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NCI DROPS TWO CCOPS, CINCINNATI AND WEST VIRGINIA, FOR LACK OF PATIENT ENTRY; 60 FUNDED ANOTHER YEAR

NCI staff has completed review of the 62 Community Clinical Oncology Programs in their first year of operation and has recommended that 60 of them be continued for at least another year. The staff decided that two CCOPs—Tri-State CCOP in Cincinnati and West Virginia Cooperative CCOP headquartered in Charleston—should not be funded for the second year.

(Continued to page 2)

In Brief

CDP AWARDED CONTRACT TO DO FACILITIES SURVEY; MIHICH APPOINTMENT OFFICIAL; KRAYBILL RETIRES

CDP ASSOCIATES has been selected by the ad hoc committee organized by the American Cancer Society to conduct the survey of cancer research facilities funded jointly by ACS and Armand Hammer, chairman of the President's Cancer Panel. CDP won out over several other firms in spirited competition. Carolyn Taylor will be the principal investigator for the $150,000 project which is aimed at determining through an objective survey estimates of current and future facility needs. An advisory committee is being organized to work with CDP, with ACS President Gerald Murphy and Vice President Alan Davis as consultants. The schedule calls for CDP to have an initial draft of the survey findings in the hands of the advisory committee by early December, with the final report due by Feb. 1, in time for NCI Director Vincent DeVita to present to the congressional appropriations committees at their hearings on the FY 1986 budget .... **WHITE HOUSE** has made it official: Enrico Mihich, director of the Experimental Therapeutics Dept. and of the Grace Cancer Drug Center at Roswell Park Memorial Institute, is the sixth and last 1984 appointee to the National Cancer Advisory Board (**The Cancer Letter,** May 25). His term will extend to March, 1990. Other appointments previously announced by the White House were David Korn of Stanford, who will be chairman of the Board; Louise Strong of M.D. Anderson, Helene Brown of UCLA, Gertrude Elion of Burroughs-Wellcome, and Roswell Boutwell of McArdle Laboratory who was reappointed to a full six year term.... **HERMAN KRAYBILL,** scientific coordinator for environmental cancer in NCI's Div. of Cancer Etiology, retired this month after 40 years of service with the federal government, 14 at NCI.... **CORRECTION:** The Health Care Finance Administration is the largest third party payor, not third largest, as quoted incorrectly from John Travis' letter to Sen. Robert Dole in the Aug. 3 issue .... **ROBERT OLDHAM,** former director of NCI's Biological Response Modifiers Program, has been named director of the Biological Therapy Institute in Franklin, Tenn.

SIXTY MAKE IT TO CCOP SECOND YEAR; PATIENT ENTRY FALLS SHORT OF GOAL

(Continued from page 1)

NCI's Grants Management Branch is in the process of negotiating and issuing the second year awards. The awards all start Sept. 1, and all of the awards will be made by mid-September.

Failure of the Cincinnati CCOP may be a surprise to all except those who have been aware of the problems there. This group, with Albert Schreiner as the principal investigator, tied with the Eastern Maine Medical Center as the highest scoring in the review, both with priority scores of 118.

The West Virginia CCOP, with Steven Jubelirer as the PI, scored 258 and was one of six originally funded beyond the payline cutoff of 250, with the intention of reaching underserved areas and achieving better geographical distribution of the program.

Cincinnati and West Virginia both failed to survive the first year review for one reason—they were not able to enter patients onto research protocols. While NCI staff declined as usual to discuss grants (in this case, cooperative agreements) which are being discontinued or left unfunded, others offered these observations:

—The Cincinnati group was too slow in getting protocols approved, delaying significant patient entry into studies until after the cutoff date for the review. "If they had had another six months, they might have made it," one said. It also was suggested that the battle to put the Cincinnati consortium together left too many bruises which had not healed.

When the debate was going on two years ago about CCOP guidelines, Jerome Yates, head of NCI's Centers & Community Oncology Program, had argued that the program should be reserved for individual institutions, excluding consortia. He was overruled, but the Cincinnati experience tends to back his stand.

—The West Virginia CCOP was an effort to cover the entire state, with six locations. "It was a logistical nightmare. They just never got their act together," was one comment made.

--Both groups may have been hurt by their selection of the Southeastern Cancer Study Group as their primary research base. SEG has had problems of its own, discontinued many of its protocols and had its NCI funds cut drastically this year, with a number of members dropped. However, "Other CCOPs affiliated with SEG made it, so that probably is not a good excuse."

Some of the lucky 60 barely squeaked through despite putting only a relatively few patients on study. Reviewers took into account evidence that earlier problems had been overcome and the groups were starting to produce.

Some CCOPs had great difficulty with their own institutional review boards as well as the NIH Office for Protection from Research Risks. Some local lawyers, with little experience in legal matters dealing with clinical research, had difficulty interpreting OPRR and FDA requirements. They did a lot of nitpicking and sometimes insisted on writing impractical or ridiculous consent forms. All this resulted in delays which, according to at least one NCI estimate, cost as much as $2 million.

OPRR didn't help matters when it developed new standards for CCOPs which were not applied to the cooperative groups or their outreach affiliates. One result was that an investigator who had written and obtained approval for a protocol being used by the Southwest Oncology Group was prevented from using it for his CCOP.

Another investigator who works both in private practice and academia said he found that it is more difficult to get patients from private practice into research protocols. Other community investigators have not found that to be the case, however.

NCI has not counted the precise number of patients entered into studies by CCOPs, but expects to have that figure next month following a phone survey. Best guess at the moment is that it totals about 3,500. That would fall considerably short of the program's goal of 5-6,000 a year. The start up problems undoubtedly had an impact on the number, and the optimists at NCI project the number to exceed 5,000 during the second year.

How many of those represent a net increase, that is, patients who would not have been entered into clinical studies anyway through those community investigators who were previously working with the groups or centers? NCI expects to get that information also from the phone survey.

Some CCOPs, formerly cooperative group outreach affiliates, have doubled patient accrual, although that is not the case with all of them. That indicates that the increase in money they are getting over the smaller amounts through the outreach program does have an effect.

In general, "The people who had previous experience with research bases did better, and the more cohesive organizations did better," an NCI staff member said.

PANEL TO MEET IN HAWAII NOV. 9, AFTER SAN FRANCISCO, SEATTLE DATES

The schedule for the western portion of the President's Cancer Panel's series of meetings on "involvement of cancer centers in the National Cancer Program and efforts to achieve national goals" has been completed with the addition of

a Nov. 9 meeting in Hawaii as the final stop on the tour this year.

The Panel selected Hawaii because of the unique problems there in dealing with cancer related to the state's remoteness from mainland facilities and the fact that it has the highest incidence of cancer in the U.S.

The Panel met in Los Angeles last April, and will meet in San Francisco Sept. 7 and Seattle Oct. 1. Tentative plans call for the Panel to meet in as yet undesignated locations in other regions of the country next year, still addressing the topic of centers and their role in the Cancer Program.

Meanwhile, other meetings related to the role of centers in cancer control activities have been going on or are scheduled:

*The Centers & Cancer Control Committee of the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control reached a consensus earlier this month on how cancer control clinical trials should be handled. In general, the committee agreed that a cancer control cooperative group should be organized to conduct some interventions. This group might be affiliated with one or more of the existing cooperative groups which are supported by the Div. of Cancer Treatment, using their expertise, data handling capabilities, etc., where appropriate. With some interventions, the existing groups might be capable of doing the entire job, possibly with the assistance of additional experts in cancer control. For the most part, centers would play leading roles in initiating and organizing the studies.

The issue will be further discussed at the committee's next meeting Sept. 12, starting at 9 a.m. in NIH Bldg. 31 Rm. 8.

*The Centers Planning Committee, organized by DCPC and including a broad representation from centers and other organizations, will meet Sept. 13-14 at NIH (meeting room yet to be determined). This committee also will take up the question of how centers will be supported in cancer control efforts.

The DCPC Board will meet in October. However, a final decision on establishing a cancer control cooperative group probably will not be made by the Board until its January meeting. "If the feeling (on the part of the two committees) is that we can use the existing groups, or carry out the studies with ad hoc groups, we won't need a formal concept approval," Jerome Yates, DCPC associate director for the Centers & Community Oncology Program, said. "But if we're going to establish a new entity, we will need concept approval from the Board, and we probably will not be ready to present that concept before the January meeting."

The San Francisco meeting of the Panel will be held in the Terrace Room of the Airport Hilton Hotel, starting at 9 a.m. It will be open to the public, with presentations and panel discussions by invited participants. Speakers include Jerry Lewis, chairman of the Northern California Cancer Program Board of Trustees; Saul Rosenberg, NCCP director; and Donald Austin, director of the Northern California SEER Program.

Three panel discussions are scheduled, with Victor Levin, Edwin Cadman and Joseph Castro on the first; Roger Miercort, Robert Carlson, Phyllis Mowry, Jonas Richmond and Mervyn Silverman on the second; and Sidney Saltzstein, Raymond Weisberg, Carol D'Onofrio, Eduardo Duran and Warren Winklestein on the third.

A statement prepared by NCI intended to assist participants in the San Francisco meeting prepare their presentations describes briefly the issues and questions being probed by the President's Cancer Panel. It also offers some clues on what NCI executives expect from centers and possible new directions they think the centers program may take. The statement follows:

"NCI recently projected a reduction in mortality from cancer by 50 per cent by the year 2000. We feel this ambitious goal is realistic and can be achieved by effective application of current knowledge in prevention, treatment and early detection. We are emphasizing prevention efforts which include dietary modifications and smoking cessation. Information dissemination resulting in the universal application of state of the art treatment in the country can reduce cancer mortality. Since the passage of the Cancer Act and with its mandate, NCI has established a network which encompasses the cancer centers, Community Clinical Oncology Program, the clinical cooperative groups and their community outreach programs, as well as PDQ, the computerized information resource for cancer treatment for the practicing physician to assist in the applications of the results of research.

"Each geographic region has unique opportunities and problems in terms of demographic characteristics and available resources. This series of meetings of the President's Cancer Panel will examine the strengths of cancer centers and areas that need further attention. The Panel will also examine the unique opportunities presented by the research conducted at each center, the populations they serve and the role of the cancer centers in meeting the national goals through their own efforts and through networking with other NCI programs, private sector health care providers, public officials and agencies, voluntary associations and others in the community.

"Invited participants are asked to address specific issues in their presentations, but also to

frame their remarks in the context of what they see as the role of cancer centers in helping NCI reach its goals for the year 2000. The position of the cancer centers in the National Cancer Program should also be addressed with a critical eye to effective future implementation. Resource gaps, including those which NCI ought to attempt to fill, should be identified.

Current and potential regional impact of centers.

"*What are the special problems and opportunities in the population groups in the region?

"*What programs do centers have to address these special problems in the region?

"*What are the unique features and accomplishments of the center?

"*Are the relationships between the center and the components of the NCI network, such as CCOPs, cooperative groups, other NCI grantee institutions and practicing oncologists functioning well?

"*What are the relationships between the center and other organizations and institutions with a role in cancer control?

"*What opportunities exist for exploiting the training potential of centers, especially for minority students and scientists?

"*How do we know when a region needs additional centers? Are more or different kinds of centers required?

"*What new control activities could centers initiate?

"*If these activities are not seen as the responsibility or mission of centers whose responsibility are they?

The parent institution and the cancer center.

"*What are the structural, organizational, administrative relationships between the two?

"*What is the scope of authority/autonomy of the center director?

"*What effect does the designation of a center have on cancer research at an institution? What would happen if there were not a center?

"*Are institutions prepared to have centers assume or increase their roles in cancer prevention and control? What resources are required?

"*What have institutions done to abet the training and support of minority students, scientists and clinicians?

"*An institution must have $750,000 in peer reviewed research grants in order to be designated an NCI cancer center. In the U.S., survival statistics for blacks are inferior to those for the population as a whole. Should special guidelines be written to allow minority institutions or institutions which are in the region of underserved populations to become centers based on their prevention, control and outreach activities while they build their basic research activities?

Promoting health and delivering care.

"*What are seen as the most important cancer control and prevention issues in this area? What is underway or planned to address them?

"*What is the current role of your organization in monitoring, preventing, controlling, screening, treating cancer?

"*What is/should be the role of the center in each or any of these activities?

"*Should additional interactions be promoted between state and local health departments and cancer centers? If so, what kinds would be most productive?

"*Can interactions between cancer centers involved in cancer control research affect regional health policy and care delivery? How far geographically can such an effect be extended?

"*What have been the relationships of institutions delivering care, public and private, with the cancer center in their area? In what specific ways might these relationships be strengthened or changed?

"*What gaps are perceived in the NCI network in this region? What special resources and opportunities exist?

The voluntary effort to control and prevent cancer: Role of centers.

"*From the perspective of each organization, what are the most important issues related to cancer in this area of the country?

"*What are the activities and roles of each organization?

"*What opportunities and problems exist with regard to special populations and what is being done or planned to address them?

"*What special resources exist in the area and what are the apparent gaps in the NCI network?

"*What has been the relationship of the organizations to the center? How have the centers been of assistance? What forms of assistance would be most useful?

"*Please discuss ways in which each organization might assist the center: research collaboration, outreach, public education, etc. What potential exists for fruitful collaboration or networking, what impediments have existed, what could be done to remove them?

Basic science centers.

"*What are the relative advantages of a basic science center core grant vs. program project grants?

"*It is NIH policy to stabilize basic research by supporting 5,000 new and competing research, RO1, PO1, grants, even at the expense of other programs. Since cancer center core grants are not counted in this category, are basic science centers losing support by having core grants? Since basic science

centers have no clinical facilities, is an impression created of an artificially large centers program? Is such an impression detrimental to the Centers Program?

"*What benefits/problems are generated by being a center?

"*Should a clinical link be required for basic science centers? If so, how can collaborative efforts between basic and clinical research activities best be encouraged?

"*What is the relationship of each basic science center to clinical and comprehensive centers in the region?

"*What opportunities exist for exploiting the training potential of each center, especially for minority students and scientists?

Consortium questions.

"Does the core grant serve a different purpose or operate differently in a consortium center than in the more traditional models?

"What is the relationship between the Northern California Oncology Group and NCCP? How does it affect cancer care in the region?

"What is the administrative relationship between the director of the consortium center and its member institutions in reference to personnel, space, budget, and program development? What degree of autonomy does the director have? Are these the optimum arrangements to facilitate the activities of the center? Any recommended changes?

"If the consortium center didn't exist, what would be the effect on member institutions? On cancer research in the region? On cancer care in the region? On cancer prevention? Would there be more independent centers requesting NCI core support?

"How does the consortium structure affect the center's interaction with community physicians, state and local health agencies, and others concerned with cancer prevention, diagnosis and treatment? Are such interactions with the center or with the component members? Are they helped or hindered by the consortium structure?

Describe the criteria for membership in the consortium and how they are determined. Are there efforts to recruit additional members? If so, by what methods?

"How much and what type of centerness exists between individuals (clinical or basic scientists) at the institutions in the consortium? Of particular interest are those interinstitutional collaborations within the center which might otherwise not exist. What conditions seem to impede or facilitate such interactions?

"What are the scope and nature of activities involving practitioners and investigators from Nevada? Are they focused in that state or in California?"

CARCINOGENESIS-BIOLOGY CIDAC AWARD GOES TO PHILADELPHIA SMALL BUSINESS

NCI has awarded the contract for operation of the carcinogenesis and cancer biology Cancer Information Dissemination Analysis Center to Information Ventures Inc. of Philadelphia. The cost will be $2.2 million over the life of the contract.

The CIDAC previously was operated by Franklin Institute, a not for profit organization. The government decided to reserve the recompetiton for small business, eliminating Franklin. However, Bruce Kleinstein, who heads Information Ventures, had previously been with Franklin and was involved in the CIDAC contract.

NCI has not yet decided what to do about the carcinogenesis and biology Cancergrams not published after the Franklin contract lapsed earlier in 1984.

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.

SOURCES SOUGHT

Project NCI-CN-55437-46
Title: Preclinical toxicology of chemopreventive agents
Deadline for statement of qualifications: Sept. 10

NCI is seeking small business sources capable of responding to a potential request for proposals to conduct preclinical toxicology of chemopreventive agents.

A primary function of the chemoprevention program is the identification and evaluation of agents for possible utilization in clinical trials in humans. Candidate agents, whether from natural sources or synthesized, have been evaluated for anticancer efficacy in various screening tests. However, before a decision can be made as to their suitability for the phase 1 clinical trials in humans, they must be evaluated for toxicity in animals.

The basic objectives of this project will be to evaluate the acute, subacute/subchronic and chronic toxicity of designated agents. These studies will be performed in animals (rodents and dogs) and will include conventional short term studies, lifetime studies in rodents and dogs, and multigeneration

teratogenicity studies. The agents would be given primarily by the oral route.

NCI contemplates awarding a series of master agreements for this work seeking to establish a pool of qualified sources who will compete for the individual master agreement orders (designated chemopreventive agents to be evaluated).

A summary of the tasks required in the project follows:

TASK I

Perform acute toxicity, pilot dose range finding, and 13 week subchronic toxicity in rats and dogs by the oral route. Include, where appropriate, complete gross necropsies, histopathological examinations, and clinical laboratory studies.

TASK II

Develop a protocol for a pharmacokinetic profile for each investigational agent. The protocol and profile may build upon published data and data provided by the manufacturer of the agent or NCI staff. Additional studies necessary to complete the pharmacokinetic profiles for the rat and the dog shall be performed by the contractor. Pharmacokinetic studies will provide parameters of absorption, blood concentration time profiles, distribution, and excretion. Data on tissue concentration of the test agent, determined as part of the toxicology testing, shall contribute to the pharmacokinetic profile. Information on major metabolites shall be included in order to provide as complete a picture as possible of the overall distribution and fate of the test agent. Appropriate modeling shall be applied to determine probable pattern of distribution and compartmentalization. The first studies performed shall be designed to provide absorption and half life information necessary to plan the 90 day rat and dog toxicology studies. Perform studies.

TASK III

Develop and perform teratogenicity studies on chemopreventive agents that have the prospect of being administered to women of childbearing potential. These will be the standard segment I, II, and III studies as described in the "Guidelines for Reproduction Studies for Safety Evaluation of Drugs for Human Use," available from the contract specialist upon request. For efficiency, the male rats from the three month oral study may be used to initiate male related reproductive toxicity studies.

TASK IV

Perform chronic one year oral toxicity in rats and dogs. Clinical laboratory studies and gross and microscopic necropsy findings are to be included.

Technical Evaluation Criteria

Potential small business offerors who respond to this announcement must demonstrate the capability to develop and perform all aspects of the work described above. Specifically, potential offerors must:

1. Submit evidence of familiarity with a general study design, conduct, and data to undertake the tasks described, including appropriate data handling capabilities. Examples of previous studies may be submitted. Describe procedures for existence of utilization and adherence to quality control procedures in areas such as animal health, hematology, clinical chemistry, and histopathology. Examples of previous work may be submitted. The government reserves the right to conduct site visits of prospective offerors.

2. Provide general personnel requirements, including documentation of experience, training, education of principal investigator, and other members of the professional staff. The toxicologist must provide documentation of experience and background in animal toxicity testing and must be board certified by the American Board of Toxicology. A DVM who is board certified in veterinary pathology and a DVM who is board certified by the American College of Laboratory Medicine are also required. These three professionals must be established full time employees of the company. Clinical laboratory technical assistants must be certified by the American Society of Clinical Pathology. Animal care employees must be certified by the American Assn. of Laboratory Animal Science.

3. Suitability of facilities and availability of equipment appropriate to accomplish tasks should be evident. Animal holding facilities for dogs must be provided with adequate environmental containment. Animal facilities must meet LTAALAS specifications; identify space dimensions and the extent of caging and equipment for cage cleaning. Facility must demonstrate design and maintenance capability to meet chemical and biological control; must comply with NCI carcinogens and handling standards; must comply with federal and state occupational health and environmental laws and regulations. Description of on site data handling (computer), chemical, and pathological facilities and equipment should be provided. Provide evidence of ability to comply with requirements set forth in the FDA Good Laboratory Practice Regulations.

4. To demonstrate the organization's background and experience, cite specific examples of previous experience, including chronic toxicity studies conducted with dogs, examples of where data has been utilized in submissions for INDs for drugs in human use, examples of pharmacokinetic studies conducted and completed, reproductive and teratogenic studies completed, letters of recommendation from pharmaceutical industry and/or other users of servcices.

Small businesses (number of employees does not exceed 500) which believe they possess the capability to perform the above tasks are invited to submit a statement of corporate qualifications. This statement must address the preceding technical evaluation criteria and may not exceed 20 8 1/2 x 11 inch pages of double spaced, typewritten, original text. Preprinted statements of corporate capability may be attached as additional information. Resumes of professional staff and other key personnel are required and should also be attached to the original text. Letters of recommendation from clients for whom similar work has been accomplished must also be attached.

Submit six copies of the required statement and attachments no later than 12 noon on the deadline date above.

Contract Specialist: Deborah Smith-Castle
RCB Blair Bldg Rm 2A07
301-427-8745

RFP NCI-CP-51003-76
Title: Bovine leukemia virus herd
Deadline: Approximately Oct. 15

NCI has a requirement for a contractor to provide and maintain the following:

Fifteen bovine leukemia virus (BLV) infected high risk cows, five BLV infected low risk cows, 10 uninfected control cows, 10 BLV infected sheep and 10 uninfected control sheep. The contractor shall supply from these animals the following: blood, serum, plasma, bone marrow, leukocytes, bone marrow smears, and virus producing lymphocytes. Additionally, the contractor shall perform clinical surveillance on the animals on a regular basis.

RFP NCI-CP-51008-76
Title: Inter and intraspecies identification of cell cultures
Deadline: Approximately Oct. 15

NCI has a requirement for a contractor to provide the necessary personnel and facilities to operate a cell identification service. The contractor shall receive directly from various laboratories cell cultures to be examined and tested. Approximately 20 cultures per month shall be identified. Identification shall be accomplished through (a) species specific immunofluorescent staining; (b) isozyme analysis as used in cell culture determination; (c) cytogenetic analysis utilizing activities not only as necessary for species identification but also to determine the current state of the culture with respect to ploidy, chromosomal rearrangements, or markers such as Y chromosome, and: (d) other markers as necessary or appropriate, e.g., presence or absence of surface IgG on human lymphoblastoid cells, complement receptors, sheep red cell binding and presence or absence of EBV antigens.

RFP NCI-CP-51006-76
Title: Marmoset colony for cancer research
Deadline: Approximately Nov. 15

NCI has a requirement for a contractor to provide a facility and personnel to operate a breeding colony of government owned marmosets. The contractor also shall provide professional and support personnel to assist investigators in performing studies on the marmosets. The facility shall have the capacity to house up to 150 marmosets.

Contracting Officer for the above three RFPs:
Robert Townsend
RCB Blair Bldg Rm 114
301-427-8888

RFP NO1-CN-55442-34
Title: Methodology and analysis of vitamin A and carotenoids in foods
Deadline: Oct. 19

NCI is soliciting proposals from organizations interested in supporting and developing new and improved analytical procedures to measure retinoids and carotenoids in food. The objective is to employ these procedures to analyze foods which are major contributors of these components in the U.S. diet. Samples for analysis will be selected using sophisticated statistical and marketing information to ensure that representative samples are selected. The data will be incorporated into a data base for calculation of dietary intakes of these compounds in clinical trials, dietary interventions, dietary assessment studies and nutrition guidance efforts conducted by NCI. This proposed procurement is subject to the availability of funds.

RFP NO1-CN-55445-34
Title: Characteristics of hospital tumor boards
Deadline: Nov. 9

NCI is soliciting proposals from organizations interested in developing a descriptive characterization of hospital tumor boards. The objective is to collect information concerning tumor board content and process from all community hospitals, university hospitals and cancer centers where tumor boards exist. Tumor boards appear to be an important mechanism for individual patient management decisions and cancer control through continuing physician education and dissemination of information about the latest advances in cancer treatment. Nonetheless, a paucity of data exists describing their function, content, attendance, and ultimately, the relationship of these characteristics to the reduction of morbidity from cancer.

Contract Specialist for the above two RFPs:
Elizabeth Abbott
RCB Blair Bldg Rm 2A01
301-427-8745

RFP NCI-CN-55433-40
Title: Cancer communications system
Deadline: Approx. mid-October

The Div. of Cancer Prevention & Control of NCI is soliciting proposals for the dissemination and interpretation of information regarding the cause, prevention, detection and treatment of cancer to cancer patients, their families, the general public and health professionals.

1. The goals of the cancer communications system are as follows:

a. To use communication strategies as a cancer control modality to reduce cancer incidence, morbidity and mortality. This will contribute to the overall NCI goal of a 50 per cent reduction in cancer mortality by the year 2000 by making available the latest state of the art information on cancer prevention, screening, treatment and continuing care to cancer patients, their families and friends, the general public at risk to cancer and health professionals.

b. To establish a high quality communications system which can serve as a resource and/or data base for stimulating the development and implementation of new research projects in cancer

communications, in cooperation with the grantees funded through a separate program entitled "Cancer communications system research."

c. To provide regional cancer centers and other major community cancer organizations with a resource to interface and communicate with other information resources and their various publics.

2. The overall goals will be met by the following objectives:

a. To develop and extend a cadre of cancer communications professionals who can plan, administer, develop and promote support materials for cancer information and education programs which comprise the cancer communications system.

b. To provide the general public and health professionals with access to accurate, current information on cancer. This will be accomplished by establishment, operation and evaluation of a national toll free telephone information system, consisting of regional offices and known as the Cancer Information Service. In addition, each office is expected to be an active participant in cancer information/education activities in its area of service.

c. To develop and maintain directories of cancer resources including agencies, organizations and services available to the general public, cancer patients and their families within a designated service area.

Contract Specialist: Maria Snyder
RCB Blair Bldg Rm 2A07
301-427-8745

RFP NIH-ES-84-39
Title: Support for chemical nomination and selection process of the National Toxicology Program
Deadline: Approximately mid-October

The National Institute of Environmental Health Sciences is soliciting proposals from offerors having the capability to support the NTP chemical nomination and selection process through the preparation of NTP executive summaries on chemicals nominated to NTP for toxicological testing, through the identification of chemicals in chemical classes being tested by NTP that are candidates for further NTP testing, and through the updating in an accurate and timely fashion of the chemical nomination and selection report section of the CHEMTRACK on line data base. The results will be used in the review of nominated chemicals for toxicological testing by the two scientific evaluation groups, the NTP Chemical Evaluation Committee, and the NTP Board of Scientific Counselors, and in final decision making by the NTP Executive Committee, to select those chemicals to be tested and the testing endpoints to be studied. The on line data base will serve as an information resource on chemicals being tested or nominated to NTP.

Contracting Officer: Marcia Soward
NIEHS, PO Box 12874
Research Triangle Park, N.C.
27709

SOURCES SOUGHT

Announcement NIEHS-84-4
Title: In vitro toxicologic interactions
Deadline for statement of capabilities: Sept. 30

The objective of this study is to conduct an in vitro toxicologic interactions testing study using cultured cell systems. Tests anticipated as being necessary components of this study are:

(1) Cytotoxicity of various compounds and mixtures of these compounds (mainly binary mixtures) to primary hepatocytes in short term culture.

(2) Cytotoxicity of compounds and mixtures to cultured cells of a less differentiated type such as a stable cell line. Bioactivation by use of an S-9 mix may be required.

(3) Cytotoxicity of compounds and mixtures to mixed cell types including experiments using hepatocytes for bioactivation and another cell type as a target.

(4) Determination of cytotoxicity and damage to cells using a variety of endpoints of different sensitivity.

Concerns having research and development capabilities in this field and facilities for performance of the work are invited to submit a summary of qualifications to the contract specialist below. Information furnished should address the following factors:

Current and/or past experience in in vitro toxicity testing describing types of cells used and endpoints utilized to determine toxicity.

Experience in preparation and culture of primary hepatocytes from rat and mouse, describing techniques used for isolation and normal per cent viability (trypan blue exclusion) obtained.

Experience with various endpoints of differential sensitivity which can be used as indicators of cell damage and death; experience with the following endpoints should be noted: ^{51}Cr release, ADP/ATP ratios, inhibition of microsomal calcium pump, cytosolic enzyme release and determination of cellular glutathione (or NPSH) levels.

Statistical support available and/or previous experience in the study of toxicologic or pharmacologic interactions, including identification of type (synergism, antagonism, potentiation), for binary and higher order mixtures.

Contract Specialist: Vondia Malone
NIEHS
Contracts Management Office
OAM, PO Box 12874
Research Triangle Park, N.C.
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