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PRESSURE BUILDS ON PRESIDENT TO SIGN AUTHORIZATION BILL; NO MOVEMENT YET ON APPROPRIATIONS MEASURE

There was no indication from the White House by press time this week whether President Reagan would sign or veto the Health Research Authorization Act of 1985, which includes renewal of the National Cancer Act. The third option available to him: Don't

(Continued to page 2)

In Brief

PETER FISCHINGER NAMED NCI DEPUTY DIRECTOR; ACR MOVES HEADQUARTERS TO WASHINGTON AREA

PETER FISCHINGER, NCI associate director whose responsibilities include serving as Director Vincent DeVita's scientific coordinator and as director of Frederick Cancer Research Facility, has been appointed NCI deputy director by DeVita. HHS Secretary Margaret Heckler signed Fischinger's appointment last week. The position has been vacant since July, when Jane Henney left for the Univ. of Kansas. Fischinger, 48, has spent his entire career at NCI. He received his MD at Illinois Medical School and PhD in microbiology at the Univ. of Illinois. He was hired in 1966 by former NCI Director Frank Rauscher, who was then director of what is now the Div. of Cancer Etiology, to work in the viral oncology program. He published one of the first theories ("the first correct one," he says) on oncogenes in 1974, and feels the work of NCI and NCI supported investigators in research on viruses "is now paying off in a big way". . . . **AMERICAN COLLEGE** of Radiology will move into its new headquarters building in Reston, Va., near Washington D.C., Nov. 11. "This move marks the end of one era and the beginning of another," ACR Board of Chancellors Chairman Joseph Marasco said. The move consolidates the previous headquarters in Chicago with the Washington office. The staff of about 70, headed by Executive Director John Curry, will occupy 45,000 square feet. New address is 1891 Preston White Dr., Reston 22091, and the phone is 703-648-8900. . . . **"LIVING THROUGH** Cancer" is the theme of a conference Nov. 14-16 at Loew's L'Enfant Plaza Hotel in Washington, sponsored by Cancer Care Inc. and the National Cancer Foundation, a not for profit social service agency that provides professional counseling and planning to cancer patients and their families. Contact Michele Dillon, Prospect Associates, phone 301-468-6555 in Rockville, Md. . . . **TAKIS PAPAS** has been appointed chief of the Laboratory of Molecular Oncology in NCI's Div. of Cancer Etiology by Division Director Richard Adamson. Papas has been acting chief of the lab for the past two years. . . . **GERALD MURPHY,** director of the SUNY (Buffalo) Cancer Center, has received the Francis J. Dunleavy Award and an honorary doctor of letters degree from Niagara Univ.

DCE BOARD ASKS CONGRESS TO RESTORE POSITIONS CUT BY WHITE HOUSE AT NIH

(Continued from page 1)

do anything before midnight, Nov. 11, and it will become law without his signature.

Members of the Coalition for Cancer Research and other cancer program advocates have been joined by the forces who have been battling for years to establish an arthritis institute at NIH in efforts to convince the President that he should not veto the measure. If the President has not already acted, there still may be time to influence his decision with telegrams.

Renewal of the National Cancer Act has been considered absolutely essential to continuation of the program, by the National Cancer Advisory Board, President's Cancer Panel, every professional cancer society and by oncologists everywhere. Before he was muzzled by opposition to renewal of the Act by the Office of Management & Budget and the Dept. of Health & Human Services, NCI Director Vincent DeVita was saying publicly that renewal was the most important thing that could be done for the cancer program this year.

The Administration's opposition has been based primarily on the issue of the arthritis institute. The White House has contended that arthritis research is getting the full attention it deserves and as many resources as the scientific opportunities can exploit, and that adding a new institute will merely create a new layer of bureaucracy. Counter arguments include those which have been used to justify all the categorical institutes at NIH, and the political appeal of focusing attention on a disease that afflicts millions is one that Congress could not resist.

If Reagan does veto the bill, he will be welching on an agreement that Orrin Hatch (R.-Utah), chairman of the Senate Labor & Human Resources Committee, thought he had reached with OMB. Hatch had been assured the President would sign the bill if it did not contain the House approved provision creating a National Institute for Nursing Research, and if it carried three year dollar authorizations instead of one as in the House version. That is how the final bill came out of conference, with the nursing institute downgraded to a "Center for Nursing Research."

Meanwhile, there was no movement on the 1986 fiscal year appropriations bill for HHS by press time. Both houses have passed their versions of the bill, and a conference possibly could be held this week.

An important difference between the two money bills is the provision in the Senate version requiring the White House to restore cuts made in NIH personnel.

In an effort to encourage conferees to adopt the Senate language on NIH positions, the Board of Scientific Counselors of NCI's Div. of Cancer Etiology wrote the following letter and sent it to William Natcher (D.-Ky.), chairman of the House Labor-HHS Appropriations Subcommittee; Lowell Weicker (R.-Conn.), chairman of that subcommittee in the Senate; and members of the two subcommittees, most of whom will be on the conference committee:

"We are writing. . . to seek your help with a situation at NCI/NIH which has reached a critical proportion.

"During FY 1984-86, NIH and NCI were obliged to reduce the ceiling of fulltime equivalent (FTE) personnel which has resulted in a reduction of about 400 individuals at NCI.

"The consequences of these reductions in personnel are resulting in an instability in our cancer research investment and are extremely discouraging to young people considering careers in cancer research. We bring to your attention the fact that these reductions are having a critical effect on NCI's present programs in training, research and clinical investigations and on the management of its extramural program. These reductions in personnel are making it extremely difficult for NCI to fulfill its mission to reduce the incidence, morbidity and mortality of cancer in the United States.

"We defer, of course, to your judgment on the best technical route to redress this ominous situation." PB-8511-0 18783

FIRST ONCOLOGY NURSING CERTIFICATION EXAMINATION SCHEDULED FOR APRIL 30

The first oncology nursing certification examination offered by the Oncology Nursing Certification Corp., which was established by the Oncology Nursing Society for the development, administration and evaluation of a program for certification in oncology nursing, will be held next April 30 in Los Angeles.

The examination was developed by Education Testing Services of Princeton, N.J. Its basic content will include cancer nursing practice, 30%; characteristics of major cancers, 15%; treatment of cancer, 15%; issues and trends in cancer care, 10%; cancer prevention and detection, 10%; diagnosis and staging of cancer, 8%; pathophysiology of cancer, 5%; cancer epidemiology, 5%; and historical perspectives, 2%.

Eligibility criteria include a current RN license, three years nursing experience within the past five years, minimum of one year oncology experience (1,000 hours), which may be in clinical practice, education, research or administration. Cost is $150 for ONS members, $200 for others.

Application forms will be available in the November/December and January/February issues of "Oncology Nursing Forum," ONS' journal. Non-ONS members may request applications from ONCC, 3111 Banksville Rd., Suite 200, Pittsburgh, PA 15216, phone 412-344-3899.

The first examination will be held in conjunction with the 11th Annual Congress of ONS at the Westin Bonaventure Hotel in Los Angeles.

PB-85II-018784

NEW AWARD FOR NEW INVESTIGATORS REPLACES R-23 GRANTS AT NIH

A new award for new investigators will replace NIH's current program of new investigator research awards (R-23). Entitled the first independent research support and transition award, the purpose of the new FIRST award program is to provide an initial period of research support for newly independent biomedical investigators that will allow them sufficient time to develop their research capabilities and to demonstrate the merit of their research ideas.

The grants are intended to underwrite the first truly independent investigative efforts of an individual; to provide support of sufficient duration so that there is a reasonable opportunity to demonstrate creativity, productivity, and further promise; and to help effect a transition toward the traditional types of NIH research project grants. Therefore, FIRST awards are to provide assistance over a five year period during which the newly independent investigator with a promising, meritorious proposal can provide evidence of significant and innovative contributions to laboratory or clinical science disciplines in biomedical or behavioral research.

Total direct costs for the five year period of the award may not exceed $350,000. Except "in most unusual circumstances," the direct cost award in any budget period may not exceeed $100,000. The awards will be based upon merit review of investigator intitiated research grant aplications. In general, principal investigators will be allowed to carry over unexpended funds from one budget period to another, the concept says. For example, "such carry over will not be subject to prior approval by the awarding unit nor will it be included in the Institutional Prior Approval System requirements."

Principal investigators will also be empowered during the fifth year to extend the project period up to one additional year without additional funds.

To be eligible for the award, the principal investigator must have completed his/her formal education and may not have been designated previously as prinicapl investigator on any PHS supported research project that was peer reviewed. (Serving as principal investigator of a PHS small grant does not preclude eligibility). Only domestic organizations and institutions may apply.

PHS-398 applications will be used for the program, and applications are to be submitted to the Div. of Research Grants in accordance with regular receipt dates of Feb. 1, June 1 and Oct. 1. The first receipt date will be Feb. 1, 1985. Applications may not exceed a total of 25 pages. All applications exceeding that limit will be returned. Individuals may not concurrently submit a K series application (Research Career Development Award, Clinical Investigator Award) or a regular research grant application for the same project.

All NIH institutes will participate in the program. Initial review will be by DRG study sections, with secondary review to be conducted by the appropriate national advisory council or board.

Principal investigators may submit regular research grant applications any time during the course of the award. If the proposals overlap with the objectives and scope of the FIRST award, this must be fully explained and justified. As the FIRST award approaches termination, the investigator may submit a regular researh grant application to continue and extend the research activity.

The new award was presented to the Div. of Cancer Biology & Diagnosis' Board of Scientific Counselors by DCBD Associate Director Brian Kimes. He explained that investigators with FIRST awards can apply for larger grants and give up the FIRST award in order to receive additional funding.

Principal investigators will be required to make a "truly significant commitment of time and effort to the project--at least 50%." The description of the award states that salary support for the principal investigator and/or other personnel will be determined by rank, employment status, salary scales, and policies of the grantee institution, but may not exceed the proportion of time or effort to be devoted to the project.

Board members recommended that the award provide annual direct costs of $50,000 and 50% of the principal investigator's salary. Those recommendations will be forwarded to NCI's Director of Extramural Activities Barbara Bynum and to NIH Director James Wyngaarden.

PB-85II-015785

DCBD TO EMPHASIZE WORKSHOPS, REDUCE PROGRAM INITIATIVES FOR NEW RESEARCH

NCI's Div. of Cancer Biology & Diagnosis plans to increase its emphasis on workshops with the intention of establishing collaborations between investigators in specific areas of research in lieu of program initiatives to encourage investigators. "Our branches don't use initiatives of any kind, because all the good ideas come down the pike from

investigators," DCBD Associate Director Brian Kimes told the division's Board of Scientific Counselors. Kimes heads DCBD's Extramural Research Program and is acting chief of its Cancer Diagnosis Branch.

DCBD also plans to emphasize to investigators the kind of assistance that is available from program staff to grant applicants. Kimes suggested that presentations on how the grants system works could be incorporated into site visits to institutions by adding a half day to the visit.

While board members appeared to agree that programs designed to increase applicants knowledge of the grant application and review process would be beneficial, they expressed reservations about his suggestion that such presentations could be made at the time of site visits.

BSC Chairman Matthew Scharff noted that such programs are "fantastically useful and popular, especially for younger investigators," but advised that the program review visit was not the optimal time for such presentations. Kimes, however, asserted that budgetary constraints would prohibit travel by NCI staff at other times.

Board member Susan Zolla-Pazner suggested that the division consider making presentations on the grants system at some of the major medical meetings throughout the year.

The board unanimously approved a concept to issue an RFA that would encourage the use of supplementary grant applications to stimulate diagnostic research. Designed to encourage collaboration between basic researchers and clinical researchers, the concept would allow principal investigators to explore the diagnostic potential of research results without being forced to prepare a completely new grant proposal. If such feasibility studies proved to be encouraging, the data generated from supplemental support could be used to justify a larger more comprehensive grant proposal.

Under the project, basic researchers holding active RO1 grants from NCI would be encouraged to identify discoveries made as result of their cancer frant support that could have special significance and potential for improving cancer diagnosis. A plan for exploring the potential of these discoveries would be submitted as a formal supplementary grant application not to exceed $50,000 in direct costs. The plan should include a clinical collaboration and the funds could be used for any aspect of the proposed feasibility studies.

According to the concept presented to the board, "encouraging supplemental grant applications in the area of cancer diagnosis would stimulate basic research scientists to think about the potential diagnostic applications of their research, to develop clinical collaborations and hopefully to provide the data necessary for the development of larger, more comprehensive diagnostic research programs." This should accelerate progress in diagnostic research, it adds.

Proposed funding for the supplementary grants would fund six supplementary requests in the first year, and six additional applications in the second year. Each supplement would average approximately $70,000 ($50,000 in direct costs) and would be active for a duration of no more than two years, it says. The total estimated cost for the project would be $420,000 in the first and third years, and $840,000 for the second year.

The concept notes that recent advances in a number of areas of basic research have had important implications for improving cancer diagnosis. For example, "recent studies involving monoclonal anitbodies and DNA recombinant molecules have led to potentially new and innovative approaches to cancer detection and diagnosis," it says. DCDB is continually pursuing ways of accelerating the translation of basic reseasrch information into preliminary clinical feasibility studies, but often the financial resources of basic research grants are not sufficient to promote interactions with clinical researchers and/or to perform small scale feasibility studies, it explains.

Other concepts approved by the board are:

Mechanisms of site specific metastasis in prostate cancer. This is a new program announcement designed to encourage applications for studies that will a) develop and evaluate new techniques to predict the metastatic potential of prostate cancer. b) identify steps in the metastatic cascade and characterize the host factors and cellular and molecular properties of prostate cancer cells which determine the incidence and organ distribution patterns of prostate cancer metastasis.

According to the concept description, the prostate is unique with regard to its wide range and diversity for metastatic potential. Prostate cancer is associated with an extremely high prevalence of latent cancer that is present on pathological examination but in most cases will not become clinically manifest. About 10% of men in the age range of 50-59 years and about 50% at 70-79 years have latent prostate cancer. Only a few of these will manifest themselves as clinical prostatic cancer reaching a maximum incidence of 800 to 1,000 per 100,000 in the 7th and 8th decade. The few latent cancers that progress still provide a high enough mortality rate to make prostate cancer the second leading cause of cancer death in males. The high mortality rate is due in part to the fact that about 80% of prostatic cancer patients first present with evidence of metastasis.

A special effort is needed to foster research in this area because of the unique properties of prostate cancer and the fact that, in comparison to

other forms of cancer, there is very sparse information on the tumor biology of prostate metastasis. In addition, prostate cancer has an unusually high increase in incidence with advancing age, and the developing age increase in the male population may present a significant problem in the forseeable future.

The concept also notes that sparse information exists on the cellular and molecular events associated with prostate cancer metastasis. New techniques and models are now available to address specific biological questions in a quantitative manner that should provide specific new insight that might impact on the control of this most prevalent form of cancer.

Recent reports have indicated that quantitative pathological techniques might be of help in assessing the aggressive nature of prostatic cancer in man and animal models. These studies include quantitative pathology, flow cytometry, nuclear morphology, and biochemical indicators. While many of these new techniques appear most promising there is a need to mount a more systematic study to evaluate these procedures and to determine the biological factors associated with the different tumor types, and to determine the metastatic potential of specific cell types within the heterogeneous cells of a prostate cancer.

There is also a need to study the association of cell biology events with the metastatic potential including cell motility, the presence of specific lytic enzymes and their inhibitors, cell-cell interactions, and interactions between prostate cancer cells and the extracellular components including the basement membrane and stromal elements, it advises. Progress has been made in our understanding of stromal epithelial interactions in the prostate and how these types of cellular interactions are important in embyronic development and function of the prostate. It is of importance to determine the potential role of these types of interactions in prostate metastasis.

Studies need to be undertaken to compare paths of metastatic dissemination using both the lymphatic route (lymph node involvement is common, occurring in up to 75% of patients with advanced disease), and the hematogenous route, in order to determine not only the relative importance of either route in the generation of pulmonary metastases (found in 13-53% of patients), but also the importance of hematogenous dissemination to the liver which is also a common site of prostate cancer metastases, occurring in 5-16% of patients.

Studies are also needed to characterize the factors which determine the organ patterns of metastases, including the tertiary spread of prostate cancer. These studies could include cancer cell delivery, numbers of cells delivered and their survival in different organs. Comparisons of metastatic properties should be made of androgen sensitive and insensitive cell lines. Attention should also be directed toward factors responsible for the generation of skeletal lesions which present a particular problem since reports indicate that 55-70% of patients with prostate cancer develop bone metastases. These studies would necessitate the development of new experimental approaches since overt spontaneous skeletal metastases appear to be uncommon in existing animal tumor systems.

It is of importance to determine what biological or pharmacological factors might regulate the degree or site of metastasis in animal models of prostate cancer, the concept advises. Several animal models have been characterized that have different growth properties, routes of metastasis and hormone sensitivity and they should provide a valuable experimental system in many of these studies. Human prostatic cancer cells are becoming increasingly available by the acceptability of needle aspiration that is associated with a low morbidity. These cancer cells can be characterized by flow cytometry and quantitative morphometry and could be used with prostatic antibodies directed toward prostate specific antigen, prostate specific acid phosphatase and epithelial keratin patterns.

Other available antibodies directed toward basement membrane and extracellular matrix should also prove useful in these studies. Primary cultures of prostatic cancer cells can be studied for their motility and cell-cell interactions as well as their response to stromal and extracellular matrix components. The invasive properties of these cells might be correlated with their biochemical characteristics including lytic activity.

Transplantation, induction and preservation of plasma cell tumors in mice and maintenance of special mouse strains. This is the recompetition of a five year support contract originally with Litton Bionetics (now Hazleton Laboratories). The projected first year direct costs are $229,000, plus the indirect costs based on 163%, resulting in a total annual cost of $643,926. Proposed funding for the project is based on reducing the number of technical personnel and reducing the size of the mouse colony from 9,000 to 7,000 mice maximum.

Noting that the contract "has evolved over the last few years to become a major support facility for the Laboratory of Genetics," the concept says that "the contractor continues to maintain our bank of plasmacytomas, deliver these tumors on request to other investigators, including the Laboratory of Genetics, which is the major user." The emphasis of the work performed in the last five years has been the development of a quarantine protected conventional pedigreed mouse colony that raises mice for plasmacytoma development. In addition, the contractor maintains "probably the largest wild mouse colony" in the U.S. The contractor also performs most of the essential diagnostic procedures for the development of congenic lines including Southern blots, and supplies high molecular weight DNA from mice and tumors to investigators in the lab.

The contractor sets up the mice in experimental groups, administers pristane, maintains the mice, assists the project officer in the diagnosis of the tumors, transplants, and freezes selected tumors and prepares tumor tissue, DNA, and prepares fluids containing tumor products (serum,

ascites, urine) for distribution.

The contract is the principle support facility for the lab's work on the study of the pathogenesis of plasma cell tumors in mice. These tumors are induced in genetically susceptible inbred strains of mice by the intraperitoneal injection of pristane. The mean latent period for clinical plasmacytomas to appear is 220 days, which requires long term maintenance of the mice under continual observation.

The concept notes that "mammalian genetics is undergoing dramatic technological advances. Procedures such as specific chromosome isolation by microdissection and the DNA derived there- from for cloning will make it possible to map regions of mouse chromosomes for which there are no markers and to find probes that correlate with susceptibility or resistance. This work depends upon the availability of congenic or coisogenic pairs of mice."

The contractor:

a) provides a closed, temperature-pressure controlled, conventional environment for raising and maintaining pedigreed inbred and wild mice under the AAALAC guidelines. This facility is protected from contamination by other mice by a separate quarantine facility in which any newly introduced mice are isolated and tested for potential pathogens before introduction into the colony. The size of this facility consists of 19 individual 7 x 12 animal rooms, individual animal rooms, a 7 x 12 quarantine room equipped with isolators, and a separate 14 x 12 isolation room equipped with four isolators.

b) The size of the colony is approximately 7,000 mice and can maintain (1) approximately 35 pedigreed strains as breeders and 10 strains to be kept temporarily; (2) approximately 35 congenic strains; (3) mice in induction studies; (4) production breeders; and (5) 15 wild mouse strains.

c) Develops new congenic strains at the request of and supervision of the principal investigator, based on the availability of markers and performs essential procedures for identification of the new markers, including: starch and acrylamide gel electrophoresis, cytotoxic assays and Southern blot DNA hybridization. Emphasis in the future will turn almost completely to the use of alloprobes. Thus, the facility must be equipped with lab space (12 x 14) to prepare high molecular weight DNA and carry out DNA hybridizations using the Southern transfer system.

d) Transplants and freezes tumors and hybridomas and maintains these lines in a liquid nitrogen bank. The facility should contain capability of storing samples in four large liquid nitrogen tanks equivalent of two MVEA 2600 tanks, one IVP 3500 and one IVP 3900, and lab space to carry out programmed freezing.

e) Carries out plasmacytoma and transplantation induction studies at the request of the principal investigator, instituting special procedures such as administration of drugs in the diet, drinking water or by injection. Induction protocols also involve determining the plasmacytoma accelerating potentials of transforming retroviruses. Contractor monitors the mice for plasmacytoma development under the direct supervision of the project officer.

f) Prepares and ships biological products from mice or tumors such as liquid nitrogen, frozen tumor tissue, ascites, serum, urine, high molecular weight DNA to investigators upon request.

g) Performs necessary quality control procedures to insure the identity of the individual tumor, usually based on the serological or antigen binding activity of the secreted protein. Requires technical skill to carry out immunoassays using ELISA or immunoperioxidase method.

Maintenance and development of inbred and congenic resistant mouse strains. This is a recompetition of a contract originally held by Litton Bionetics, which was purchased by Hazelton Laboratories. Proposed annual funding (total costs) for the project is approximately $550,000 per year for five years.

The colony consists of approximately 60 strains of inbred mice, including a variety of congenic strains and congenic recombinant strains. The contract was initiated seven years ago because DCBD's Immunology Branch found it impossible to maintain such a colony at NIH.

The concept states that "it is essential to the kind of work in immunogenetics being carried out in the Immunology Branch that quality controlled stocks of animals with appropriate pedigreeds be maintained and developed." In addition to rigorous quality control of all pedigreed inbred lines, this colony is one of the few in the world in which a program of backcrossing of congenic lines to maintain genetic integrity of the background genes is performed. While no available breeding scheme can elminate genetic drift, this procedure helps to maintain a common drift in the background genes of each series of congenics within this colony, making the strains maintained in the colony constitute an irreplaceable and invaluable genetic resource, it says.

In addition, each time backcross animals are intercrossed, the possibility exists for intra-MHC recombinants to be detected. In several cases, such recombinants have been identified, saved, and bred onto appropriate genetic backgrounds. These new recombinants have provided combinations of genetic material previously unavailable and very useful for genetic mapping studies.

Antisera are also produced on the contract by immunization between a variety of strains for use in quality control testing and in experimental work in the Immunology Branch. A series of strain restricted typing sera has been developed, which can be used for quality control testing of pedigreed congenic lines. This involves immunization of each strain with a combination of F1 lymphoid cells designed to produce antibodies that would recognize all other strains in the colony other than the strain immunized. These SRTS sera have been invaluable for quality control and have been useful for the detection of contaminated stocks from other sources. The contract also handles production and

characterization of hybridoma antibodies developed in the branch, as well as shipping and handling of animal stocks, antisera, hybridoma antibodies, and hybridoma cell lines to the scientific community.

The contractor will be expected to:

a. Maintain a colony of approximately 60 strains of inbred mice by strict brother-sister pedigreed matings. This involves maintenance of accurate pedigreed records for each strain and all crosses, quality control testing of each strain at each generation by cytotoxicity assays and skin grafting.

b. Breed and develop new congenic mouse strains. This involves both intentional backcrossing to produce new congenic strains, as well as the saving and backcrossing of new intra-MHC recombinants that are detected during the quality control backcrossing program. Testing of the point of recombination is to be carried out by both serologic means (typing with alloantisera) and at the DNA level (Southern blots of appropriately digested genomic DNA using available probes to detect intra-MHC polymorphisms of restriction fragments).

c. Produce alloantisera by immunization between strains. Approximately 25 groups of immunizations of between 10-50 animals are anticipated each year. Animals must be bled weekly and antisera tested by cytotoxicity assays. Such sera will be developed for typing purposes as well as for experimental needs of the Immunology Branch. Appropriate animals from such immunization protocols will also be selected for fusions to reduce new hybridoma antibody reagents. Screeing and further production of such hybridomas will also be carried out on the contract.

d. Sera and reagents will be labelled and stored in frozen aliquots. Transportation of reagents and/or mice to the branch will be provided in a controlled temperature vehicle.

e. Reagents and mice will be shipped to outside investigators as directed by the project officer.

RFA AVAILABLE

RFA 86-CA-01
Title: Cancer control technical development in health agencies
Application receipt date: Jan. 15, 1986

The Div. of Cancer Prevention & Control of NCI invites grant applications to enhance the technical capabilities of health agencies in cancer prevention and control.

The goal of this RFA is to enable health agencies at state or selected local levels to enhance their capacity to plan, implement and evaluate cancer control programs. NCI support will provide for access to technical expertise in needs assessment, prioritization, program planning and evaluation. Health agencies are expected to provide for funding of any implementation and operation of resulting cancer control programs.

Applicants must be state, territorial or local public health departments or other agencies designated by, operated by or under control with a state, territorial or local government, with primary cancer control responsibility for a population of at least 500,000. An applicant other than a health department must demonstrate the direct involvement of a health department in the application. Applications that include more than one jurisdiction to meeting minimum population requirements will be accepted.

This RFA will use the NIH grant in aid. Funding is limited to a maximum of five years. Between five and 10 awards are anticipated depending on the availability of quality applications and funding.

Copies of the complete RFA and additional information may be obtained from Dr. Lawrence Bergner, Program Director, Cancer Control Science Program, DCPC, NCI, Blair Bldg Rm 4A01, Bethesda, Md. 20892, phone 301-427-8597.

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. 20892. 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-CN-65002-33
Title: Centralized chemopreventive agent source
Deadline: Jan. 6

The Div. of Cancer Prevention & Control intends to establish a centralized source of chemopreventive agents for use in preclinical and clinical studies by the chemoprevention program. For preclinical studies, this centralized source would provide receipt of agents from suppliers; safe and stable storage (this could entail storage conditions requiring -70 degrees C to -10 degrees C, 2 to 8 degrees C controlled room temperature, light protected, etc.); repacking agents to meet user needs; and shipment of agents to users with appropriate characterization data and handling instructions.

For clinical studies, the project would provide receipt of agents from suppliers; safe and stable storage; administrative support as needed for dosage formulation, encapsulation, calendar packing and labeling, including shipment to NCI designated contractors to accomplish these tasks if necessary; and shipment to final destination.

Essential activities for the overall operation include monitoring stock levels at user locations; inventory control to ensure timely reordering and shipping of agents; maintenance of up to date records of shipments; and limited quality assurance capability such as shelf life and purity of bulk agents.

One contract award will be made but task orders will be issued for each agent or groups of agents that are needed for a specific ongoing NCI project. It is expected that NCI research studies will

encompass as many as 30 agents per year being given to thousands of animals at 20 different centers in the continental United States. In addition, there are presently 25 NCI supported clinical trials involving some dozen agents and 100,000 research subjects located at 50 different centers throughout the world, and additional studies are planned.

A task order, term type contract, with a three year duration, will result from this RFP.

Contract Specialist: Alan Kraft
RCB Blair Bldg Rm 2A07
301-426-8745

RFP NCI-CN-55514-38
Title: Coordinating center for community clinical trials for heavy smokers
Deadline: Approximately Jan. 5

This is a 100% set aside for small business (500 employees or less).

This contract will support a multicenter cooperative intervention research program to test strategies for heavy smokers that (1) are effective in obtaining long term cessation; (2) are practical to implement on a large scale basis; and (3) employ a community intervention approach working through major organizations and social institutions capable of influencing smoking behavior in large groups of people.

The three phased study will be conducted in eight matched pairs of communities, with communities within each pair randomized to either an intervention or control condition. A separate RFP seeks proposals for the study's community intervention centers. This RFP seeks proposals for the coordinating center to manage and assist in analysis of data and to perform administrative tasks.

A preproposal conference will be held in Rockville, Md., on Nov. 25. Details will be published in the RFP.

Contracting Officer: Barbara Mercer
RCB Blair Bldg Rm 314
301-427-8877

RFP NCI-55007-34
Title: Minority research program analytic support and quality control unit
Deadline: Feb. 17

The Div. of Cancer Prevention & Control is soliciting proposals to provide a common coordinating and analytic resource for intervention studies which include participation in the development of protocol design and implementation. Specifically, this will (1) provide statistical consultation to all participating study investigations in the intervention units; (2) perform quality control checks on data collection, processing and analyses performed by the participating investigators; and (3) foster an ongoing exchange of information between investigators and mutual problem solving of major research issues that arise.

It is anticipated that a five year incrementally funded cost reimbursement type contract will be awarded to the successful offeror. Four preproposal conferences are planned: Dec. 2, in Atlanta; Dec. 4, Chicago; Dec. 6, New York; and Dec. 9, Los Angeles.

Contracting Officer: Shirley Kyle
RCB Blair Bldg Rm 2A01
301-427-8745

RFP NCI-CM-67868-72
Title: Screening of compounds for radiosensitizing activity
Deadline: Jan. 13

The Div. of Cancer Treatment requires organizations having capabilities and facilities to conduct a program of screening potential radiosensitizer and a limited quantity of radioprotector compounds.

Objectives of the radiosensitizer portions of the project are (a) to collect physical-chemical data, such as electron affinities, lipid to water partition coefficients, and solubilities on about 400 compounds a year; (b) to evaluate about 200 to 250 compounds per year for radiosensitizing properties in a mammalian cell culture system; and (c) to examine about 10 compounds per year as radiosensitizers in tumor bearing mice using at least two separate tumor systems and a different endpoint for each system (regrowth delay of tumors, tumor cell survival and modification of the radiation dose required for curing 50% of the tumors).

Objective of the limited radioprotector portion of this contract is to fully evaluate a maximum of three compounds a year. A five year period of performance is projected for this work. The contractor shall provide facilities (accredited or equivalent) necessary for the conventional maintenance of approximately 1,000 NCI furnished mice per week. A five year period of performance is projected with the level of effort at 4.4 staff years for each year.

Contract Specialist: Jacqueline Ballard
RCB Blair Bldg Rm 228
301-427-8737

CORRECTION

NCI has rescheduled the preproposal conferences planned for the two RFPs, on reduction of avoidable mortality from cancer in Black populations and primary prevention (smoking) of cancer in Black populations, which appeared in **The Cancer Letter** Nov. 1. The new dates, for preproposal conferences on both RFPs, are Dec. 2 in Atlanta; Dec. 4, Chicago; Dec. 6, New York; and Dec. 9, Los Angeles.

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