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Five Proposals Submitted in Recompetition of FCRF Operations/Support Contract; Now Under Review

Five separate proposals involving six organizations have been identified by **The Cancer Letter** as those competing for the huge NCI operations and support contract at Frederick Cancer Research Facility. The competitors range in size from huge conglomerates with international operations to a one man company apparently formed for the explicit purpose of

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In Brief

Bertino Moves To MSK As Head of Chemotherapy Research; Rosemary Clive Leaves ACOS For Elm

JOSEPH BERTINO, associate director for clinical research at Yale Univ. Comprehensive Cancer Center, has moved to Memorial Sloan-Kettering Cancer Center as head of the new Chemotherapy Research Program and codirector of the Developmental Therapy & Clinical Investigation Program. Bertino was a pioneer in the development of antifolates for cancer therapy and served as first director of the Yale center. . . . **ROSEMARY CLIVE**, director of the American College of Surgeons Commission on Cancer, has joined Elm Services Inc. as vice president and director of cancer data systems. . . . **THE 25-YEAR-OLD** tumor registry training program sponsored by the Cancer Research Institute of the Univ. of California is not the only regularly scheduled training program for tumor registrars, as reported in the Oct. 10 issue of **The Cancer Letter.** The Univ. of Southern California Cancer Surveillance Program and Southern California Tumor Registrars Assn. sponsor a similar program which recently observed its 10th anniversary. Cynthia Creech is academic director and Herman Menck administrative director. . . . **THOMAS WALDMANN**, chief of the Metabolism Branch in NCI's Div. of Cancer Biology & Diagnosis, has received the Lila Gruber Memorial Cancer Research Award, the highest academic research award given by the American Academy of Dermatology. . . . **JOSEPH AINSWORTH**, vice president for patient care at M.D. Anderson Hospital & Tumor Institute, has received the American Medical Assn.'s Benjamin Rush Award for Citizenship and Community Service . . . . **ARVID WRETLIND**, who developed the first intravenous nutrition solution, has received the sixth annual, $25,000 Bristol-Myers Award for Distinguished Achievement in Nutrition Research. Wretlind is emeritus professor of human nutrition at Karolinska Institute.

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"Profound Changes," Big Increase In Funding Seen For Frederick

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seeking the Frederick contract. Included among the competitors is the incumbent, Program Resources Inc.

PRI won the operations and support contract in 1982, when the last competition occurred. For the 10 previous years, since NCI started development of its facilities at the former Army biological warfare base in 1972, Litton Bionetics Inc. had the contract for the entire facility. There were no competitors when the contract was up for renewal in 1977, which led NCI to break it up into five separate contracts, with two reserved for small business. There was plenty of competition in 1982, when PRI beat out Litton and several others for the big plum, the $40 million plus operations and support contract. Litton, now Bionetics Research Inc., retained the basic research contract; Harlan Sprague Dawley took the animal holding contract; and two small businesses, Information Management Services Inc. and Data Management Services Inc., won the computer and library services contracts, respectively.

The contract with PRI totaled $45.2 million in the 1986 fiscal year and is projected to reach $66.3 million in the current fiscal year. NCI Deputy Director Peter Fischinger told the FCRF Advisory Committee last month that "a significant influx of monies" would accompany the "profound changes" that will be seen in operations there in the coming years. The increases are expected as a result of stepped up AIDS research and vaccine development, much of which is being done at FCRF; the LAK cell-Interleukin-2 work there; other biological response modifiers basic and clinical research at the facility and Frederick Memorial Hospital; and other new initiatives requiring the quick turn around and flexibility provided by the Frederick contracts.

All but the basic research contract will include the "award fee" method of determining the profits for each contractor. Operations and support award fees now have reached the level of almost $2 million a year, and most likely will be negotiated at a higher level in the new contract with its considerably higher overall level of activity.

As if that were not juicy enough to attract the attention of some major organizations, the new contracts will be awarded for seven years instead of five, providing an attractive level of stability.

Here are the players in the battle for the operations and support contract, as far as could be identified by **The Cancer Letter**. NCI follows the NIH policy of refraining from naming organizations and individuals competing for contracts and grants until the awards are made, so this is not an "official" list. However, representatives of all but one of the following have acknowledged that they have submitted proposals:

*The incumbent, PRI, headquartered in Annapolis, was established in 1973 as a biomedical research and animal care company. When it competed for the FCRF contract in 1982, it had annual sales of $8-10 million a year and 200 employees. Its Frederick operations alone now have more than 800 employees. PRI has had contracts with the National Toxicology Program for statistical support and analysis, and with the National Center for Toxicological Research in Arkansas, essentially operating that facility for the Food & Drug Administration.

*Bechtel Corp. and Battelle Memorial Institute, in a joint venture, have formed a new company to compete for the contract. Bechtel is an 86 year old diversified engineering and services firm with operations in 120 countries. Its principal U.S. offices are in San Francisco, Los Angeles, Houston, Ann Arbor and Gaithersburg, MD. It is privately held by the Bechtel family, with an annual gross ranging from $8-15 billion, a professional staff of 30,000 and nonprofessional of about 80,000, half of them in the U.S. Battelle, formed 60 years ago, is a not for profit organization with 7,800 professional employees. It includes Battelle Columbus and Battelle Pacific Northwest and has a 3,000 person office in Gaithersburg, a suburb of Washington DC. It is the largest employer in Frederick. Although as a not for profit organization it is not subject to taxes, Battelle has chosen not to compete unfairly with private industry as so voluntarily pays taxes. Among the major projects in which it was involved were Hoover Dam, San Francisco Bay Bridge, Washington Area Mass Transit Authority and the Elk Hills Naval Petroleum Reserve.

*EGG, a publicly held company traded on the New York Stock Exchange, was founded in the late 1940s by Harold Edgerton, MIT professosr and inventor of the strobe light. It has 24,000 employees and in 1985 had

annual sales of $1.145 billion, nearly double the figure of $613 million recorded in 1980. The company is heavily involved in instrumentation and electronics development, with subsidiaries at Oak Ridge, Princeton, Cape Cod, California and Providence. Another subsidiary, Mason Research Institute, has had a long relationship with NCI, NIH and the National Toxicology Program. A new subsidiary has been organized for the FCRF contract.

*ICF Clement, a subsidiary of ICF Inc., headquartered in Washington DC. An ICF spokesman confirmed participation in the competition but declined further comment.

*Bio-Molecular Technology Inc., a brand new company formed in November by Berge Hampar, who until Nov. 1 was NCI's general manager at FCRF, is the fifth but unconfirmed entrant in the competition. The fact that Hampar retired from the government and immediately sought the contract for the program which he had been running caused a few raised eyebrows among his competitors, and others. However, federal regulations, while prohibiting a former federal employee from participating in a major role in the contract which he had been administering, do not prevent a former employee from participating in any new contract. Thus, Hampar could not go to work for PRI or any of the present contractors at FCRF; he could do so after the new contracts are awarded, or as he has apparently done, start his own company to compete for the new contract himself.

Hampar has an unlisted phone number in Frederick; by press time, he had not responded to **The Cancer Letter's** attempts to reach him through his former office at FCRF or at NCI in Bethesda, where he worked for a few months after stepping down at Frederick.

In the Bio-Molecular Technology articles of incorporation filed with the state of Maryland on Nov. 5, Hampar is listed as the only principal.

The fact that PRI employees at Frederick could remain in place, doing the same jobs they are doing now, at the same or higher salaries, even if another company wins the contract is what makes it possible for a new company with no existing staff to compete. Most of PRI's FCRF staff had worked for Litton Bionetics before moving with the contract and increasing PRI's size by four fold. It appears there is no legal reason why Hampar could not take over PRI's staff if he wins the contract.

A major disappointment for NCI executives is that apparently there is no competition for Bionetics Research for the basic research contract. Johns Hopkins Univ. was a strong competitor in 1982, but, **The Cancer Letter** was informed, declined to try again. That contract, which totaled $8 million in FY 1986, will be worth an estimated $9.9 million in 1987.

Not that NCI has anything against Bionetics--the basic research program has always had high marks in review. But like anyone haggling over price, terms and conditions, NCI would like to have the leverage of competition.

Upcoming Organ Systems Concepts Discussed by OSCC Director Karr

Concept proposals for research projects, developed by the Organ Systems Program working groups, were described by James Karr, director of the Organ Systems Coordinating Center, at the meeting last month of the National Cancer Advisory Board at Memorial Sloan-Kettering Cancer Center.

"I am pleased to report that the organ systems experiment has begun to work and that we are all encouraged by the real progress that has been achieved," Karr said. He noted that of 15 concepts generated by the working groups, NCI boards of scientific counselors had approved 13.

The next round of concepts now being developed will include, Karr reported:

Bladder cancer--The group plans to promote studies of carcinogens, proto-oncogene activation and cytogenetic changes associated with neoplastic transformation. A second concept will address the role of radiation therapy when used in combination with other modalities. "A third area reflects concerns over maintenance and potential use of the data bases, and especially the pathology specimens from the former bladder collaborative clinical trials group, and we hope to work out arrangements from the use of the material by the flow cytometry network."

Breast cancer--Three concepts will receive immediate emphasis. The first addresses the need to develop systems and markers for in vitro studies of transformation in human mammary cells. The second will attempt to determine whether there is a definable relationship between oncogene expression and the malignant phenotypes of breast cancer cells. The third will explore whether hormonal mani-

pulation of tumor mitogenesis can enhance efficacy of cytotoxic chemotherapy in animal models.

CNS cancer--This new group has placed immediate emphasis on neuropathology and development of probes for diagnosis and prognosis. Procurement of adequate amounts of CNS tumor specimens for basic studies is a top priority.

Large bowel cancer--Conservative treatment of adenocarcinoma of the distal rectum and anus, with defining patient selection criteria for local vs. radical excision of superficial colorectal tumors would be included in a multi-institutional study. A reworked concept on diet, polyps and cancer, which has been extensively revised by the working group, may be ready. A third concept addresses the cellular biology of stem cells and colorectal cancer.

Pancreas cancer--A possible concept will be developed for studies involving the ductal cell transgenic mouse model for pancratic cancer. Other possible opportunities are seen in molecular biology and pain.

Prostate cancer--The group plans to submit two initiatives for concept review--prostatic growth regulatory factors and the development of models for carcinogenesis and transformation studies. Also, a workshop sponsored by OSCC in the fall revealed "that there is very little uniformity in this field with regard to staging, grading, progression and response criteria, and the statistical analyses and reporting of clinical data, thereby making it almost impossible to compare satudies and results," Karr said. "All of the national leaders agreed that there are major nomenclature and procedural barriers which must be resolved." Four subcommittees were appointed and they will report to NCI and the American Urological Assn. their recommendations on how to find solutions.

Upper aerodigestive cancer--This new group is developing three initiatives: in vivo and in vitro models for alcohol/tobacco relatived carcinogenesis; steroid hormone action and receptor characterization in head and neck cancer; and assessment of functional outcome following treatment of head and neck cancer.

"One of the functions of OSCC is to coordinate and merge the development of projects that are proceeding along common lines among the working groups," Karr said. "We have done this for concepts on stromal-epithelial interactions and hormonal synchronization of certain tumors."

EORTC Screening & Pharmacology Group Focuses On CNU Derivatives

The European Organization for Research and Treatment of Cancer's Screening and Pharmacology Group has been concentrating on CNU derivatives with different carrier moieties. According to a recent EORTC report, "the early stages of this unique characteristic of CNU as a "warhead" group is being observed clinically by the encouraging data on non small cell lung cancer by TCNU and the glioblastoma with HECNU."

The organization hopes that "other peptide and steroidal derivations will provide exciting new agents for future trials."

New agents currently under consideration by the group include selected MSH based peptide cytotoxics, steroidal CNU derivatives, fluorouracil cytotoxics, receptor matched dimesylate, and linear and cyclic triazenes. A comprehensive tumor and toxicity list has been compiled and several basic test systems have been identified and costed and will be available for new drug investigations early this year.

Each year, approximately 3,000 new agents are tested within the group, with more than 80 percent tested through the NCI Liaison Office in Brussels. The group is one of more than 20 cooperative or study groups within EORTC. In addition to developing new anticancer agents, providing antitumor and toxicity test systems and studying the mode of action and resistance, the group also prepares summary sheets for EORTC's New Drug Development Committee.

EORTC established its New Drug Development Office in 1984 in order to stimulate and coordinate the development of new anticancer agents within the organization. The office also aims at reducing the time lag between drug synthesis and introduction into the clinic, and maintaining an EORTC standard of drug development. The office is headed by Herbert Pinedo, director of oncology at the Free Univ. in Amsterdam.

The office acquires new compounds from different sources such as universities and industry for screening, pharmacology, formulation, toxicology, pharmacokinetics, drug distribution and phase 1 studies. It also collects all available information on new drugs under development within EORTC and issues information sheets regularly. The office is linked to NCI's Electronic Mail System in Bethesda in order to exchange

relevant information rapidly.

The office is currently designing an information system on an IBM personal computer. Data will be entered under the following headings: chemistry, screening, physiochemistry, and formulation, toxicology, phase 1 and transfer activities.

The data will be entered and updated by the NDDO in collaboration with the NCI Liaison Office in Brussels. The Cancer Research Campaign in England is also expected to collaborate in the acquisition of relevant data.

As soon as the information system is operational, the NDDO plans to prepare a three monthly update on compounds under preclinical development within EORTC; compounds in phase 1 and early phase 2 studies with preliminary results.

All cooperative groups will be invited to approach the office with suggestions and questions on new drug development. Groups interested in studying a new compound can express their interest to the NDDO.

Last year, the office started to provide facilities for distribution of investigational compounds among members of all the groups.

The office works in close cooperation with four EORTC groups involved in new drug development. The first, the Clinical Screening Group, performs phase 1 and phase 2 studies.

EORTC's Early Clinical Trials Group has 13 full members and seven probationary members. Fifteen of the members are performing phase 1 studies with 17 new compounds. The group was expected to have entered six new compounds into phase 1 trials by the end of the year: selenazol dx5; DAC dx5; phenylquinoline dx1; quinazoline dx1, dx5, weekly; and GOE 1734 dx1 oral.

The third group, the Pharmacokinetics and Metabolism Group, has about 60 full members. Ongoing research includes basic pharmacology, drug screening, formulation, toxicology, pharmacokinetics and phase 1 studies.

Many activities are performed with members of other groups at the same institution; such as screening with members of the Screening and Pharmacology Group, or phase 1 studies and pharmacokinetics with members of the early Clinical Trials Group.

The fourth group is the Screening and Pharmacology Group, which recently completed a survey of preclinical screening systems available among members. Information from the survey is available to researchers and allows the New Drug Development Office to contact the appropriate investigator on specific questions addressed to the office.

In 1985, EORTC established a Quality of Life Study Group, which works in collaboration with several EORTC cooperative groups. The organization has begun to incorporate quality of life measures as evaluation endpoints into several recently activated trials.

The office has also intensified its contact with NCI, Pinedo said at a recent press conference in Amsterdam. EORTC representatives regularly attend NCI phase 1 meetings in Bethesda.

The office has a joint collaborative agreement with NCI for drug development. Under the agreement, representatives of the NDDO have selected three compounds that are not fully patentable for development within EORTC.

The first compound, DAC, was selected because of its unique mechanism of action. "There is considerable interest from clinicians within EORTC to undertake phase 2 and additional phase 1 studies of the drug with different schedules," an EORTC report said. An analog of deoxycytidine, the drug shows significant antitumor activity in both the in vitro and in vivo screening models and against head and neck xenografts.

At the Fifth NCI/EORTC Symposium on New Drugs in Cancer Therapy in Amsterdam, investigators reported that 75 patients have been enrolled into five phase 2 trials of the drug within EORTC. Only 18 patients were evaluable, so no conclusions could be drawn about the trial. One patient with malignant melanoma had shown a partial response.

EORTC has activated two other studies with the compound: a phase 1 trial in solid tumors and a phase 1-2 study in adult acute leukemia.

A combined prospective study in the U.S. and Europe is scheduled to begin this month of autologous or donor bone marrow transplantation in lymphoma patients who have failed earlier treatment.

The main contributor to the EORTC is the EORTC Foundation, which was created in 1976 with the specific aim of finding funds for the support of the organization.

The president of the foundation is Prince Phillip, Duke of Edinburgh. R.H. Grierson chairs the foundation.

A large proportion of the foundation's

funds come from private and business donations. The foundation also receives continuous support from the various national cancer societies of member countries. "The cancer leagues in each country donate once a year," Ann Money-Coutts, secretary of the foundation, told **The Cancer Letter.**

The foundation currently provides about 50 percent of funding for the EORTC Data Center, located in Brussels. When the center first started in 1972, it was supported almost entirely by NCI funds, which now represent only 10 to 15 percent of the center's budget.

Until recently, the foundation divided its support between the data center, clinical centers and publications. Since the European Economic Community has begun to provide increasing support for the data center, the foundation is able to increase its support for clinical trial groups and travel expenses.

While the foundation provides grants to trial groups, it does not provide funds for patient costs, hospitals, or the salaries of doctors or nurses. Groups generally receive about $10,000 apiece to pay for secretarial support, phones and postage.

"We wanted to stop Europe from being the little brother to America--to be on equal footing," she said. Currently, all the EEC countries are in the foundation except for Sweden.

Organizing such an effort is "very different in Europe," she said, noting that members undergo 12 different types of professional training, speak eight different languages;, and work within 12 different national health systems.

"I think it's a small miracle." Perhaps one of the activities of the foundation that is best known in the U.S. is its operation of a collaborative exchange program with NCI for young clinicians and research workers. The foundation also grants fellowships to European doctors to facilitate study and exchange within Europe.

The EORTC-NCI exchange program will soon be aided by another fellowship program, this one supported by the smaller Foundation For Anticancer Chemotherapy, headed by Henri Tagnon.

Under the new program, U.S. scientists selected as Tagnon Lecturers will spend one to two weeks in Europe lecturing on research ongoing in the U.S.

The scientists to be selected will be the U.S. sponsors of European fellows who are conducting research in the U.S. The scientists will spend a week in Brussels at the Institute Jules Bordet, and will visit the European School of Oncology. The lecturers will also visit the EORTC fellow's sponsoring institution in Europe to lecture about what the fellow is doing in the U.S.

The idea for the program is to create stimulation in cancer centers in Europe, and to ensure that the institutions will be prepared to take the investigator back.

In initiating the program, Tagnon told **The Cancer Letter** that he hopes to avoid situations in which a researcher returns to his home institution and finds that he is unable to continue the type of research he has been doing in the U.S. or that he is not able to use his newly acquired skills.

"Then all is lost," he said. "We want them to come back and bring what they learn."

The number of cancer patients entered in clinical trials in the U.S. was understated in the previous article on EORTC.

The Dec. 12 issue of **The Cancer Letter** included the statement, in the article on EORTC, that the number of patients on phase 2 or 3 clinical trials coordinated by the organization, 4,738 last year, was comparable to the total number in the U.S.

Actually, that number is comparable to that entered through the Community Clinical Oncology Program. The total number of new patients entered in clinical trials in the U.S. is between 20,000 and 25,000 each year.

Also, for the record (and as reported in **The Cancer Letter** Dec. 5), those responsible for starting the NCI/EORTC collaboration on clinical trials were Henri Tagnon in Europe and Stephen Carter and Abraham Goldin of the Div. of Cancer Treatment, encouraged by Gordon Zubrod, who was then DCT director. William Levin of NCI was instrumental in establishing the data base.

Hatch To Introduce Bill Banning Smoking on Public Conveyances

Sen. Orrin Hatch (R.-UT) has announced that evidence in the Surgeon General's report on consequences of involuntary smoking has encouraged him to introduce legislation in the new Congress to ban smoking on plublic conveyances. Meanwhile, an NCI study published in the Nov. "JNCI" has found that lung cancer risk increases by 30 percent among nonsmoking spouses of smokers.

RFAs Available

RFA 87-NIH-01

Title: Structural biology as applied to the problem of targeted drug design for the treatment of AIDS

Application receipt date: March 23

NIH has new funds to apply modern techniques of molecular structure determination and analysis to develope antiviral drugs in the treatment of AIDS. Advances in several fields are generating a level of knowledge such that it may soon be possible to design drugs that are targeted against viral nucleic acids, specific viral proteins, or their cellular binding sites. This approach to designing drugs requires a knowledge of the macromolecular structures that might be involved in interactions with these substances, and an understanding of structure-function relationships in the molecules of interest. The central disciplines required for such an effort are in the area of structural biology, particularly x-ray cristallography and theoretical chemistry as related to molecular modeling. To be effective, these must be aided, and to some degree guided, by modern research in molecular biology and pharmacology.

The capability to develop specifically designed antiviral drugs is still more in the realm of speculation than reality. Because of the urgency to find a way to combat AIDS, NIH is attempting to stimulate progress in this area by encouraging the formation of multidisciplinary research teams organized around the disciplines of structural biology, which are prepared to work on human immunodeficiency virus (HIV) and related viruses.

Research goals:

*To stimulate the organization of a multidisciplinary research group centered around studies related to structural biology, in order to develop approaches to targeted drug design.

*To carry out studies of the structure of the AIDS virus, viral proteins and other molecules of importance to the understanding of AIDS. It is recognized that large quantities of working materials such as virus stocks, viral proteins,nucleic acids and other reagents will be required. Lack of a source of such materials should not be a deterrent to interested groups of investigators since, if not available from other sources, these may be obtained from a central resource through NIH.

*To provide an environment for research training of both graduate students and postdoctoral scientists to think creatively about the problems of targeted drug design.

It is expected that the applicant groups will have particular strengths in several areas, including, but not limited to, crystallography, molecular modeling, drug design and synthesis, and virology. Proposals involving more than one organization, including industrial groups, will be considered as long as an appropriate level of collaboration is demonstrated.

The funding mechanism will be the program project to support both research projects and a core facility.

The start date for funded projects will be approximately Sept. 1, 1987. NIH anticipates that about three to five awards will be made, for a period of five years. The total funds available for all awards will be between $4 and $6 million in the first year. Informal interactions and exchange of information between all the groups in the program is expected.

For further information and copies of the complete RFA, contact Marvin Cassman, PhD, Director, Biophysics & Physiological Sciences Program, National Institute of General Medical Sciences, NIH, Westwood Bldg Rm 909, Bethesda, MD 20892, phone 301/496-7463.

RFA 87-CA-17

Title: Improving cancer patient management through the tumor conference

Application receipt date: March 18.

NCI invites applications for research projects designed to improve the educational benefits of tumor conferences through controlled interventions that increase the transfer of state of the art cancer patient management information. A successful tumor conference enhances both patient management and health professional education.

A survey of 1,330 hospitals holding regular tumor conferences was conducted by NCI in cooperation with the American College of Surgeons. The results showed that tumor conferences are heterogeneous in their organization, format and handling of recommendations directed toward the management of individual cancer patients.

Tumor conferences are an established part of the cancer care system in the U.S. The majority of hospitals conduct some type of tumor conference because ACOS requires these educational patient management discussions as part of their approval for hospital cancer programs. Over 300,000 patients are presented at tumor conferences every year. Based on reported attendance, length and meeting frequency, an estimated 1.25 million physician man hours are allocated annually for the cancer conference. This well established system provides a unique opportunity to explore ways to accelerate the delivery of state of the art cancer patient information.

The purpose of this RFA is to invite applicants to design and conduct research on interventions for enhancing the educational impact of the tumor conference. Through this effort it is anticipated that the increased quality of information transferred will affect physician behavior and lead to improvements in cancer patient management. The interventions should be developed with the intent of providing recommendations at the completion of the study that will make it possible for ACOS and tumor conferences to utilize the most effective educational methods.

Tumor conferences selected for study should represent the most common formats, as shown by the NCI/ACOS hospital survey, so that the study results will apply to the largest number of institutions possible. The applicant must classify participating hospitals according to size and teaching status as defined by ACOS in its Hospital Cancer Program. Applicants must demonstrate the applicability of their proposed interventions to a larger universe of hospitals.

In order to evaluate the effect of the intervention, the offeror must develop plans to obtain baseline data and data from control institutions from which to judge the success of the intervention. Such data should be relevant to the intervention being tested and may be derived from patterns of care studies, reviews of treatment decisions, analysis of referral patterns, and/or data relating to the frequency with which the tumor conference recommendations are followed, or the role of the consultant in treatment recommendations.

Applicants must specify procedures for implementing the interventions as well as managing data from multiple participating institutions. Analytic techniques should be adequate to allow the applicant to reach relevant conclusions for the purpose of providing pertinent recommendations.

A summary of the tumor conference survey conducted by NCI and ACOS and the full RFA may be obtained from Donald Henson, MD, Program Director, Community Oncology & Rehabilitation Branch, Div. of Cancer Prevention & Control, NCI, Blair Bldg Rm 701, Bethesda, MD 20892, phone 301/427-8708.

Prospective applicants are encouraged to submit a one page letter of intent that includes a synopsis of the proposed research and identification of the participating institutions. NCI requests such letters by

Feb. 1 to provide an indication of the number and scope of applications which may be received. A letter of intent is not binding, it will not enter in the review of the application and in fact is not mandatory. Direct letters of intent and inquiries to Henson.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda MD 20892. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring MD, but the U.S. Postal Service will not deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-71084-35

Title: In vitro evaluation of chemical candidates for in vivo testing

Deadline: Approximately Feb. 16

NCI is a major source of chemical candidates for testing by the National Toxicology Program. In many cases in reviewing certain compounds or classes of compounds, in vitro data could facilitate the process of chemical selection. In addition, investigators of the Div. of Cancer Etiology require the support of mutagenicity assays on an infrequent basis.

The offerors will be required to test up to 35 compounds a year in one or both of two assays. The Ames bacterial mutagenicity system and the mouse lymphoma assay will be run with and without activation--rat and hamster for the Ames and rat only for the lymphoma. Each test will be accompanied by positive controls as well as by solvent or negative controls and bacterial checks as required.

Awards will be made for either or both systems to one responder; multiple awards may be made on this basis.

This acquisition is for the recompetition of two contracts currently held by Microbiological Associates Inc. It is a 100 percent small business set aside, the size standard for which is 500 employees.

Contracting Officer: Robert Townsend
RCB Blair Bldg Rm 115
301/427-8888

RFP NCI-CN-75419

Title: Evaluation of chemoprevention agents by in vivo screening assays

Deadline: Approximately March 31

The required services will be defined by master agreement orders (MAOs) issued during the one year period of performance. This is a reissuance of a master agreement announcement and is being reissued with the intention of seeking new sources and enlarging the current pool of master agreement holders.

Pursuant to the MAOs the contractor shall conduct in vivo screening studies in laboratory animals (primarily rats and mice) using gavage and other routes of administration for the designated chemopreventive agents in animal models using any carcinogenic mechanism (that is consistent with the evaluation criteria), such as the administration of carcinogens, promoters, hormones, irradiation, cells, or other carcinogenic agents. This research will be provided under cost reimbursement and/or fixed price MAOs.

Offerors will not be considered eligible for award unless they can conduct specific MAOs in accordance with FDA good laboratory practice regulations in facilities that are fully accredited by the American Assn. for Accreditation for Laboratory Animal Care.

It is estimated that up to four task orders per year will be issued pursuant to the master agreement contracts.

Contracting Officer: Vernon Rainey
RCB Blair Bldg Rm 2A07
301/427-8745

CORRECTION

The application receipt date for RFA 87-CA-11, cooperative agreements for prevention clinical trials utilizing intermediate endpoints and their modulation by chemopreventive agents, was incorrectly stated in **The Cancer Letter**, Dec. 12. The correct date is Feb. 23, not Jan. 30.

DCPC Cancer Prevention Fellowship Program

Deadline for receipt of applications: March 16

The Div. of Cancer Prevention & Control is accepting applications for this program, the primary purpose of which is to attract individuals from a multiplicity of health science disciplines into the field of cancer prevention and control research. The program provides for:

*Participation in formal four month DCPC training course in cancer prevention and control.

*Twenty months at NCI working directly with individual preceptors on onging cancer prevention and control projects and the NCI Year 2000 goals.

*One year at an NCI supported cancer control program or state health department.

Funding permitted, up to 10 fellows will be accepted for a three year period beginning Aug. 31, 1987.

Current stipend ranges for an MD/DO or PhD, respectively, are $26,000-35,000 or $18,000-31,000 per year. Benefits include relocation and travel expenses, paid federal holidays, and participatory health insurance. These stipends may be affected by new legislation and may be subject to change.

Applicants must:

*Possess an MD, DO or an accredited doctoral degree in a discipline related to cancer prevention and research (biomedical, social or behavioral sciences) or equivalent.

*Possess U.S. citizenship or be a resident alien eligible for citizenship within four years.

*Arrange for official academic transcripts to be sent to the CPFP coordinator.

*Arrange for four letters of reference to be sent to the CPFP coordinator.

Application packets may be obtained by sending a postcard with name and home address to Nancy Garner, NIH/NCI/DCPC/CCAB, Blair Bldg Rm 4A01, Bethesda, MD 20892, phone 301/427-8788.

NCI CONTRACT AWARDS

Title: Preparation of bulk chemicals and drugs for phase 2 and 3 clinical trials

Contractors: Pharm Eco Laboratories, $1,659,100; and Aldrich Chemical Co., $1,554,773

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams

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