

2/19/85
from JRS
① Eileen H. ② Harriet?

THE

CANCER LETTER

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

Vol. 11 No. 7

Feb. 15, 1985

© Copyright 1985 The Cancer Letter Inc.
Subscription \$150 year North America
\$175 year elsewhere

CONGRESS DELUGED WITH PROTESTS FROM BIOMEDICAL RESEARCHERS OVER GRANTS REDUCTION, BUDGET CUTS

While the biomedical research community, angered and dismayed by the heavy handed slashing by the White House of basic research funds in both the 1985 and 1986 budgets, reacted with plans for massive lobbying efforts, some members of Congress reportedly were considering taking the Administration to court over the 1985 cuts. The President's 1986 proposals for NIH,
(Continued to page 2)

In Brief

AACR, ASCO TO SPONSOR JOINT SYMPOSIUM ON ONCOGENES; AACI HOSTS CONGRESSIONAL STAFF

AACR, ASCO will sponsor jointly a symposium on "Oncogenes, Growth Regulation and Cancer" at the May meetings in Houston. The American Society of Clinical Oncology will hold its 21st annual meeting May 19-21 in the Houston Civic Center; the American Assn. for Cancer Research will have its 76th annual meeting May 22-25 at the same place. The Oncology Nursing Society will hold its 10th congress May 15-18, also in Houston. AACR will sponsor three other symposia: "Recent Progress in Cancer Research," "Mechanisms of Tumor Progression," and "Cellular Mechanisms of Drug Resistance." Advance registration for the AACR meeting is available until April 8. Contact AACR, West Bldg Rm 301, Temple Univ. School of Medicine, Philadelphia 19140, phone 215-221-4565. . . . **SIX AACI** representatives recently hosted a luncheon for 27 congressional staff members, from the Senate and House appropriations and health authorizing committees, the House Ways & Means Committee and Senate Finance Committee. They discussed NIH authorization, especially those provisions affecting NCI; funding of cancer centers; the cutback of 1,500 grants in the 1985 budget; and the potential impact of DRG reimbursement on clinical research. Representing the Assn. of American Cancer Institutes at the luncheon were John Ultmann, president of the organization; John Durant, immediate past president; Timothy Talbot, past president; Edwin Mirand, AACI secretary treasurer; Emil Frei, director of the Dana-Farber Cancer Institute; and Baruch Blumberg, associate director for clinical research at Fox Chase Cancer Center **GARY PEARSON**, chairman of the Georgetown Univ. Medical School Dept. of Microbiology, has been appointed associate director for basic research of the university's Lombardi Cancer Research Center. . . . **STEVEN D'ARAZIEN**, who established the National Toxicology Program's public information office in 1980, has joined the Washington D.C. public relations firm of Richard Pollock Associates. He will handle many of the firm's chief accounts involving technical and policy matters.

NCAB Okays Funding
Core Grants For ICC,
Hawaii, UC-San Diego
... Page 4

NCAB Reluctantly
Approves Use Of
Contract To Support
Cancer Journals
... Page 4

NCAB Committee, NCI
Split On Starting
New Organ Systems
Aerodigestive Group
... Page 6

Management Information
Contract Recompetition
Approved By Committee
... Page 7

RFPs Available
... Page 7

ORDER TO FUND AT RECOMMENDED LEVELS LIMITS EFFORT TO SAVE SOME GRANTS

(Continued from page 1)

including a \$64.3 million cut for NCI from the 1985 level, will be considered at hearings of the House and Senate Labor-HHS-Education Subcommittees next month. By then, members of those subcommittees and other members of Congress will have been deluged with protests from the scientific community and especially Cancer Program supporters.

The impact of the White House actions was still being sifted through last week at the meeting of the National Cancer Advisory Board. The Committee on Planning & Budget, in its report to the full Board, made this analysis on the effect of "forward funding" (paying all three years of certain grant awards with 1985 funds):

"The 1985 appropriation included funds within research project grants (RO1 and PO1) to support approximately 1,030 competing awards, to an estimated priority score of 170. The 1985 revised level will support 790 competing awards (estimated 158 priority score) with the same dollar level that was contained in the appropriation. The \$48 million associated with the reduction from 1,030 to 790 competing grants has not been eliminated from the budget. Instead, the instructions from the Administration are to use these funds to provide three years of support (multiyear funding) to a specific number (135) of the 790 competing grants. Therefore, both the number of grants and the dollar amount have been set for NCI. This policy will reduce grant commitments in both 1986 and 1987 since three years funding will be obligated in 1985. All grants are to be funded at recommended levels."

It is interesting that the White House Office of Management & Budget accepted the directive from Congress to fund all grants at recommended levels but had no reservations about flagrantly disregarding congressional intent to fund 6,526 competing NIH grants. Forward funding will cut that to 5,000. Approximately 240 NCI grants which would have been funded if congressional intent had been followed now will not, unless Congress or the courts can force OMB to back down.

The cancer centers core grant budget for 1985 suffered, to a much lesser extent, from the same tactic. OMB directed NCI to fund one center for two years with 1985 money. That meant there was not enough for the planning grant intended for the developing center at West Virginia Univ., the center named for retiring Sen. Jennings Randolph. The appropriations bill specifically directed support to that center; OMB told NCI to forget it, at least for this year (see following story for other Board actions on centers).

The NCAB committee report had this to say about the FY 1986 budget:

"Research project grants will be funded at recommended levels. Approximately 807 competing awards will be supported to a priority score of approximately 160. . . All other extramural mechanisms will be held at the same level as in 1985."

With the money as appropriated by Congress, NCI had planned to pay 37.1 per cent of approved competing grants in FY 1985. Now, that will be cut to 28.5 per cent. It will be even lower in 1986, with only an estimated 25.6 per cent of approved new and competing renewal grants to be paid.

The report also noted that money for the 135 grants funded in 1986 and 1987 with 1985 appropriations were not shown in the 1986 budget request.

The report concluded, "NCI staff will review all options available to determine the best way to implement the stipulations contained in the President's budget for both 1985 and 1986, with an eye towards protecting investigators under the affected mechanisms as much as possible."

Those options now do not include the one NCI used extensively in previous budget crunches—trimming a percentage from the recommended levels of all grants in order to fund more of them.

NCAB member Enrico Mihich asked NCI Director Vincent DeVita if there might be any chance of reversing the decision to fund grants at full recommended levels.

"That came as a directive from Congress," DeVita said. "If we wanted to change it, we would have to ask Congress. But now we also have the direction from the Administration, to pay at recommended levels. They're in concert now."

"All of us realize the tremendous impact of this budget," Board member Gertrude Elion said. She is chairman of the Planning & Budget Committee. "We're wracking our brains to find ways to help NCI, including what actions we might ask of Congress."

"I urge all Board members to contact their senators and representatives," member Rose Kushner said. "Let's get this corrected. Contact your professional associations. Raise Cain."

"I expect there will be some compromise (on the 1986 budget) between the bypass budget and the President's recommendation," Board member Helene Brown said.

"Are there plans at NIH to request a supplemental appropriation?" Board member Victor Braren asked.

"This is the President's budget," DeVita said. "We made our case. All the arguments have been made."

"Looking at this realistically, I don't know if

NATIONAL CANCER INSTITUTE

NCAB Subcommittee on Planning & Budget
(Dollars in Thousands)
By Research Program

	1984 <u>Actuals</u> (Comparable)	1985 Column of the <u>1986 Budget</u> (Comparable)	1986 <u>President's</u> <u>Budget</u>
RESEARCH			
Epidemiology.	\$ 71,344	\$ 74,933	\$ 71,385
Carcinogenesis (Physical & Chemical).	107,722	115,329	111,265
Biological Carcinogenesis	93,255	104,088	97,184
Nutrition	23,722	29,269	26,708
(total nutrition) ¹	(54,967)	(57,999)	(54,000)
Tumor biology	113,439	144,231	133,092
Immunology	87,415	96,315	88,485
Diagnostic research	49,427	56,943	52,082
Preclinical treatment research	168,701	182,000	169,780
Clinical treatment research	170,410	182,448	174,642
Rehabilitation research	<u>2,136</u>	<u>1,818</u>	<u>1,822</u>
Total, RESEARCH	907,571	987,374	926,445
RESOURCE DEVELOPMENT.	119,415	137,075	135,184
CANCER CONTROL	<u>65,911</u>	<u>65,860</u>	<u>64,383</u>
TOTAL, NCI	\$1,092,897	\$1,190,309	\$1,126,012

¹ Includes related nutrition research in carcinogenesis, tumor biology, epidemiology, rehabilitation, and other program areas, and nutrition-related training.

we can expect any changes for 1985," Board member Geza Jako said. "The real issue now is the 1986 budget."

"Is there any possibility of getting NCI exempted from the cuts without disturbing your loyalty to the budget," Mihich asked.

"As I said, all the arguments have been made," DeVita answered. "Essentially, all of the increase given to us in 1985 was used to pay some of the 1986 and 1987 budgets."

"Where does the status of the National Cancer Act come in?" Board member Roswell Boutwell asked.

"Reauthorization of the National Cancer Act is a separate issue," DeVita said. "Except that the Act does provide the bypass budget. Reauthorization is extraordinarily important. It has proven itself extremely successful."

Boutwell suggested that Board members, in following Kushner's suggestions, add lobbying for

the National Cancer Act to their efforts on behalf of the budget.

"I'm an optimist," Jako said. "Every year when the President's budget comes it, it usually turns out better than what we expect at the moment."

"I agree we should be optimistic," Mihich said, "but prepare for the worst. Optimism should be a source of energy to make sure what happens this year doesn't happen next year."

DeVita, speaking in defense of his boss, commented that the inflation which existed when the President took office had not been controlled, "we might be talking now not about losing some grants but about closing our doors."

(The two tables appearing last week in **The Cancer Letter** showed the impact of the budget on the individual funding mechanisms used by NCI and by seven broad areas of budget activity. The table above shows the impact by research programs.

NCAB OKAYS FUNDING HAWAII, ICC, UC (SAN DIEGO) CENTER CORE GRANTS

The National Cancer Advisory Board last week went along with NCI staff's recommendation to fund the core grant of the Cancer Research Center of Hawaii, giving the center a chance to overcome the problems that jeopardized its existence.

Approval was for three years, with an administrative review to be held by NCI after the first year to determine the amounts to be awarded in the second and third years. The administrative review will take a look at how the center has resolved its leadership problem. Long time Director Lawrence Piette took a leave of absence to accept a position with Utah State Univ. Laurence Kolonel, director of the center's Epidemiology Program, is interim director of the center while a search committee has started the task of finding and recruiting a permanent director.

NCI staff had recommended that the grant be funded at 80 per cent of recommended levels, with possible adjustments for the second and third years after the review; that funds be restricted for support of the research programs in basic sciences, epidemiology and clinical trials and appropriate costs of administration, planning and evaluation; and that no funds would be used for the laboratory science program in the clinical sciences or development of new program areas such as cancer control research.

The Board and staff agreed that the recommended restrictions on how the grant funds would be spent will serve as a guide in the final negotiations.

The Board also approved renewal of the core grant for the Illinois Cancer Council, one of the 20 comprehensive cancer centers and one of two NCI supported consortium centers. Shirley Lansky is the director of the center.

In an action similar to that taken for Hawaii, the Board approved an administrative extension for one year of the core grant for the specialized cancer center at the Univ. of California (San Diego). The former director of that center, John Mendelsohn, has left to head medical oncology at Memorial Sloan-Kettering. The center had withdrawn its application for renewal last December, and will submit another when a new director has been hired.

Finally, the Board accepted staff's recommendation not to fund a core grant for the Puerto Rico Cancer Center. "Although staff is sympathetic with the needs and opportunities of the Puerto Rico Cancer Center, it is difficult to recommend funding this grant with its priority score of 258," NCI's written recommendation said. "Staff seeks concurrence or advice." It received concurrence.

NCAB RELUCTANTLY OKAYS CONTRACT METHOD FOR NCI SUPPORT OF JOURNAL

NCI for 32 years has helped support the journal "Cancer Research," published by the American Assn. for Cancer Research, considered one of the most prestigious of the professional journals in cancer research. That support recently has amounted to \$350,000 out of the total cost to publish the journal of \$1.5 million.

That support has now ended. NCI determined that the mechanism of support, an RO1 grant, was not appropriate, especially considering the squeeze on the RO1 money pool.

AACI President Isaiah Fidler and Secretary-Treasurer Robert Handschumacher appeared before the National Cancer Advisory Board last week to suggest that NCI establish a new mechanism to support information dissemination. "Cancer Research" and other journals could compete for support, and it could also be used for other forms of information dissemination, such as conferences, workshops and travel.

Board members were cool to the proposal but eventually agreed on a split vote (8-5) taken two days after the AACR presentation to give Director Vincent DeVita the option of making available through a contract limited "careful, frugal support" for cancer journals. The door thus was left slightly open for "Cancer Research" and other journals to seek NCI help, but neither the Board nor DeVita expressed much enthusiasm for the idea.

Fidler said in his presentation to the Board that the journal "Cancer Research" has been "an absolutely unique publication. AACR is the premier organization of cancer scientists in the world." The journal is one of the most cited in the field, he added. "Data must be published and disseminated or it isn't any good. If I don't publish anything, the only ones who know I'm any good is me and my mother."

Handschumacher said that "Cancer Research" is the "premier refereed data base." It has a press run of 7,100 copies, 50 per cent going to the AACR membership and the rest to other subscribers and libraries. He suggested that page charges to those whose papers are published, one way other journals generate revenue, could be imposed. However, page charges are appropriate costs in grants and NCI would wind up helping subsidize the journal anyway, Handschumacher argued, with the additional burden of indirect costs added to the page charges. "If we would have \$350 page charge, through the grant it would cost NCI \$550 due to overhead," he said.

Board member Louise Strong asked if other journals are supported by the government. Handschumacher replied that he did not know of any, and

added that "Cancer Research" also gets a small grant from the American Cancer Society.

Board member Rose Kushner asked why the journal could not get more of its support from advertising.

"We have made a strenuous effort to sell more ads," Handschumacher said. "But we are basic scientists, not clinicians, so we're not as attractive to advertisers. We will continue to work hard on that, however."

"Thirty two years is a precedent," Board member Enrico Mihich said. "What was the basis for the RO1 grant then that it is not today.?"

"I don't know," Fidler said. "I wasn't there." No one else offered an answer.

"I'm asking the Board to consider not necessarily support for the journal 'Cancer Research,' Fidler said. "It is time to allocate an appropriate proportion of the budget to disseminate information. Otherwise, you will have a lot of information you'll sit on."

"Much of the data generated by NCI grants is published in other journals," Board member Gale Katterhagen said. "Have you discussed with ASCO the possibility of combining the two journals?"

"I can't discuss the ASCO position," Fidler said. "Yes, there are other journals, and most of them have page charges."

"Does the 'New England Journal' have page charges? Does 'JAMA'?" Katterhagen asked.

"We have 6,000 pages a year," Fidler responded. "The 'New England Journal' has only a few cancer articles a year."

"I question \$1.5 million for 7,100 copies," Board member Richard Bloch said. "I wonder if first you should call in some experts, try to get your costs down."

Handschumacher said that he has compared costs with those of other journals. "We know ours are competitive." He explained that much of the cost is involved in "our extraordinarily tight review. We reject 40 per cent of the papers sent in, and of those we use, many are heavily revised."

Bloch asked if the members could be asked to pay the additional cost.

"Remember who the members are," Handschumacher answered. "They are your grantees. You will pay for it, one way or another."

DeVita said that NCI pays through RO1 grants about \$2.5 million for page charges levied on its grantees by various journals. "One of the issues is, that if we fold this into a new mechanism, how would we handle page charges?" If grantees had to compete separately for page charge money and were not successful in doing so, they might not be published, he pointed out.

"Seven thousand is a minority of those who read

cancer journals," Board member William Powers said. "I think we can find better ways to spend precious research dollars."

"That is 7,000 copies, not readers," Elion commented. "Readership is widespread. It's read in libraries all over the world."

Board Chairman David Korn said he did not want to call for a vote on the question that day, prior to the Board's consideration of the RO1 grant in closed session the next day. "We can discuss on Wednesday (the final day of the meeting) whether we want to consider establishing a new category."

When the issue was brought back after the Board had gone along with the recommendation to terminate the grant, Board member Robert Hickey offered a motion to support the journal through a contract administered by DeVita's office.

"'Cancer Research' is a good and prestigious publication," Hickey said. "Dr. Fidler and Dr. Handschumacher have accepted that 32 years of support from NCI has ended. Our options are to continue it as an RO1, support it through a new grant category, or to support it through a contract. We should consider seriously supporting this journal."

Hickey added that AACR should consider raising its prices and undertaking some economy measures. "I have great misgivings about creating a new mechanism. Too many journals would qualify for support."

Korn said that when money for publication is included in grants, "it seems to me that buys the best quality publication possible."

"I like the idea of a new grant instrument," Mihich said. "It could be a competitive opportunity for a number of selected and important journals. It should include all aspects of technology transfer, including conference support, fellowships for international conferences, all transfer of information."

On the other side, Board member Helene Brown said, "I'm strongly against continuing support of this journal. The message is out, they should find a way to support themselves. NCI should support only one journal, the 'Journal of the National Cancer Institute.' As Vince has said, we probably should not have supported it in the first place. The concept of a new mechanism is okay, but not for support of journals. It takes money away from research. 'Cancer Research' is a good journal, but NCI should not support it."

"The issue of ongoing support for the journal 'Cancer Research' beyond April, 1985, has been settled," Hickey said. "It will not be continued. We're talking about creating a new grant mechanism for technology transfer."

Powers said the "mechanism suggested by Dr.

Hickey (the contract) for some supplemental support would be the easiest to administer. If we go into a grant mechanism, that would require money for review. I would agree to a limited amount of money for a useful purpose."

"Why have the contract for just one of 50 journals?" Korn asked. "What's the justification?" No one offered a response.

Mihich argued that the contract program should include money for conferences, but DeVita answered, "I fail to see the relevance. We spend about a half million dollars a year on conferences. We have spent more in the past. A conference is not a journal."

"We have a mechanism for supporting conferences," Brown agreed. "I'm against a new grant mechanism for supporting printed media. It would require a new peer review system. You would get such a mixed bag, it would defeat your purpose."

"If 'Cancer Research' folds, the slack would be picked up by other journals," Kushner said. "It wouldn't be an irrevocable loss."

"The scientific community would survive, but I wouldn't want it to happen," Korn said.

"It would be a major loss," DeVita said.

In response to questions from Board members on cost of publishing "JNCI," Peter Greenwald, who is editor of "JNCI" in addition to his job as director of the Div. of Cancer Prevention & Control, said the cost of publishing that journal and "Cancer Treatment Reports" is \$1.08 million. About \$600,000 goes to pay for "JNCI" with its circulation of 4,000, the rest to "CTR" and its circulation of 7,500. Those costs include NCI staff and overhead, Greenwald said.

Strong said that Hickey's motion "as given applies only to 'Cancer Research.' I can't see the justification for singling out only 'Cancer Research.' There are many other important journals."

Powers offered an amendment striking the name, and making it apply to all appropriate journals.

"Is the amendment acceptable to the author of the motion?" Korn asked.

"Considering the votes, it is," Hickey said.

Braren had a final shot. "In a recent issue of 'Cancer Research,' there were only three ads. I suggest the organization be told to get more ads and that the Board vote down this motion."

"It has no circulation to medical professionals such as urologists who prescribe drugs," Boutwell argued. "We've tried to sell ads. The PhD who buys carcinogens for mice is not a good prospect."

"But they do buy supplies," Braren answered.

"And those people advertise in 'Science' and other publications," Boutwell said.

Braren directed his last question to DeVita. "Do you really need another professional journal?"

"I was hoping we could leave that up to the

National Cancer Advisory Board," DeVita answered, getting howls of laughter for ducking the issue.

Kushner, Hickey, Boutwell, Mihich, Korn, Elion, Powers and Tim Lee Carter voted for the motion; Brown, Strong, Braren, Bloch and Ed Calhoon voted against it.

NCAB COMMITTEE, NCI SPLIT ON ISSUE OF STARTING NEW ORGAN SYSTEMS GROUP

NCI executives had hoped that with reorganization of the old Organ Site Program into the Organ Systems Program now completed, the coordinating center in operation at Roswell Park and the five working groups starting to meet and planning workshops, the controversy generated by the program in the past would subside.

No such luck.

The National Cancer Advisory Board's Organ Systems Program Committee, meeting for the first time since the program became fully operational, immediately became embroiled in argument with NCI staff over the issue of adding more disease sites (and working groups).

Committee Chairman Robert Hickey long has argued for addition of cancers of the bronchogenic and upper digestive system to the program—"aerodigestive system," as he calls it. Jerome Yates, who heads the Centers & Community Oncology Program under which the Organ Systems Program management falls, has resisted that suggestion.

Yates has gone along, so far, with the proposal for a new brain tumor group. Cancer Centers Branch Chief Lucius Sinks told the committee that the first step will be to convene an ad hoc group to discuss the question and then make a recommendation to the Div. of Cancer Prevention & Control Board of Scientific Counselors. It will be a multidisciplinary group and will meet in Bethesda. The meeting had been tentatively scheduled for this month but was postponed.

NCAB member William Powers suggested that the concept be expanded to include the entire central nervous system.

"Does this committee endorse the concept of going ahead with the new group?" Hickey asked. "I do."

"I'm concerned about diverting attention from something more significant, with more morbidity and mortality," Powers said, referring to the suggested new group which would include lung cancer.

"It's too early to talk about diversion," Yates said. "With MRI coming along, you can expect things to change. The research opportunities (in brain tumors) will probably expand faster than any other area."

The issue of which if any new disease sites should be added to the Organ Systems Program depends

on the rationale for organized, coordinated efforts directed to specific sites. Yates said one of the original concepts was related to incidence and whether any significant amount of research was going on in the particular disease. "I think we should consider research opportunities," he said. "The time is right to exploit the opportunities coming along with MRI," meaning opportunities in CNS malignancies.

"I think this group should also include metastases to the central nervous system," Hickey said.

Powers said that the degree of morbidity and mortality as well as the extent of research going on were the factors involved in selecting the first organ sites. "MRI is wonderful, but imaging of brain tumors is not the problem. The problem has been the pathogenesis of brain tumors and effective therapy. I'm more concerned about the upper digestive tract and the airway passages."

"I always felt that would be one of the next areas the program should get into," Board member Victor Braren said.

"It was part of the recommendation to NCI (made by the Board in a compromise which ended an acrimonious and long confrontation between the Board and NCI)," Powers said. The recommendation said that the next site to be considered would be the airway passage.

Yates argued that the organ systems approach should be a multidisciplinary effort that includes the etiology and epidemiology of the disease. To the suggestion that a group may be needed for head and neck cancer, he said, "We know the etiology and we know the treatment. The biggest problem is rehabilitation. Unless there are some new research opportunities in epidemiology, etiology or treatment, we don't need a group. In lung cancer, there is a tremendous amount of research going on. There may be some need for more research in esophageal cancer, but are there opportunities that lend themselves to the Organ Systems Program? With shrinking resources, we should use our time and energy wisely. We've decided to put the aerodigestive system on hold."

"I disagree totally with Dr. Yates," Powers said. "We've neglected rehabilitation and biology. I believe there is a tremendous opportunity to change the pattern of disease, improve therapy and detection, far more for head and neck and lung cancer than for brain tumors. When I see priority scores on tobacco related grants at 300, no one apparently knows how to do research on stopping people from smoking. to do research on stopping people from

"At least three of the four members of this committee agree," Braren said. Hickey made it unanimous.

"Dr. Yates," Hickey said, "I think you got the message. At our next meeting, we want to hear what you've done" about exploring the possibility of establishing a new program for cancer of the aerodigestive system.

Yates agreed that the prospect would be explored.

MANAGEMENT INFORMATION CONTRACT RECOMPETITION APPROVED BY NCAB

The National Cancer Advisory Board Committee for Concept Review of Contracts for the Office of the Director gave concept approval to the recompetition of NCI's contract for support services of its Management Information System.

The committee had postponed a decision on the concept at its meeting last November, asking staff for more information on MIS. The concept was unanimously approved when it was brought up again last week.

The contract presently is held by System Sciences Inc., which is in the third year of the award, estimated at \$230,000 for this year. Staff estimates for the next five years range from \$217,000 the first year to \$264,000 for the fifth, for a total cost of \$1.2 million.

Betty Ann Sullivan is the project officer.

The staff of the Management Information Systems Branch is responsible for the system analysis, design and implementation activities as well as system integration, configuration management, user liaison and training, and system evaluation. The purpose of this technical support services contract is to assist MISB staff in the enhancement, maintenance and operational support of current systems as well as to provide implementation support for the development of new systems. The contractor will also be expected to provide support for other information processing activities of the branch such as coordination of NCI's submissions to the information technology systems budget, the PHS planning and inventory data base and automated information systems security program; development of training programs for a variety of information processing activities; and testing of capabilities of new hardware and commercially available software.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda, MD, 20205. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring, Md., but the U.S. Postal Service will not deliver there. RFP announcements from other agencies

will include the complete mailing address at the end of each.

RFP NCI-CP-EB-51025-21

Title: Support services for epidemiologic studies
Deadline: Approximately April 11

The Environmental Epidemiology Branch of the Epidemiology & Biostatistics Program of NCI's Div. of Cancer Etiology is seeking a contractor to provide support for epidemiologic research by the conduct of multiple epidemiologic studies, and the maintenance, acquisition and use of epidemiologic data bases. This contractor must also be capable of providing support for specimen collection and laboratory assays and be able to provide rapid turnaround to requests from the NCI project officer relating to these studies.

Activities involved in the performance of these studies include but are not limited to (1) initiation of communication and liaison with parties whose cooperation or approval is required for the conduct of the individual studies; (2) development of appropriate study materials, data collection forms, procedural manuals, coding schemes, and training programs; (3) identifying and tracing study subjects; (4) data preparation and processing which includes the design of small scale computer systems to store and maintain the data; and (5) interviewing study subjects and abstracting medical and other records.

The contractor shall be required to provide documentation of steps followed in the conduct of each study to assure adequate monitoring and quality control of work performed. The contractor shall obtain biologic specimens from study subjects, arrange for specimen storage and/or standard laboratory tests or assays, and perform other support activities as requested by the NCI project officer in completion of these studies.

This acquisition is a recompetition of the contract now held by West at Inc. It is anticipated that a multiyear, cost reimbursement, incrementally funded, completion type contract will be awarded for a period of five years.

The concept from which this RFP was derived was approved by the DCE Board of Scientific Counselors at its fall meeting and reported in the Nov. 23 issue of The Cancer Letter, page 4.

Contract Specialist: Barbara Shadrick
RCB Blair Bldg Rm 114
301-427-8888

RFP NCI-CM-57723-30

Title: Maintenance of animal disease diagnostic laboratories

Deadline: May 15

NCI is seeking organizations with the capabilities and facilities for performing complete animal health workups on rodents. Workups will include

viral serology, bacterial culturing, mycoplasma testing, examinations for parasites, and pathology.

To be considered for a contract award, offerors should meet the following criteria: (1) principal investigator and other key personnel should have experience and expertise in rodent disease diagnosis; (2) PI should be generally considered as an expert in one or more areas of rodent disease diagnosis; (3) organizational experience in rodent disease diagnosis should be available.

It is anticipated that two awards will be made for this effort. Only one award will be made to any organization. A multiyear, incrementally funded contract will be awarded for a period of five years. Each increment will be for a 12 month period.

The concept from which this RFP was derived was approved by the Div. of Cancer Treatment Board of Scientific Counselors at its fall meeting and was reported in the Nov. 2 issue of The Cancer Letter, page 8.

Contract Specialist: Elsa Carlton
RCB Blair Bldg Rm 228
301-427-8737

RFP NCI-CO-54053-36

Title: Cancer communications program support
Deadline: April 15

The services required will be definitized by work orders issued during the period of performance. The work orders will be issued under the following eight areas: (1) the support of the planning, development, implementation, promotion, and evaluation of public information projects on cancer; (2) the assistance in the further development of existing NCI programs; (3) the development of mechanisms and products for dissemination of cancer information to the public through news and entertainment media; (4) the development and maintenance of a network of cancer concerned intermediaries; (5) the support of communications activities of the NCI divisions; (6) the development and preparation of issue, strategy and planning papers on health communications topics; (7) the providing of graphic and design services needed for communications programs and materials produced by NCI; and (8) work order administration, management and reporting.

These services will be provided under a level of effort, cost plus fixed fee contract for 150,000 person hours. The contract period will be five years. Offerors will not be considered eligible for award unless they can demonstrate their ability to meet with the project officer in Bethesda, Md. and then provide certain deliverables, such as slides or charts, to Bethesda within 24 hours.

The contract proposed here is a 100 per cent small business set aside.

Contracting Officer: Patricia Rainey
RCB Blair Bldg Rm 314
301-427-8877

The Cancer Letter — Editor Jerry D. Boyd

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Violators risk criminal penalties and \$50,000 damages.