on pathways of metabolism should be pursued in human vs. animal systems in vitro and in view of possible differences in biohandling and response to these agents.

6. Compounds showing particular promise in short term assays require animal studies to investigate their efficacy as blocking and/or suppressing agents of the carcinogenic process. In these animal studies

dose/response relationships should be derived for those compounds demonstrating anticarcinogenic effectiveness. Investigations should develop time/response relationships for efficacy as well. That is, determinations should be made not only on the anti-initiation and antipromotion properties of a compound but also on the duration and level of administration required in relation to dose and duration of carcinogen, cocarcinogen and/or promoter. These studies should attempt to establish when given inhibitors of cocarcinogenesis should be administered along the course of neoplastic development in defined animal models of carcinogenesis.

7. Toxicologic investigations should be pursued on these blocking and/or suppressive compounds.

Carl Smith is the program director.

"I'm not entirely happy with the concept as presented," Board member Donald Davies said. "I wonder if we shouldn't focus on No. 2. Here, we are looking at nontoxic compounds. Toxicity in many cases comes from the inhibitory activity. We need to look at mechanisms."

Board member Edward Bresnick asked how many grants are being supported in this area and was told by Adamson that NCI supports six. "There could be some at the other institutes, but that isn't likely," Adamson said.

"The purpose of an RFA is to stimulate research in depth," Board member Allan Conney said. "It should open up new areas, possibly bring in people who wouldn't have applied before. If we could stimulate biochemical studies, look at mechanisms of action of some of these compounds, bring in some biochemists, it would be worthwhile. This is an important area."

When Lopez commented that she had seen instances where study sections had reviewed applications in response to RFAs without any references to the RFA, Adamson said, "I have insisted that the Div. of Research Grants make available copies of the RFA to study sections, and the reviewers have it in front of them. That's the way we will handle it."

Board member Lee Wattenberg said that "a number of short term systems are of possible use in predicting inhibitors. The idea is to try to develop very specific short term systems to predict carcinogenesis inhibition."

"The development of anticarcinogenesis systems is very important," Bresnick said. "Don't bury it in here."

Conney suggested the title of the RFA be changed to "Innovative approaches to anticarcinogenesis," and not name specific compounds. Adamson agreed, that the focus would be on innovative approaches and that responses would not be limited to the agents named in the staff presentation.

"We heard support for the concept, but on the other hand we heard criticism," Board Chairman Barry Pierce said. "Included in the criticism is that it may be too broad, that specific items may deserve more emphasis."

Adamson said he would ask a committee of the Board to look at the concept again after it is revised, before the RFA is published. "My understanding of the Board's feeling is that we will look for innovative approaches and that we will not overemphasize these specific areas in the RFA." The Board agreed and approved the concept unanimously."

DCT BOARD APPROVES CONCEPTS FOR TWO NEW CONTRACTS, ONE RECOMPETITION

Two new contract supported projects with estimated annual cost totaling more than a half million dollars and recompetition of the information system contract in the Cancer Therapy Evaluation Program were approved by the Div. of Cancer Treatment Board of Scientific Counselors.

The new contracts will be for phase 1 clinical trials and pharmacokinetic studies in children, a five year award with a cost estimated at $225,000 a year; and a two year "assessment of obstacles to the optimal conduct of cancer clinical trials," at an estimated cost of $300,000 a year.

RFPs will be published describing the projects and the information system recompetition. Staff description of the concepts:

Phase 1 clinical trials and pharmacokinetic studies in children.

The NCI Drug Development Program currently generates approximately six new agents per year for testing against human malignancies. A multi-institution contract supported project is being utilized by NCI to characterize drug toxicity and to determine the maximally tolerated dose of these new agents in adult cancer patients. There is a large body of clinical evidence which demonstrates that childhood malignancies differ remarkably from adult cancer in biology and response to therapy. In addition, children tolerate chemotherapeutic agents to a greater or lesser extent when compared to adults, making the direct application of phase 1 data derived from adults to children unreliable. There is currently no mechanism by which new agents of interest can be assigned for evaluation in young patients. Toxicity and dose finding studies in children are occasionally conducted by the pediatric cooperative groups and by cancer centers, but not all new agents developed by NCI are entered into such trials. Of 12 new agents entered in phase 1 trials in adults during 1981-82, only four have entered pediatric phase 1 trials. These trials, moreover, are often protracted studies which provide the information sought slowly, if ever. The proposed contract will ensure (a) the ability of NCI to select the agents tested in pediatric patients; (b) an improvement in the quality of pediatric new agent trials in terms of timeliness and quality of data; (c) the ability to obtain pharmacologic information pertinent to the pediatric population.

The specific goals of the contract will be (1) to define the acute toxicities of new anticancer agents in children with advanced cancer; (2) to define the dose of each agent which can be safely given in subsequent phase 2 studies; (3) to provide information on the pharmacologic characteristics (absorp-

tion, distribution, metabolism, and elimination) in children of selected antitumor agents; and (4) to investigate age related differences in these pharmacologic characteristics.

The project plan will be divided into two parts:

Part I--Phase 1 clinical trials in children.

Program staff anticipates testing six new agents every two years. Each contractor will be expected to test a minimum of two agents during this time period. Each agent will be tested in approximately 20 children with solid tumors and 20 children with leukemia over the course of two years. Thus each contractor will be required to accrue a minimum of 40 patients per year. Contractors will be selected on the basis of their expertise and sophistication in dealing with the following essential issues in the design and conduct of phase 1 trials: (1) eligibility criteria; (2) numbers of patients to be entered at each dose level; (3) criteria for the establishment of a maximum tolerated dose; (4) criteria of dose limiting toxicity for the major organ systems; (5) definition of an evaluable course; and (6) ability to closely monitor expected and unexpected acute toxicity.

Part II--Pharmacokinetics

Each contractor will be expected to perform a detailed pharmacokinetic study on at least one of the compounds evaluated in the phase 1 trials. Contractors will be selected on the basis of their expertise in (1) analytic methodology; (2) collecting and analyzing parent compound and metabolites in appropriate biological fluids; (3) determining the characteristics of drug distribution metabolism and elimination from pharmacokinetic data; and (4) analyzing pharmacokinetic behavior as a function of age and disturbances of organ function.

Robert Wittes, director of the Cancer Therapy Evaluation Program, said he expected the two pediatric groups (Childrens Cancer Study Group and Pediatric Oncology Group) to apply for this contract. "I feel that phase 1 studies can be done safely with kids."

Board member Brigid Leventhal said that $2,000 per patient, the estimated cost of the program, would pay for extra tests and certain other costs but "will not leave the organization any money to pay for the time of people who run the trial."

Wittes said that if the contract is awarded to the cooperative groups, allocation of the money would be at the discretion of the group chairmen.

The concept was approved unanimously.

Assessment of obstacles to the optimal conduct of cancer clinical trials.

Clinical trials are essential for the evaluation of therapeutic interventions, but they may also be difficult for the physicians responsible for care of patients. Clinical trials require standardized workups and often complicated sequences of treatment administration, dose modifications, and followup procedures. These complexities limit the quantity of patients placed on clinical trials and the quality of protocol compliance achieved. These problems are important at cancer centers and cooperative groups today and become even more critical limitations on the extent to which community programs can be utilized to expand the base for clinical trials and for the delivery of protocol treatment in a carefully controlled manner.

It is natural to look toward the dramatic developments in microprocessor technology to improve and facilitate the conduct of clinical trials. There is a substantial body of experience concerning the utilization of computers in the clinic for protocol research. Although the results of these attempts are far from uniformly successful, there is much to learn from a careful analysis of this experience. The development of inexpensive microprocessor based computers also makes possible some approaches not previously utilized, and makes it economically feasible to consider implementing on a broad scale systems which have proven successful.

Various clinical cooperative groups have developed, or have proposed the development of distributed computer methods to aid in data acquisition and/or protocol management in the clinic. The limited attempts to date have been unsuccessful and in some cases quite costly. No doubt efforts in this area will increase, as developments in hardware and software technology continue. In addition to data acquisition and protocol management, distributed computer networks might well be of assistance in real time quality assurance. In any case, the results of the proposed evaluation will directly benefit the planning of such projects, because the clinic or office setting is both the most important and complex component of distributed systems and the place where the quantity and quality of clinical trials data are determined.

The objective will be to identify the impediments to the entry and management of increased numbers of patients on cancer clinical trials and prepare solutions to the problems identified. It is expected that solutions will include the use of microcomputer technology.

A contractor will be selected to perform the following tasks:

1. Review currently employed methods of data and protocol management at individual institutions engaged in single institution or multicenter cancer clinical trials.

2. Identify the problems at the clinic and doctor's office level that need to be solved in order to facilitate the entry and management of increased numbers of patients in cancer clinical trials and to optimize the quality of the data from such trials.

3. Review and analyze solutions that have been attempted.

4. Develop recommendations for the implementation of systems that will accomplish the stated objectives.

The results of this project will be of interest to cancer centers, cooperative groups and community clinical oncology programs. It is anticipated that this contract will be conducted by a physician and a computer scientist each at a full time level of effort.

"It seems to me one of the major problems is

the referral pattern in many communities," Board member Paul Calabresi commented.

"We need to find out why the unevaluable rate is so high," Wittes said. "That does not have anything to do with referral patterns. These are patients already referred. It's timely to look at techniques, the use of microcomputers, and to what extent experienced technicians contribute to solving problems or creating problems."

"Knowing Bob Wittes as I do, I know he is not just proposing to ask questions," Board member David Goldman said. "He must have some proposed solutions up his sleeve."

"We have to know how to deal with proposals (for clinical trials) that are coming down the pike involving new technology, as part of cooperative group renewals or center core grants," Wittes said. Solutions may include "heavy use of paramedical people to help physicians. I think the basis for solutions may be found in computer technology."

Charles Coltman, chairman of the Southwestern Oncology Group who attended the meeting, said the major cause of eligibility and evaluation problems in clinical trials is that data systems are not adequate."

"That is once patients are on trials," Board member Robert Goodman said. "You're right. But getting more patients on clinical trials is a much more complicated question. What can we do to get more patients into clinical trials?"

"We don't know why such a low percentage of patients go into clinical trials," Wittes said.

"This is too nebulous for me to support," Goodman said.

"There is a specific question this contract will ask," Wittes said. "What is the reason for having so many unevaluable patients on clinical trials. Moertel's group (Charles Moertel, chairman of the North Central Cancer Treatment Group) is numero uno in decreasing the number of unevaluable patients. What is the reason? Also, we would like to find out what two centers have done to reduce unevaluable patients to near zero."

Board Chairman Samuel Hellman summed up: "This contract is to answer the questions you are asking," he said. "One, why is the number of unevaluable patients high? Two, why is the percentage of patients entered on trials low?"

"Each element of this is timely and important," Wittes said. "I don't have any doubt that this contract can get done."

Some of the Board members had doubts. The motion to approve carried, but by only a 6-5 motion. Voting for it were Goldman, Samuel Wells, Efraim Racker, Brigid Leventhal, James Goldie, and Dani Bolognesi. Opposed were Karen Fu, Carol Portlock, Mortimer Elkind, Calabresi and Goodman.

"Because of the narrow vote, we will refine this and bring it back in October," Wittes said.

Cancer Therapy Evaluation Program information system. Estimated first year award, $600,000, five years. This is a recompetition of the contract now held by Information Management Services Inc.

This contract supports the information needs of the Cancer Therapy Evaluation Program by providing comprehensive information management during the protocol review process and by providing data on the results of active and completed protocols. The system provides administrative and scientific information for individual protocols and at the summary level with respect to institutions and investigators, treatment modalities, and diseases.

A second function of the contract is to maintain and operate the Drug Distribution & Protocol Monitoring System data base. The DDPMS is an automated system used to verify the accuracy of investigational drug requests as required by FDA. The DDPMS contains investigator, protocol and drug information as well as drug shipment histories. The system also provides management information to the program, the cooperative groups, and private organizations.

During the requirements analysis and design of the CTEP-IS, additional areas of information have been identified for computerization. These areas would assist the CTEP staff with administration, reporting, monitoring and research of clinical trials and drug distribution. These requirements fall within the workscope but not within the current budget. Thus, a justification for noncompetitive procurement has been prepared to begin these tasks during the last year of the current contract.

The current contractor has developed and implemented a complete phase 2 single agent subsystem of the CTEP-IS. The administrative module of the main CTEP-IS has been completed; the scientific and results modules are still under development and are scheduled for completion by the end of the current contract period of performance.

The DDPMS has ensured that investigational drugs are provided only to registered investigators in reasonable quantities for approved protocol use. This assures compliance with FDA regulations and provides drug distribution records useful in tracking drug utilization for IND annual reports, site visit monitoring, drug cost accounting and other needs required by the program.

The existing CTEP-IS will be maintained and further developed as an interactive data system. Data base management system software will be implemented on microcomputers and/or the DCRT mainframe.

The concept was approved unanimously.

COURT ORDER FINALLY MAY PERMIT NCI TO MAKE LANDOW, BLAIR SWITCHES

Thanks to an order by a federal judge, the long planned move of NCI employees into and out of the Landow building in downtown Bethesda may be completed this month.

The court order also was intended to make life a little more pleasant for the 500 NIH employees, most of them NCI staff members, who work in the building.

The move was planned last year after elements of the Div. of Cancer Etiology, mainly the Biometry & Epidemiology Branch and the SEER Program, were transferred to the Div. of Cancer Prevention &

Control. The DCE staff members were located in Landow, while most of the DCPC staff is in the Blair building, in Silver Spring. NCI Director Vincent DeVita is a proponent of the theory that organizational units should be grouped together whenever possible and decreed that the former DCE staff members move to Blair. At the same time, Developmental Therapeutics Program employees, part of the Div. of Cancer Treatment, who have been quartered in Blair were to move to Landow, where they will join other DCT components.

That move was scheduled for last January, but it ran into the feud which had developed between NIH and the Landow building owner, millionare developer Nathan Landow. Landow employees forbid NIH use of the building's single freight elevator and also closed the loading dock, effectively preventing the move. NIH employees also claimed Landow harassment, closing of parking spaces assigned to them, prevention of mail delivery within the building, and inadequate maintenance.

The problem goes back to the highly favorable lease the government negotiated with Landow in 1972, for 10 years at $4.55 a square foot with two five year renewal options. The lease covers about one third of the building, and similar space in Bethesda now goes for about $14 or $15 per square foot.

Landow sought to block renewal of the lease in 1982, and the government had to get an injunction to stop what it claimed was harassment and intimidation of its employees. The General Services Administration, which is responsible for dealings with private landlords renting space to the government, apparently was unable to enforce the injunction, and the harassment continued right up to last month.

Finally, a group of NIH administrative officers working in the building took matters into their own hands. They wrote an eight page letter to members of Congress detailing their grievances and distributed it widely throughout the government and to the press. The Dept. of Justice was moved to take some action, and the court order, by U.S. District Judge Joseph Young in Baltimore, was the result. Young is former chairman of the American Cancer Society Board of Directors.

The delay of the massive exchange of NCI staff members between Blair and Landow has delayed publication of **The Cancer Letter**'s directory of key NCI staff members. The directory will be published as soon as possible after the move has been completed and the office addresses and phone numbers are available.

NCI CONTRACT AWARDS

TITLE: Assay development and preclinical pharmacology studies with thiobarbituric acid derivative (NSC 336628 D)--Task #8
CONTRACTOR: Ohio State Univ., $55,519.

TITLE: Assay development and preclinical pharmacology studies with terixirone (NSC 296934)--Task #10
CONTRACTOR: Mayo Foundation, $55,170.

TITLE: Assay development and preclinical pharmacology studies with deoxyspergualin (NSC 356894)--Task #9
CONTRACTOR: Arthur D. Little Inc., Cambridge, Mass., $97,993.

TITLE: Assay development and preclinical pharmacology studies with melphalan (NSC 8806)--Task #11
CONTRACTOR: Midwest Research Institute, $94,109.

TITLE: Assay development and preclinical pharmacology studies with aphidicolin glycinate (NSC 303812)--Task #6
CONTRACTOR: Ohio State Univ., $94,230.

TITLE: Assay development and preclinical pharmacology studies with L-cysteine derivative (NSC 303861)--Task #7
CONTRACTOR: SRI International, Menlo Park, Calif., $75,162.

TITLE: Development and maintenance of the Drug Information System
CONTRACTOR: Fein-Marquart Associates, Inc., Baltimore, Md., $459,940.

TITLE: Computer based searches for chemical structures
CONTRACTOR: Maxima Corp., Bethesda, Md., $227,969.

TITLE: Synthesis of radiosensitizing agents
CONTRACTOR: SRI International, Meno Park, Calif., $1,469,225.

TITLE: Epidemiologic study of black/white differences in cancer patient survival experience Data Collection Center
CONTRACTOR: Emory Univ., Atlanta Cancer Surveillance Center, $599,710.

TITLE: Provision, maintenance and transfer of tumor bearing laboratory animal models for investigation
CONTRACTOR: Litton Bionetics, Kensington, Md., 1,830,325.

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