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New Frederick RFP Out May 14; Five Contracts To Be Awarded, Each For Five To Seven Years

The RFP for recompetition of NCI's five contracts for operation of the Frederick Cancer Research Facility will be on the street in a couple of weeks, renewing once again the process leading to the biggest procurement in the history of

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In Brief

SSO Plans Session On Grantsmanship; Meeting On Free Standing Cancer Centers Is Postponed

SOCIETY OF SURGICAL Oncology has scheduled a session on "Writing a Successful Grant Application" May 11 on the opening day of its 39th annual cancer symposium in Washington DC. The grantsmanship session will be moderated by John Niederhuber. . . . **ARTHUR JAMES**, Ohio State Univ., will receive SSO's annual Lucy Wortham James Clinical Research Award. His lecture, on May 12, is entitled, "Adjuvant Chemotherapy Trials: How Effective?". . . . **SYMPOSIUM** on free standing cancer centers scheduled for May 14-15 at Fox Chase Cancer Center has been postponed by the sponsor, CDP Associates. No new date has yet been determined, CDP said. . . . **LAK CELL-IL-2** trials just starting at six clinical centers (**The Cancer Letter**, Feb. 7) would be doubled in size by a bill introduced by Sen. Edward Kennedy (D.-MA). The bill, S. 2305, would authorize NCI to support 12 LAK-IL-2 centers, at $6 million a year for three years. Kennedy introduced another bill, S. 2345, to support counseling, education and medical services on AIDS. It would authorize $10 million a year for counseling programs aimed at persons testing positive for AIDS virus antibodies and education efforts for persons in occupations with likelihood of exposure to AIDS . . . . **HELENE BROWN**, codirector of cancer control at UCLA and a member of the National Cancer Advisory Board, will receive the annual Jonsson Prize Life Achievement Award for notable contributions in cancer research at the UCLA Jonsson Comprehensive Cancer Center. . . . **NEW $100,000** prize to be awarded by Ronald McDonald Children's Charities will be presented to the physician or health care professional whose work has contributed the most to the health and well being of children. Deadline for nominations is June 30. They should be sent to Gerald Newman, President, Ronald McDonald Children's Charities, McDonald's Plaza, Oak Brook, IL 60521.

Two of Five FCRF Contracts Set Aside For Small Business Organizations

(Continued from page 1)
NIH. This recompetition, as it was in 1982, will be for the five major tasks at the facility--research, operations and technical support, animal production, computer services and scientific library services.

The competition in 1982 resulted in five contracts with five different organizations, although NCI does hold out the possibility that one organization could win two or even three of the contracts. Two, for computer and library services, will be set aside for small business concerns (defined as those whose average annual receipts for the preceding three fiscal years did not exceed $7 million for computer services, $3.5 million for library services.

The five incumbent contractors and the approximate current annual negotiated amounts for each of the component areas:

*Research--Organon Technica (which assumed the contract awarded in 1982 to Litton Bionetics Inc. when LBI was sold to the Netherlands firm last year), $7,623,593.

*Operations and technical support--Program Resources Inc., $35,622,633.

*Animal production--Harlan Sprague Dawley, $1,790,153.

*Computer services--Information Management Services, $813,235.

*Scientific Library Services, $602,197.

NCI had hoped that the contracts this time could be awarded for as long as 10 years, but the Dept. of Health & Human Services scaled that down to a maximum of seven. Awards for the FCRF contracts in the past have always been for five years.

The RFP will be available on or about May 14, NCI said. Proposals will be due on or about Sept. 15. A preproposal conference, to include an inspection of FCRF, will be held approximately two weeks after the RFP is issued.

NCI described each of the five major tasks:

--Research. The contractor shall conduct research in various disciplines encompassed within the overall objectives of NCI. It presently shall consist of the following major research components--eukaryotic gene expression and regulation; molelcular oncology; prokaryotic and eukaryotic genetics; protein and nucleic acid chemistry; chemical and physical carcinogenesis; and macromolecular structure. This research is subject to peer review and approval by NCI.

--Operations and technical support. This contract shall provide for nearly all support necessary to the entire FCRF operation, both contractor and government, as well as the maintenance and upkeep of the FCRF buildings and grounds. Aside from certain mandatory corporate functions, concerns submitting proposals in this area will be required to structure them so that they will be virtually self subsistent under this contract from an overhead and resource standpoint. Current staffing levels will be made available and provide a basis which offerors may use to prepare their proposals.

The operations and technical support contract shall include business and administrative management; facilities maintenance and construction; support of NIH and NCI intramural research programs; large scale fermentation production; environmental control and safety research; occupational health care; research services support; animal health diagnostic service and quarantine; animal holding and technical support; and supercomputer services.

--Animal production. The contractor shall operate the FCRF animal production area which consists of 25 buildings. Specific activities include, but are not limited to, rederivation of existing strains of rodents; maintenance of foundation colonies in isolators; maintenance of pedigreed expansion and production colonies in barrier buildings; breeding the isolator maintained foundation colonies; shipment of rodents as necessary; maintenance of cryoperservation unit for the purpose of conducting procedures involving fertilized mouse embryos.

--Computer services. The contractor shall perform a variety of administrative data processing support tasks for FCRF. The contractor shall design, program, test, and operate administrative systems that are essential to the operation and management of FCRF. The systems in this category include, but are not limited to contractor payroll/personnel; project labor distribution; purchase request/purchase order/accounts payable; project budget, cost accounting and financial management; warehouse management; shared services; space management; work order control; equipment inventory.

--Scientific library services. The contractor shall be responsible for operation of an existing onsite scientific library facili-

ty in support of all FCRF operations. Resources that are currently available include 5,200 square feet of space, a 16,000 volume collection, 708 journal subscriptions and serial titles, and various computer terminals. The contractor shall provide standard library operations and routines including, but not limited to, cataloging of books utilizing the Ohio College Library Consortium on line computerized shared cataloging system; acquisition of all books for developing the collection to support the research being conducted at the facility; reference assistance to NCI-FCRF staff, interlibrary loans.

All research effort and support services described above will be performed at FCRF, with all facilities, including buildings and equipment, to be furnished by the government.

For copies of the RFP, write to John Eaton, contracting officer, Bldg 427, Frederick Cancer Research Facility, Fort Detrick, Frederick, MD 21701.

The RFP number is NCI-CO-64086, and is titled, "Management and Operation of the NCI Frederick Cancer Research Facility."

The facilities at Frederck, then the Army's biological warfare center, were turned over to NCI in 1972 by President Richard Nixon. Litton Bionetics won the contract, after hotly contested competition with other organizations including some large aerospace and defense contractors. The contract then was for the entire operation. When it was recompeted in 1977, no one would compete with Litton, and NCI was placed in the difficult position of negotiating another five year award with Litton in the driver's seat. To preclude that kind of situation in 1982, NCI split the contract into its present five components, and there was spirited competition for all five.

NCI Deputy Director Peter Fischinger, whose responsibilities include oversight of FCRF, suggested at the time that Litton Bionetics was sold to Organon Technica that the government may not want to permit a foreign firm to compete for NCI contracts. However, HHS ruled that that was not the case, and the Netherlands firm may join in the recompetition for the research contract, and for the management and animal contracts too, if it so desires. It is also free to compete for other NCI contracts, including two contracts in support of Robert Gallo's Laboratory of Tumor Cell Biology which have been held by Litton.

Cooperative Group Problems, Solutions Summarized By Staff Of NCI's CTEP

Staff members of NCI's Cancer Therapy Evaluation Program have been taking a long, hard look at the way the program supports extramural clinical trials, have identified what they see as major problems and have developed various alternative solutions which they have been presenting to the clinical investigators involved in the program (**The Cancer Letter**, April 11, 18, 25).

Most of the problems and all of the solutions involve the clinical cooperative groups, which carry out most of the extramural clinical research supported by the Div. of Cancer Treatment.

In the presentation CTEP made to represenatives of clinical trials groups last month, CTEP Director Robert Wittes and his staff summarized their thoughts on NCI's needs and the problems they say are jeopardizing the cooperative group effort.

NCI's Cooperative Group Program: What Does NCI Need?

1. An efficient, multicenter clinical trials mechanism which can generate and carry out new clinical trials without a new funding instrument for each individual study.

2. A mechanism with the flexibility to move freely into new areas of research in a multitude of modality and/or disease settings.

3. Continuity of research organizations (relative to typical grantees) due to the nature of the research.

4. An adequate number of participants.

5. A system for matching the program's budget, regardless of amount, with national priorities.

Basic Tenets of Grants Policy.

1. Investigators should have "stable" source of funding for peer reviewed research in noncompeting years.

2. Each competing award therefore builds an "obligation" for future year funding according to peer review recommendations.

3. Selective reductions in noncompeting obligations must be based on problems in performance of peer reviewed research.

4. Flexibility to accomodate changing research priorities comes mainly in funds "available" in the competing pool.

5. All accounts go to dollar zero at the fiscal year's end.

In the 1985 fiscal year, NCI's total RO1-PO1 budget was $474.6 million, of which $329

million represented noncompeting obligations, leaving $145.4 million for competing awards. There were 2,647 competing applications received, and 2,413 were approved. The priority score payline of 170 resulted in funding 847 competing applications, 57% of which were new research projects.

General Problem: Limited Flexibility.

1. The clinical trials program utilizes a funding process created for a different purpose--to provide periods of uninterupted support (three to five years) to individual investigators, and then allow those funds to be entirely "reprogrammed" to other uses.

2. Individual awards in the group program are not autonomous, but part of a package (the group).

3. Only a few "units" compete in a given year.

4. As a consequence of these factors, and the necessity for group continuity, most of the program's money is either actually or conceptually tied up.

5. The result is extremely limited flexibility at all levels, including NCI, the group and the individual investigator.

The average RO1-PO1 award is $171,800, which is .1% of the competing pool. The average cooperative group award is $1.9 million, which is 19.8% of the competing pool.

Limited Flexibility--Source of Serious Problems.

1. From NCI's perspective, there is the problem of distributing fluctuating funds rationally and of mobilizing funds to accomplish program priorities.

2. From the groups' perspective, there are problems in bringing on new members, targeting an area for emphasis, linking performance with funding especially in noncompeting years, and forcing intergroup studies.

3. From the individual investigators' perspective, problems include difficulties in being responsive to changing levels of participation, securing funding as a beginner, utilizing funds for unique (unorthodox) needs, and the irrational funding squeeze.

In FY 1985, total funds allocated to the cooperative groups were $50.8 million. Of that, $41 million went into noncompeting obligations, leaving $9.8 million for competing awards. Seven competing groups requested $15.7 million, and 21 miscellaneous applications asked $2.6 million. The Cancer Clinical Investigation Review Committee recommended $13.6 million. The solution was that competing groups were funded at 85% of recommended levels and no money was awarded to miscellaneous applications.

In the current, 1986, fiscal year, noncompeting obligations take up $40 million of the $48 million allocation to the groups (it was $49 million before Gramm-Rudman), and another million has been set aside for the LAK cell-IL-2 trials). That leaves just $7 million for competing activities. Nine competing groups requested $26.6 million, and there were 23 miscellaneous applications asking $4.7 million.

The NCI funding plan for cooperative groups, in light of those figures is as follows: noncompeting renewals will be funded at 95% of the negotiated budgets; competing renewals will get 93% of the recommended budgets if they had priority scores of 192, provided the entire group had a priority score of 172. The rest of the budget deficit will be accounted for by the phase out of the disapproved groups and those who did not score well enough to be funded.

As an example of problems caused by limited flexibility, CTEP cited the need for a "comprehensive clinical research effort in urologic oncology."

CTEP's statement went on, "Importanat opportunities exist in a major niche which is only partly occupied. How does NCI stimulate the field? By providing a suitable environment and the funds necessary to attract the best people and ideas to the niche.

"The problem is, where do we get the money

DCT Director Fears Cooperative Groups May Think CTEP "Protesteth Too Much"

Bruce Chabner, director of NCI's Div. of Cancer Treatment, is concerned that **The Cancer Letter's** reporting of NCI staff statements emphasizing that changes in the clinical trials program will be made only with the consensus agreement of cooperative group members may be having the opposite effect intended. "That's like denying you have stolen something when no one has accused you of stealing anything," Chabner said. He went on to add his assurances to those expressed by CTEP Director Robert Wittes. "As long as I am director of this division, we won't force the cooperative groups to do anything they don't want to do. I hope they will agree to some changes, because if they don't, the entire program is in danger."

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for urologic oncology?" There are three possible answers, CTEP said: From the competing pool of funds, the typical grant program answer; from new money infused into the system, "when the need competes with all other new initiatives of the entire NCI;" and from the noncompeting pool of funds, "not a viable option."

CTEP acknowledged that linking member performance with funding (type 5 adjustment) does provide some flexibility to group leadership in redistributing funding from delinquent members to another use in the group, but said that was "cumbersome. It must be based on documented deterioration in performance and not criteria relative to other group members. It is inherently punitive, and there are always mitigating circumstances." Besides, only a limited amount of money could be mobilized that way relative to most legitimate needs.

Wittes Misquoted: He Favors Option 3 (b), Two Competing Groups For Each Category

CTEP Director Robert Wittes was misquoted in the April 18 issue of **The Cancer Letter**. In describing the five options for structuring the cooperative groups, the article indicated Wittes favored option 3 (a), in which there would be one group for each broad class of clinical problem. Wittes favors 3 (b), in which there would be two groups for each broad class. "My feeling is this is what we would do if we were starting all over again," he said.

"If groups could solicit participants freely, and assure their funding, there would be no need for this cumbersome, often costly, and usually inefficient mechanism."

From the individual investigators' perspective, one problem with the present system is the unresponsiveness to changing levels of participation, CTEP said. "Even with obvious improvement in an institution's level of participation in a group, it is very difficult to alter its pattern of funding, except at the time of competing renewal. The consequences are inequities in funding between institutions, investigators are not compensated for what they do, let alone rewarded for doing a good job, and it is difficult to change the nature of participation at the institution (e.g., modality distribution)."

CTEP pointed out that the system does not work well with unusual requests. One recent example was a competing renewal structured as a consortium. Funding to members was via reimbursement at $1,500 per case. Two institutions chose to distribute this money mostly in patient care costs because of unique regional problems with third party reimbursement and a very high proportion of indigent patients. That was disallowed by peer review.

CTEP cited an example of how irrational the funding squeeze has been. An institution has been a member of a national group since 1958. By all reasonable objective measures, participation in group administration has been continuous, active and important. Patient accrual has been relatively constant, well above the group's minimum standards for membership. In 1982, the institution received $138,000. That dropped to $124,000 in 1983 despite a priority score of 168, and by 1986, to $129,000 despite a score of 157.

The foregoing was presented by CTEP in support of its case for reorganizing the groups to permit more flexibility. Responses from participants in the discussions, resulting in modifications of CTEP's positions, will be reported next week.

Candlelighters, ACS, ASCO, AACI Appeal To Senate For Bigger Budget

Representatives of major cancer organizations made their first formal appeals of the year to Congress last week, and they were united on at least two major issues:

*The Administration's budget request for NCI for the 1987 fiscal year not only is inadequate but potentially disastrous.

*NCI and the rest of NIH are being hobbled and their ability to respond to scientific opportunities severely limited by the White House policy of restricting reprogramming of appropriated funds.

Appearing at the Senate Labor-HHS Appropriations Subcommittee hearing of public witnesses on the 1987 budget were Timothy Talbot, president emeritus of Fox Chase Cancer Center, representing the Assn. of American Cancer Institutes; Albert Owens, director of the Johns Hopkins Oncology Center, representing the American Society of Clinical Oncology; Charles LeMaistre, president of the Univ. of Texas System Cancer Center/M.D. Anderson Hospital, representing the American Cancer Society; and Grace Monaco, Washington DC attorney, representing the Candlelighters.

Talbot and Owens agreed that NCI's appropriation for 1987 should be the full $1.34 billion authorized by last year's renewal of the National Cancer Act. They deplored the President's budget request of $1.158 billion, which Talbot pointed out is less than NCI's appropriation for FY 1985.

LeMaistre, who is the current president of the American Cancer Society, said ACS is asking for an NCI appropriation of $1.322 billion, "a minimal increase to mark time until the current fiscal crisis is relieved." That would "maintain the level of momentum vital to assuring continued progress. . . and would serve to carry the National Cancer Program through this crucial period in our nation's economic history."

Monaco did not ask for a specific total figure but rather for full funding of the cooperative group and cancer centers program, at "the level that peer review has found warranted; to retain the financial base to permit the Office of Cancer Communications to do the job needed; to fully fund and support NCI's intramural research and clinical trial activities; fully fund POIs, the mechanism to translate research advances to the bedside; fully fund cooperative groups at $50.2 million; fully fund the intramural program at $194.9 million; fund centers programs at $135.6 million; fund OCC at $900,000; fully fund cancer biology at $259,000; fund preclinical research at $177,000; and fund clinical treatment research at $181,000.

Monaco ripped the Administration's policy on reprogramming, instituted last year to force agencies to return to the Treasury funds they could not spend under OMB's budget categories. The cancer program, Monaco said, "should not suffer from terminal ignorance. Please tell the OMB camel to keep its nose out of the NCI director's tent. To not permit reallocation of dollars when a breakthrough occurs is obscene, sneaky and destroys some of your efforts," she said to the acting subcommittee chairman, William Proxmire (D.-WI).

The other spokesmen also deplored that policy, calling it "unnecessary micromanagement." LeMaistre said ACS was asking for language in the appropriations bill "that would allow NCI and the other institutes to apportion their reduced resources in the way that the leadership of these agencies believe is the best for their programs and their objectives."

Owens said OMB's policy, and the reduction of personnel positions at NCI by 344 under 1985 levels "has hobbled NCI's very able and effective director to the point where he is unable to follow the best leads."

Talbot noted further that the transfer to the office of the HHS assistant secretary for health of $27 million for AIDS research has resulted in "budgetary confusion--another way of wrecking what is already working. The leadership and management by Dr. (Vincent) DeVita has been outstanding. He doesn't need micromanagement by OMB."

Talbot criticized the plan for an across the board reduction in indirect costs proposed by OMB. He pointed out that some centers operate under one set of rules (A-21), while others operate under another (A-122). "This is yet another example of gross inequity, because of the differences resulting from A-21 rules as opposed to A-122. Some cancer centers would be hurt severely if this proposal is accepted."

Talbot recommended that implementation of the proposal be delayed until Sept. 30, with an immediate study by an "independent, highly qualified team of persons, perhaps drawn from the field of public policy and from fiscal analysis and management, who are not allied with OMB, or with the research community, to make recommendations regarding the entire subject of indirect costs. . . It is our belief. . . that simple straightforward definitions of indirect cost eligibility should be set forth in an uncomplicated set of easily comprehended factors, with uniformity of eligibility in those categories. No other solution can be equitable or effective."

Owens presented only three major recommendations by ASCO:

1. "We support the Ad Hoc Coalition for Biomedical Research's funding level of $6.073 for NIH" (as did Tablot speaking for AACI).

2. "We believe that last year's congressional authorization for the NCI appropriation of $1.34 billion is most reasonable for an FY 1987 appropriation level."

3. "We believe that it is imperative to maintain the effectiveness of this country's cancer research enterprise by restoring the funding of research grants, centers, clinical trials groups, etc., to peer review approved levels, and to assure appropriate growth for those areas."

Proxmire, the only senator present during the cancer program presentations, commented that under the Administration's budget, no

new clinical trials would be started in 1987.

"I believe that is correct," Owens said. "Also, some cooperative groups and centers would be eliminated."

"We'll do something about that," Proxmire promised.

LeMaistre, noting that the cost of cancer is an annual "$40 billion leak in our national economic dike," said that "the funds this committee has appropriated during the past 15 years to the National Cancer Institute represent the most productive health and medical research investment our nation has ever made in terms of real returns for our citizens. In the short span of those few years, more progress has been made against cancer, man's most complex and determined health and medical enemy, than in all previous history. You and your committee have literally made history through the wisdom of your decisions about funding of cancer research."

FIRST Award For New Investigators Applications Being Accepted By NIH

NIH is accepting applications for the first round of awards under its new First Independent Research Support and Transition (FIRST) Award (R-29). The new mechanism will replace the New Investigator Research Award (R-23), which will be phased out as presently funded awards terminate. No new R-23 applications will be accepted for review.

The new award is designed to provide a sufficient initial period of research support for newly independent biomedical investigators to develop their research capabilities and demonstrate the merit of their research ideas. The grants are intended to underwrite the first independent investigative efforts of an individual; to provide a reasonable opportunity for him/her to demonstrate creativity, productivity, and further promise; and to help effect a transition toward the traditional types of NIH research project grants. FIRST awards generally will provide funds for five years during which time 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 research.

FIRST awards are not renewable after the five year period. The total direct cost award for the five year period may not exceed $350,000. The direct cost award in any budget period should not exceed $100,000. Indirect costs will be paid to the awardee institution in accord with applicable HHS policy.

The award will allow the carry over of unobligated cost funds from one budget period to the subsequent one under certain conditions. Where appropriate, the carryover will not be subject to prior approval of the awarding unit nor will it be included in the Institutional Prior Approval System requirements. Procedures for activating this feature will be provided by the awarding unit.

Grantee institutions may extend the final budget period of a FIRST project one time for up to one year without additional funds unless otherwise restricted by a condition of the award. Such an extension may be made only when additional time beyond the established expiration date is required to assure adequate completion of the originally approved project scope or objective.

All awarding units of NIH are authorized to use the new mechanism, as well as the new National Center for Nursing Research.

Applicants must use PHS-398 application form and provide relevant information on eligibility. The acronym "FIRST" should be indicate on the face page to the application.

Applications must be submitted to the Division of Research Grants in accord with regular receipt dates of Feb. 1, June 1, and Oct. 1. The first receipt date for applications for the award will be June 1.

Additional information on the award under NCI may be obtained from: Mr. Herman Fox, Referral Officer, NCI, Westwood Bldg, Rm 828, NIH, Bethesda, MD 20892, phone 301-496-3428. Information on the award for the National Center for Nursing Research may be obtained from Dr. Doris Bloch, Acting Chief, Extramural Research, NCNR, NIH, Bldg 38a, Rm B2-E-17, Bethesda, MD 20894, phone 301-496-0526.

Hopkins To Commit $2.5 Million In Own Funds To Support Junior Faculty

The Johns Hopkins Univ. School of Medicine plans to commit $2.5 million of its own funds over the next three years to support salaries of junior faculty in clinical departments to enable them to engage in research. The decision was one of several recommendations that came out of a long range planning retreat on research in the medical school's clinical departments, Richard Ross, dean of the medical school, said.

The new program will be launched with

money from the clinical practice of Hopkins' faculty, but the school hopes that private fund raising will help continue the program.

According to Ross, the faculty concluded that there can be no increase in the research productivity of the clinical departments unless new recruits and junior faculty have adequate time for research. Without other funding, the junior faculty must carry out a level of clinical activity that will not allow protected time for scholarly research.

"Because young investigators often have difficulty getting government or foundation grants, most faculty felt that some sort of institutional support at the inception of a career would be most useful," Ross said. "Our new initiative responds to this." A faculty committee will determine the mechanisms for selection of junior faculty to receive this support.

"This decision runs counter to the current trend in many academic medical centers," he said. "Concerned with forthcoming [NIH] budget cuts mandated by Gramm-Rudman, many are conserving funds in anticipation of major cutbacks. And at the same time as Gramm-Rudman is hitting government research funds, both competition and regulation in health care delivery are pushing clinical faculty to see more patients in a shorter period."

RFPs Available

Requests for proposals 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-67885-68
Title: Preparation and supply of fresh and cultured mammalian cells
Deadline: Approximately June 30

The Developmental Therapeutics Program of the Div. of Cancer Treatment is seeking an organization qualified to provide large quantities of well characterized normal and neoplastic mammalian tissue culture cells and receive, process, distribute, store and maintain fresh human leukemic cells and tissues. It is anticipated that 100 grams of fibroblastic cells grown as monolayer and 100 grams of suspension cultured cells will be required each year. The contractor should also be able to process up to 125 samples of human leukemic blood and supply the leukocytes to the government. The contractor should be able to freeze fresh cells in a viable state.

All aspects require strict quality control and maintenance of complete records. As a minimum, the contractor must be able to deliver freshly prepared specimens to the government project officer's laboratory within one hour after harvest, on wet ice, to enable the government to carry out biochemical, biological and immunological studies.

It is anticipated that a cost reimbursement incrementally funded type contract will be awarded as a result of the RFP for a period of 60 months, beginning March 30, 1987. This RFP represents recompetition of a contract currently being performed by Biotech Research Laboratories, Rockville, Md.

All responsible sources may submit proposals which shall be considered by NCI.

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. 11, page 4.

Contract Specialist: Karlene Ruddy
RCB Blair Bldg Rm 212
301-427-8737

RFP NCI-CM-67882-16
Title: Storage and distribution of chemicals and drugs used in preclinical evaluation and development
Deadline: Approximately June 30

The Drug Synthesis & Chemistry Branch of NCI's Developmental Therapeutics Program is seeking support services to operate and maintain DS&CB's chemical and drug repository. The principal objectives of the project are the receipt, storage, inventory, distribution, documentation and control of synthetic compounds, natural products and bulk drugs. Presently more than 400,000 compounds are in storage.

The contractor must be capable of promptly responding to the needs of a rapidly evolving program and support the needs of "new disease oriented in vitro" screens as well as biological prescreens. In addition, compounds must also be shipped regularly to research investigators both in the U.S. and in foreign countries.

The principal investigator should be trained in organic chemistry at the master's degree level or at the BS degree level with graduate courses in chemistry/biology and have experience in areas relevant to this work, including supervisory or managerial level responsibilities. The PI and all key personnel should be assigned to the project 100% of the time.

This is a recompetition of a contract currently held by Flow Laboratories. NCI expects to award one cost reimbursement contract for a five year period.

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 6.

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

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