THE CANCER LETTER

Vol. 12 No. 32
Aug. 8, 1986

Subscription $160 year North America
$175 year elsewhere

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

PRI Fires Gilden, Compton, Sues For $1 Million But May Be Out Of Recompetition; NCI Is "Neutral"

Recompetition of the five NCI contracts for operation of the Frederick Cancer Research Facility exploded into controversy last week when Program Resources Inc., which has the largest contract there, fired its top two FCRF employees and sued them for $1 million in punitive damages.

(Continued to page 2)

In Brief

CCOP Formats To Be Available For Help In Writing Applications; Gale On Videotape

CCOP FORMAT to help with writing applications in the current recompetition of the Community Clinical Oncology Program will be available from NCI later this month. They will be similar to those distributed by NCI in the first round. Contact Robert Frelick, CCOP program director, at 301-427-8708. . . . **ROBERT GALE**, the UCLA bone marrow transplant expert who performed the procedure on about 300 victims of the Chernobyl accident, is featured on a new videotape program available at 700 hospitals and medical schools in September. He will be interviewed by Frederick Appelbaum, bone marrow transplantation expert at Fred Hutchinson Cancer Center. The tape was produced by the Network for Continuing Medical Education which is supported by Roche Laboratories. . . . **DEADLINE** for abstracts for the Fifth International Conference on the Adjuvant Therapy of Cancer in Tucson is Dec. 1. The conference, sponsored by the Arizona Cancer Center, will be held next March 11-14. Sydney Salmon is chairman. The Second International Workshop on Chromosomes in Solid Tumors, also sponsored by the Arizona center, will be held Jan. 18-20 in Tucson. Jeffrey Trent is chairman. Deadline for abstracts is Oct. 15. For abstract forms and further information on both conferences, contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602-626-6044. . . . **TWO NEW** associate vice presidents have been named by M.D. Anderson. Michael Best, who has been with the center for eight years, is associate VP for business affairs. Thomas Reeves, former executive in the steel industry, is associate VP for administrative services. . . . **ILLINOIS LEGISLATURE** has reaffirmed its support of the Illinois Cancer Council's State Cancer Plan with a second year appropriation of $964,000.

FCRF Recompetition On Schedule Despite PRI Problems, NCI Says

(Continued from page 1)

PRI contended in its suit filed in Frederick County (MD) circuit court that Raymond Gilden, principal investigator for the contract and director of its FCRF operations, and Thomas Compton, second in command there and director of contracts and administration, had established their own company with the intent of competing with PRI for the new contract. The suit said this was done while the two were still on PRI's payroll and that they attempted to persuade other PRI employees to join them.

Gilden and Compton, on advice of their attorneys, declined to comment on the lawsuit or their separation from PRI. Richard White, PRI president, also declined to comment.

PRI has the management and operations contract for FCRF, which for the five years of the current contract period, starting in 1982, was expected to total over $181 million. Litton Bionetics Inc., from 1972-1982 the single contractor at FCRF, had the second largest contract in the 1982 competition, $38 million total for conducting basic research. Other contractors are Information Management Services Inc., for computer services; Harlan Sprague Dawley Inc., for animal care; and Data Management Services Inc., for library services.

Gilden and Compton had both been Litton Bionetics employees and switched to PRI when that firm beat out Litton and others for the highly prized operations contract. The practice of nonexclusive employment arrangements involving contractor personnel was a major factor in the 1982 competition, with various organizations all submitting proposals based on hiring Litton personnel if they won the contract.

The current recompetition will be for seven year awards, based on the same parameters of five separate contracts for the five major separate services. However, one organization could win two or all three of the operations, research and animal contracts. The other two are set aside for small businesses.

PRI contended in its suit that the alleged defection of Gilden and Compton, along with their efforts which prevented PRI from obtaining nonexclusive agreements with other key personnel, has destroyed its chance of competing successfully for the new award.

The deadline for proposals is Sept. 15. Peter Fischinger, NCI deputy director whose responsibilities include overall management of FCRF, said that so far the recompetition remains on schedule and that no organization has been disqualified. Another source told **The Cancer Letter** that so far, no firm with Gilden and Compton as principals had as yet submitted a proposal.

The Cancer Letter also learned that whatever the outcome of the PRI-Gilden-Compton affair, NCI still expects extensive and spirited competition for each of the five contracts.

Because PRI raised the question that "something untoward might be going on at the facility," Fischinger said, he had asked the NIH Div. of Management Survey & Review to investigate. That division, headed by Howard Hyatt, deals with questions of improper grant and contract activities. DMSR stepped in immediately after PRI fired Gilden and Compton, but no conclusions have been reached yet nor has any report been made, Fischinger said.

Fischinger emphasized that NCI "is remaining neutral" and is concerned only that there be "full and impartial competition for the contracts." The same policies which governed the competition in 1982 are in place, including that of permitting organizations to base their proposals on hiring employees of the present contractors.

That appears to be the main point of contention between PRI and Gilden and Compton. The suit charges that they used their positions to intimidate other key PRI employees and persuade them to not sign nonexclusive contracts with PRI.

White is president and a director of PRI. William Donlon is secretary and a director. They each own 50% of the outstanding stock. After Gilden and Compton were fired, Donlon took over as interim manager for the contract while PRI searches for a permanent replacement.

The complaint filed in court alleges that:

"Gilden and Compton have, through the conduct and actions described below, in furtherance of a plan or arrangement to secure the next management contract for themselves, and to prevent PRI from even being able to bid on that contract, interefered with White and Donlon's communications with their employees and have prevented PRI management from having any meaningful contacts with their own employ-

ees at Frederick. On June 2, 1986, Gilden told an employee of PRI that the employee would be involved in a new company owned by Gilden and Compton and formed to compete with PRI for the renewal of the management contract. Gilden offered this PRI employee a bonus of several thousand dollars if he would help him prepare a proposal so that Gilden's and Compton's new company would win the contract against PRI, their own employer. The proposal was to be prepared at a time when this employee was still an employee of and being paid by PRI. Gilden sought to induce this employee to breach his duty of loyalty to PRI and to actively work against the interest of PRI by offering him money and employment with Gilden's and Compton's new company.

"As a further inducement to cause the employee to work against the interests of PRI," the complaint continues, "Gilden told him that he and Compton would refuse to work under a PRI renewal of the management contract by NCI. During the recompetition process, points are awarded for various aspects of a competitor's proposal. Fifty percent of the points are for the quality of key personnel that a competitor has committed to it to work for it on the contract. The practice in federal procurement is for companies such as PRI to seek exclusive or nonexclusive employment agreements from key personnel when bidding on a contract. People who sign nonexclusive agreements are free to sign with other companies, so that they can work for whichever company wins the contract.

"If a company does not have adequate key personnel committed, it cannot possibly win the contract. . . In early June of this year, PRI sent attractive financial offers to eight key scientists who presently work for PRI. PRI requested that these eight employees sign nonexclusive agreements to work for PRI if PRI wins the contract.

"After PRI mailed out these offers," the complaint continues, "Gilden and Compton engaged in a course of conduct which had as its objectives depriving PRI of the valued services of its employees on any new contract. In furtherance of this plan or arrangement, they threatened, coerced, and otherwise bullied employees, made material misrepresentations of fact with regard to the terms of offers of employment oustanding both by PRI and their own company, and otherwise engaged in predatory tactics so as to deprive PRI of the opportunity to compete legitimately for the renewal contract. Among the activities engaged in by Gilden and Compton are the following:

"A. Gilden called one of the key personnel into his office, directed him not to sign the nonexclusive PRI agreement, and maintain that 'we want to keep PRI locked out.' Gilden went on to utilize his supervisory position in instructing the employee that he, Gilden, did not want anyone to 'break ranks' and communicated to the employee by words and deeds that if the employee signed the nonexclusive agreement to work for PRI he would be fired. Gilden has persisted in this course of conduct and has directed other PRI key employees not to sign the nonexclusive agreement.

"B. Gilden misrepresented the PRI offer. Gilden falsely advised several key scientific employees that PRI's offer would not be binding on PRI.

"C. Gilden falsely told another PRI employee that the PRI agreement, which was a nonexclusive agreement, was an exclusive agreement. By words and deeds, he indicated that PRI would not get the contract and the employee would be out of a job if the employee signed an agreement with PRI.

"Recently, Gilden informed William Donlon that Donlon was not permitted to speak with his own PRI employees at the Frederick facility. Gilden told Donlon that a government official had written a letter saying that all things having to do with the recompetition of the management contract had to be conducted off the premises of the facility. Gilden further told Donlon that department heads had said they would not speak with Donlon, that Gilden would not support his efforts to speak with them, and that Donlon's speaking to key employees below the department head level would seriously affect the performance of the scientific effort and have 'severe consequences.' Donlon understood Gilden to be threatening that PRI's award fees would be further reduced if Donlon attempted to speak with his own PRI employees. At no time did either Gilden or Compton reveal to Donlon that they were engaged in a continuous effort to recruit PRI's employees for their (Gilden's and Compton's) own company or that Gilden and Compton were preparing a bid for the new management contract in direct competition with PRI.

"As a result of the plan and arrangement set out above and the course of conduct described above, no PRI employee has signed a

nonexclusive agreement with PRI and Compton and Gilden have been successful, through misstatements and false statements, as outlined above, in preventing PRI from obtaining commitments from its high level staff that they will continue to work for PRI. PRI has thereby been prevented from putting together a bid for a renewal of the management contract.

"Based on the facts above, Gilden and Compton have conspired together to destroy PRI as a competitor for the FCRF contract and to ensure that Gilden and Compton will receive the renewal contract."

The complaint continues, stating that Gilden and Compton "were obligated to act at all times for their employer's best interests" but instead, "in clear violation of their duty of loyalty, defendants acted to injure PRI. . . Defendants attempted to persuade fellow employees to sabotage PRI's bid for a new government contract. Defendants have done all this under a veil of secrecy, with malice toward their employer and an intent to cripple or destroy PRI.

"By their conduct, the defendants breached their employment obligations and thereby injured the plaintiff in an amount unknown to plaintiff. The continuation of defendants' conduct would cause irreparaable harm to the plaintiff, for which money damages would be an inadequate remendy."

Nevertheless, the complaint asks for money damages--"compensatory damages in an amount to be proved at the trial; the return of defendants' salaries during this period in an amount to be proved at the trial; punitive damages in an amount to be proved at the trial but at least $1 million, together with the costs of this action."

The suit also asks for preliminary and permanent injunctions prohibiting the defendants and their associates from employing PRI employees and "from any further attempts to lure away plaintiff's remaining employees for themselves, and from diverting plaintiff's business to themselves."

In addition to the research carried on at FCRF by Bionetics Research Inc. (the successor to Litton Bionetics), NCI has located several of its laboratories and branches there, from the Div. of Cancer Treatment, Div. of Cancer Etiology and Div. of Cancer Biology & Diagnosis. The NIH supercomputer is also located there. The operations and management contract supports all of those activities.

Senate Subcommittee Gives NCI Same As House For FY 1987 Budget

The Senate Labor-HHS Appropriations Subcommittee completed its markup of the 1987 fiscal year budget for the Depts. of Labor, Health & Human Services and Education Tuesday. Its allocation to NCI was almost identical to that approved by the House Appropriations Committee (**The Cancer Letter**, Aug. 1), although the total for NCI in the House bill depends on how much of the $199 million in AIDS research funds it gets.

The Senate subcommittee, chaired by Lowell Weicker (R.-CT), gave NCI $1,397,250,000 ($1.397 billion). That includes AIDS money. There was no breakdown for each institute of the $200,943,000 the Senate gave NIH for AIDS.

The House figure for NCI was $1.347 billion, plus an estimated $61 million for AIDS from the $199 million the House gave NIH for AIDS research. The House committee report noted that the amounts each institute would get from the AIDS pool had not been determined precisely but listed an estimate for each, with NCI's share at $61 million. Thus with the AIDS money, NCI's total would be $1.408 billion, about $11 million more than the Senate's total.

This is one of the few times in the history of NCI, and possibly the only time since the National Cancer Act of 1971, that the Senate's total for NCI was less than that from the House. That $11 million difference may not seem like much compared with a total budget of $1.4 billion, but it would fund a lot of construction grants, or several more center core grants, or improve considerably the clinical trials picture, or increase the priority score payline a couple of points.

The Senate subcommittee report was not available at press time (and might have to await action by the full Senate Appropriations Committee), so any further breakdown of budget allocations and discussion of committee intent were absent. In any event, the two houses are close enough that resolving the differences will not involve much money, although the division of the AIDS funds could change the picture somewhat.

The difference for the total for all of NIH was somewhat greater. The House figure was $6.080 billion, the Senate's $1.153 billion, a difference of $75 million. Again, that is not enough to cause any problems when the bill goes to conference.

The MRI Contract: NCI's Position, Which the AACI Group Doesn't Buy

Many of those involved in the canceled magnetic resonance imaging collaborative clinical trials contract are still seething over the issue. They view the abrupt cancelation as illogical and capricious, an example of the worst kind of government bureaucratic mismanagement.

Some of the participants in the project, which was developed and sponsored by the American Assn. of Cancer Institutes, have not been reluctant to express their outrage (**The Cancer Letter**, July 4).

AACI members worked for more than two years to put their network together, convinced NCI's Div. of Cancer Prevention & Control of the value of their plan and competed successfuly for the contract to implement it. They were able to sell it to DCPC because that is the division in which the centers program is housed, and it was developed as a centers initiative. As it turned out, that was a mistake, because the Radiation Research Program in the Div. of Cancer Treatment has responsibility for all NIH imaging research. In fact, at the time the AACI group was putting its project together, RRP was working up a concept proposal for a similar project to present to the DCT Board of Scientific Counselors. The board approved the concept in June, 1985. The contract was awarded to the AACI group in October, 1985.

In March, 1986, the contract was canceled with the terse explanation, "for the good of the government." There had been some warning. Jerome Yates, director of DCPC's Centers & Community Oncology Program who had been working with the group, had informed them that the contract was in trouble because of the Gramm-Rudman-Hollings cuts DCPC had to take.

The AACI group was really jolted, then, when they saw the RFA for the DCT project, which was released in May. And, while the cancelation of the contract saved NCI only $150,000 a year, the RFA set aside $600,000 for the first year of the DCT project.

It appeared to the AACI group that NCI's left hand didn't know what its right hand was doing, although most of them knew better. What they thought they saw was a turf battle between DCT and DCPC, but that wasn't the case, either.

Here is the story from NCI's viewpoint:

The Executive Committee (Director Vincent DeVita, his deputy and administrative officer and the five division directors) had some problems with the centers MRI contract from the start, primarily because it was felt it might duplicate the plans being developed in DCT. They eventually decided that MRI was important enough to warrant some overlap. But when the GRH cuts were imposed, they had to reprioritize all NCI contracts, and it was felt that the duplication no longer was justified. The Executive Committee determined, to its satisfaction at least, that the DCT RFA was a better approach because they felt it was broader in scope (specifically including other forms of imaging, for instance) than the contract.

Another factor was that NCI prefers to support extramural clinical trials through grants or cooperative agreements rather than contracts, except for phase 1 and possibly early phase 2 studies. This is a policy in which nearly all NCI advisors agree--the boards of scientific counselors, the National Cancer Advisory Board, the President's Cancer Panel.

Still another factor is that the contract was being funded with 1986 fiscal year money, when NCI had to spread nearly $60 million in GRH cuts around the Institute. The first year of the DCT project will be funded with FY 1987 money, when (hopefully) the government will be able to meet the GRH mandated levels without triggering an automatic cut. The budget resolution adopted by Congress should do that, if all the projections work out, even with the healthy increases for NIH and NCI approved by the House Appropriations Committee.

Adamant Dissent

Members of the AACI group cannot accept any of those explanations. They differ adamantly with NCI over the contention that the DCT RFA "is broader in scope." They point out that the RFA calls for investigation of MRI in only prostate and lung cancer, while their studies were involving a half dozen or more cancer sites. Their group involved more than 40 cancer centers and major hospitals and included most of the country's experts in MRI. Also, they brought in medical and surgical oncologists to work with the radiologists. "Radiologists don't have much experience in clinical trials, and we needed the medical oncologists to help design and carry them out," one MRI radiologist told **The Cancer Letter.**

Members of the AACI group also argue that adding the requirement for testing other imaging modalities in the DCT RFA did not make it broader in scope than their studies. There is no way MRI can be properly evaluated without comparing it to other major imaging modalities, something that is self evident, they contend.

Thus, firm in their conviction that the work they were doing was broader in scope than that proposed in the DCT RFA and that it was being developed and operated on a sound basis by the nation's leading MRI experts in collaboration with other oncologists, they can't understand how NCI can claim it is saving money by canceling their contract. Reinstate the contract, cancel the RFA and the government will save $450,000 a year and get more for $150,000 than it would have for $600,000, they say.

Finally, the AACI group has no problem with transferring the project to DCT. From the start, Francis Ruzicka, chief of the Diagnostic Imaging Branch in the Radiation Research Program, worked with the group in developing its plans and writing its protocols.

Possible Solution

It would seem that NCI does owe some consideration to the AACI group. The members spent a lot of time on the project, and none made any money on it nor would they had the contract been carried out to conclusion. They worked hard, getting commitments from a wide range of experts, and no one has questioned the quality of work they had performed under the contract before it was terminated. Telling scores of people the contract was canceled "for the good of the government," with no effort to involve them in discussions of possible alternatives, was rather arrogant.

NCI executives were under considerable pressure, and they did not have much time to implement the GRH cuts. But there were alternatives, had anyone been inclined to consider them:

--Ask the AACI group if it would accept suspension of funding under the contract for the rest of the 1986 fiscal year but continue the project, possibly with some nongovernment support which probably could have been arranged. Then, if the situation improved in FT 1987, resume the contract funding.

--If the budget situation still precludes funding both the contract and the DCT RFA in 1987, withdraw the RFA and modify the contract workscope to include the elements sought by DCT. If that isn't legally possible, recompete the contract.

--If none of the above are acceptable, at least encourage the AACI group to continue working together and develop a proposal to compete for an award under the RFA. An ongoing multidisciplinary group, with most of the country's MRI expertise, with patients already entered into its protocols, would be hard to beat, even if it did study more cancer sites at one fourth of the estimated cost. If DCT still feels the approach suggested in the RFA is needed, it could use the rest of the money to fund another group along those lines.

---Jerry Boyd

Biotherapeutics To Reveal Expansion Plans, Raises $19 Million In Stock Sale

Biotherapeutics Inc., the controversial firm which offers experimental biological therapy to patients who can afford to pay for it, will reveal plans for its "first round of expansion" within 60 days, company President Louis Berneman said last week.

Biotherapeutics is headquartered in Franklin, TN, and has treated about 100 patients during the past year. Expansion will involve establishing collaborating clinics at other locations around the country.

One of those locations probably will be in Tampa, where Robert Polackwich, a medical oncologist in private practice, has agreed to help get it started. Polackwich will serve as medical director of the clinic when it is established.

Biotherapeutics' expansion will be financed with some of the proceeds of the company's recent public offering of stock and warrants. The offering was sold out, grossing $19 million on the stock, with each share accompanied by a warrant to purchase another share within one year. If all the warrants are exercised, that would raise an additional $19 million.

"The principal use of the proceeds will be the acquisition of new technology, that is research and development," Berneman told **The Cancer Letter**. Some will be used to help finance expansion, and a portion will be allocated to the support of some patients who cannot pay for the treatment.

Berneman and company founders Robert Oldham and William West from the start have been sensitive to the ethical questions about

limiting their services to those patients who can pay. They have been attempting to line up various sources of support, with part of stock sale proceeds as one. The only long range viable answer, of course, is for the therapy to be proven to the point the government and insurance companies will reimburse for it.

Meanwhile, the biological therapies such as interleukin-2, IL-2 and LAK cell, and monoclonal antibodies are very much experimental, they are very expensive, and no one is reimbursing. Biotherapeutics' fees range up to $35,000 (for the full course of services including MoAbs). The IL-2/LAK cell treatment is about $20,000.

Oldham and his colleagues are careful to point out that the therapy they offer is research, and they emphasize in the literature they give to patients that it is not proven and may not help them. They also note that their protocols are based on FDA approved INDs which are availabale only to the relatively few patients who are entered into research protocols at academic institutions, cooperative groups and other NCI sponsored studies.

That does not silence the critics who argue that it is not ethical to require patients to pay for research. The news that a Biotherapeutics clinic may be established in Tampa generated negative responses from at least two critics there.

"I don't like this business of marketing something before its time," Robert Good, Univ. of South Florida professor, was quoted as saying in the "Tampa Tribune." Good is former president of Memorial Sloan-Kettering Cancer Center and has performed extensive research in cancer immunology. He is credited with doing the first successful bone marrow transplant, in 1968, and now heads the bone marrow transplant program at All Children's Hospital in St. Petersburg.

"He (Oldham) is going ahead and trying to apply these things, I think with a little less science and a little more fanfare than is necessary," Good said. "You can't jump to the top of the mountain. You have to climb that mountain one step at a time."

Joseph Sinkovics, medical director of the St. Joseph's Hospital Community Cancer Center, called Biotherapeutics' approach "ethically unsavory," the "Tribune" reported. He said he declined an invitation from Biotherapeutics to work with them because the research proposed was to be done under the aegis of a "franchised" business and would not be available to patients who can not pay. "Cancer patients are extremely vulnerable and you cannot let one unproved profit making enterprise take over," he said. "Cancer patients are extremely vulnerable and you cannot let one unproved profit making enterprise take over."

Life Sciences Inc., a biomedical research institution in St. Petersburg, also said it had declined an invitation from Biotherapeutics. Alex Burns, marketing director for Life Sciences, was quoted as saying his company is enthusiastic about Oldham's research but did not want to get involved because it would have monopolized Life Sciences' operations. "We see the therapy proposed by Biotherapeutics as needing substantially more development and more extensive clinical reports than Dr. Oldham has," Burns said.

Polackwich, who is director of Memorial Hospital's (Tampa) oncology program, told the "Tribune" that he will be dependent on his ties with the Tampa medical community. "Biotherapeutics' programs are available to cancer patients anywhere. They don't have to be my patients." He added that those programs should serve as a backup for cancer patients who cannot gain entry into any of the federally funded research protocols. Only when those are unavailable will he suggest Biotherapeutics, he said.

Another entry in the Tampa cancer research and treatment community will be the new H. Lee Moffitt Cancer Center and Research Institute, which is affiliated with the Univ. of South Florida. John Hadden, director of USF's immunopharmacology program, declined to comment to the "Tribune" on Biotherapeutics. He did say the new cancer center would be aggressively researching immunological approaches to cancer treatment "in the next couple of years." The center planned to accept its first patients this summer.

Berneman told **The Cancer Letter** that Biotherapeutics would establish facilities only in communities where "broad participation of professionals involved in cancer management is offered. Unless we have broad based support, we will not go in."

Oldham has responded to his critics by arguing that Biotherapeutics uses state of the art scientific technologies and is maintaining careful records of the results, which will be published complete with failures and successes; that top of the line

treatment is not now and never has been available to all patients; and that government support of clinical trials frequently moves too slow to take advantage of emerging opportunities, and at present is being held back by budget restrictions.

Anderson Going After CCOPs, Lists Protocols, Invites Them To Meeting

M.D. Anderson Hospital & Tumor Institute is actively attempting to sell potential Community Clinical Oncology Program participants on using it as one of their research bases. Rodger Winn, director of MDA's Community Oncology Program, has invited "CCOP colleagues" to a meeting in Houston Aug. 14 when descriptions of the clinical trials and cancer control research protocols the center will make available to CCOPs will be presented.

"We realize that a comprehensive cancer center cannot normally provide a protocol list sufficient to satisfy a CCOP's complete needs, and that most CCOPs will name a major multitherapy research base," Winn wrote in his letter of invitation. "We are prepared to work with CCOPs to help fill in the gaps, thereby making their research efforts more productive."

Winn sent along a list of the protocols presently available, including 18 approved by NCI, most of them phase 2 drug studies. Another 15 protocols which will be submitted to NCI were also sent, including several randomized studies and a phase 3 trial in metastatic renal cell carcinoma comparing combination chemotherapy with combination chemotherapy alternating with interferon.

Winn also sent a list of eight proposed cancer control studies: a prospective double blind randomized study of 13-cis retinoic acid vs. placebo in premalignant lesions of the head and neck; tumor markers in metastatic breast cancer; smoking cessation in patients receiving curative therapy for head and neck cancer; comparative trial of the antiemetic effect of ativan, benadryl and haldol vs. prochlorperazine in cancer patients receiving cisplatin or DTIC; nausea and vomiting in ambulatory care chemotherapy patients; nuclear aberrations in colonic mucosa; bleomycin induced chromosome breaks in lung cancer patients and immediate family members; and mammography in family members of patients with breast cancer.

"We believe you will find (the cancer control research protocols) conceptually stimulating, and we feel that CCOPs can greatly contribute to answering these questions," Winn wrote in his letter. "We plan to expand on these concepts at the meeting and to make clear the resources, staff and patient population necessary for successful participation."

Those wishing to attend the meeting who did not receive an invitation may phone Winn at 713-792-2370.

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-CP-61064-60
Title: Laboratory rodent and rabbit facility for the Laboratory of Cellular Carcinogenesis and Tumor Promotion

NCI has a requirement for a contractor to provide facilities and staff to house, care for and conduct experiments with laboratory rodents and rabbits as directed by protocols from NCI investigators. The numbers of animals for which facilities shall be provided will vary with current program needs, but facilities to house the following numbers of rodents are required:

Athymic mice, 750; intact mice, 3,000; rabbits, 50; hamsters, 200; rats, 150; guinea pigs, 20.

Animals will be purchased by NCI, not the contractor. This proposed acquisition is to support the intramural research program of the Laboratory of Cellular Carcinogenesis & Tumor Promotion, located in Bethesda, and respondents must be able to accomplish frequent exchange of animals and fresh specimens and injectable cell suspentions with the LCCTP.

This is recompetition of a contract currently held by Microbiological Associates Inc. One award covering a four year period is anticipated.

Contract Specialist: Thomas Porter
RCB Blair Bldg Rm 115
301-427-8888

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams
Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.