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NCI's SBIR Awards Move Up In Quality; Congress Considers Making It Permanent; FASEB Objects

While Congress is considering legislation to make permanent the law authorizing the Small Business Innovative Research Program, some members of the scientific community
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In Brief

Murphy Choice of Ohio State Search Committee To Head Cancer Hospital; Decision Due In Oct.

GERALD MURPHY, former director of Roswell Park Memorial Institute, is the choice of an Ohio State Univ. search committee for the position of medical director of the university's new Cancer Hospital & Research Institute. The university Board of Regents was scheduled to act on the committee's recommendation Sept. 5. However, the decision was delayed until the Board's October meeting. The \$54 million hospital, scheduled for completion by November, 1987, will have 160 beds with facilities for radiotherapy, bone marrow transplantation, intraoperative radiotherapy and two surgical suites. The top two of 12 floors will house wet laboratory research. The Cancer Hospital & Research Institute will take over all clinical research activities of the Ohio State Comprehensive Cancer Center, headed by David Yohn. . . HARRY MEYER, director of FDA's Div. of Drugs & Biologics, has been named president of American Cyanamid's Medical Research Div. He replaces George Sutherland, who will retire next year. Meyer, 58, is a virologist with 31 years in the Public Health Service. . . ARNOLD DION, acting vice president for research at the Coriell Institute for Medical Research in Camden, NJ, has been appointed director of the Institute for Molecular Genetics at the Center for Molecular Medicine & Immunology in Newark. CMMI President David Goldenberg made the announcement. . . STEVEN PIVER, chief of clinical gynecologic oncology at Roswell Park Memorial Institute, has been appointed chief of the newly formed Gynecologic Oncology Dept. there. The new department combines clinical gynecologic oncology with gynecologic research. . . MAXINE SINGER, chief of the Laboratory of Biochemistry in NCI's Div. of Cancer Biology & Diagnosis, has been appointed by Pope John Paul II to full membership in the Pontifical Academy of Sciences. She will attend a plenary session of the academy in Rome next month, when she will receive the decorations of her appointment.

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NCI Feels Better Now About SBIR With Quality Proposals Being Funded

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are objecting to its continuation before an evaluation of its effectiveness. Meanwhile, NCI for the second consecutive year was able to expend all of its SBIR set aside funds on what it considered high quality grants and contracts.

Three House committees--Small Business, Science & Technology and Energy & Commerce--have cleared the bill (HR 4260) which would continue the program indefinitely. It is due to expire in October, 1988. The law requires federal agencies with research and development budgets, including NIH, to set aside 1.25 percent of those budgets for small business research proposals. Any amounts of the set aside funds not awarded revert to the Treasury.

Under the NIH program, grants and contracts are awarded in two phases. Phase 1 awards of \$50,000 cover the initial development period; phase 2 awards can go up to \$250,000 a year for two years with the intention of taking product development up to commercial implementation.

In the 1986 fiscal year, NCI has awarded 68 phase 1 and 17 phase 2 grants, at a total cost of \$7.5 million. Also in FY 1986, NCI made 40 phase 1 and seven phase 2 contract awards, for a total of \$3.8 million. That accounts for the entire \$11.35 million set aside from the 1986 budget.

Those figures could change slightly with some last minute adjustments before the fiscal year ends Sept. 30.

The priority score payline for phase 1 grants was 213, and for phase 2, 290. While those were considerably higher than the 163-170 payline for most NCI grants, they were a huge improvement over the first year of the program when the Institute was forced to fund grants with scores close to the worst possible, almost 500. The law requires that all approved grants be funded until the money runs out.

The phase 2 payline was higher than phase 1 because NCI wanted to complete some projects which had appeared to be promising in phase 1 despite poorer scores. The NCI Executive Committee last week approved what is probably the last SBIR awards this year.

Contracts are evaluated under a different system, based on technical merit and "best buy for the government."

"Potentially, there are a good number of phase 2 studies which can be of considerable value to the cancer program," an NCI executive told *The Cancer Letter*. "There are a lot of good ideas which may be very useful, particularly in diagnosis, imaging, radiotherapy and monoclonal antibodies." The majority of phase 1 awards were for diagnostic imaging and radiation oncology, probably because so much instrumentation development is involved in those fields.

Many awards went to small firms who are developing products under contracts with large companies.

In general, NCI staff members are favorable to continuing the program, now that better proposals and applications are coming in. However, the Federation of American Societies for Experimental Biology, for one, has gone on record opposing HR 4260 for now. In a letter to members of the House Science & Technology Committee, FASEB Executive Director Robert Krauss expressed the organization's concern that SBIR is being made permanent "without having been evaluated for its effectiveness in achieving its statutory objectives and for its efficiency in use of federal research dollars."

Krauss insisted that it is essential for a complete study of the program to be done before Congress commits itself to a permanent program. He called for an analysis by the General Accounting Office or the Office of Technology Assessment.

FASEB "fully recognizes the contribution small business has made to our country and would not stand in the way of Congress providing a separate research and development program for this community should it wish to do so," Krauss' letter continued. "But we do object in principle to the concept of a set aside that requires the expenditure of funds for a certain group, apparently regardless of whether its members' projects can pass the normal quality evaluation that is crucial to obtaining the best science for the nation.

"The small business community is free to compete on the basis of excellence, just as any other group, for all federal research dollars without a set aside," Krauss continued. "In this case we are most concerned that the SBIR program is funded by taking scarce dollars from biomedical research budgets of NIH, NSF and other agencies."

William Raub, who as director of extra-

mural research and training before being appointed NIH deputy director had overall responsibility for SBIR at NIH, told a House small business subcommittee that due to NIH efforts to publicize the program, early concern about "an inadequate pool of potential applicants is no longer a problem." He noted that approximately 2,180 organizations had submitted SBIR proposals and a total of 570 had been awarded grants and/or contracts.

Senate Directs OMB To Increase NIH Positions, Drop Apportionment Rules

The Senate Appropriations Committee has directed strong language toward the White House in an effort to relieve NIH of two major areas of interference by the Office of Management & Budget.

The committee, in its report on the FY 1987 appropriations bill, noted that last year it had "directed NIH to disregard OMB substantive directives on the use of apportioned funds. The committee is still seriously concerned that OMB's method of apportioning appropriated funds to NIH has devolved into a form of micromanagement that seriously impedes the ability of NIH to do its work. The committee therefore expects OMB to refrain from apportioning funds to NIH by mechanism and number of awards. OMB should apportion funds to NIH based on a quarterly allotment of appropriated funds without specification. The committee directs each NIH institute director to report to the committee on the subject of OMB apportionment during the committee's hearings on the fiscal year 1988 appropriations bill."

The report noted that although NIH intramural research efforts had increased significantly in the past several years, that research on AIDS had also produced "a significant increase in the research efforts on the NIH campus," and that the NIH clinical center had been unable to utilize all of its beds due to lack of staff, OMB still has forced NIH to reduce its staff by over 1,000 full time equivalent (FTE) positions since 1984.

"The committee has continually expressed this concern through language contained in the report accompanying the appropriations bill; however, the Administration has ignored this direction. The committee, therefore, has included bill language directing that NIH be provided no fewer than 13,507 FTEs defined as

the same categories of employment that counted against the FTE ceiling in fiscal year 1986. Additional FTEs are being provided to increase the staffing at the Warren G. Magnuson Clinical Center in order to more effectively utilize its capacity; to more adequately staff the new National Institute of Arthritis & Musculoskeletal & Skin Diseases and the National Center for Nursing Research; to expand the intramural research efforts in such areas as AIDS, Alzheimer's disease, neurobiology and immunobiology; to strengthen the administration and management of the extramural program; and to strengthen program oversight responsibilities in a variety of critical areas, such as for animal welfare."

No Choice For OMB

If the directive on FTEs survives the conference with the House, which did not have a similar provision in its bill, and if the final bill survives a possible veto, OMB will have to go along with the staff increases. The Administration usually follows directions in committee reports, or at least tries to give the appearance of doing so, but it has flat out ignored them on the issue of NIH positions. It will be interesting to see what OMB does about apportionment, and whether it will be necessary for formal legislation, possibly in the form of the bill authored by Sen. Orrin Hatch (*The Cancer Letter*, Sept. 12), to do the job.

The Senate report states that the \$1.397 billion in the bill for NCI is \$50.5 million more than was in the House bill. However, the House figure did not include \$61 million the House estimated would be NCI's share of the \$199 million it voted for AIDS research. The Senate also earmarked \$61 million for AIDS money for NCI and that was included in its total of \$1.397. Therefore, the House figure, with the additional AIDS money, is about \$10 million higher than the Senate's for NCI.

The Senate committee came on strong for cancer centers, including language in the report directing that centers be funded at close to their peer review recommended levels. That has been a sore point for several years with center executives. After Congress ordered NIH to fund grants at their recommended levels, NIH chose to interpret that order as limited to ROIs and POIs, with the result that centers and cooperative groups continued to suffer cuts from five to 15 percent to deal with overall budget deficits. The Senate report is clear on that:

"The committee recognizes that cancer centers have become the focal points for excellence in research and are unique resources to the practicing physicians within the regions they serve. However, despite the committee's past expressions of concern, existing centers have been funded at different percentages of approved levels depending on whether they are competing or noncompeting during a particular funding cycle.

"The committee has increased NCI's cancer center appropriation in order to fund one additional cancer center and to fund all cancer centers at approximately their peer review approved levels so that a sense of stability and continuity can be reintroduced to the cancer center programs."

The committee, for the second year in a row, earmarked money directly to the HHS secretary for construction of the Mary Babb Randolph Cancer Center at West Virginia Univ. By keeping that money out of the NIH/NCI appropriations, the Senate steers clear of the peer review process (The National Cancer Advisory Board refused to approve a construction grant for WVU two years ago when it was given a poor priority score). "The committee expects NCI to continue its excellent assistance toward the development of this cancer center," the report said.

The committee gave NIH a total of \$200.9 million for AIDS research; NCI's \$61.7 million is second to \$98.9 million earmarked for the National Institute of Allergy & Infectious Diseases. "The committee understands that these funds will be distributed across the research mechanisms, including investigator initiated grants," the report said. "The committee expects the director of each institute to use these funds with maximum flexibility so that new and promising opportunities can be pursued with an absolute minimum of delay. The appropriation will support basic and clinical research, drug screening clinical trials, vaccine development, and outreach activities to health care providers."

(When the bill was acted upon by the full Senate, Chairman Lowell Weicker (R.-Conn.) of the Labor-HHS Appropriations Subcommittee, won approval of an additional \$47 million for NIH to expand treatment of AIDS victims--see following article).

"The committee notes that because of its strong basic research background, NCI has been in the forefront of the national effort

against AIDS," the report said. "NCI virus research is directly responsible for the discovery of HTLV-3, the causative agent for AIDS, and the subsequent development of the effective blood test to detect AIDS antibodies."

The report cites a number of areas of progress in cancer research, as related to the committee during its hearings on the bill, and mentions several NCI programs which it said should continue to be supported. Among those were the Community Clinical Oncology Program and PDQ: "The committee urges NCI to continue to support these programs at a high priority level."

Clinical research is also highly esteemed by the committee: "The committee is concerned about clinical treatment research funding. Because of budgetary cutbacks, some clinical trials cooperative groups and organ site research programs have had their funding cut sharply, and some groups have been terminated. Additionally, research training grants have been reduced by 10 percent, and clinical education grants have been cut by 50 percent. The excellent NCI intramural program of clinical research has been severely constrained. It is imperative that the clinical research programs be at least maintained, and that wherever possible, funding of such grants should be made at the peer reviewed levels."

The committee singled out three other areas for special attention:

*Pain research--"NCI is encouraged to mount a more aggressive program in the area of pain research and control. NCI, in cooperation with the neurology and dental institutes, should be prepared to describe initiatives at the fiscal year 1988 hearings."

*Nurses--"The committee urges NCI to continue its systematic efforts to ensure that professional nurses are actively involved in the programs of NCI. Specifically, the committee urges that NCI continue to give priority to the nursing oncology individual research fellowship award program, as well as ensuring that nurses are appointed to peer and special review committees. The committee was pleased that a nurse was recommended to the President's Advisory Commission (Ed. note: President's Cancer Panel? NCAB?), although that individual was not ultimately appointed."

*Children--"The committee remains very supportive of NCI's efforts to target

research toward children, both at the cooperative group level and in the intramural programs. The committee supports the efforts of private organizations who wish to assist the intramural clinical program on the NIH campus through the establishment of housing facilities for families with children in treatment at the clinical center."

Control, Construction

Neither the House nor Senate committee reports on the appropriations bills mentioned cancer control or construction funding. However, both bills contained line items for those programs.

Peter Greenwald, director of NCI's Div. of Cancer Prevention & Control, expressed his frustration earlier this year at failure of Congress to adequately fund NCI's cancer prevention efforts. He placed the blame not only on Congress but also on NIH brass who have not been enthusiastic about prevention research (*The Cancer Letter*, Aug. 15).

It appears to be more of the same for FY 1987. The line item for cancer control in the House bill is \$63 million, and \$66 million in the Senate bill. The President had requested \$61.1 million, identical to the FY 1986 budget. The slight increase will not do much more than cover the slight inflation during the year, and certainly will not permit any substantial expansion of prevention or other cancer control efforts. The Senate's praise of CCOP, for instance, would have meant a lot more had it added \$10 million to double the number of CCOP awards.

Referring to prevention, the Senate report says, "Again, because of the strides made in basic biological knowledge, NCI is emphasizing intervention in the late stages of carcinogenesis. This is a major research goal of NCI's prevention and control program, which is utilizing the knowledge gained through basic research to find practical ways to halt the multistage progression to cancer . . . This approach could obviously yield very rapid results in the prevention of cancer in a very large proportion of the population," etc., another half page on the prospects in prevention. But no extra money.

It is also more of the same for construction. NCI is getting \$3.1 million in FY '86 for construction, \$1.2 million for extramural grants, the rest for on campus and Frederick Cancer Research Facility work. The House and Senate both have between \$2 and 3 million for 1987. NCI had asked, in the bypass budget, for \$20 million.

Senate Approves \$47 Million For Experimental AIDS Drugs

The Senate has voted to provide NIH with an additional \$47 million to deliver azidothymidine and other experimental AIDS drugs to persons with acquired immune deficiency syndrome. The additional funds were included in an amendment offered by Lowell Weicker (R-Conn.), who chairs the Senate's HHS Appropriations Subcommittee.

"The driving force behind the move is azidothymidine, which is showing a lot of promise to prolong the lives of AIDS sufferers," a spokesman for Weicker told *The Cancer Letter*. Experimental AIDS drugs to be financed by the additional funding won't be restricted to AZT, but the drug "is the main force that interested the senator."

"The monies would expand experimental drug treatment at NIH," Maureen Byrnes, a staff aide for Weicker, told *The Cancer Letter*. The funds would go directly to the National Institute of Allergy & Infectious Diseases. "The intent of providing the money to expand the [experimental drug] program is so those eligible to participate" in the AIDS trials will be able to do so. Byrnes estimates that as many as 10,000 persons suffering from AIDS could take part in the program.

Details on expansion of the program would be left to NIH officials.

The additional funding for experimental AIDS drugs came amidst reports that an independent safety monitoring board is conducting an evaluation of recent data on clinical trials with azidothymidine. The board is said to be considering whether the trial should continue to be placebo controlled in light of early indications of positive results and improved survival rates for AIDS patients.

"Some recent data has required a close evaluation by the company, HHS and the independent safety monitoring board," a spokesperson from AZT manufacturer Burroughs Wellcome told *The Cancer Letter*. An NIH spokesperson said Burroughs Wellcome asked the board to look at the data.

The independent safety monitoring board met in August to look at the data generated from the trial and determined that it should continue as a placebo controlled trial. If the coded results were to indicate effectiveness for a group of patients, the study would be unblinded. Under current plans, the study would continue until December as planned.

Nurse Participation Up In Congress, Helped By 100 Students From U.S.

BUDAPEST--The 14th International Cancer Congress was the first to include coordinated and linked sessions for nurses throughout the five program days. The result was a significant increase in participation by nurses.

Their numbers were swelled by 100 student nurses from the U.S. whose expenses were paid by a grant from the Helene Fuld Health Trust, which supports a number of nursing schools. The 100 were selected from more than 600 applicants who were nominated by deans of nursing schools. The students were very much in evidence at the 10 sessions for nurses and enthusiastically took part in the discussions.

Another nurse first here was that one of the plenary lectures was delivered by an oncology nurse--Robert Tiffany of Royal Marsden Hospital, London.

Patricia Greene, assistant vice president for nursing of the American Cancer Society, coordinated the organization of the nurse sessions. They were:

*Cancer Prevention & Detection, chaired by D. Von Walden Laing, Stockholm, and Gayle Bersani, Buffalo.

*Patient Support Programs, chaired by F. Munet-Vilaro, Austin, TX, and Von Walden Laing.

*Care of the Patients with Advanced Cancer, chaired by M. Stapp, Lyon, and R. Poletti, Lausanne.

*Patient Education, chaired by Greene and G. Joyson, Parkville, Australia.

*Pain Management, chaired by T. Boontang, Bangkok.

*Issues in Cancer Nursing Education and Practice, chaired by Marilyn Stromborg, Pittsburgh, and Judi Johnson, Minneapolis.

*Symptom Management, chaired by Anne Bavier, Bethesda, and Johnson.

*Occupational Hazards for Nurses, chaired by Connie Yarbro, Columbia, MO, and L. Raberg, Malmo, Sweden.

*Innovative Techniques in Cancer Nursing Care, chaired by Tiffany and M. Kiss, New York.

*Advances in Cancer Nursing Research, chaired by N. El-Kateb, Cairo, and R. Poletti, Lausanne.

Many of the students, including Elizabeth (Page) Motschenbacher, president of Student Nurses of America, participated in a press conference with Johnson, president of the

Oncology Nursing Society, Greene and Tiffany. Some of the comments there:

Tiffany--In the UK, there are six nurses to each doctor; in the US, the ratio is four to one. Ten percent of UK nurses are male; in the US, less than five percent. About one percent of ONS members are men. "If by 1990 we are to maintain the number of nurses we have now in the UK, and if only women become nurses, we will need 75 percent of all women university graduates. We are attempting to bring mature women (who have left nursing for various reasons) back in, and we are trying to attract more men into nursing."

In Sri Lanka, nurse practitioners staff a program of screening for early oral cancer in a country where tobacco chewing starts at an early age. "This screening finds early lesions which can be treated simply and inexpensively. In many countries, nurse practitioners are in the forefront of the fight against cancer."

Greene--"If we talk about nurse practitioners, the terminology is confusing. Nurses are doing primary prevention, risk assessment, health education, health promotion, breast self examination. (To the student nurses) Your attention and interest here has been greatly appreciated by the speakers. We would like to stay in touch with you back home."

Johnson--"I invite all of you to become members of ONS. We have a student member category (all of the students present indicated they planned to go into oncology nursing). . . From what I have heard, there are not enough nurses even to meet the needs of sick persons. How can we extend the role of nurses (into health education and prevention? Can that extension be made by nurses teaching others?"

Tiffany--"The World Health Organization is looking at ways to increase the number of nurses and other health care workers."

Greene--"Many nurses have not learned how to teach. Perhaps we should work on that, teach them teaching skills."

Motschenbacher--"There are 30,000 nursing students in the US. Many are directly out of high school, but students at age 25 are not unusual, some even older."

The students visited nursing schools in Budapest and some planned to visit others in nearby countries after the Congress.

Edwin Mirand, Roswell Park Memorial Institute, said the students "added a new dimension to the Congress."

Eight Winners of UICC Merit Award Named at International Congress

BUDAPEST--Eight cancer scientists from diverse cultures and areas of the world were named as winners of Awards of Merit by the International Union Against Cancer, which sponsors the International Cancer Congress every four years.

The award announcements were made by UICC President A.C.C. Junqueira of Brazil and Secretary General Gerald Murphy of the US.

The awards went to R.A. MacBeth, Canada; Errki Saxen, Finland; R. Flamant, France; J. Furman, Israel; T. Hirayama, Japan; A. Pihl, Norway; H.X. Wu, China; L.G. Lajtha, England; and R. Lee Clark, United States.

"Each of these persons has contributed greatly to the efforts of the UICC," Murphy said.

Scholarships, Research Grant, RFP On Public Education Offered by ONF

The Oncology Nursing Foundation, established by the Oncology Nursing Society, has announced availability of three programs for nurse education and research. These scholarships are funded by grants from Adria Laboratories, Burroughs Wellcome Co. and Lederle Laboratories.

Ten \$1,000 undergraduate scholarships and two \$2,500 graduate scholarships will be awarded to registered nurses pursuing bachelor of science and masters in nursing degrees during the 1987-88 academic year. Criteria and applications may be obtained from the Oncology Nursing Foundation, 3111 Banksville Rd., Suite 200, Pittsburgh, PA 15216, phone 412-344-3899. The application deadline is Jan. 15.

The Oncology Nursing Foundation/Bristol-Myers Oncology Div. Research Grant will provide \$5,000 as seed funds to a nurse to stimulate quality nursing research in oncology. In addition, the awardee will receive funds for transportation to the ONS annual congress in Denver next May. Obtain applications from the address above. The application deadline is Dec. 1.

The Foundation is seeking proposals from individuals and ONS chapters to undertake a project on public education about cancer and cancer care. The award will amount to \$2,500. Copies of the RFP may be obtained from the Foundation at the address above. The application deadline is Jan. 15.

Big Hike In Cigarette Tax Leads Texas Cancer Control Suggestions

The Legislative Task Force on Cancer in Texas concluded its work last week by calling for an ambitious partnership of public and private resources to expand cancer services in Texas.

The final report from the task force was presented to Texas House Speaker Gib Lewis, who appointed the study group in 1984 to identify priority cancer control issues and propose methods for improving programs in cancer detection, treatment and prevention through the year 2000.

The citizens panel recommended three specific actions be taken during the next session of the Texas legislature, including:

- *Doubling the state's cigarette tax, to 41 cents per pack, as a deterrent to smoking, especially among young people.

- *Enacting clean indoor air measures to prohibit smoking in public places, public meetings and work sites, except for specifically designated areas.

- *Continuing state funding of the Texas Cancer Council, which was created to coordinate the Texas Cancer Plan that resulted from earlier task force work.

Most of the panel's immediate recommendations can be funded through existing resources, James Dannenbaum, a Houston engineering executive who chaired the 52 member task force, said. He also chairs the 16 member Texas Cancer Council that will oversee long range implementation of the statewide plan.

Dannenbaum said the Texas Cancer Council will ask the legislature for \$8.9 million for the next biennium. At least 75 percent of the funds would support proposed and expanded cancer prevention programs, while an additional 10 percent would be allocated to continue pilot projects in cancer prevention, detection, diagnosis and patient transportation in the Rio Grande Valley.

Ultimately, the Texas Cancer Plan seeks to mobilize all public, private and voluntary resources to make every school a cancer prevention center and every doctor's office and public health clinic a cancer detection and prevention center. The Texas Div. of the American Cancer Society will coordinate the private sector support, which Dannenbaum termed "crucial" to the plan's success.

The task force report emphasized the importance of increasing knowledge about

cancer among all Texans as a means of motivating each person to adopt personal cancer prevention habits. A major goal of the plan is providing more timely and convenient cancer care in or near communities where Texans live.

Robert Kerr of Austin, president of the ACS Texas Div., said he "applauds the collaborative spirit of the Texas Cancer Plan." The president of the Texas Medical Assn., Jim Bob Brame of Eldorado, praised the panel's emphasis on prohibiting smoking and called the clean indoor air act proposal "a step in the right direction to protect the public health."

Lewis predicted the Texas Cancer Plan will become "the blueprint for perhaps the most important single health crusade in our state's history."

About 49,000 Texans are expected to be diagnosed with cancer during 1986, but the number of new cancer cases could almost double, to 84,000, by the year 2000 if the predicted growth in the state's general population and the substantial increase in older age groups is realized. Studies show cancer costing the state more than \$400 million a year in medical care, while the loss to the state's economy in earnings alone exceeds \$1.5 billion.

Joseph Painter, vice president for physician referral development and extramural programs of the Univ. of Texas System Cancer Center/M.D. Anderson Hospital, served as staff director of the task force.

DeVita To Lead Off LA Review

NCI Director Vincent DeVita will open the "Annual Oncology Review: Curative Treatment Strategies 1986," at the Los Angeles Century Plaza Hotel Nov. 6-8. His topic will be, "The Changing Face of Clinical Oncology."

The review will be sponsored by Cedars Sinai Medical Center in cooperation with the Cedars Sinai Comprehensive Cancer Center. Gerald Rosen, medical director of the center, is chairman.

The Medical Oncology Program of the review will extend over the entire three days. A separate GU Oncology Program will be held on the afternoon of Nov. 8. A simultaneous

symposium on oncology nursing is scheduled for Nov. 7, and another on pediatric oncology Nov. 8.

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-73711-68

Title: Procurement of fresh cells from monocytes, macrophages and T and B cell lines
Deadline: Approximately Nov. 15

The Developmental Therapeutics Program of NCI's Div. of Cancer Treatment is seeking an organization qualified to provide well characterized tissue culture cells including T and B cell lines, lectin free T cell growth factor, myeloid and monocytoid cell cultures, and radioiodinated DNA samples. Annually, the contractor shall supply 300 grams of T and B cells; partially purified T cell growth factor (6,000 units) [crude TCGF (approximately 30,000 units) will be supplied by the government]; 25 samples of myeloid and monocytoid cell cultures established from cord blood; and 10 radioiodinated DNA samples.

Services will include daily courier services for pick up and deliver of specimens. As a minimum, the contractor must have a P2 biohazard containment facility and be able to deliver on wet ice within one hour after harvest, freshly prepared uninfected and HTLV infected cultured cells for biochemical, cell biology and molecular biology studies.

All aspects require strict quality control and maintenance of complete records.

It is anticipated that a cost reimbursement, incrementally funded type contract will be awarded for a 60 month period, beginning Aug. 15, 1987. This RFP represents a recompetition of the project being performed by Bionetics Research Inc., Rockville, MD.

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

NCI CONTRACT AWARDS

TITLE: Storage & distribution of clinical drugs
CONTRACTOR: ERCI Facilities Service Corp., Vienna, VA, \$2,054,100.

TITLE: Primary rodent production center (Task B)
CONTRACTOR: Harlan Sprague Dawley, Inc., Indianapolis, \$3,955,977.

TITLE: Primary rodent production center (Task C)
CONTRACTOR: Simonsen Laboratories, \$3,101,101.

TITLE: Cultivation of blue-green algae
CONTRACTOR: Univ. of Hawaii (Manoa), \$1,298,175.

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