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WEICKER READY TO FIGHT FOR INCREASED NCI, NIH FUNDING, OBJECTS TO LIMITS ON GRANTS, POSITIONS

Senate HHS Appropriations Subcommittee Chairman Lowell Weicker (R-Conn.) appears ready to fight the Reagan Administration's attempts to reduce funding for NCI and
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In Brief

ACS TO SPEND RECORD \$85 MILLION ON RESEARCH;

AACR TO HONOR HANAFUSA, DEVITA, BARBACID

AMERICAN CANCER Society will spend a record breaking \$85 million on cancer research in 1986, more than any other agency in the world except the U.S. government. That commitment, \$16 million more than spent on scientific and medical studies in 1985, constitutes 30.2% of ACS' total budget. The Society will spend \$50.9 million this year on public education, and \$35.9 million on service and rehabilitation programs. . . . **PRESIDENT'S CANCER** Panel's next meeting will be April 11 in Memphis, at St. Jude Children's Research Hospital. Main topic of the meeting will be molecular characteristics of childhood cancers and their applicability to more common cancers. . . . **ANNUAL AWARDS** to be made by the American Assn. for Cancer Research at its annual meeting May 7-10 in Los Angeles: Hidesaburo Hanafusa, Rockefeller Univ., the 26th G.H.A. Clowes Memorial Lecturer, for his contributions to the knowledge of the src oncogene; Vincent DeVita, the 10th Richard and Hinda Rosenthal Foundation Award, for his contributions to developing curative treatments for lymphomas, particularly advanced Hodgkin's disease, and his work as NCI director; Mariano Barbacid, of NCI, seventh Rhoads Memorial Award, for his pioneering work on oncogenes and chemical carcinogenesis; and Irving Johnson of Eli Lilly and Robert Noble of the British Columbia Cancer Control Agency, who will share the fifth Bruce F. Cain Memorial Award for their independent but complementary research leading to development of vincristine and vinblastine as important cancer chemotherapeutic agents. . . . **JOHN DALY**, member of the surgical staff at Memorial Sloan-Kettering Cancer Center, has been appointed to head the new Div. of Surgical Oncology at the Hospital of the Univ. of Pennsylvania in Philadelphia. . . . **GEORGETOWN UNIV.** has applied for a patent on an anticancer agent, a galactose nitrogen mustard, which was developed by Philip Schein while he was director of clinical research at Georgetown's Lombardi Cancer Research Center, and Eugene McPherson, a former fellow in medical oncology. Schein is now with SmithKline. The drug, which reportedly has a relatively low toxicity at therapeutic doses, is used to treat Hodgkin's disease, other lymphomas and certain leukemias. Unimed Inc. will develop the drug commercially under a licensing agreement with Georgetown.

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WEICKER BLASTS ADMINISTRATION ON PROPOSED CUTS IN NIH 1987 BUDGET

(Continued from page 1)

the other NIH institutes in the 1987 fiscal year. At the start of NIH appropriations hearings last week, Weicker questioned NIH Director James Wyngaarden about the Administration's plans to decrease the number of competing grants for all of NIH to 5,140 in FY 1987.

The proposed budget includes "a new research grant stabilization policy" sought by the Administration, Wyngaarden reported. Under the new policy, the total number of NIH research project grants would be stabilized at a total of 18,000 grants. "This is a departure from the previous stabilization policy where the goal was to stabilize the number of competing grants," he said. "Thus the FY 1987 request would include support for 18,000 grants of which 5,140 would be competing awards." That compares with 18,357 total grants awarded by NIH in FY 1985 and 18,195 awards projected for FY 1986.

The Administration's overall FY 1987 budget request for NIH is \$4.936 billion, a 2.6% decrease or \$131 million less than the comparable FY 1986 total of \$5.067 billion obtained after deductions are made for the Gramm-Rudman-Hollings cuts and the President's proposed rescissions for 1986.

NIH's original recommendation to the Public Health Service for funding in fiscal 1987 was \$6.415 billion, Wyngaarden told the subcommittee. PHS reduced that amount to \$6.093 billion in its recommendation to HHS, which in turn reduced its recommendation to the Office of Management & Budget to \$5.97 billion. The President's proposed budget for FY 1987 is \$4.936 billion, which excludes about \$143 million in AIDS funds that will be transferred to the Office of the Assistant Secretary of Health.

Under the President's proposed budget for fiscal 1987, NCI would receive \$1.158 billion.

Although the Administration's budget request for NIH for FY 1987 totals \$5.07 billion if the AIDS funding is included in the total figure, "I think that we're obviously way short of the initial request," Weicker commented.

"This budget cuts funding for NIH by \$400 million," he said in his opening statement. "When the estimated cost of disease to this nation is \$400 billion, I don't see how we can afford to reduce the funding for biomedical research by one penny."

The previous day, Weicker expressed his opposition to the Administration's proposed budget cuts to HHS Secretary Otis Bowen, who made his first appearance before the subcommittee. "It is

my sincere hope that the secretary of HHS and this subcommittee can take a look at what is really needed to adequately fund the Health and Human Services' programs, and not what is needed to comply with some budget numbers dictated to the department by the Office of Management & Budget," Weicker said in his opening statement.

Weicker asked Wyngaarden to submit the various budget recommendations along with a breakdown by function of what occurred at each step, including the number of grants at each stage, and individual institute funding.

He also asked the NIH director what the total number of grants would be if 6,100 new and competing awards were funded each year. "It would level off at a little more than 19,000," Wyngaarden replied, adding that it would cost an additional \$152 million in FY 1987 to support 6,100 new grants versus 5,100. The ultimate cost would be 2.4 times that figure plus inflation, resulting in an additional \$450 million to \$600 million over a three year period, he said.

Weicker also questioned the Administration's proposed reduction in full time equivalents (FTEs) to 12,649 from the 13,507 level specified by the Senate in report language to its HHS Appropriations bill for fiscal 1986. (**The Cancer Letter**, Oct. 25). "How can you conduct increased research?" he asked.

"We have tightened up a great deal," Wyngaarden replied. Of 451 reductions, about 200 were in scientific positions, mostly young scientists in support positions. Although the FTE ceiling "has reduced the efforts modestly, we are still supporting high priority research," he said.

Weicker also questioned the Administration's proposal to eliminate the Biomedical Research Support Grant program, asking how many institutions will be affected by the decision. According to Wyngaarden, 576 institutions receive some support from the BRSG Program. "It has been a very valuable program," but budgetary restraints made it necessary to select the highest priority programs, and continue NIH's emphasis on investigator initiated research and grants, he said. The Administration also proposed to eliminate NIH's Extramural Facilities Construction Program.

Weicker also asked whether AIDS research has been impacted somewhat. Wyngaarden said, "Somewhat, but it is one of those that we've protected."

"The military buildup is predicated on the speculation that we might be in an armed conflict" that might kill Americans, Weicker said. While acknowledging that the possibility of armed conflict is a real possibility, he said, "There's nothing speculative about someone who has

AIDS. I don't know why anyone should be grateful if it's the least cut. The disgrace is not moving forward." Weicker said that more than 70% of government research is for defense, or about \$43 billion.

When asked about the transfer of AIDS funds to the Office of the Secretary of Health, Wyngaarden said the move will result in increased flexibility for the department as a whole.

Much of Weicker's questioning for NIH officials centered on AIDS. The chairman had NCI Director Vincent DeVita and National Institute of Allergy & Infectious Disease Director Anthony Fauci appear together before the subcommittee in order to jointly answer questions on AIDS research.

Citing the soon to be published results of joint NIH and Duke Univ. trials with the Burroughs Wellcome compound 3'-azidothymidine, DeVita said investigators are encouraged about clinical responses seen with the drug and its ability to inhibit the HTLV-3 virus associated with AIDS. It appears that if the virus is inhibited, AIDS patients immune systems can come back, and aren't necessarily destroyed, he said. "That's what is encouraging" about the trial, he said.

The compound is the only anti-AIDS agent to enter Phase 2 trials, with studies started or planned at 15 centers around the country. The Univ. of Miami started enrolling patients Jan. 18.

Joint NCI and NIAID-funded drug development groups will be fully operational in June, Fauci said (**The Cancer Letter**, Oct. 11).

To date, there have been 18,000 AIDS cases reported in the U.S. Between 100,000 and 150,000 people have AIDS related complex (ARC), he said. "The figure that is quite alarming is that there are about 1 million people who are infected with the virus, but who are asymptomatic carriers of the virus." About 25% to 27% of the more than 100,000 people with ARC are expected to develop "full blown AIDS" within three years. Of the million asymptomatic people infected with the virus, the "safe conservative estimate" is that 10% will develop full blown AIDS within three years, with an additional 3% increment per year, he said. Recent figures from a small study in New York City suggest that approximately 30% will develop AIDS within four years. Upon questioning by subcommittee member William Proxmire (D-Wis.), he said he wouldn't be surprised if 30% to 35% of persons infected with the virus develop full blown AIDS over a course of 10 or so years. Currently, the number of AIDS cases doubles every 11 months.

Asked by Weicker if contraction of the disease is being slowed by education, Fauci cited declining rates of sexually transmitted diseases among high risk homosexual men as evidence of changes in

behavior among high risk groups. "There has been an up to 75% decrease in rectal gonorrhea, one of the indicators of sexual transmission of disease among homosexual men," he said.

Weicker also asked about the adequacy of patient care facilities for persons with AIDS. "In most cases, standard general or public hospitals" are caring for the majority of AIDS patients, although a few centers have established or plan to establish special AIDS units, he said. Although care of AIDS patients is generally adequate at the current time, Fauci warned that "as the number of cases exponentially increases, I think we will have problems." For example, one third of general medical cases in San Francisco hospitals are AIDS patients, with similar case ratios reported in some New York hospitals, he said.

AIDS treatment centers and clinical trials planned under a NCI and NIAID joint agreement will help offset the burden of caring for AIDS patients, DeVita said.

Both DeVita and Fauci voiced "cautious optimism" about the development of an AIDS vaccine. Noting that HTLV-3 is a "tricky and unusual virus," Fauci told the subcommittee that investigators hope to develop a two prong approach in which drugs are used to inhibit replication of the virus, followed by immune reconstitution, possibly with an agent such as interleukin-2. DeVita noted that even if investigators are only partially successful and are able to render the virus negative, at least they can control the spread of the disease. "Control of this means not allowing the virus to replicate, not getting rid of the virus forever," he said. NCI investigators will be injecting chimpanzees with the virus shortly in order to challenge their earlier immunization with a vaccine that has enabled the chimps to develop antibodies to the virus.

Responding to a question about whether AIDS incidence has increased in heterosexuals in the U.S., Fauci said that while the number of cases has increased, the relative proportion of cases has remained at about 1%. He added, however, that "I would not be surprised if we see an increase in the relative proportion" of AIDS in the heterosexual population. Noting that there is significant heterosexual transmission of AIDS in Africa, he said, "The potential clearly exists and I feel it will be a problem."

Weicker told the hearing that he plans to accelerate the appropriations process as much as possible. "We have got a very difficult month or so ahead of us," he said. "I want to move fairly quickly on the NIH portion of the budget" in order to make his colleagues aware of the "very complicated picture as they make [decisions] regarding portions of the budget."

"I think it's fortuitous that you are celebrating your centennial year," Weicker told Wyngaarden. "If they [the public] don't know what's going on, it's the reason why they aren't putting pressure on" the Administration to ensure adequate funding for NIH, he said. It would seem inappropriate...to take a step backward" in NIH's centennial year.

"I think you are well aware that you enjoy tremendous support within Congress," he said, adding that NIH is "somewhat short" in gaining the understanding and support of the country, however. "I think it is tremendously necessary for [NIH] to have people understand this great treasure we have." Asking for an NIH press officer to appear before the subcommittee, Weicker asked what activities are planned for the centennial. "I think this is something I want to pursue with you and some of your people. I think it is great we're celebrating the 100th year of the Statue of Liberty, but to me, the prospect of celebrating your future ...is even more exciting," he said.

"I'm chairman of your committee and I wasn't even aware it was your centennial until I saw your statement. It is important that the American public have an understanding of what is important, what's going on. This is the work that government is meant to be about, and I think it's entirely appropriate that people know" about research efforts underway at NIH. "If the American people knew, they would want a lot more than what's in the Administration's budget," he said.

Wyngaarden responded that NIH plans to produce a series of TV specials on areas in which progress is being made, such as cancer and heart disease. While all the areas have not yet been determined, virus production could be included. NIH also plans a series of centennial salutes, primarily in the form of scientific presentations, as well as a joint symposium with the Pasteur Institute of Paris.

Weicker asked DeVita if he had difficulty attracting young researchers because of federal salary levels and budget cuts. He then asked how much NCI Surgery Branch Chief Steven Rosenberg makes, and how much DeVita himself earns as director. When DeVita replied that Rosenberg earns approximately \$70,000, and he earns about \$80,000, Weicker asked, "Why do you stay?"

"It's the most exciting place in the world," DeVita responded.

Asked by Weicker how much Rosenberg and DeVita could earn in the pharmaceutical industry, Wyngaarden said, "I'm sure they could double or triple their current salary," noting that their salary would probably double if they were to serve as department chairmen at a university.

NCI PRODUCING TV TAPES FOR CANCER PREVENTION AWARENESS AIMED AT BLACKS

NCI is in the final editing phase of producing a 23 minute videotape starring National Cancer Advisory Board member and Howard Univ. Chairman of Surgery LaSalle Leffall; NCI Minority Field Programs Program Director Claudia Baquet; National Medical Assn. liason Walter Faggett, and National Football League players representative Mel Blount. The video is part of NCI's Cancer Prevention Awareness Program for Black Americans.

To be available by the end of the month, the orientation videotape will be used by intermediaries in community educational and organizational meetings, as well as at groups such as churches and as a general knowledge piece. The video concludes with Leffall outlining actions that can be carried out on a local level to increase blacks' awareness of cancer prevention. The program is intended to help communities develop and conduct their own prevention awareness campaigns.

Detroit was the first in a series of spotlight cities identified by NCI for the program. Churches have proven to be a key to the program's success in that city and will be incorporated in planning for other cities. In Detroit, black ministers talked about the black awareness program one Sunday.

The NFL has also agreed to make active and inactive players available to make appearances at community meetings or for presentations on local television to help generate interest in the program. The NFL involvement is important to help the program move from city to city, with locally known players available to generate interest in the program.

Roosevelt Grier will star in a public service announcement being produced by NCI, in cooperation with the NFL and the American Assn. of Retired Persons. NFL Detroit Lions player Billy Sims plans to make a radio and TV PSA next month.

The institute is also working cooperatively through the Joint Health Venture with many national black organizations. For example, the National Medical Assn. has cooperated in a mailing to its membership and has passed a resolution to work with NCI on the joint venture.

To date, NCI has distributed 450 television PSAs featuring Aretha Franklin to the 50 top markets. Last June, 1,300 radio PSAs featuring seven CBS recording artists were distributed. NCI has also provided 750 print media kits to major daily newspapers, black publications, leading consumer magazines, and all health and science reporters.

Press releases have been mailed to 885 black newspapers and publications, 520 radio stations and 160 TV stations.

ASPO TOLD CERVICAL SCREENING EFFORTS MISSING OLDER WOMEN AT HIGHER RISK

Screening programs for cancer of the cervix should be reconsidered in light of extensive experience acquired so far and the screening resources available, Gustave Riotton told a meeting of the American Society of Preventive Oncology last week.

Discussing the experience in cervical cancer screening in Geneva, Riotton said that an analysis of cervical cancer incidence and mortality indicate that "in our case, emphasis should be laid on reaching older women instead of overscreening young women." In Geneva, during the three year period 1973-75, more than half the population aged 25 to 70 was screened at least once; but the proportion of women decreased steadily among those over 40.

In 1978, about two thirds of the women over 65 had either not consulted a gynecologist for at least five years, or had never been seen by one. Riotton reported a striking decrease in incidence and mortality of invasive carcinoma of the cervix among women aged 30 to 69, but none in older age groups.

One half of invasive carcinoma of the cervix cases diagnosed in Geneva are discovered after age 60, he told the meeting. Of these women, 76% have stage 2 or worse disease, compared to only 33% of women under 60 years of age. More than 75% of patients with stage 1 and 89% with stage 2 or worse were never screened.

Cytology before the age of 30 may have hidden an increased incidence, as observed in many places, he said. However, "failure to reach a high enough proportion of women aged over 40 not only accounts for a significant number of needless deaths, but has caused needless, serious, painful, expensive and invalidating treatments," he said. "It is therefore essential that screening programs be reconsidered."

The dependence of total nevi on dysplastic nevi in determining risk for melanoma was discussed by George Roush, Yale Univ. Roush and his colleagues compared 246 cases of melanoma to 134 nonmelanoma controls in Sydney, Australia in order to study the interdependence of the two reported markers of risk, increased numbers of total nevi and dysplastic nevi.

In the study, 16 or more total nevi were found in 56.1% of cases, and 46.3% of controls with a relative risk for melanoma of 1.9. Dysplastic nevi were found in 34.2% of cases and 7.5% of controls with a relative risk of 7.2. Adjustment for dysplastic nevi lead to substantial reduction in risk due to total nevi to a statistically non significant level of 1.3 relative risk. Adjustment

for total nevi led to about the same risk estimate due to dysplastic nevi with a relative risk of 7.1. Roush reported that the findings were even more evident in subjects under 50, and that 31% of all nonfamilial melanomas were attributable to dysplastic nevi.

The findings suggest that the increased risk for melanoma for people with increased numbers of nevi may be largely due to dysplastic nevi, and that dysplastic nevi is a clinically distinct syndrome in nonfamilial melanoma.

Roush told the meeting that dysplastic nevi may be a marker for skin at increased risk for melanoma rather than being a direct cancer precursor. "If clinically dysplastic nevi evolve directly to melanoma, then increasing numbers [of nevi] should increase" the relative risk for the disease, he said, adding that the absence of the increased risk suggests that dysplastic nevi may be a marker for skin at increased risk. He noted that further studies are needed to confirm or refute the theory.

In the study, nevi were considered clinically dysplastic if they were larger than 5 mm, had an irregular border, or had haphazard coloring.

A paper presented by Elizabeth Holly, however, concluded that total body nevi count, as well as the total number of dysplastic nevi should be considered as risk factors for melanoma. Holly is affiliated with the Univ. of California (San Francisco).

The California study compared the total number of nevi on 121 patients diagnosed with cutaneous melanoma to the number found on 138 control patients. In that study, physicians counted all nevi at least 2 mm in diameter, excluding the scalp. Cases had total body nevi counts three times greater than the controls over each body part. Men had twice as many on the trunk as women, but there were no other significant differences between the sexes.

Although cases reported more blistering sunburns as children and young adults than controls, they did not as adults. Eye color showed no statistically significant differences between cases and controls, but cases were more likely to have blond or red hair than controls, with an odds ratio of 2.0.

Persons with 10 dysplastic nevi had a 7.5 times greater odds of getting melanoma than persons with none. In addition, cases were more likely to report prior skin cancer than controls, with an odds ratio of 2.9. The odds ratios were based on variables such as total number of dysplastic nevi, hair color, previous skin cancer, burn score, age, and family members with large numbers of nevi. Holly's study found that cases had a mean count of 104 nevi compared to a mean of 36 nevi for controls. It also showed an increasing odds ratio for developing melanoma as the number of dysplastic nevi increased.

HAMMER, STYMIED IN EFFORTS TO REACH REAGAN, GOES PUBLIC WITH FUND APPEAL

Armand Hammer, chairman of the President's Cancer Panel, was portrayed in the Dan Greenberg article on the Cancer Program in the March issue of "Discover" as getting the "kiss off" from the White House in efforts to persuade President Reagan to provide additional funds to NCI, primarily for clinical trials of Steven Rosenberg's LAK-IL-2 therapy.

Greenberg wrote that Hammer couldn't get past then director of the Office of Science & Technology Policy, George Keyworth, a fact which Hammer openly reported to the Panel and the National Cancer Advisory Board. Keyworth put Hammer off by saying that if Rosenberg could come up with 20 patient successes with the treatment, he would go to the President with a request for additional money (as reported last year in **The Cancer Letter**). Greenberg also reported that at a social function later, Hammer was able to mention Rosenberg's success to Reagan, who reportedly responded, "I'll talk to Jay Keyworth."

"It was a kiss off," Greenberg wrote.

Keyworth since has left the White House, and NCI has drawn up plans for nationwide trials of Rosenberg's regimen and variations of it which could cost as much as \$100 million over five years (**The Cancer Letter**, Feb. 14). NCI has said that efforts will be made to get additional funding for those studies. The official approach will start with a request to the White House, and if approved there, to Congress.

It was specifically for such tasks that Congress created the President's Cancer Panel in the National Cancer Act of 1971. If there was ever a time for such intervention by the Panel, this is it.

Benno Schmidt, the first chairman of the Panel, had several occasions to take one problem or another to the White House. He did not always get to talk directly with Presidents Nixon or Ford, but his message got through and policies were changed, although he did not bat 1.000. Schmidt was not quite as forthright about his White House excursions. "If I talk too much about that, they'll stop talking with me," he would say.

But Schmidt did not hesitate to go public with demands for policy changes and budget increases, both in comments at Panel meetings and in public addresses. That helped put pressure on the White House and undoubtedly had some impact on getting the White House and Office of Management & Budget to back down on efforts to kill research training and construction grants, among other things.

Hammer likewise is not hesitating to campaign in public for increased support for NCI. At the recent

meeting of the Panel in Los Angeles, after hearing reports from several scientists on the stunning progress in biological approaches to cancer treatment, Hammer said, "This is encouraging, but at the same time we may find ourselves in the position where we cannot adequately explore and exploit these opportunities at hand. It appears there may be dark days ahead for federal funding. This is a matter of great concern to the Panel. We are going to have to think hard about how to make even more effective use of the resources at our command and attempt to develop new resources, for we cannot afford to lessen or stop the momentum which we have going at present. It would be tragic to lessen or stop the momentum which we have going at present. It would be tragic if we were unable to expand clinical trials such as Dr. Rosenberg's and others throughout the country. I personally am hopeful that somehow we will find a way to keep moving ahead and effect significant reductions in the number of cancer related deaths which occur in this country every year.

"I think that this was a day that will go down in history as one of the most important days in research on cancer."

Among the presentations made to the Panel that day was a report by Rosenberg on still another process his group at NCI is developing which he said may be "50 to 100 times" more potent than the LAK-interleukin-2 process which has stirred such intense interest around the country. That new process and reports from other scientists at the meeting appears in more detail in the March issue of **The Clinical Cancer Letter**.

NEW PUBLICATIONS

"Comprehensive Textbook of Oncology," edited by A.R. Moosa, Martin Robson and Stephen Schimpff. An overview aimed at providing a starting point to a comprehensive understanding of cancer, while avoiding details of technical procedures. "Through the use of selected readings at the end of each chapter and careful attention to the rapidly developing current literature, one can keep abreast of the field," the authors say in the preface. Williams & Wilkins, PO Box 969 Waverly Press Lane, Easton, MD 21601, \$125.

"ONS Core Curriculum Videotapes," published by the Oncology Nursing Society, 3111 Banksville Rd., Suite 200, Pittsburgh, PA 15216, phone 412-344-3899. Developed as a study guide for the oncology nursing certification exam and as an accredited continuing education program. There are three series of tapes, each series priced at \$400 for ONS members, \$600 for nonmembers, for beta or VHS tapes; and \$525 and \$725 for 3/4" tapes. Individual lectures are also available for \$100 for members, \$150 for non-

members.

"Acute Lymphocytic Leukemia," a booklet available to the public at no charge. Explains symptoms, diagnosis, prognosis, treatment, causes and risk factors. Published by the Leukemia Society of America, 733 Third Ave., New York 10017, phone 212-573-8484.

The following are available from Alan R. Liss Inc., 41 E. 11th St., New York 10003:

*"Tumor Markers in Cancer Control," edited by Herbert Nieburgs, J.H. Holzner and Victor Valli. \$68.

*"Medical and Pediatric Oncology," the official journal of the American Assn. for Cancer Education. Alvin Mauer, editor in chief. Subscription rates, \$148 institutions, \$60 individual, add \$18 postage outside North America.

*"Journal of Surgical Oncology," Gerald Murphy, editor in chief. Subscription rates, \$330 institutions, \$96 individual, add \$36 outside U.S.

*"Primary Chemotherapy in Cancer Medicine," edited by D.J. Wagener, Geert Blijham, Jan Smeets and Jacques Wils. \$64.

*"The Prostate," Avery Sandberg and Gerald Murphy, editors. Subscriptions, \$196 institutions, \$60 individuals, add \$24 outside U.S.

"Repertoire des travaux de recherche fondamentale et clinique en oncologie au Quebec," free from Fondation Quebecoise du Cancer, 801 Sherbrooke St. East, Rm 300, Montreal, QC, H2L 1K7, Canada.

"Med/Fed/Com-1," a combination of a programmed computer disk and legislative organizational manual, designed to improve and speed communications with Congress for those who work on medicine and health public policy issues. \$189.50, from Grunehoff, Maldonado & Fenninger, 10,000 Great Falls Rd., 3rd Floor, Potomac, MD 20854, phone 301-983-9773.

"Impotence After Cancer Surgery," a booklet published by American Medical Systems of Minnetonka, MN. Available free from Impotence Information Center, PO Box 9, Dept. ICS, Minneapolis 55440.

"Methotrexate in Cancer Therapy," edited by Kiyoji Kimura and Ye-Ming Wang. Raven Press, 1140 Avenue of the Americas, New York 10036, \$39.50.

From Princeton Scientific Publishing Co., PO Box 2155, Princeton, NJ 08543, phone 609-683-4750:

*"Managing Conduct and Data Quality of Toxicology Series," edited by R.K. Hoover, J.K. Baldwin, A.F. Eulner, C.E. Whitmire, D.W. Bristol and C.L. Davis, \$58 plus \$3 postage.

*"Advances in Modern Environmental Toxicology," edited by W.G. Flamm and R.J. Lorentzen, \$58

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-67875-16

Title: Literature monitoring service

Deadline: Approximately May 15

This will be a 100% small business set aside, the size standard for which is \$3.5 million annual gross. This is a recompetition of a current contract with Dynamac Corp. of Rockville, Md.

One cost reimbursement contract is expected to be awarded to a small business with the capability to select creditable candidate compounds for anticancer evaluation from the current literature, and to monitor the literature for key publications relevant to techniques of selection of compounds for anticancer evaluation and to cancer chemotherapy in general. The successful offeror shall be responsible for the following:

1. Provide a selection of published compounds from which the Drug Synthesis & Chemistry Branch of the Div. of Cancer Treatment can select at least 6,000 per year. The DS&CB will select only those published compounds it considers worthy of anticancer evaluation. However, it would be unacceptable for the contractor to provide a mere list of compounds many times the 6,000 per year. Thus, it will be necessary for the contractor to exercise considerable professional judgment to provide DS&CB with the minimum number of potential selections, yet provide sufficient numbers of them of sufficient quality such that at least 6,000 per year are, in fact, selected by DS&CB.

2. Utilize a very broad base of past and current primary literature sources and published abstract services to continually monitor published works (including patents) in chemistry, biochemistry and biology, for the period of performance of the contract.

3. Work closely with DS&CB on a continuing basis to develop guidelines enabling the contractor to recognize synthetic compounds likely to be selected by the DS&CB.

4. Identify relevant published research findings which may lead to new or refined criteria for the selection of synthetic compounds for anticancer screening.

The compounds selected from the literature will be entered via a government supplied Victor 9000 computer using government supplied software directly into NCI's Drug Information System. The chemical structure and bibliographic information necessary to permit mail acquisition of the compound will be entered by the contractor. These entries into the DIS will constitute one report by the

contractor, and another monthly report will be required for item 4 above.

Interested sources must demonstrate the following:

Available to this project of a team with these qualifications and experience--the principal investigator should have a degree at the PhD level in organic or medicinal chemistry with experience in cancer research; at least one project team member should have substantial experience in cancer related biology, pharmacology and/or biochemistry; and either this individual or the PI should have significant experience in literature research techniques.

Ready access to a library with extensive holdings in the areas of chemistry, biochemistry, pharmacology, biology and medicine is required.

The contract period is to be three years, beginning approximately April 1, 1987.

To expedite mailing the RFP, furnish three self addressed labels with the request.

The concept from which this RFP was derived was approved by the DCT Board of Scientific Counselors last fall and reported in The Cancer Letter Oct. 25, page 7.

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

RFP NIH-NIAID-IAIDP-87-6

Title: Clinical trial for the use of monoclonal antibodies in bone marrow transplantation.

Deadline: Approximately May 9.

The Genetics & Transplantation Biology Branch of the Immunology, Allergy & Immunologic Disease Program of the National Institute of Allergy & Infectious Diseases is soliciting contract proposals from organizations having the capabilities and facilities for conducting a clinical trial on the use of monoclonal antibodies in allogeneic bone marrow transplantation. Offerors should have demonstrated expertise in allogeneic bone marrow transplantation and monoclonal antibody technologies as well as experience in the conduct of clinical trials.

This NIAID sponsored project will take approximately four years to complete. The work will require clinical and immunologic monitoring of study populations, monoclonal antibody treatment of bone marrow, assessment of graft vs. host disease and lymphocyte profiles and data analysis of efficacy of treatment.

Multi-institutional collaborative agreements to conduct the clinical trial are encouraged although this would not preclude an award to a qualified individual institution.

It is anticipated that two contracts will be awarded. To receive a copy of the RFP, supply the office below with two self addressed mailing labels.

Contract Management Branch

NIAID-NIH

Westwood Bldg Rm 707

Bethesda, Md. 20852

Attn: Rosemary McCabe

RFP NHLBI-HB-86-09

Title: Development and evaluation of new screening tests for HTLV-3 antigens, antibodies or nucleic acids.

Deadline: May 1

The Blood Resources Branch, Div. of Blood Diseases & Resources, National Heart, Lung & Blood Institute, seeks proposals for the development of new tests to identify infection of blood donors by human T-lymphotropic virus type 3 (HTLV-3) and to evaluate the sensitivity and specificity of these tests.

The major objectives of this program are to develop and evaluate procedures that could be utilized in the screening and monitoring of infectivity of individuals who are carriers of HTLV-3. These procedures may involve improved assays to detect and/or confirm the presence of antibody to HTLV-3, whether alone or combined with viral components in immune complexes, and techniques for the identification of specific viral components, such as proteins, glycoproteins or nucleic acids.

The approaches to be selected should include techniques suitable for blood and its components, including blood cells. The methods to be developed could be used to screen units of donated blood or potential transmission of HTLV-3 and would have potential to monitor the infectivity of individuals who are carriers of HTLV-3.

This is a five year program. Offerors may propose to complete their development and evaluation in any period up to 60 months. Offerors may also wish to develop more than a single assay. It is estimated that approximately 2-5 full time employee equivalents per year will be necessary to perform the work (per one assay). The principal investigator must have training and actual experience in at least one of the following fields: virology, immunology, biochemistry, hematology or microbiology. The investigational team, including its subcontractors, must have demonstrated experience in the development and modification of laboratory test procedures. This team should also have experience appropriate to the work proposed, such as serology, microscopy, pathology, bacteriology, tissue culture, and biohazard containment. Multiple awards (six to 10) are anticipated.

Send three self addressed gummed labels along with requests for the RFP to:

Jack Jackson, Contracting Officer
BDR Contracts Section
NHLBI, NIH
Federal Bldg Rm 5C14
Bethesda, MD 20892

The Cancer Letter — Editor Jerry D. Boyd

Associate Editor Patricia Williams

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