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CCOP Applications Total 110 (At Least), Plus 25 From Research Bases; All 57 Survivors Try Again

Well over a month after the deadline for applications in the recompetition of NCI's Community Clinical Oncology Program, the Div. of Cancer Prevention & Control's Centers & Community Oncology Program staff still was not sure all of them were in hand last week. The applications went first to

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In Brief

NIEHS To Observe 20th Anniversary Dec. 3-5 With Scientific Presentations, Big Celebration

NATIONAL INSTITUTE of Environmental Health Sciences will observe its 20th anniversary with a scientific program Dec. 3-4 and an anniversary program Dec. 5 at the Institute's campus in Research Triangle Park, NC. Presentations will be made on cellular communication and metabolism; reproduction, development and differentiation; environment and the brain; growth factors and oncogenes and carcinogenesis; and testing and risk identification. NIEHS Director David Rall, NIH Director James Wyngaarden, former NIEHS directors and the deputy assistant secretary for health will speak Dec. 5. The meeting is open with no registration charge, but space is limited. Contact Mary Hogan, 919-541-7620. . . **CORRECTIONS:** Dan Longo, director of NCI's Biological Response Modifiers Program, did not say that patients receiving steroids can tolerate three times the doses of IL-2 apparently without compromising efficacy (**The Cancer Letter**, Oct. 24). What he did say was that patients receiving steroids can tolerate three more doses of IL-2 and that whether there is any effect on efficacy could not yet be evaluated. Also, the Nov. 7 issue listed Johnnie Hayes, a member of the American Institute for Cancer Research grant review panel, as being affiliated with "Bowman Gray." Actually, Hayes, a PhD nutritional biochemist with RJR Nabisco, is employed at RJR's Bowman Gray Technical Center in Winston-Salem and is not affiliated with the Bowman Gray School of Medicine. . . **OTHER OFFICERS** elected by the American Cancer Society (than those reported by **The Cancer Letter** last week) include Harold Freeman, Columbia Univ., chairman of the Executive Committee of the Medical & Scientific Committee; Robert Schweitzer, Univ. of California (San Francisco), chairman of the Medical & Scientific Committee; John Seffrin, Indiana Univ., vice president of the Board; and Barbara Weintraub, Coconut Grove, FL, chairman of the Executive Committee.

All 57 Surviving CCOPs Join In Recompetition, Some Restructured

(Continued from page 1)
the NIH Div. of Research Grants, were processed and copies forwarded to DCPC a few at a time.

The count last week, and this may be final: 110 CCOP applications, plus 25 applications from research bases.

This time, research base applications will be reviewed independently; in the first round four years ago, they were included with their respective CCOP affiliates.

Sixty two CCOPs were originally funded (63 awards were made, but one after thinking it over, declined). One dropped out voluntarily after the first year and two more were not approved for second year funding. Another was eliminated by DCPC staff decision in the third year, and still another voluntarily declined to accept fourth year funding, when the program was extended for a year.

That left 57 survivors, and all of them joined in the recompetition, although some not in precisely the same organizational format. A few joined forces with other institutions or combined with other CCOPs.

The first time, there were 191 applications, which presented NCI with one of the most mammoth reviews in NIH history. NCI did not expect that many for this round, with the program better defined and better known. The requirement for cancer control research may have been a factor in holding down the number.

The review, which will be conducted by the Div. of Extramural Acitivities' Grants Review Branch, which is headed by Robert Browning, will be managed by the Research Resources Review Section, whose chief is John Abrell. David Irwin will be the lead executive secretary.

In 1983, the Branch was permitted to hire extra, temporary staff as executive secretaries, but that won't happen this time. "We're going to have to do it with the staff we've got," Browning said.

The task does not seem so formidable this time, although the same format will be used. Three separate ad hoc committees will be appointed, with attention given to potential research base affiliations. Applications will be directed to a committee which does not have anyone affiliated with research bases involved in those applications.

A separate committee will be established for review of the research bases.

Review committee members have not yet been recruited or appointed, but Browning said there will be no problem in getting the review organized and completed by the January-February target. Final review will be by the National Cancer Advisory Board in May.

MSK Starts Comprehensive Ovarian Cancer Program With Avon Grant

One of the most comprehensive studies of ovarian cancer undertaken by any single institution has been launched by Memorial Sloan-Kettering Cancer Center. The research is being funded by an endowment led by a grant from the Avon Products Foundation.

To be known as the Avon Program in Ovarian Cancer, it is a multidisciplinary program of basic and clinical research, which MSK officials said will introduce new diagnostic tools to detect ovarian cancer. They believe the program has the potential to alter significantly the outcome for women with the disease.

"This generous gift will allow us to take some important steps toward improving the treatment of ovarian cancer," John Lewis, chief of the Gynecology Service said. The program will explore some of the newest and most sophisticated scientific technologies emerging from research laboratories, particularly in the field of immunology, Lewis said.

The location of the ovaries and lack of early symptoms make early detection difficult. In 60 percent of women presenting with ovarian cancer, the tumor has metastasized throughout the abdominal cavity.

"We hope to make a significant impact on the early tratment of ovarian cancer," said William Hoskins, who heads the program. "Early intervention and aggressive therapy are of paramount importance in our effort to significantly change the survival picture for ovarian cancer."

Among the techniques MSK investigators plan to try is intraperitoneal administration of chemotherapy and immunotherapy. The latter will include interferon, tumor necrosis factor, interleukin-2 and monoclonal antibodies.

The team of researchers is also planning to conduct clinical trials to test the effectiveness of monoclonal antibodies for diagnosis.

The endowment fund for research in gyne-

cologic cancer at MSK was started in 1980 by a group of former gynecologic patients there. Avon has become the largest contributor with a grant of $500,000.

The Avon Program will enroll up to 250 patients a year who are newly diagnosed with ovarian cancer or who suspect the disease. At the time of initial surgery, gynecologic oncologists will remove as much of the tumor as possible. It will be analyzed using a panel of monoclonal antibodies developed in MSK laboratories. Patients will then be entered into the most appropriate treatment protocol.

Other members of the MSK team, in addition to Lewis and Hoskins, are Steven Rubin of the Gynecology Service; Thomas Hakes and Maurie Markman of the Div. of Medical Oncology; Zvi Fuks and Dattatreyudu Nori, Dept. of Radiation Oncology; and Lloyd Old and Kenneth Lloyd of the Immunology Program who will direct the laboratory research portion of the program.

MDA Opens New Centers For Social Workers, Outpatient Chemotherapy

M.D. Anderson Hospital & Tumor Institute also has started a new program with the help of a foundation grant. A $132,000 award from the Clara Blackford Smith and W. Aubrey Smith Charitable Foundation will be used to create the nation's first center for the training of oncology social workers.

The new center, known as the Clara B. Smith Training Center, "should be a tremendous boost to the profession of oncology social work, "said Stuart Myers, director of MDA's Dept. of Social Work.

A portion of the grant will be used to fund four graduate fellowships a year for social work students. Some also will be used to hire a research and educational coordinator to oversee the fellows and develop programs to train social workers in the special needs of cancer patients and their families.

Another goal of the center, Myers said, is to expand research projects and begin a journal on advances in oncology social work. The department already is involved in several research projects dealing with the impact of cancer on patients and family members.

The MDA Dept. of Social Work currently assists more than 1,700 patients a month with needs ranaging from transportation and lodging to family and financial counseling.

M.D. Anderson this week opened a new ambulatory treatment center that will triple its capacity for outpatient care.

When fully operational, the new center will enable 350 patients a day to receive chemotherapy and supportive care, making it the nation's largest outpatient facility for comprehensive chemotherapy, with a projection of more than 100,000 patient visits a year.

The ambulatory treatment center will occupy the first floor of the 10 story expansion to the R. Lee Clark Clinic Building.

Irwin Krakoff, head of the Div. of Medicine, said the new center reflects the changing emphasis from inhospital to outpatient services over the past decade. "Giving chemotherapy in an outpatient setting offers psychological and convenience advantages to patients and their families," Krakoff said. "But the new ambulatory treatment center also will help save money for both our patients and the hospital."

The ambulatory center will open in two stages and eventually include 42 beds and 23 chairs, each in an enclosed private room, to offer the maximum privacy for patients receiving chemotherapy without being admitted to the hospital. Each room will be equipped with a nurse's call system and many will have oxygen and suction machines. Four of the treatment rooms will have cardiac monitors and the latest emergency care equipment.

Patients will be divided into three groups. Those who need short term chemotherapy lasting from 15 minutes to two hours are assigned to the chair area. There is a special bed area for patients who require drug treatments up to 10 hours and who also may need blood component and fluid replacement therapy. A second bed area provides full scale hospital care for patients on chemotherapy up to 24 hours and for those who require close monitoring after various tests.

Edward Rubenstein is medical director of the ambulatory clinic, and Judy Hyland is head nurse for the outpatient chemotherapy unit.

The ambulatory treatment center can project a three fold increase in annual outpatient visits primarily because of its specialized pharmacy service support, the hospital said. The MDA Hospital Pharmacy recently became the first in the U.S. to be elevated to a clinical division, which is headed by Roger Anderson. It is located in quarters adjacent to the outpatient center.

Consensus Conference On Management Of Localized Prostate Cancer Planned

NCI and the NIH Office of Medical Applications of Research will sponsor a consensus development conference on the management of clinically localized prostate cancer, scheduled for June 15-17 at the NIH Magnuson Clinical Center.

Discussion will center on questions about the diagnostic and therapeutic procedures for the management of nonmetastatic prostate cancer.

The conference will bring together surgical, radiation and medical oncologists, diagnostic and pathologic experts, and representatives of the public. After two days of presentations by experts and discussion by the audience, a consensus panel will weigh the scientific evidence and formulate a draft statement in response to the following key questions:

*What is the value of pathologic assessment and imaging techniques in staging of prostate cancer? When is pelvic node dissection necessary?

*Who is the optimal candidate for radical prostatectomy? What is the morbidity of the procedure and how can it be minimized with preservation of curative potential?

*Who are the candidates and what methods are optimal for definitive radiation therapy and what are the long term results in terms of local control and survival? What is the morbidity of the procedures and how can it be minimized with preservation of curative potential?

*Should definitive radiation therapy, hormone and/or chemotherapy be employed as adjuvant treatment in high risk patients?

*What future directions should be pursued?

On the final day of the meeting, the consensus panel chairman will read the draft statement to the conference audience and invite comments and questions.

NIH consensus development conferences bring together medical experts and others to review scientific information and to assess the current status of drugs, devices and procedures. A consensus statement is written by the panel, addressing a set of questions regarding the current status of the issues being evaluated. These statements are circulated widely to the health professions, the public, the lay media and professional publications.

Prostate cancer is the second most common form of malignant neoplasm in the American male. It is one of the most common cancers in men over the age of 50, with the incidence increasing each decade after age 50. There are approximately 26,000 deaths from prostate carcinoma each year. Various forms of management have yielded five year survival of approximately 70-80 percent when prostate cancer is in a localized state.

Considerable controversy exists about the appropriate diagnostic and therapeutic procedures in the management of prostate cancer. With the increasing age of the U.S. population, it is anticipated that this problem will become a greater public health issue in the future.

To register for the conference, contact Nancy Cowan, Prospect Associates, 1801 Rockville Pike, Suite 500, Rockville, MD 20852, phone 301-468-6555. There is no registration fee.

Ewing Foundation Offers Seven $2,000 Summer Fellowship Awards

The second annual Summer Student Fellowship program sponsored by the James Ewing Foundation is offering seven $2,000 fellowships for the 1987 competition.

The fellowships are available to medical students who are in their first three years in accredited North American schools of medicine. Candidates must be sponsored by a member of the Society of Surgical Oncology.

The duration of the fellowship will be two to three months, and a report on the summer's activity must be presented to the foundation by Oct. 1, 1987. The proposed work must be in oncology. Although it is not essential, it is desirable that the candidate work with the sponsor. The SSO member-sponsor must retain responsibility for attainment of the program objective.

Proposals for clinical or basic investigative work in oncology are desired, but meritorious clinical experiences will be considered.

Deadline for applications is Jan. 31, 1987. Applicants should submit a single spaced proposal no longer than one page (supporting documents, bibliographies and reprints are unnecessary), which provides an outline of the objectives of the applicant during the fellowship period.

Aplication forms may be obtained from the James Ewing Foundation, 13 Elm St., Manchester, MA 01944, phone 617-927-8330.

DCE Revises Procedures In Conduct Of Occupational Epidemiology Studies

When NCI's Div. of Cancer Etiology agreed a few years ago to collaborate with industry in a study of workers exposed to formaldehyde, some advisors were concerned that the results might be looked upon with suspicion, whatever they might be, because of industry's participation.

DCE took steps in design of the study and in keeping industry at arm's length to address those concerns. DCE Director Richard Adamson was confident the study would be valid and unbiased.

However, when the study did not produce solid evidence of formaldehyde's carcinogenicity, the reaction from elements of labor, Congress and public interest groups was skeptical. The House Subcommittee on Oversight & Investigation of the Committee on Energy & Commerce called a hearing last summer, which Adamson characterized as "a tough hearing."

The subcommittee was interested in the conduct of the epidemiological research, which was carried out in collaboration with the National Institute of Occupational Safety & Health; and in the role of NCI, industry, labor unions, and peer reviewers, both in the formaldehyde study and in NCI's proposed study on workers exposed to methylene chloride.

In reporting to the DCE Board of Scientific Counselors recently, Adamson said, "We detailed the inception of this project, the development of the study protocol, the role of the DCE Board of Scientific Counselors, and explained that NCI had selected the plants for this study. In addition, we explained the role of the advisory panel for this study and indicated that this study had been presented to the National Cancer Advisory Board in October, 1981, and that updates of the study had been presented to the DCE Board. We also explained that the paper had been submitted for proper clearance, through the appropriate NCI channels, prior to submission to the 'Journal of the National Cancer Institute.'

"After the paper had been accepted by JNCI and the news media had learned of the study's findings, a letter from the advisory panel to NCI indicated that several members disagreed with the interpretations in the study," Adamson continued. "NCI believes that no fundamental difference in interpretation exists and agrees with those members of the panel who wrote that 'the study does not resolve the issue of whether formaldehyde is a human carcinogen.' NCI has never stated that this study 'exonerates' formaldehyde. The published paper points to a need for further evaluation of excess cancer of the nasopharynx and in no way closes the door on this important question. . .

"However, as a result of some of the misunderstandings related to the formaldehyde study, NCI has made some changes in the process of conducting occupational cancer epidemiology studies. As appropriate, these changes will be made:

"1. Study protocols will be sent to relevant agency heads as well as to specific staff. Each agency can determine how it would like to comment on NCI protocols.

"2. Unions and trade associations with a known interest in the agent under study will be sent protocols for review and comment.

"3. Plant names will not be confidential.

"4. Advisory committees will be required to meet and official minutes will be taken by an executive secretary. The chairperson of the advisory committee will assure that issues that may arise between meetings are shared with all committee members and NCI staff and that any exchanges are documented in writing. Advisory committee meetings will be open to the public except when the chairperson calls for closed executive sessions related to proprietary information or to preliminary data. The chairperson of the advisory committee will be a member of the DCE Board of Scientific Counselors so that a link to and reports to the Board can be made. The chairperson of the Acrylonitrile Advisory Committee is Dr. Roy Shore and the chairperson of the Methylene Chloride Advisory Committee is Dr. Noel Weiss.

"5. Liaison committees will be established and invitations to serve on these committees will be issued to interested companies and to interested unions.

"6. No industry or union coauthors are envisioned for the methylene chloride or acrylonitrile studies."

NCI Director Vincent DeVita said he was convinced the formaldehyde study was scientifically sound, "but there is always the issue of how we interface with industry, unions and NIOSH. In this case, I think we could have done a little better in matching industry and unions. On the one coming up, I hope we can correct the deficiencies."

NCAB's First "Road" Meeting Dec. 8-10 At Memorial Sloan-Kettering

For the first time in its 15 year history, the National Cancer Advisory Board will go on the road.

Following the example of the President's Cancer Panel, which was also created by the National Cancer Act of 1971 and which for many years has held "away" meetings (that is, at locations other than Bethesda, MD), the NCAB will holds its annual program review at Memorial Sloan-Kettering Cancer Center Dec. 8-10.

The program review, held in late November or early December, generally provides the opportunity for NCI staff to update Board members on their activities and those they support. Chairmen of the division Boards of Scientific Counselors participate in the presentations. This is the only one of the NCAB's four meetings a year that does not involve its statutory obligation to provide secondary review of grants before they are awarded by NCI.

At the October meeting, NCI Director Vincent DeVita suggested that members consider holding their program review meetings at various cancer centers around the country. He had in hand a tentative invitation from MSKCC President Paul Marks, and the Board readily accepted the suggestion.

The meeting will be held in the MSKCC Board Room (Room 107), starting at 8:30 a.m. Dec. 8, and the entire meeting is open to the public.

A prime feature of the program review meeting is presentation of the annual cancer statistics. This will be given by Edward Sondik, chief of the Operations Research Branch of the Div. of Cancer Prevention & Control, following DeVita's opening overview remarks.

The rest of the schedule, in order:

Dec. 8--Div. of Cancer Biology & Diagnosis, Director Alan Rabson and BSC Chairman Matthew Sharp; Div. of Cancer Etiology, Director Richard Adamson and BSC Chairman Barry Pierce; Frederick Cancer Research Facility, NCI Deputy Director Peter Fischinger and FCRF Advisory Committee Chairman Werner Kirsten; Div. of Cancer Treatment, Director Bruce Chabner and BSC Chairman Paul Calabresi; Div. of Cancer Prevention & Control, director Peter Greenwald and BSC Chairman Erwin Bettinghaus; Organ Systems Coordinating Center, Director James Karr; Cancer Centers, Jerome Yates, director of the DCPC Centers & Community Oncology Program.

Dec. 9--Overview of Memorial Sloan-Kettering Cancer Center, President Paul Marks; MSKCC in the Context of the National Cancer Act, Benno Schmidt, chairman of the center's Boards of Managers & Overseers; laboratory research programs, Richard Rifkind; clinical research program, Physician in Chief Samuel Hellman; molecular biology overview, Erwin Fleissner; DNA transcription and replication, Jerard Hurwitz; growth factor and hormone signalling, Ora Rosen; delivery of patient care and outreach, Hellman; an alternative to inpatient care, Richard Gralla, associate attending physician; pain research program, Kathleen Foley, associate attending neurologist; psychosocial aspects of cancer, Jimmie Holland, chief, Psychiatry Service; cell biology overview, June Biedler; hematopoietic growth factors, Malcolm Moore, professor; induced differentiation of cancer cells, Rifkind; immunology overview, Osias Stutman; monoclonal antibodies for diagnsis and treatment, Lloyd Old and Alan Houghton; bone marrow transplantation, Richard O'Reilly and Eli Gilboa.

Dec. 10--Developmental therapy overview, Joseph Bertino; gallium for disorders of bone resorption, Raymond Warrell, assistant attending physician; clinical investigations overview, John Mendelsohn; neuro-AIDS, Richard Price; surgical nutrition and metabolism, Murray Brennen; summary, Marks.

NCAB member Nancy Brinker will discuss the Board's "Ambassador Program," in which lay members will participate in presentations on the National Cancer Program at various locations around the country.

President's Cancer Panel To Meet Dec. 15 At Univ. of Chicago Center

Continuing its own road show, the President's Cancer Panel will meet Dec. 15 at the Univ. of Chicago Cancer Research Center, starting at 8:30 a.m. in Dora DeLee Hall. It is open to the public.

After opening remarks by Panel Chairman Armand Hammer and NCI Director Vincent DeVita, Panel member William Longmire will take over as moderator. John Ultmann, UCCRC director, will introduce the program, which will include discusions by three panels:

Panel A, New Approaches to Carcinomas--

David Skinner, cancer of the esophagus; Geoffrey Greene, understanding hormone regulation of breast cancer; Arthur Herbst, ovarian cancer.

Panel B, Biological Response Modifiers Programs--Harvey Golomb, hairy cell leukemia; Steven Rosen, monoclonal antibodies in cancer therapy; Richard Fisher, clinical and laboratory studies with Il-2 and LAK; Jules Harris, modulation of immune function in cancer patients; Hans Schreiber, unique tumor specific antigens.

Panel C, Molelcular Analysis Leads to More Precise Diagnosis and Treatment--Michelle LeBeau, clustering of hematopoietic growth factors and receptors on chromosome 5, and their role in the pathogenesis of therapy related acute leukemia; Carol Westbrook, distinguishing the clinical variants of Philadelphia chromosome positive leukemias by molecular methods; and Elaine Fuchs, changes in the expression of human epidermal keratins during wound healing and malignant transformation.

New Publications

"The Common Bond," edited by James Bowen and Jan van Eys. The story behind the development of the first code of ethics to be adopted by a major research hospital in the U.S., M.D.Anderson. Charles C. Thomas, 2600 S. First St., Springfield, IL, 62794, $27.

"Video Journal of Oncology," a quarterly update for hematologists and oncologists, in videocassettes. Jerome Groopman is editor in chief. Available from Visual Information Systems Inc., One Harmon Plaza, 7th Floor, Secaucus, NJ 07094, phone 201-867-7600.

"1985 STCP Report," which describes NCI's research in the control of smoking and other forms of tobacco use. Available free from Prospect Associates, 1801 Rockville Pike, Suite 500, Rockville, MD 20852, Attn: D. Silber.

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-73710

Title: Collection, storage, quality assurance and distribution of biological response modifiers
Deadline: Approximately Feb. 1

The Biological Response Modifiers Program of NCI's Div. of Cancer Treatment seeks a contractor to:

1. Provide the facilities, including space and equipment, to operate a computerized inventory system and repository for the acquisition, receipt, storage and distribution of biological reagents and tumor cell lines. The facilities shall be adequate for the storage of 100 to 150 specific BRMs ranging in amount from one to 2,000 vials each.

2. Perform assays of BRMs for microbiologic agents by performing tests for fungal, bacterial, mycoplasma and cytopathic viral contaminations as requested by the project officer. These tests need to conform to FDA specifications pertaining to testing sterility of biologicals. The Limulus Lysate assay for endotoxin level quantitation and pyrogen testing in rabbits shall be available. Mouse antibody production and intracerebral LCM test capacity shall also be available.

3. Perform general safety test on biologics intended for clinical use in compliance with federal requirements.

4. Carry out vialing and labeling and potency and purity testing of BRM agents obtained in bulk form that are intended for clinical use. Because of the need and value of frequent communication between the PI and the project officer, and the need for pick up from BRMP of biologicals with a short half life, offerors must demonstrate the capability to pick up biologics from or deliver them to the Frederick cancer Research Facility within two hours.

This is recompetition of a contract held by Meloy Laboratories. One five year award is anticipated.
Contract Specialist: Catherine Baker
RCB Blair Bldg Rm 212
301-427-8737

RFAs Available

RFA 87-CA-08

Title: Assessment of breast cancer risk among women with proliferative benign breast disease
Application receipt date: Feb. 23; letter of intent, Dec. 15

The Div. of Cancer Prevention & Control, NCI, through the Organ Systems Program Breast Cancer Working Group, is seeking research applications on the above subject.

Recent studies have indicated that, among women biopsied for benign breast disease, breast cancer risk is concentrated in women with proliferative disease, especially in the small subset exhibiting proliferative disease with atypia. This risk was significantly increased when proliferative disease was combined with the presence of certain recognized epidemiologic risk fractors for breast cancer. Because these findings have thus far been restricted to only one cohort of women, it is now essential to validate the results in other populations. This research initiative seeks grant applications haveing the following objectives:

A. Assess in different cohorts of women the risk of breast cancer associated with particular, hisotologically defined subcategories of proliferative benign breast disease.

B. Undertake correlation of mammographic patterns with histologic parameters associated with high risk.

C. Evaluate the interaction between histopathologic diagnosis and various, specific epidemiologic risk factors for breast cancer in predicting overall risk. Integration of histopathologic evaluation and epidemiologic information is essential to the project,

which requires input from both disciplines.

It is anticipated that three or more awards will be made.

Letters of intent should be sent to, and further information and copies of the complete RFA obtained from, Elizabeth Anderson, PhD, Breast Cancer, Organ Systems Section, Cancer Centers Branch, DCPC, NCI, Blair Bldg Rm 721, Bethesda, MD 20892, phone 301-427-8818.

RFA 87-CA-10

Title: Practice of cancer prevention and control activities in primary care medicine

Application receipt date: Jan. 21; letter of intent, Dec. 1

The Div. of Cancer Prevention & Control invites applications for intervention studies aimed at increasing and sustaining the practice of cancer prevention and control activities in the usual office practice of primary care physicians. These studies are limited to applicants from within the U.S.

It is recognized that primary care physicians do not address prevention in a disease specific manner; rather, there is a tendency to identify risk factors that relate to the major causes of premature morbidity and mortality for persons of specific age and sex groups. Therefore, it is acceptable, and probably desirable, for the cancer prevention and control activities to be integrated into a broader office based prevention package. In developing interventions, researchers should identify the most important barriers to the practice of cancer prevention and control activities. It is expected that innovative interventions will be proposed, taking into account all interested parties who are likely to benefit from increased cancer prevention and control activities in primary care practices.

At a minimum, the cancer prevention and control activities should include tobacco use and diet counseling, and the screening practices recommended by NCI or the American Cancer Society. Deviations from these recommended screening practices may be proposed if they can be justified from a cancer control perspective. The cancer prevention and control activities proposed will dictate the age range of the patient population.

An evaluation of the effectiveness of the health promotion intervention must be undertaken by the applicant or subcontractor. Assessment of baseline level of practice of cancer prevention and control activities and characterization of the physician and patient members of the practice setting should be accomplished before the intervention is undertaken.

The applicant should consider use of both process and outcome evaluation measures. The major outcome variable of interest is change in the primary care physician;s behavior, i.e., the level of the physician's practice of cancer prevention and control activities. It is necessary that the actual practice of cancer prevention and control activities be verified via such methods as chart audits, physician and/or patient interviews, audio taping of encounters, billing records or other such procedures. It is expected that more than one method will be necessary to varify the actual practice of the cancer prevention and control activities. The intent of this research is to design interventions which will achieve clinically significant, not merely statistically significant, increases in the level of practice of cancer prevention and control activities by primary care physicians. Interventions with the potential for usability and durability, i.e., acceptance and incorporation into usual practice patterns, are desirable.

The intent is to fund up to five awards, each for three years. NCI estimated that a maximum of $1.2 million would cover total direct and indirect costs during each year of the project. As a guide, it is suggested that the evaluation component of each grant not exceed 25 percent of the total cost.

A copy of the complete RFA and further information may be obtained from and letter of intent should be sent to Dr. Lillian Gigliotti, Health Promotion Sciences Branch, DCPC, NCI, Blair Bldg Rm 420, Bethesda, MD 20892, phone 301-427-8656.

RFA 87-CA-06

Title: Home care of cancer patients

Application receipt date: Feb. 19; letter of intent, Dec. 15

The Div. of Cancer Prevention & Control invites applications for research designed to assess and optimize the home care of patients with cancer.

During the last several years, there has been rapid expansion of the provision of home health care for cancer patients remaining at home, often stimulated by efforts to reduce hospital care costs. Yet, the need for and effects of home cancer care have not been systematically examined. This information is critical for NCI cancer control efforts to develop effective interventions and models to provide care for cancer patients outside of institutions.

Participants in this research should be patients who have a high likelihood of experiencing ongoing care needs associated with current therapies or tumor induced complications. This initiative will support studies that seek to determine what health care problems are experienced and what efforts are undertaken to relieve or reduce these health care needs for a group of patients with a life expectancy of greater than six months.

Effectiveness of home health care efforts encompasses the adequacy of care to individual patients and their families in terms of meeting their health care needs. Examining outcomes of the care efforts and identification of factors which determine whether or not specific health care needs are met are important endeavors. Whether or not the adequacy of care changes over time is a critical component of this initiative and includes the interactions of needs and access to services.

A crucial outcome of the research to be conducted under this initiative is the development of interventions which could improve the home care situation and make the delivery of home care more effective. The interventions proposed under this initiative are to form a basis for future research efforts and the defining of model systems for optimal home care of cancer patients.

The focus of this research initiative is on adult cancer patients receiving initial or intermittent therapy for their malignancies while living at home. Patients should share common characteristics indicating the high likelihood of ongoing care needs. For families, the focus is on demands that the patient's illness makes on their lives.

Letters of intent should be sent to and complete copies of the RFA and further information obtained from Anne Bavier, RN, MN, Program Director, Community Oncology & Rehabilitation Branch, DCPC, NCI, Blair Bldg Rm 7A05, Bethesda, MD 20892, phone 301-427-8708.

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