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LUNG CANCER INCIDENCE DECREASES SIGNIFICANTLY IN WHITE MALES FOR FIRST TIME IN AT LEAST 30 YEARS

The incidence of lung cancer in white males has decreased significantly for the first time in at least 30 years, NCI officials reported at the Dec. 2 meeting of the National Cancer Advisory Board. The rate of lung cancer in white men dropped 4% from 82.7 new cases of lung cancer per 100,000 men in 1982 to 79.3 in 1983. The decrease

(Continued to page 2)

In Brief

ROSENBERG, TANIGUCHI TO SHARE HAMMER 1985 PRIZE; DENNIS CAIN MOVES TO DCT FROM DEA GRANTS REVIEW

ARMAND HAMMER 1985 cancer prize for outstanding contribution to cancer research will go to Steven Rosenberg, chief of the Surgery Branch in NCI's Div. of Cancer Treatment, and Tadatsuga Taniguchi, of the Institute for Molecular & Cellular Biology in Osaka. They will split the $100,000 award which will be presented at a ceremony Jan. 30 in Los Angeles. Rosenberg was cited for development of the very promising "adoptive immunotherapy with immune cells" (see story inside); and Taniguchi for being the first to clone genes for human interleukin-2. . . . **AWARD SEASON** is in full swing, and Vincent DeVita heads the parade. The NCI director is receiving four major honors this fall, including the American Cancer Society's Medal of Honor, and the American-Italian Foundation for Cancer Research's second Barbara Bohen Pfeifer Award for scientific achievement. DeVita was also selected to deliver England's annual Leukemia Research Fund lecture and the Stratton Lecture at the American Society of Hematology meeting in New Orleans. Albert Lasker Medical Research Award winners include Bernard Fisher, Univ. of Pittsburgh and chairman of the National Surgical Adjuvant Breast & Bowel Project, for clinical medicine; Michael Brown and Joseph Goldstein, both at the Univ. of Texas Health Science Center in Dallas, for basic medicine; Lane Adams, retiring executive vice president of the American Cancer Society, and Ann Landers, columnist and member of the National Cancer Advisory Board, for public service. John Montgomery, Southern Research Institute and member of the President's Cancer Panel, received the Albert Berger Award from the American Chemical Society. . . . **DENNIS CAIN**, who as chief of the Grants Review Branch in the Div. of Extramural Activities has had a major impact on NCI peer review, has moved over to the Div. of Cancer Treatment. He is working in the Cancer Therapy Evaluation Program on problems related to the review of clinical trials. **Wayne Hurst**, who has been executive secretary of the Clinical Program Project Review Committee, is another recent DEA alumnus. He is now coordinator for research at Lousiana State Univ. School of Medicine.

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"CORRELATES WITH CHANGES IN CIGARETTE SMOKING," CANCER ADVISORY BOARD TOLD

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occurs 20 years after men began to stop smoking in substantial numbers. "This proves that people can successfully reduce their cancer risk by quitting smoking or not taking up smoking," NCI Director Vincent DeVita said in a Dec. 2 statement accompanying the release of the institute's 1985 annual cancer statistics review from its Surveillance, Epidemiology, and End results (SEER) Program.

"The really good news is that this correlates very highly with what we see in changes in cigarette smoking" among men, Edward Sondik, chief of the Div. of Cancer Prevention & Control's Operations Research Branch, told the National Cancer Advisory Board Dec. 2. "This is the first real sign that reducing smoking can be effective in reducing lung cancer."

A cigarette factory which 10 years ago was producing 300 million a day was closed last week, completing a shut down spread over the last two years which company officials blamed on decreasing demand for the product and an increasing federal tax on cigarettes. Brown & Williamson Tobacco Corp.'s plant in Petersburg, Va., once employed 4,000 workers.

"The tragedy is that lung cancer rates continue to increase among women," DeVita said. "This year lung cancer is expected to top breast cancer as the leading cause of cancer deaths among women, and this has already happened in at least 15 states."

Both the incidence of lung cancer and death rates from the disease show no signs of leveling off or decreasing among women, NCI said. No decrease is expected in lung cancer incidence among women for 15 to 20 years due to smoking patterns among women.

"The news about lung cancer isn't good for black men either," DeVita said. "The annual rate of occurrence for new cases of lung cancer is almost 60% higher than for white men, although it appears to be leveling off."

The annual rates of occurrence of newly diagnosed cases of lung cancer among all races and both sexes, per 100,000 population, have been historically increasing at an annual rate of up to 10% since at least the 1930s. The incidence rate for white men slowed to an annual increase of 2.5% from 1973 through 1977, and to an annual increase of 0.6% from 1978 through 1982. The age-adjusted death rate for white men has not shown a similar decrease, but has leveled off for the last several years.

The decrease was mainly among men under 45, for whom incidence and death rates for lung cancer have been decreasing since at least 1973. Rates increased for men 45 to 54 years of age until 1978, and then began to drop through 1983.

While trends in lung cancer rates have generally been the same for black men as for whites, the incidence and death rates are much higher for blacks in each age group. The age-adjusted incidence rate was 125.3 per 100,000 black men in 1983.

Both incidence and mortality rates for lung cancer have increased about 6% annually for women from 1973 through 1983. Lung cancer deaths among women surpassed breast cancer deaths as the leading cause of cancer deaths in 15 states in 1983, and in one state, the number of deaths were the same. Most of the states are in western and southern parts of the country. The 15 states are: Alaska, Arizona, Arkansas, California, Florida, Kentucky, Louisiana, Mississippi, Nevada, Oklahoma, Oregon, Texas, Virginia, Washington, and West Virginia. The number of deaths from lung and breast cancer was the same in Wyoming.

The age-adjusted incidence rate for lung cancer among women was 32.6 per 100,000 women in 1983, about one third the rate for men. Rates were not computed separately by race.

NCI estimates that 125,600 people will die from lung cancer this year, about 38,600 women and 87,000 men.

Survival rates for all cancers combined remain the same as those reported last year for 1976 through 1981 for all patients, all races and both sexes combined, and for white patients all cancer sites combined. The five year relative survival rate for all patients diagnosed from 1977 through 1982 was 49%. The rate for white patients was 50%. The survival rate for black patients was 37%, down 1% from last year's review. The decrease is attributed to a shift within the black population of the distribution of different types of cancer toward more lung cancer cases associated with very poor survival.

Overall conclusions remain the same as last year's review. Cancer patients are living longer, and survival rates still show improvement when compared to rates for the early to mid 1970s.

This year's five year relative survival rate of 49% for all patients represents a statistically significant increase over the 48% rate for patients diagnosed between 1973 and 1976. The five year relative survival rate of 50% for white patients diagnosed between 1976 and 1982 increased from 49% for patients diagnosed between 1973 and 1976, a

statistically significant difference.

Black patients diagnosed with cancer between 1976 and 1982 had a five year relative survival rate of 37%, compared with a rate of 38% for patients diagnosed between 1973 and 1976. The decrease is not statistically significant, however.

The disparity in survival rates among blacks and whites remains most severe in cancer of the corpus uteri (57% in blacks vs. 87% in whites); melanoma (50% vs. 79%); urinary bladder (52% vs. 75%); and oral cavity and pharynx (34% vs. 53%).

Thyroid cancer had the highest five year relative survival rate (93%) for all patients diagnosed between 1977 and 1982. Other cancers with high survival rates in all patients combined are: testis, 88%; endometrium, 84%; melanoma, 80%; female breast, 74%; bladder, 76%; Hodgkin's disease, 73%; prostate, 71%; larynx, 67% and uterine cervix, 66%. Survival remains poor for cancers such as pancreatic (2%); lung (13%); esophageal (6%) and stomach cancer (16%).

Survival rates were calculated separately for white children under 15. The five year survival rate was 61% for children diagnosed between 1977 and 1982, up from a rate of 54% for those diagnosed between 1973 and 1976, a statistically significant increase. Last year's reported rate for children diagnosed from 1976 through 1981 was 60%.

This year's update provides 10 year relative survival rates by cancer site for patients diagnosed in 1973, for the first time in the SEER program.

The annual number of newly diagnosed cancers per 100,000 population has remained relatively constant from 1974 through 1983, increasing an average of 0.6% yearly. The death rate has remained fairly level from 1974 through 1982, with an average increase of only 0.4% yearly.

Death rates decreased substantially for some of the major cancers between 1974-1975 and 1982-1983. The death rate for cancers of the bladder decreased 13%; testis, 52%; colon and rectum, 5%; stomach, 20%; Hodgkin's disease, 43%; cervix uteri, 30%; ovary, 8%; endometrium, 11%; pancreas, 1%; and leukemia, 1%.

In the same period, death rates increased for the following cancers: male lung cancer, up 15%; female lung cancer, 72%; prostate, 7%; and non-Hodgkin's lymphoma, 12%.

Data on deaths are from the National Center for Health Statistics. Data on cancer patient survival and newly diagnosed cases of cancer are from NCI's SEER Program, which has monitored the annual ocurrence of cancer and the survival of patients in the U.S. since its inception in 1973.

ORGAN SYSTEMS WORKING GROUP CHAIRS ASK FOR SET-ASIDE FUNDS FROM NCAB

Members of the Organ Systems program's working groups are becoming disillusioned and discouraged about the program due to a lack of stability in the system, working group chairs told the National Cancer Advisory Board at its Dec. 2 meeting.

"To a person, we're disillusioned and discourgaed about what we see as a crisis in the system," Prostate Working Group Chairman Donald Coffey told the board. Emphasizing the need for stability in the organ systems program, he said, "People in the field think the program's been jerked around enough." Coffey specifically cited a need to identify funds for research under the program.

The chairman also asserted that the current review process for concepts generated by working groups is too slow and that while the review "is the same" as that for other programs, "it's not appropriate."

For example, the prostate cancer working group "boiled 35 concepts down to one" to be presented as a program announcement with no set-aside funds to the Board of Scientific Counselors, he said. "There wasn't one prostate" cancer expert on the board reviewing the concept, he added. A concept on mechanisms of site specific metastasis in prostate cancer was approved for release as a program announcement by the Div. of Cancer Biology & Detection's Board of Scientific Counselors in October.

A new initiative to stimulate research into non-invasive methods to identify sites and quantify tumor burden was recently submitted by the group to the Organ Systems Section for concept review.

Two additional concepts currently being developed for submission to NCI are the role of growth regulating factors in the normal and neoplastic prostate; and stromal and epithelial interactions in the prostate gland, and their role in development and in hyperplasia and neoplasia.

"What's great about the [revised] program is meeting people from bladder and breast" cancer working groups, Coffey said. "That kind of interaction is good."

However, he stressed, "the basic line is money, stability, and more appropriate review of some type. Some sort of funds have to become available to attract bright young investigators," he said.

According to figures presented by Coffey, 35 grants were requested in 1980, 24 of which were approved, and 15 funded for a funding rate of 63%. In 1985, 20 of 23 applications received were approved, but only three were funded for a funding rate of 15%, he said. Total amounts awarded for the

grants were $4.6 million in 1980, and $2.37 million in 1985.

NCI figures show that 38% of prostate grant applications approved were funded in 1984 for a total amount of $2.95 million.

Members of NCAB's committee on the organ systems program had asked NCI staff to provide data on the number of grants approved under the program in recent years, as well as a breakdown of total obligations to organ research by selected site. The committee met for four hours the Sunday afternoon preceding the meeting of the board to listen to the chairmen of the working groups.

NCAB Chairman David Korn warned organ systems committee chairman Robert Hickey to instruct the working group chairs to "stick to the point" in their presentations before the board. "I don't want a repeat of yesterday's meeting," he said.

Coffey's concerns, however, were shared by other workng group chairs, including Gloria Heppner, who heads the Bladder Cancer Working Group. Heppner's presentation focused primarily on research initiatives planned by the group in such areas as the pharmacokinetics of drugs used for intravesical chemotherapy, and bladder cancer markers of heterogeneity, of tumor prognosis and of response to therapy. Other research concepts under consideration include studies of initiation, promotion, and invasion; macromolecular interactions with carcinogens; and the role of radiotherapy in combined treatment protocols.

Following her presentation, however, Heppner warned that "time is running out on this program." Acknowledging assertions by Korn and NCI Director Vincent DeVita that the board and institute want to see the new system be given a chance to work, she said, "The commitment has to come with money. I don't think we can have another meeting of my committee without having anything concrete to give them." Heppner asserted that the morale of members of her working group is so low that "we won't be able to continue much longer."

This fall, Boards of Scientific Counselors from each of NCI's four divisions reviewed one concept apiece from the program, with each receiving approval as a program announcement without any set-aside funds.

While Pancreas Working Group Chairman James Jamieson avoided discussing morale problems with his working group during the presentation, he agreed upon questioning by board member Rose Kushner that his group has "the same problem" as that attributed to the bladder group. "It becomes an exercise in diminishing returns," he said.

Jamieson also emphasized the need for an "appropriate review system" for the organ systems program.

"One of the major things we need to do is to attract established investigators and young researchers into the field since the number of quality studies related to pancreatic cancer nationally is astoundingly small," he said. In order to attract new researchers into the area, research funds must be made available above and beyond those presently allocated for RO1 investigator initiated grants, he said.

The working group has almost completed a research initiative on molecular biology to stress the need for basic research into the limitations of human tissues, and molecular probes for genes and gene products, he said. Another research initiative on epidemiologic studies will be developed next year, he reported. Animal studies have suggested that dietary fat, and protease inhibitors (soy bean flour) may be related to pancreatic cancer, he said. Other areas that need to be examined in case control studies include factors such as alcohol, smoking, history of gastrectomy, and diabetes.

The group also plans to develop a research initiative on risk factors in pancreatic cancer and pancreatic function. Other areas of future research identified include mechanisms of morphogenesis, cytodifferentiation and growth control in the pancreas; the use of nuclear magnetic resonance and other imaging techniques for studies on the normal pancreas and for early diagnosis of pancreatic cancer.

Promising research areas in breast cancer were identified by Breast Cancer Working Group chair Elinor Spring-Mills. One major research need is to further study the cell characteristics of nipple aspirates in order to eventually develop a non-invasive test for breast cancer similar to the Pap test, she said.

Research concepts approved for further development by the working group include oncogene expression in human breast cancer; assessment of breast cancer risk among women with proliferative benign breast disease; breast cancer in DES-treated mothers and DES-exposed offspring; comparison and evaluation of markers in the current library of monoclonal antibodies for diagnostic and prognostic significance; factors influencing the susceptibility of the breast to carcinogenesis; the radiographic appearance of the breast with aging; and histologic and mammographic characteristics of the normal breast throughout the life cycle.

Spring-Mills warned the board of the possibility that such work "just won't be done" unless there are set-aside funds for the research. "I hope that the NCAB would see fit to continue the working groups" and to "support and stabilize the Organ Systems Coordinating Center and the Organ Systems program,"

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she said.

She also suggested that the board consider the possibility of establishing a specific group to review applications for solid tumors research, as well as a group for concept review.

The Large Bowel Cancer Working Group is considering five areas for potential development, Glenn Steele, the group's chairman, told the board. The areas are: the relation of polyps to large bowel cancer; genetics and molecular biology; stem cells; pathology; and treatment.

"There is a need to identify patients that are candidates for conservative treatment of adenocarcinoma of the distal rectum and to identify criteria to treat successfully these patients while eliminating the need for permanent colostomy," the group's report says. "Another area of potential development of new recommendations concerns the treatment with continuous 5-FU infusion for patients who fail conventional therapy." Another area cited for evaluation is the potential treatment of high risk groups with calcium transport and channel blockers. Steele told the board that the working group has been careful to avoid duplicating work being done under the RO1 mechanism.

NCI data show that 28% of approved grants were funded in organ systems research for bladder, prostate, large bowel and pancreas. Of 96 grants requested, 90 were approved, 25 of which received funding. NCI made 58 non-competing awards in the four organ sites in FY 1985, for a total of $9.7 million. That amount is the lowest since 1973, when awards totaled $3.95 million. The highest figure was reached in 1980, when NCI funding for organ systems grants in the four systems reached $17.5 million. That year, 102 of 128 competing applications received were approved, with 57% or 58 of those receiving funding. A total of 129 non-competing awards were made that year as well.

The percentage of approved grants funded in the area of breast cancer in 1985 was one percentage point higher than the rate when the program was converted from contracts to grants in 1979. In 1979, 18 of 48 grants approved were funded, or 38%. The addition of one non-competing award led to a total of $1.758 million funding for breast cancer grants that year. In 1985, 39% of approved grants were funded. NCI approved 70 of 80 competing applications received, and funded 27. An additional 58 non-competing awards raised the total dollar amount for the grants to $14.221 million in 1985.

NCI total obligations (both extramural and intramural) for organ research by selected site in fiscal 1985 were: $10.571 million for bladder; $22.493 million for large bowel; $6.01 million for pancreas; $50.282 million for breast; and $10.585 million for prostate.

ADOPTIVE IMMUNOTHERAPY UPDATE: 50% OR MORE RESPONSE IN 11 OF 25 PATIENTS

Steven Rosenberg updated the results he has been getting with the "adoptive immunotherapy with immune cells" technique he and his colleagues have developed at NCI in an article published this week in the "New England Journal of Medicine."

Among 25 patients with advanced cancers treated with this approach, 11 had at least 50 per cent reduction in tumor size. These responses occurred in patients with melanoma, colorectal, kidney and lung cancers. One patient had the complete disappearance of widespread cancer and 10 patients had partial responses. There were no responses in four patients with sarcomas or in one patient with cancer of the esophagus. Patients have been followed for periods ranging from six weeks to 10 months, and Rosenberg still considers the results very preliminary.

Among seven patients with melanoma, one had a complete disappearance of multiple metastatic cancers in the soft tissues that has so far lasted 10 months. Three other patients with melanoma had significant size reductions in lung metastases.

In one patient with advanced colorectal cancer, all metastatic lesions became smaller and and three of five lung metastases disappeared. Among eight other patients with advanced colorectal cancer, multiple lung metastases disappeared or became smaller in one patinet and liver metastases regressed in another.

All three patients with kidney cancer have had significant size reductions in their lung metastases. In two patients, lung metastases are continuing to get smaller two to four months after therapy with complete disappearance of the majority of the lung tumors. In the one patient with lung cancer, the primary tumor became smaller.

The technique involves removal of lymphocytes from the patient, treating them with interleukin-2 which is an immune system activator and which converts the lymphocytes into lymphokine activated killer (LAK) cells. LAK cells destory malignant cells but do not affect normal cells. LAK cells are infused back into the patient, along with additional doses of IL-2.

Armand Hammer, chairman of the President's Cancer Panel, was so impressed by the results from the first patients treated with the technique that he went to the White House seeking more money for Rosenberg's studies. He was told by White House Science & Technology Policy Chief George Keyworth that when Rosenberg could produce the same results in 20 patients, he would ask President Reagan to add $20 million to NCI's budget to support nationwide clinical trials.

Keyworth has announced that he is leaving his

White House job. Hammer told the National Cancer Advisory Board Monday that he might ask Keyworth before he leaves to request the additional money now, based on the growing evidence the new therapy works.

The success of cancer research is spilling over into other disease areas. Scientists at NCI's Frederick Cancer Research Facility and the Univ. of Utah, in their work on oncogenes, have found a new genetic marker for cystic fibrosis.

The oncogene, named met, was discovered in 1984 by George Vande Woude and his colleagues. Vande Woude heads Litton Bionetics' basic research program at FCRF. Met's association with the cystic fibrosis gene was reported in two papers in the Nov. 28 issue of "Nature." Raymond White and his coworkers in the Dept. of Human Genetics at the Univ. of Utah, collaborated on the studies.

"Finding that the met gene is a marker for the gene responsible for cystic fibrosis was an unexpected reward of our oncogene research," Vande Woude said. "Oncogene research has been heavily supported by NCI during the past several years, and medical science is learning at a very rapid pace about the genes that govern biological processes. It's clear that this investment is beginning to pay off in cancer research, and in cross fertilization to other areas of medical research as well."

RFAs AVAILABLE

RFA 86-CA-05

Title: National cooperative drug discovery groups for treatment of acquired immune deficiency syndrome (AIDS)

Deadlines: Letter of intent receipt, Jan. 15, 1986; applications, March 10, 1986

NCI and the National Institute of Allergy & Infectious Diseases jointly announce availability of an RFA for funding of national drug discovery groups for treatment of AIDS. The RFA invites applications aimed at the preclinical discovery of effective and curative treatment of AIDS. Scientific approaches to the discovery of effective anti-AIDS treatment appropriate to the RFA may range from interference with infecting virus replication or function to the maintenance or restoration of immune responses. Applications directed to vaccine development or treatment of AIDS associated diseases (lymphoma, Kaposi's sarcoma, opportunistic infections, etc.) are not invited. Otherwise, scientific approaches to the discovery of effective treatment appropriate to the RFA are broad and limited only by the creativity and ability of the applying group to exploit leads from basic studies in virology, molecular biology, immunology, biochemistry, medicinal and organic chemistry, and pharmacology.

Each group will be assembled by the principal investigator to form a multidisciplinary consortium of the various skills needed to successfully design, synthesize, and evaluate, preclinically, treatment entities and strategies for the treatment and cure of AIDS. Inasmuch as it is unlikely that all of the outstanding talents required to exploit fundamental leads from various scientific disciplines will be found in a single institution, each group is envisioned as being multi-institutional as well. Thus, each group will be assembled by the PI and will consist of a number of laboratory programs representing the scientific disciplines required to attain the group's goal and objectives. The various laboratory programs, including that of the PI, may be mobilized from academia, research institutions, or industry. It is expected that the rationale for design of potential treatments, their synthesis, and the preclinical models for their evaluation will originate within the group and be based on leads from their own and others' fundamental research. Specifically excluded from the group's activities are those related to clinical introduction of a new agent; i.e., bulk synthesis and formulation, animal toxicology, and performance of clinical pharmacology and trials.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from the research grant in that the government component (in this instance, NCI and NIAID) awarding the cooperative agreement anticipates substantial involvement during performance. The nature of NCI and NIAID involvement is described in the RFA. However, the applying group must define its objectives in accord with its own interests and perceptions of approaches to curative anti-AIDS treatment.

The proposed PI will be responsible for the group's application. Awards will be made to the group as a whole and not to individual laboratory programs within the group, The PI's institution will provide a central operations office for the group. The applicant institution will be responsible for the performance of the entire group and will be accountable for the funds awarded. The participation of the government through NCI and NIAID extramural staff is aimed at facilitating a concerted effort by the group by making available to the group biological materials for testing, appropriate existing data bases, and appropriate ancillary testing under existing contracts. The interaction of academic and nonprofit research institutions with industrial organizations and government is expected to favor efficient invention of anti-AIDS treatment and will facilitate their subsequent development to clinical trial.

NCI and NIAID hope to make four to six awards for project periods of five years and have set aside $3 million total costs--half from each Institute--for the initial year's funding.

For further information and copies of the RFA, contact Dr. John Venditti, NCDDG Program Director, Landow Bldg Rm 5C03, NCI, Bethesda, Md. 20892, phone 301-496-8752.

RFA 86-ES-01

Title: Nonmammalian species in toxicological testing

Deadline: Feb. 15, 1986

The National Institute of Environmental Health

Sciences (NIEHS) is seeking research applications to develop and compare nonmammalian methods of animal testing of biologically active environmental substances with traditional animal methods. The institute has historically supported marine and freshwater centers that provide core suport to facilitate multidisciplinary research on marine and freshwater organisms as model systems for elucidating mechanisms of toxicity of environmental agents. Other center and project grants supported by NIEHS focus their research on the development of in vitro systems to supplement or reduce in vivo studies for the evaluation of chemicals of environmental concern. NIEHS also pursues this objective through the contract mechanism.

NIEHS requests research applications directed toward development, validation and use of non-mammalian methods of animal testing that can be employed to study the biological effects of environmental agents. The institute will favor applications that aim to study the similarities and differences between biological effects in mammalian and nonmammalian species and how these finding might bear upon interpretation of possible effects in humans.

The institute expects that nonmammalian species may be employed for the following applications:

1. Screening tests: The development, validation and testing of methods to screen xenobiotics for biologic effects.

2. Detection of exposure: Develop methods that will facilitate the early detection of exposure to xenobiotics and serve as sentinels of ecological damage.

3. Species substitution: Develop the use of non-mammalian species for toxicological testing to provide information of the quality and kind now obtained through the use of traditional animal models.

Applications should be submitted on form PHS 398, the application form for the traditional research grant. The original and six copies of the application must be sent to Div. of Research Grants, NIH, Westwood Building-Room 240, 5333 Westbard Ave., Bethesda, Md. 20892. oom 240, 5333

Questions relating to the announcement should be directed to Dr. Edward Gardner, Program Director, RGP, EP, NIEHS, P.O. Box 12233, Research Triangle Park, N.C. 27709, phone 919-541-7724.

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-CM-67869-29
Title: Preclinical toxicology studies of anti-AIDS agents
Deadline: Approximately Jan. 17, 1986

NCI's Developmental Therapeutics Program is interested in contracting with organizations to provide pharmacology and toxicology studies of anti-AIDS agents. The data from these studies must be suitable for filing with the FDA as part of an Investigational New Drug Application.

The organizations should have the facilities and staff to carry out such studies and the management expertise to analyze and evaluate the data. As a minimum requirement, the contractors must perform all toxicology studies in accordance with FDA's current good laboratory practice regulations.

Multiple contracts will be awarded and each will be administered on a task managed basis. Task orders will be issued under the funded cost reimbursement contracts resulting from the solicitation. Annual workload contracts for the described studies are 2900 technical staff hours per year per compound studied. Assignments are expected to involve four chemical agents annually..

The objective of the task orders issued under the resultant contracts will be:

Validation of analytical methodology to quantitate drug plasma levels in laboratory animals and to measure levels in rodents and dogs treated with the agent under study.

Determination of bioavailability of drug after parenteral and/or oral administration.

Assessment of acute and subacute toxicity in rodents and dogs.

The prinicpal investigator should have a doctoral degree in pharmacology/toxicology plus at least three years experience in directing, implementing, and evaluating drug toxicity studies in experimental animals. The pathologist and analytical chemist should likewise have credentials that illustrate their competence and accomplishments in serving as critical team members in the conduct of such studies.

NCI expects to make two contract awards to be incrementally funded over a three year period.

Contracting officer: Clyde Williams

RCB, Blair Bldg, Rm 224
301-427-8737

RFP NCI-CM-67866
Title: Large scale preparation of anti-AIDS drugs for preclinical and phase 1 clinical studies
Deadline: Approximately Jan. 15

Two cost reimbursement contracts are expected to be awarded to contractors with the capability to provide and operate a synthesis laboratory for (a) the development of existing or new processes, procedures and techniques for the synthesis of compounds, and (b) the synthesis of varying amounts of materials, not readily available from other sources in the quantity and/or quality needed by NCI for the anti-AIDS project.

The successful offeror shall provide an operating facility with one small (20-30 gallons) and one large (100 gallons or larger) glass lined reactor and the necessary supporting equipment and facilities.

Quantities of drug requested will usually range from 50 grams to five kilograms. Specific assignment of the materials for preparation will be made by NCI and may include a wide variety of medicinal compounds. Quality specifications will be determined by the Pharmaceutical Resources Branch of NCI. All materials must be assayed for identity and purity before being submitted to NCI.

The principal investigator should be trained in organic or medicinal chemistry, preferably at the PhD level, and have extensive experience in chemical synthesis and synthetic process development.

At the time of proposal submission, the offeror must be registered with FDA as a manufacturer of bulk drugs and shall have submitted a facilities drug master file to FDA. Facilities shall meet FDA standards in accordance with the current GMP regulations. Noncompliance with the above requiremtn will shall immediately render the proposal technically unacceptable without the consideration of other evaluation criteria.

Note: Two related RFPs are currently available. This RFP is an open competition. RFP NCI-CM-67872, titled "Large scale preparation of anti-AIDS drugs by small business for preclinical toxicology and phase 1 clinical studies" (see following) is a 100 per cent set aside for small business. Those who qualify as a small business are encouraged to submit proposals under both RFPs; however, not more than one award of the available three awards (under both RFPs) will be made to any single organization.

Contract Specialist: Patricia Taylor
RCB Blair Bldg Rm 216
301-427-8737

RFP NCI-CM-67872
Title: Large scale preparation of anti-AIDS drugs by small business for preclinical toxicology and phase 1 clinical studies
Deadline: Approximately Jan. 15

One cost reimbursement contract is expected to be awarded to a small business with the capability to provide and operate a synthesis laboratory for (a) the development of existing or new processes, procedures and techniques for the synthesis of compounds, and (b) the synthesis of varying amounts of materials, not readily available from other sources in the quantity and/or quality needed by NCI for the anti-AIDS project.

The successful offeror shall provide an operating facility with one small (20-50) gallons and one large (100 gallons or larger) glass lined reactor and the necessary supporting equipment and facilities.

Quantities of drug requested will usually range from 50 grams to five kilograms. Specific assignment of the materials for preparation will be made by NCI and may include a wide variety of medicinal compounds. Quality specifications will be determined by the Pharmaceutical Resources Branch of NCI. All materials must be assayed for identity and purity before being submitted to NCI.

The principal investigator should be trained in organic or medicinal chemistry, preferably at the PhD level, and have extensive experience in chemical synthesis and synthetic process development.

At the time of proposal submission, the offeror must be registered with FDA as a manufacturer of bulk drugs and shall have submitted a facilities drug master file to FDA. Facilities shall meet FDA standards in accordance with the current GMP regulations. Noncompliance with the above requirement shall immediately render the proposal technically unacceptable without the consideration of other evaluation criteria.

Contract Specialist: Patricia Taylor
RCB Blair Bldg Rm 216
301-427-8737

NCI-CP-61016-13
Title: Support services for epidemiologic studies of emergent cancer questions
Deadline: Approximately Feb. 15, 1986

The Div. of Cancer Etiology's Epidemiology & Biostatistics Program is interested in establishing master agreement contracts with qualified offerors able to provide needed support services on emergent cancer issues. A master agreement is an unfunded negotiated contract awarded to more than one contractor judged to be technically and scientifically qualified to compete for future master agreement order RFPs. NCI expects to award an unspecified number of master agreements on or about Aug. 29, 1986, for a four year period.

Contractors selected for award of MAOs shall provide managerial, data collection, and data processing support for epidemiologic studies to be designed and executed alone or in collaboration with other research organizations. Specific tasks may include study planning and liaison activities; data collection forms design; development of data collection manuals; data abstracting and coding; identification, location and interviewing of study subjects; exposure assessment; quality control activities; and the submission of computerized data and associated reports or deliverables.

Each MAO will be designed to accomplish a specific task as promptly as possible and will be awarded on a completion or term basis, as determined by the contracting officer.

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