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# CANCER LETTER

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## NCI Budget Of \$1.4 Billion Seems Assured, Barring GRH Cut, Veto; Organ Systems Renewal Confirmed

Whether or not Congress manages to complete work this week on the continuing resolution which will fund federal agencies for the rest of the 1987 fiscal year, NCI and NIH levels have been firmed up, barring a Gramm-Rudman-Hollings cut or a presidential veto. House and Senate conferees on  
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*In Brief*

### Panel To Meet In Chicago Dec. 15; Rosenberg Picks Up Another Famous Patient; Obey Honored

**PRESIDENT'S CANCER** Panel will hold its final meeting of the year Dec. 15 at the Univ. of Chicago Cancer Research Center. . . **STEVEN ROSENBERG**, who in spare moments between developing immunotherapeutic technology removes presidential colon cancers, has added NCI director gallbladders to his repertoire. Vincent DeVita revealed to the National Cancer Advisory Board that it was the NCI chief of surgery who took his out. "I want to dispel two rumors," DeVita said. "First, that under the influence of preoperative medication I signed over the entire NCI budget to surgical oncology. Second, that I ate all the plants and flowers I received for their fiber content". . . **DAVID OBEY** (D-WI), member of the House Labor-HHS Appropriations Subcommittee, has received the first Distinguished Public Service Award of the Assn. of University Environmental Health Sciences Centers. Arthur Upton, president of the association and former NCI director, said Obey has led Congress in seeking a better understanding of public health problems caused by environmental and occupational health hazards. . . **NCI STAFF** changes: **John Donovan** has moved over from the National Institute of Child Health & Human Development to become director of NCI's Laboratory of Animal Science. He replaces Eugene New, who is retiring. **Dianne Tingley**, who has been acting chief of the International Cancer Research Data Bank Branch in the International Cancer Information Center, has been appointed permanent chief of the branch. **Maryann Roper** has left the Cancer Therapy Evaluation Program in the Div. of Cancer Treatment to become special assistant to DeVita . . . . **AMERICAN ASSN.** for Cancer Research has issued a call for abstracts for its 78th annual meeting in Atlanta next May 20-23. Deadline for abstracts is Dec. 8. American Society of Clinical Oncology meeting, also in Atlanta, will be held May 17-19.

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## Conferees Agree On \$1.4 Billion For NCI; Could Be Best In Years

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the Labor-HHS appropriations bill have reached agreement on all the points at issue. Under normal circumstances, the conference report would be presented to both houses, approved and sent to the President.

Circumstances are not normal, of course. Members of Congress are frantic to get back home and campaign, with only a couple of weeks left before the election. The Labor-HHS (and Dept. of Education) measure is the only regular appropriations bill close to completion. All the spending bills for FY 1987 are now wrapped into the continuing resolution, which is a procedure usually used for temporary, or stop gap, funding covering short periods between the start of a fiscal year and final approval of appropriations bills.

The regular bills are far enough along to permit Congress to use them in establishing funding levels in the continuing resolution for the entire year. Conferees on the continuing resolution continued early this week to work on the differences, in most case, as far as dollar levels are concerned, agreeing to split the differences. Major policy differences on arms control and other matters are the main hangup at this point.

Where agreement has been reached in a separate, regular appropriations bill, the continuing resolution will use those figures. For NCI, that figure was \$1.403 billion (one billion, 403 million). That is higher than the Senate figure of \$1.397 billion, which included \$61 million earmarked for AIDS research, and close to the House figure of \$1.347 billion, which did not include the AIDS money. That level will permit NCI to fund about 38 percent of approved competing grants at a priority score payline of close to 175. If the total is not cut by GRH or some other device, it could turn out to be the healthiest year, fiscally, NCI has had in quite awhile.

House conferees went along with the addition of \$47 million for providing AZT and other AIDS therapy which the Senate voted at the insistence of Lowell Weicker (R-CN), chairman of the Labor-HHS Appropriations Subcommittee. That brought the NIH total for AIDS to \$248 million.

For all of NIH, conferees agreed on \$6.18 billion, about \$600 million more than NIH

received in FY 1986. They also agreed on directing NIH to fund no fewer than 6,200 new and competing renewal research grants.

Conferees agreed on withdrawing language in the Senate bill which would have mandated a total of 13,507 full time equivalent employees for NIH. Both houses have pleaded with the White House to stop slashing NIH positions and to restore the cuts made since the early 1980s. But those pleas, included in appropriations bill reports, have gone unheeded. The Senate attempted to order the restorations in the formal language of the bill, but the House did not. Conferees went along with a warning in the report on the compromise that "if congressional intent continues to be ignored and if the level continues to drop, it will be necessary to write an employment level into law."

**The National Cancer Advisory Board, after being briefed last week on both the 1987 and 1988 budgets, weighed in with some suggestions of its own.**

NCAB members were appalled at the Administration's paltry budget proposal for 1988 (*The Cancer Letter*, Oct. 10), and also were concerned about the continuing difficulties NCI apparently will have with the Office of Management & Budget over apportionment of NCI funds. OMB requires that it approve redistribution of funds among mechanisms; in some cases, approval can be granted by NIH. In any case, NCI Director Vincent DeVita doesn't like it and frequently has been frustrated in making the best use of available funds. It appears now that there will be no congressional action forcing OMB to abandon that policy.

DeVita suggested to the NCAB Committee on Planning & Budget that his requests might have more clout if they were accompanied by NCAB recommendations. Committee members expressed willingness to become involved, and the full Board later agreed. They suggested the requests could be handled by mail or conference calls between Board meetings, if necessary.

The committee expressed concern that suggestions for mapping and sequencing the human genome might lead to a drain on the NCI budget. They strongly emphasized that any funds requested for that project be kept separate from the rest of the NCI budget and that it not be done at the expense of other research. They agreed that at least some support for the project should come from the

public domain "in order to ensure that all interested researchers may have access to the data derived from these studies." It was suggested that alternative avenues of financing should be explored and that cooperation with other nations could be accomplished, possibly by means of existing bilateral agreements.

Committee members also were concerned that reductions in the manpower training budget have led to declining numbers of trainings entering biomedical research.

DeVita confirmed that NCI intended to renew the cooperative agreement with Roswell Park Memorial Institute for operation of the Organ Systems Coordinating Center for two more years, with NCAB approval.

The Board previously had approved a five year award (The Cancer Letter, Oct. 3), but it was limited to three years so NCI could take a look at how the new arrangement was working out.

"We think the Organ Systems Program is just getting up to speed and we won't have any idea of its full impact for another year or so," DeVita said. "About a year from now, we should think about a full dress review. We can decide then to keep it as is, not have any program, or go back to the old way (when the individual organ site working groups operated with independent grants)."

The Board concurred with no opposition.

#### New "Decade of Discovery"

The Board went along with the recommendation of its Committee on Information to produce a new version of "Decade of Discovery," the excellent booklet which was published in commemoration of the 10th anniversary of the National Cancer Act of 1971. The new publication would mark the 15th anniversary of the Act along with the 50th anniversary of NCI. "Decade" summarized progress since the Act was passed and was distributed widely throughout the U.S.

Committee Chairman Richard Bloch told the Board the committee recommended "that NCI staff work with the Board to develop a major, attractively packaged report describing progress in the Cancer Program, particularly within the last 15 years, but emphasizing recent advances. This report would be distributed to the more professional and interested segment of the population. A much shorter and simpler companion piece would be developed for mass distribution. NCI and Board members should explore ways of printing

this publication without cost to the government. The target publication date should be May, 1987, to coincide with NCI's 50th anniversary celebration."

Bloch also reported on Board member Nancy Brinker's suggestion that members should consider serving as active ambassadors for the National Cancer Program, carrying information about research progress as well as health educational messages to the public. "Such an ambassador program would include increased public speaking by Board members and work with the media. Board members would become recognized sources of information in their communities and regions."

The full Board agreed, after Brinker added, "There's a lot of misinformation out there. We could make these entertaining, exciting events." Board member Enrico Mihich said "It's a terrific idea," but cautioned that Board members making those appearances be careful to "avoid pre-empting efforts of local institutions."

DeVita suggested that the Board's six lay members take the lead in organizing presentations in communities around the country. "They could present, in their official capacity as members of the Board, the point of view of the lay members."

The Board also decided, as did the President's Cancer Panel a few years ago, to take their show on the road. Its late November-early December meeting was established primarily for program review, when the NCI divisions update Board members on their activities. The Board does not review grants during that meeting.

When DeVita suggested that that meeting could be held at the major cancer centers every year, members went along enthusiastically, as long as the program review could still be worked in. DeVita suggested the first road meeting could be at Memorial Sloan-Kettering Cancer Center, in early December. MSKCC President Paul Marks had tentatively agreed to host the meeting.

The Board's Committee on Cancer Control and the Year 2000 also came in with recommendations for involving nonscientists in the Cancer Program. The committee formulated the following charge, which the Board approved after it was presented by Chairman Helene Brown:

"To provide the link between the NCAB and the various publics (e.g., business leaders, consumers, governmental representatives,

providers) relative to the initiatives which will aid in achieving the Year 2000 goals. Such initiatives will include building awareness and consensus necessary to achieve the goals, describing the resources necessary and seeking those resources. The committee noted the importance of the total NCI budget to this effort and emphasized the need to continue to build all of the research thrusts including cancer prevention and control, rather than shifting support between priority programs.

The committee discussed planning a conference of business leaders devoted to the needs of underserved populations, Brown reported.

## **NIH Cool Toward OIG But Awardees Love It; 21 New Winners Named**

Some confusion exists in the scientific community over NCI's Outstanding Investigator Grant program and NIH's Merit Award, NCI Director Vincent DeVita said at last week's meeting of the National Cancer Advisory Board.

"They're not the same, they're not even close," DeVita said. OIG is a seven year award, for which investigators must apply. It is a short application, which is reviewed by mail by a panel of peers specifically selected for each application. OIG is intended to provide stable support for scientists with track records, with great potential, and who may be doing "risky research," DeVita said.

The Merit Award is a five year grant. Investigators do not apply; instead, staff selects the potential awardees, who undergo project by project review. "It is not for risky research," DeVita said.

"The OIG awardees are ecstatic about it," DeVita continued. "However, NIH does not like the review by mail. They feel it is too radical departure from regular peer review and are afraid it is setting a precedent. We reply that we are using the mail review only for OIG, that it is an experiment and that if it doesn't work, we will dismantle it. They (NIH) feel that it's not needed, since we have Merit.

"I expect NIH to try to kill OIG in one to two years."

"It is not a departure from peer review," Board Chairman David Korn said, "but only from one mechanism of peer review." Korn noted that OIG was born from a suggestion by

Bernard Fisher when he was a member of the President's Cancer Panel (Fisher is now a member of the NCAB). "I view OIG as an experiment. If there are kinks, we will change it. It is too early now to tell."

"Some have been concerned that since it is an experiment, if you decide it does not work, the commitment will not be honored for the full seven years," Board member John Durant said.

"No, we will keep the commitments," DeVita said. He suggested that the NCAB "take a close look" at the program in a couple of years.

Recipients of OIG awards in the second round of the program are:

Claudio Basilico, New York Univ. Medical Center; Stanley Cohen, Univ. of Connecticut Health Center; Herman Eisen, Massachusetts Institute of Technology; Raymond Erikson, Harvard Univ.; Sen-Itiroh Hakomori, Fred Hutchinson Cancer Center; Leonard Herzenberg, Stanford Univ.; Thomas Mack, Univ. of Southern California School of Medicine; Beatrice Mintz, Institute for Cancer Research; Harold Moses, Vanderbilt Univ. Medical School; Peter Nowell, Univ. of Pennsylvania; Ralph Reisfeld, Scripps Clinic; Robert Roeder, Rockefeller Univ.; Janet Rowley, Univ. of Chicago; Erkki Ruoslahti, La Jolla Cancer Research Foundation; Jesse Summers, Institute for Cancer Research; Peter Vogt, Univ. of Southern California School of Medicine; George Weber, Indiana Univ. School of Medicine; Harold Weintraub, Fred Hutchinson Cancer Center; Irving Weissman, Stanford Univ. School of Medicine; Sherman Weissman, Yale Univ. School of Medicine; and George Wied, Univ. of Chicago.

## **Murphy Withdraws From Ohio State Consideration, To Remain At Buffalo**

Gerald Murphy, who had been selected by an Ohio State Univ. search committee for the position of medical director of the university's new Cancer Hospital & Research Institute, has withdrawn from consideration for the job.

Murphy was scheduled to meet with the university president this week, at which time he was to present a letter asking that he not be considered any further. Murphy said he had made his decision "for the best interests of the university as well as my own." He said he plans to continue as professor of urologic oncology at SUNY (Buffalo).

## **Bad News: No More Free Cancergrams; Good News: But They've Cut The Price**

There's good news and bad news for readers of "Cancergrams," which NCI calls "current awareness bulletins containing abstracts of recently published literature." The monthly "Cancergrams," published in 65 different editions grouped by research topics or areas of interest, have been one of the premier services of the International Cancer Research Data Bank for about 10 years, read by 10,000 researchers in 80 countries and highly regarded by them.

The bad news: Investigators who have been receiving complimentary subscriptions to one or more "Cancergrams" will have to pay for them, starting next Jan. 1.

The good news: The 2,000 plus subscribers, who have been paying \$35 a year each for their one year subscriptions to "Cancergrams" will find that price reduced to \$7.50-11, also starting Jan. 1. That good news will make the bad news above a lot easier to take, since the new price will apply to those who are getting their copies free.

Even better news: NCI will save \$300,000 a year it has been paying for printing and postage.

NCI has had a standing offer to principal investigators performing research projects in any cancer related field: Provide summaries of your ongoing work to ICRDB for use in its CancerProj data base and you'll get a free "Cancergram" subscription of your choice. Those who wanted additional "Cancergrams" and persons not qualifying for comp subscriptions had to pay for them.

Earlier this year, when the Gramm-Rudman-Hollings cut hit, the International Cancer Information Center, in which ICRDB is located (all within the Office of International Affairs), had to slash \$1 million from its FY 1986 budget.

"We had a choice," Susan Hubbard, ICIC director, told *The Cancer Letter*. "We could cut some out of all our programs, weakening them all to some extent, or we could eliminate one. We chose to drop CancerProj because, frankly, its usage was not as much as we had hoped."

CancerProj provided an online data base, through the National Library of Medicine, through which investigators could find out what was being done in specific research areas without waiting for that work to appear in the literature. It seemed like an excel-

lent way for scientists to maintain contact with each other, build on each other's work, and avoid unnecessary duplication.

In fact, CancerProj was a popular and useful service. Hubbard admitted that its usage declined sharply when NCI neglected updating it during the PDQ startup. Without regular updates, the service loses much of its value. PDQ took priority over most of ICIC's other activities, and CancerProj usage never picked back up from that dropoff.

CancerProj is still in NLM's data base and is available. It should continue to be useful for some time, but probably will be cut off entirely after about a year. In the meantime, ICIC will continue to collect summaries of ongoing projects and load them into an IBM PC for use if and when CancerProj is revived.

CancerProj was heavily used by foreign investigators. Cutting it off could arouse some hostility in Congress. ICRDB was established primarily at the instigation of Sen. Claiborne Pell (D-RI) who felt strongly that cancer research findings should be made available to investigators everywhere as swiftly as possible.

### **GPO Comes Through**

Cutting the price of "Cancergrams" represents a victory of common sense over bureaucratic incompetence in the Dept. of Commerce.

"Cancergrams" are produced by two Cancer Information Dissemination & Analysis Centers (CIDACs) through NCI contracts. M.D. Anderson Hospital has the CIDAC for clinical cancer research, which includes cancer detection, diagnosis, prognosis, treatment, rehabilitation and continuing care, producing 21 "Cancergrams." Information Ventures Inc., of Philadelphia, has the the CIDAC for carcinogenesis, cancer biology, epidemiology, etiology, virology, immunology and biochemistry, producing 44 "Cancergrams."

The CIDACS screen the literature available in ICRDB's CancerLit data base and compile the selected abstracts into the appropriate "Cancergrams." Composition tapes are then made up and provided to the National Technical Information Service, a unit of the Dept. of Commerce. NTIS prints and distributes the "Cancergrams."

NTIS has contended that the entire subscription price being paid by "Cancergram" subscribers was consumed by the cost of maintaining the subscription lists. NCI paid the entire cost of information gathering, type composition and printing.

None of the subscription income from about 1,400 domestic and 600 foreign subscribers was available to NCI (foreign subscribers paid \$55 a year). In addition to the subscription income retained by NTIS, that agency was paid \$9.78 for each domestic subscription, paid or free, and \$24.84 for each paid or free foreign subscription.

To claim that subscription maintenance for a monthly publication costs \$35 a year, when no production, distribution or information gathering costs were involved, was outrageous. NTIS got away with it by applying some overhead from its entire operation to "Cancergrams," and NCI at that time felt it was locked into the arrangement.

Hubbard finally decided to find out if she could get a better deal elsewhere. The government changed its rules on the production of technical documents, and the Government Printing Office turned out to be the answer. GPO will provide the same service NTIS had been performing, plus pay for all printing and distribution costs, for \$7.50 to \$11 per subscription. Foreign subscriptions will cost 25 percent more. With 19,000 free subscriptions and 2,000 paid, NCI will save \$300,000.

It pays to shop around.

The National Cancer Advisory Board's Committee for the Review of Contracts & Budget of the Office of the Director gave concept approval to recompetition of the CIDAC contracts last week.

Information Ventures Inc. won the Carcinogenesis and Cancer Biology contract, starting last year and expiring in August, 1988, at a cost of a little over \$500,000 a year. The recompetition will be for five years at an estimated total cost of \$3.4 million.

M.D. Anderson's contract for the Cancer Diagnosis and Therapy CIDAC will expire in September, 1988, and the cost has ranged from \$225,000 to \$476,000 a year. Estimated total cost of the new five year contract is \$2.8 million.

In addition to "Cancergrams," the CIDACs produce retrospective bibliographies with abstracts concerning high interest topics in cancer research called "Oncology Overviews." The Carcinogenesis & Cancer Biology CIDAC produces 10 of those, the Diagnosis & Therapy CIDAC five.

CIDACs also provide custom searches of the CancerLine data bases in response to

requests, submit monthly highlight reports pinpointing significant new developments in cancer research, and assist in data base quality control.

The Small Business Administration triggered a fierce argument with NCI staff prior to the last CIDAC recompetition by insisting that the contracts be small business set asides. NCI felt that an academic institution would be more likely to have the required expertise, and they agreed on a compromise: the Carcinogenesis & Biology CIDAC would be reserved for small business, the Diagnosis & Therapy CIDAC open to any institution. M.D. Anderson, which had held the Diagnosis & Therapy contract, recompeted successfully; Information Ventures won the small business contract, and with personnel hired from Franklin Institute, the previous contractor, has performed the work "very well," Hubbard said.

The NCAB committee also gave concept approval to a contract for screening, indexing, abstracting and keying of literature, also held currently by Information Ventures; and two non-competitive contracts for the Office of International Affairs.

The Office of Cancer Communications received concept approval for recompetition of its big contract with Biospherics Inc. for writing, publication and phone answering services; communications program evaluation; and a new master agreement contract program for community support activities.

The committee also approved the concept of a new contract for cancer prevention awareness with Black colleges as a resource supported by OCC and the Div. of Extramural Activities.

Details of the concepts follow (The CIDAC concepts were reported in full above):

**Screening, indexing,** abstracting and keying (SIAC) of cancer related literature for the Cancer Research Data Bank. Current contractor, Information Ventures Inc., \$1.282 million over four years; estimated \$1.737 million over five years of the new contract.

The purpose of SIAK is to provide ICRDB with cancer literature citations and abstracts in addition to those supplied from the MedLine data base. The project includes screening published literature for meeting abstracts, books, special reports, theses, letters to the editor and additional non-MedLine journals. After screening the appropriate literature, the remaining tasks involve editing and preparing abstracts when necessary, indexing with the National Library of Medicine's MeSH terms, keying and correcting those records in error, and supplying the information on tape to another contractor for processing into CancerLit.

**Technical writing,** publications, distribution and

phone answering services in response to cancer related inquiries. Biospherics Inc. is the current contractor, at a total cost of \$5.4 million over the last three years. The new, five year award, to start March 1, 1988, will cost an estimated \$13 million.

OCC responded to 465,000 inquiries in 1985. More than 70,000 were received during the most active month; about 1,500 phone inquiries were received during the most active day. The contractor should be prepared to answer 6,500 personal letters and 700 "controlled" (White House/congressional) letters; respond to 230,000 phone inquiries; and fill up to 400,000 publications requests (distributing 25 million publications). In addition, the contractor must have the space to store these publications and other materials requiring approximately 800,000 cubic feet of storage space. Also, the contractor should be prepared to write and edit materials related to the communication and education activities of NCI.

**Cancer Communications program evaluation.** D.K. Shifflet Associates is the present contractor, at a total of \$762,000 over three years, ending April, 1988. The recompetition is for a five year contract at a total estimated cost of \$1.52 million.

In order for OCC to assess the effectiveness of its programs, evaluation of both process and impact is necessary. The master plan developed under the current contract sets up an ongoing process to monitor OCC program effectiveness. This new scope of work will track OCC progress over time and will benefit all programs. However, this original contract set up an ongoing surveillance and tracking system which must be continued to compare measures over time. Applying this data over time will result in improved quality of programs and objective measurement of program success. Results can be used in program/product revision as well as for designing new programs of high quality. Norms for designing programs and collecting data will allow comparison of results over time.

This new scope of work is scheduled to begin in May, 1988 when the current contract expires and will support the follow activities: application of formative evaluation through audience segmentation, development and implementation of norms for evaluation, pretesting, focus group testing and market research, basic OCC outcome tracking via secondary data sources, systematic collection and reporting of basic process information, impact assessment of special audiences and special areas, continued performance monitoring using multiple secondary data sources, impact evaluation of nutrition program, OMB clearance packages, and finally, design for evaluation of new studies such as on screening for cancer messages.

**OCC community support contracts.** This is a new contract, to start in FY 1987, for five years at an estimated cost of \$300,000 a year.

OCC will seek organizations which may be eligible for master agreements to perform community education programs aimed at target populations. Organizations may submit their statements of qualifications; those deemed eligible will receive RFPs to perform specific projects. The types of organizations which could qualify include those with Cancer Information Service contracts and state health departments. OCC has estimated the annual award to total \$300,000. The solicitation of statements of qualification depends on whether funds become available for this project.

**Cancer prevention awareness:** The Black colleges as a resource. Two to five contracts, for five years each and totaling an estimated \$250,000 a year, would be awarded during the 1987 fiscal year.

The Comprehensive Minority Biomedical Program,

managed jointly by the Div. of Extramural Activities and OCC, as part of an effort to heighten awareness of high risk groups about cancer, is interested in the identification and effective utilization of community resources in the dissemination of cancer information. The goal of this project is to reduce the disparity between the survival rates of Black Americans and the rest of the population while contributing to the overall national effort at reducing cancer incidence and mortality.

Black academic institutions have long been considered a credible source of information and influence in their respective communities. This project would seek to effectively utilize these minority institutions in health promotion activities, especially as it pertains to cancer prevention:

These institutions would design community based information and education programs targeting Black Americans, which are compatible with the needs of the community and consistent with available resources at the local, state and national levels. Some possible education activities for Black colleges and universities based on community needs and resources include:

- \*Identifying and training student health advocates and publicizing location of available resources.

- \*Conducting a miniseries of cancer prevention awareness seminars at the college or in churches on smoking, diet, alcohol, etc.

- \*Establishing an information clearinghouse, counseling center, or other service.

- \*Infusion of cancer prevention issues into the health education curriculum.

- \*Sponsoring workshops on smoking cessation.

- \*Developing additional print materials, including pamphlets, posters, etc. on cancer prevention issues.

- \*Targeting coaches, nurses, faculty with cancer prevention information while emphasizing the influence of role models.

**NCI office systems strategy.** A new three year contract, with estimated costs of \$303,000 the first year, \$85,000 each in the second and third years.

NCI's office automation resources consist primarily of stand alone Lexitron word processors and IBM PCs, XT's, AT's and compatible personal computers using a variety of software packages including at least a half dozen for word processing. The problems caused by the age of the Lexitrons and the increasing requirements for new capabilities are forcing many offices to initiate procurement of new systems. Without a comprehensive strategy, these acquisitions will compound existing problems of accessing, combining and exchanging information rather than improving the cost effective use of office technology by facilitating the sharing of information and hardware.

The purpose of this contract is to provide technical support services to the Management Information Systems Branch for the development of an office systems strategy for NCI. The strategy will provide, in a comprehensive and organized manner, specific information (e.g., functional requirements and technical specifications) that will assist each office or group of offices acquire new or modify existing systems to meet local needs while enhancing the Institute's overall office systems capabilities.

The contract will provide a pool of technical and administrative support staff who will review the requirements for office systems as developed by NCI, review the existing technology and environmental restrictions (e.g., HHS IRM strategies, existing and planned NIH and HHS telecommunications facilities, installed hardware/software base) and develop several approaches for consideration by senior NCI staff. After an option has been selected, the contractor will prepare an overview of the strategy, a detailed

description of the strategy with technical specifications, an implementation plan and acquisition checklists. The contractor will then assist MISB staff in implementing the strategy.

The committee gave concept approval to renewal of the intra-agency agreement with the National Library of Medicine for support of NCI data bases on the NLM computer system. The agreement has cost NCI over \$6 million during the past 13 years, and the five year renewal would cost an estimated \$4.8 million.

The committee also approved noncompetitive renewal of the agreement with the National Academy of Sciences for support of the National Committee of the International Union Against Cancer, at an estimated cost of \$30,000 a year.

## RFA Available

### RFA 86-CA-19

Title: Cancer communications system research

Application receipt date: Jan. 5

Letter of intent receipt date: Nov. 3

NCI's Div. of Cancer Prevention & Control invites applications for studies to initiate cancer communications research activities.

This project should enable investigators to identify a cancer communications issue or problem and develop, implement and evaluate a research project to address that issue or problem. It should be targeted at specific audiences and utilize the resources of the Cancer Communications System.

The Cancer Communications System is funded by NCI to provide accurate, up to date information about cancer to the public, cancer patients and their families and health professionals. This information has been disseminated through the Cancer Information Service, a telephone service, and through educational and informational activities carried out in specific geographic areas of service. Individuals trained in cancer communications staff the regional offices. The expertise currently exists in these offices to market and promote cancer information to the general public as well as specific target groups.

CIS is accessible through the toll free number 1-800-4-CANCER. Data on each inquiry are collected on a common reporting form--the type of user, cancer site and subject of inquiry, behavioral suggestions made by CIS staff, method through which the user found out about CIS, and several demographic variables, including sex, age, ethnicity, and education of the user. This collection now constitutes a large data base available as a research resource.

Investigators may propose cancer communications research projects which utilize resources of CCS, CIS, staff expertise, the data base, etc. Projects not utilizing CCS resources may also be considered.

Investigators may propose new data collection activities and/or design studies comparing public knowledge, attitudes and/or practices by location, ethnicity, age, etc. A specific group such as women, smokers, Blacks, or people over age 50 may be chosen for study. Utilization of CCS resources may involve a single office, a region, or the entire CCS.

Projects may be proposed for 18 to 36 months. Some examples might include, but are not limited to:

\*Studies on the impact of public information campaigns on public knowledge, attitudes and/or practices.

\*Research on cancer information seeking behavior by the public.

\*For cancer patients and their families, research in areas such as delay in seeking medical care or compliance with treatment regimens.

\*Studies on the diffusion of cancer information.

\*Alternate communications strategies/technologies and their effect on cancer knowledge, attitudes and/or practices.

\*Studies on the use and effects of volunteers as community opinion leaders.

\*Studies on the effect of followup reminders on the health action in public.

\*Cost/benefit analysis of phone information transfer.

The intent of this RFA is to fund several grants, with total costs for all projects amounting to approximately \$400,000 for the first year.

Copies of the complete RFA and additional information may be obtained from Judith Stein, MA, Health Promotion Sciences Branch, DCPC, NCI, Blair Bldg Rm 416, Bethesda, MD 20892, phone 301-427-8656.

## NCI CONTRACT AWARDS

Title: Leukemia and preleukemia following chemotherapy for breast cancer

Contractors: Univ. of Iowa, \$42,111; Univ. of Southern California, \$67,873; and Michigan Cancer Foundation, \$56,644.

Title: Resource for human esophageal tissues and cells from donors with epidemiological profiles

Contractor: Univ. of Maryland, \$372,159

Title: Titanium maxillofacial prostheses

Contractor: Greenmark Inc., \$50,000

Title: Data management systems for monitoring pre-clinical and clinical progress of studies

Contractor: Dedicated Response, \$49,419

Title: Linkage of classical and DNA markers to the susceptibility gene for breast cancer in high risk families

Contractor: Univ. of California (Berkeley), \$649,599

Title: Dietary assessment systems

Contractor: Technical Assessment Systems Inc., \$43,607

Title: Cancer control resource assessment system

Contractor: Perry Cohen Associates Inc., \$49,995

Title: Large scale preparation of anti-AIDS bulk drugs by small business for phase 2 and 3 clinical trials

Contractors: Ash Stevens Inc., \$1,147,930; Pharm-Eco Laboratories Inc., \$921,030; and Starks Associates Inc., \$876,814

Title: Dosage form development of new agents for treatment of AIDS

Contractor: Univ. of Utah, \$335,949

Title: Development and manufacture of oral dosage forms of anti-AIDS agents

Contractors: Abbott Laboratories Inc., \$1,053,397; and Univ. of Iowa, \$506,823

Title: Tracing through publicly available directories and lists to determine vital status and/or current address of persons treated for peptic ulcer

Contractor: Johns Holding Co., \$6,621

## The Cancer Letter — Editor Jerry D. Boyd

Associate Editor Patricia Williams

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