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Gallo's Lab Moved From DCT to DCE; NCI Planning To Drop "Cancer Treatment Reports" At End Of '86

Organizational changes announced this week by NCI Director Vincent DeVita include the transfer of award winning Robert Gallo and his laboratory and the impending demise of one of the two journals published by the Institute, the first ending a simmering interdivisional fued and the second

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In Brief

Ed Moorhead, Community Cancer Program Leader, Dies At Age 50; Ficca Appointed NHLBI AO

EDWARD MOORHEAD, Grand Rapids oncologist and immediate past president of the Assn. of Community Cancer Centers, died Jan. 30 from a massive coronary following surgery for removal of a bladder tumor. One of the most popular leaders in ACCC's history, Moorhead helped lay the foundation for community cancer programs. He ran the successful Grand Rapids Community Oncology Program and was principal investigator for the Grand Rapids Community Clinical Oncology Program. COP was an early effort by NCI to improve cancer treatment in community hospitals and encourage their participation in clinical trials. The success of Moorhead's COP and that of others led to the Community Hospital Oncology Program and to the present CCOP. Moorhead, 50, was an energetic and creative ACCC president; it was his idea to present former President Richard Nixon with the association's annual award last year. He is survived by his wife and five children, ages 8 to 20. . . . **STEPHEN FICCA**, NCI deputy associate director for administrative management, has been appointed administrative officer of the National Heart, Lung & Blood Institute. He fills the position vacated by Robert Namovicz, who was also Ficca's predecessor as NCI deputy AO. Namovicz now is an administrator at the UMD Robert Wood Johnson Medical School in New Jersey. Ficca had been at NCI for 16 years. . . . **CORRECTIONS**: In the article on CCOPs (Jan. 30), Jerome Yates, director of NCI's Centers & Community Oncology Program, was quoted as saying that several cooperative groups were interested in serving as research bases only for cancer control. In fact, Yates attributed that interest to cancer centers. Also, the "In Brief" item Jan. 23 on the facsimile equipment presented to the Chinese Academy of Preventive Medicine credited the American Assn. for Cancer Research for the gift. Those funds were provided by the American Institute for Cancer Research.

Gallo Move "Amicable;" CTR To Merge With "JNCI;" Centers Move Pondered

(Continued from page 1)
ending a chapter in NCI's history. DeVita also announced two other changes and revealed he is considering moving the Cancer Centers Program out of the Div. of Cancer Prevention & Control.

Gallo, the first to identify a human cancer virus; the discoverer of interleukin 2; and the investigator who, with a number of colleagues, identified the virus which causes acquired immune deficiency syndrome, has worked in the Div. of Cancer Treatment since he came to NCI in the early 1960s. Although he had become one of the world's foremost virologists by the mid-1970s, his Laboratory of Tumor Cell Biology remained in DCT, rather than the Div. of Cancer Etiology where most of NCI's virus research has been housed, "because he was comfortable there and because that's the way Vince (DeVita, then DCT director) wanted it," one staff member said.

Last year, DCE Director Richard Adamson expressed the opinion that Gallo "belongs over here" where most of the virus research was being done or supported. DCT Director Bruce Chabner told his Board of Scientific Counselors that he would fight to keep Gallo.

This was when Gallo was winning a string of awards, a string still going on and which some have speculated leads to Stockholm. One wag was prompted to remark, "If Gallo keeps on getting awards, he'll be able to start his own institute--or buy NCI and put himself anywhere he wants."

DeVita, Chabner and Adamson all insisted this week that the transfer, which was determined only last week at the semiannual retreat held each year for NCI senior staff, was amicable on all sides. DeVita said the move was prompted by Gallo's involvement with AIDS research and the need to centralize that research in one division.

DeVita announced the organizational changes at the meeting Monday of the National Cancer Advisory Board. "What is Dr. Chabner getting in return?" Board member Geza Jako asked. A first round draft choice and a player to be named later, perhaps?

"He'll probably have to consume a lot less aspirin," DeVita answered, a reference to Gallo's well known ability to vociferously make his case to his superiors for budget, space, etc. Someone else suggested that Gallo will get along well with the balding Adamson because the latter has no more hair to tear out.

Gallo was not present to defend himself and was away from his office Tuesday and not available to **The Cancer Letter** for rebuttal.

DeVita also announced that NCI's portion of the AIDS vaccine development effort, supervised from his office by NCI Deputy Director Peter Fischinger, would be moved into Adamson's division. Gallo's lab and the AIDS vaccine program will be located within DCE's Biological Carcinogenesis Program, and Adamson has started recruitment of an associate director to head that program, an "exciting" position, DeVita said. Adamson has been acting associate director for biological carcinogenesis since the position was created more than two years ago.

Another organizational change involves the Office of Program Planning & Analysis, which was headed by the late Louis Carrese. That office has been abolished and one of its two branches, Management Information Systems, has been moved into the Office of Administrative Management, under Asociate Director Philip Amoruso. Betty Ann Sullivan remains as chief of the branch. Iris Schneider, director of staff operations, assumes responsibility for the Systems Planning Branch and is in the process of recruiting a branch chief.

The plan to stop publication of "Cancer Treatment Reports" was not greeted with enthusiasm by the NCAB.

DeVita said that "CTR" and the "Journal of the National Cancer Institute" will be "collapsed into one journal" starting with January, 1988. A new name will be selected, and DeVita said he and his staff are leaning to "The Cancer Journal" as the name. However, Board member Helene Brown commented that there is a journal "published by the quackery organizations of the country called 'The Cancer Journal' and I have no doubt that that name is copyrighted."

DeVita expressed surprise and said that if that is the case, an alternate name, "Cancer Science," would be considered.

NCAB alternate member Dorothy Canter, assistant to the director of the National Toxicology Program, said that National Cancer Institute should be included in the name. DeVita said it would, as a subtitle.

DeVita said the decision to drop "CTR" was made because there are now several successful peer reviewed journals reporting on clinical trials. When "CTR" was started in the 1960s

(first as "Cancer Chemotherapy Report") there were no other journals devoted to that area.

Board member Enrico Mihich objected. "This is a major change," he said, and argued that many scientific reports now appearing in "CTR" would not be published by other journals.

"'CTR' has served an extraordinarily useful function," Board member Victor Braren said. "I think it is very important that it be retained, at least as part of 'JNCI'."

"The attraction of 'CTR' is that it provides a focus on clinical trials and on basic research that supports clinical trials," Mihich said.

"There are a lot of articles being published in 'CTR' that now won't be published," DeVita responded. "My feeling is that it won't be a loss. There is no useful purpose in having an entire journal publishing negative results."

Jako agreed, and said that he sometimes gets "depressed reading 'CTR'."

"I don't want to leave the impression that it is not a good journal," DeVita said. "It is quite a good one. In fact, some private firms have expressed interest in taking it over. Dr. (Robert) Wittes (director of DCT's Cancer Therapy Evaluation Program and 'CTR' editor) has done a magnificent job. Also, a lot of people are nervous about dropping the name 'JNCI'. It has been our flagship. But considering the number of other journals, we ought to be providing something new."

"JNCI" Editor Peter Greenwald said that an effort will be made to improve publication turn around time, to as little as three months from acceptance of an article to publication. But board member Roswell Boutwell said that "is a complex problem, depending sometimes on how long a person leaves it on his desk (reviewers and authors in making revisions). "You can't always have quick turn around and still have a quality publication."

DeVita agreed, and said, "We have no intention of diminishing the quality. But if the Office of Management & Budget approves this change, we will ask the Government Printing Office to set up a quicker printing schedule." DeVita acknowledged that "this is a big gamble. If it does not succeed, we risk having no journal published by NCI."

"We don't need any more journals for skimmers," Board member Bernard Fisher said. "We need more opportunities to present material in depth."

"We don't need more shoddy journals," Board Chairman David Korn added. "There ought to be a euthanasia program for medical journals."

DeVita said he hopes the name change will "dispel the notion this is a house organ for NCI," and that it is open to all investigators.

DeVita has been sounding out people about a possible move of the Cancer Centers Program.

He mentioned it two weeks ago to the Div. of Cancer Prevention & Control Board of Scientific Counselors and again Monday to the NCAB.

"I've been meeting with the Assn. of American Cancer Institutes and center directors," he said Monday. "They are concerned about the location of the centers program. They feel it needs more visibility, and they think the problems with the budget has to do with lack of visibility."

The budget for FY 1987, $93.2 million, will leave NCI about $7 million short of funding all competing renewal center core grants plus two new ones, at close to their peer review recommended levels. Cutting those levels to an average of 85 percent of recommended levels will fund all but four grants, with $3.6 million more needed for them.

DeVita noted that over the years, center representatives have lobbied for more clout and greater visibility, either through a separate NCI division for the program or for it to be placed in the Office of the Director, headed by an NCI associate director.

That latter alternative was one of the recommendations made more than 10 years ago by Simeon Cantril after he had served a period as head of the program when it was in what was then the Div. of Research Resources & Centers. It was a branch within that division, as it is now in DCPC, although the name "centers" is included in the organizational unit known as the Centers & Community Oncology Program. That program is headed by Jerome Yates, and Lucius Sinks is chief of the Cancer Centers Branch. The Organ Systems Section is part of the centers branch.

Also located in Yates' program is the Cancer Facilities (construction) Branch. DeVita said that one of the options being considered is to create a new division to include centers, construction, organ systems, and possibly cancer education, presently

located in DCPC's Cancer Training Branch in the Cancer Control Science Program. "There is a certain amount of logic in having in one division programs which cut across all divisions," DeVita said. Or having them all located in his office, although he does not particularly want to load up his office with various programs, he emphasized.

DeVita said some of the concern expressed by center directors had its origin in efforts by DCPC Director Peter Greenwald to encourage them to participate in prevention and cancer control research. "They feel they are being pressured to do more in prevention without the money for it."

Greenwald said his Board will schedule a full discussion of the issue at its meeting in early May, "all day if we need it." Center representatives will be invited to participate.

"I'm very interested in centers," Greenwald said. "Part of the problem (of center directors feeling he is not interested in them) is that without an associate director for prevention, I have had to spend a lot of my time on that." That will be taken care of when Daniel Nixon, of Emory, takes over as director of the centers program (**The Cancer Letter**, Jan. 30).

But Greenwald is not ready to let centers off the hook, as far as prevention and cancer control are concerned. He agreed that diversity among centers is desirable and that some engaged only in basic research should not necessarily be required to become involved in prevention and cancer control. However, the National Cancer Act spells out as part of the reason for government support of centers the need for them to be involved in control and prevention, to implement research findings, Greenwald said.

The DCPC board's recommendations, if any, regarding location of the centers program will be presented to the NCAB at its meeting later in May.

CCOP Review Committee Listed, Review To Extend Through February

Four committees have been organized to review Clinical Oncology Program applications and those of the research bases, and the first reviews were conducted this week. They will be held one each week throughout February.

One committee will review the research bases, Feb. 17-19. The other committees were organized to avoid the possibility that members would review applications with research bases with which they, the committee members, are affiliated.

Special Review Committee B (there is no Committee A) met Feb. 3-5 to review applicants with the Southwest Oncology Group among their research bases. The chairman is John Earle, chairman of radiation oncology at Mayo Clinic. Other members are Martin Brecher, professor of pediatrics, Roswell Park Memorial Institute; Hari Dayal, director of the Epi-Stat Research Lab, Fox Chase Cancer Center; Peter Deckers, director of surgery, Hartford Hospital; John Foley, internal medicine, Univ. of Nebraska; Susan Fitter, MD Physicians Inc., Lawton, OK; Richard Greenberg, professor of epidemiology and biostatistics, Univ. of Louisville; Thomas Hoeltgen, MD, Oak Lawn, IL; Stuard Leafstedt, MD, Surgical Consultants, Sioux City; Robert MacNamee, Morton Hospital, Taunton, MA; Morton Madoff, community health, Tufts Medical School; Carol Redmond, chairman of biostatistics, Univ. of Pittsburgh; Deborah Smith, RN, California Medical Center; Rose Smith, North Central Cancer Treatment Group operations office, Rochester, MN; Ronald Stoller, MD, Pittsburgh; Donald Twido, Billings Clinic, Billings, MT; and Barbar Valanis, PhD, Kaiser Permanente, Portland, OR. David Irwin is the executive secretary.

Special Review Committee C, Cancer & Leukemia Group B, to meet Feb. 9-10:

Chairman, Stuart Siegel, head of hematology-oncology, Childrens Hospital of Los Angeles; Steven Armentrout, chief of hematology/oncology, Univ. of California (Irvine); Ronald Blum, director of medical oncology, New York Univ. Medical Center; Timothy Breen, professor of biostatistics, Medical College of Virginia; John Horton, professor of medicine, Albany Medical College; Kent Lamoureux, chief of radiation oncology, Arnot-Ogden Memorial Hospital, Elmira, NY; John Laurie, oncologist, Grand Forks, ND, Clinic; Frances Lewis, professor of community health care systems, Univ. of Washington School of Nursing; Michael Lobell, oncologist/hematology, St. Paul, MN; James Mailliard, director of oncology, St. Joseph's Hospital, Omaha; Seng-Jaw Soong, director of biostatistics, Univ. of Alabama Comprehensive Cancer Center, Birmingham; Daniel Stoy, RN, Grand View Hospital, Sellersville, PA; and Stanley Watkins, MD, Annapolis. John Abrell is the executive secretary.

Special Review Committee D, research bases, to meet Feb. 17-19:

Chairman, Alvin Mauer, director of oncology and hematology, Univ. of Tennessee, Memphis; Charles Buncher, professor of biostatistics and epidemiology, Univ. of Cincinnati; Stephen Carter, senior vice president for anticancer research, Bristol-Myers, New York; Gary Cutter, head of biometry, Univ. of Alabama, Birmingham; Cornelia Dettmer, radiation oncologist, Annapolis; Gilbert Friedel, director, Markey Cancer Center, Univ. of Kentucky, Lexington; Richard Gallagher, director of educational services and research, Wayne State Univ., Detroit; Barry Gause, associate director for cancer prevention and control, Howard Univ.; Elmer Hall, professor of biometry, Emory Univ., Atlanta; Arnold Kaluzny, professor of health policy and administration, Univ. of North Carolina, Chapel Hill; James Koziol, basic and clinical research, Scripps Clinic & Research Foundation, La Jolla, CA; Jerry Lewis, chief of hematology and oncology, Univ. of California (Davis); James Neidhart, clinical director, Univ. of New Mexico Cancer Center; Maurice Reizen, public health consultant, Okemos, MI; Harold Sanstead, chairman of preventive medicine, Univ. of Texas Medical Branch, Galveston; Robert Sponzo, director, Albany Regional Cancer Center; and Richard Warnecke, director, Survey Research Laboratory, Univ. of Illinois, Chicago. Irwin is the executive secretary.

Special Review Committee E, Eastern Cooperative Oncology Group, to meet Feb. 23-25:

Chairman, Laurence Baker, director of medical oncology, Wayne State Univ., Detroit; Richard Bakemeier, professor of medicine, Univ. of Colorado; Robert Bowman, MD, Greenville, MS; Robert Carlson, Northern California Cancer Center, Belmont; Debra Christie, Clinical Cancer Research and Registry, Jackson, MS; Lisa DeDominicis, RN, administration supervisor, Mt. Sinai Medical Center, New York; John Doornbos, radiation therapy, Univ. of Iowa, Iowa City; Nancy Geller, biostatistics, Memorial Sloan-Kettering Cancer Center, New York; Dennis Gillings, Quintiles Inc., Chapel Hill, NC; Karen Hutcherson, RN, Oncology Research Center, Bowman Gray School of Medicine, Winston-Salem, NC; David Kiang, associate professor of medicine, Univ. of Minnesota, Minneapolis; Louis Leone, director of medical oncology, Rhode Island Hospital, Providence; Herbert Mauer, Dartmouth-Hitchcock Medical Center, Hanover, NH; Maurice Origines, MD, Tacoma, WA; Diana Parker, assistant director, California Hospital Medical Center, Los Angeles; Julia Pfile, MD, Albuquerque; Charles Schiffer, Univ. of Maryland Cancer Center, Baltimore; and Irwin Weinstein, clinical professor, UCLA. Abrell is the executive secretary.

New Cancer Education Grant Program Guidelines Presented To DCPC Board

The shape of NCI's new Cancer Education Grant Program, salvaged from a program which seemed to be headed for extinction last year, was revealed with presentation of the program's guidelines to the Div. of Cancer Prevention & Control Board of Scientific Counselors at its January meeting.

The guidelines were developed by Barney Lepovetsky, chief of the Cancer Training Branch, and reviewed in December by an informal committee chaired by Erwin Bettinghaus, who is chairman of the DCPC Board. Bettinghaus is dean of the Michigan State Univ. College of Communications.

Other members of the committee were William Darity, dean of the School of Health Sciences at the Univ. of Massachusetts and also a member of the DCPC Board; James Newsome, Dept. of Surgery at the Univ. of North Carolina who is president elect of the American Assn. for Cancer Education; Robert Day, director of the Fred Hutchinson Cancer Research Center and former DCPC Board member; and Myron Winick, director of human nutrition at Columbia Univ.

The original Cancer Education Program provided up to $11 million a year to medical schools and other health profession schools for development of cancer curricula, to medical, dental and other health profession students and to undergraduate minority students for summer courses in cancer related subjects.

It was scaled down to a budget this year of $2.4 million, mostly for summer courses. The budget for the new Cancer Education Grant Program will also be $2.4 million, but it will be an entirely different program, in four categories (as described in the guidelines:

A. A curriculum two to three years long which will prepare people to specialize in chronic disease prevention and control (with a focus on cancer) through course work, hands

on interventive practice, and research experience. This curriculum may not support residency training, nor is it intended to prepare people for research careers. It is expected that persons who complete this curriculum will engage in active interventions in public health administration.

B. Short research experiences for predoctoral medical, dental, nursing, public health, and pharmacy students, and for minority students in general, all of whom are to be designated "student assistants" and paid a salary prorated on the basis of an annual salary of $6,552.

C. The design, implementation and evaluation of a nutrition curriculum emphasizing chronic disease prevention with a focus on cancer. Such courses are intended for students in schools of medicine, dentistry, nursing and public health.

D. Selected short courses, national in scope, for which NCI shall invite separate competition whenever it originates or identifies a new course which is of particular interest to it and for which funds are expected to be available.

A and B above are renewable, C is nonrenewable. The renewability of D projects will be subject to the terms of their specific announcements. Projects in the categories A, B or C above are not transferable to another university. If the original grantee program director leaves the project, a substitute program director may be named with prior approval from NCI. Category D projects may be transferred to another grantee institution with prior approval from NCI.

Only U.S. universities are eligible to apply for Cancer Education Grants. Where more than one school or college is included in the application, the application must present the entire project as one which is to be jointly and cooperatively managed through a central committee.

All students must be U.S. citizens, nationals, or lawfully admitted permanent residents of the U.S.

More details on each of the programs:

*A. Predoctoral and postdoctoral education in chronic disease prevention with emphasis on cancer.

The purpose of this program is to increase the pool of well trained chronic disease prevention specialists who will either become practitioners of cancer prevention and control or who will seek lpostdoctoral research training via National Research Service Awards in preparation for academically oriented careers. In developing and implementing a curriculum for training cancer prevention specialists, several approaches are possible. Each approach should present a broad educational base with a significant number of diversified yet interrelated subject areas. Also, each student should concentrate on a specific research project with a cancer prevention or control focus.

*B. Short research experiences for student assistants.

The student assistantship program is intended to improve education in any research activity pertinent to cancer by providing experience on ongoing cancer research projects for up to three months under a qualified preceptor who holds a research grant. Projects may involve any basic or applied science relevant to cancer including basic sciences, prevention, epidemiology, nutrition, biostatistics, screening, control, and clinical or preventive trials, or a combination of these. Research involving prevention, clinical nutrition, surgical oncology, or radiation oncology are especially important areas to consider for medical student participation. Support is only available for students who work on research projects during off credit hours, i.e., vacations, evenings, summers or any other specified institutional arrangement. The application must describe the general nature of the research experience to be offered to the student assistants and the time to be spent on the project. It must also specify how recruitment, selection and evaluation of the student workers will be done. Eligible students include those enrolled in schools of the health professions, and minority students in general.

*C. Design, implementation and evaluation of a nutrition curriculum emphasizing chronic disease prevention with a focus on cancer intended for predoctoral students in schools of medicine, dentistry, nursing, public health or allied health.

A recent report from the National Academy of Science calls attention to the paucity of effective nutrition courses in American medical schools. Authority for such teaching often is not centralized and faculty responsibility is diffuse. To help remedy this situation a Cancer Education Grant application may p;ropose to develop, implement and evaluate at the grantee institution nutrition curricula which emphasize chronic disease

prevention with a focus on ancer and which the institution is committed to maintain and strengthen after this nonrenewable grant support ends.

Success in these endeavors requires a concentrated effort both by a principal faculty member who will assume the responsibility for developing and implementing curricula, and an institution committed to the program's success and continuance.

*D. Short courses which will be described in specific NCI announcements.

An example of a short course which NCI might eventually announce could be an intense one week course on cancer prevention patterned in general after the NCI supported Keystone Cancer Histopathology Course. The objective of the course would be to provide an update on cancer prevention with selected speakers covering areas in epidemiology, nutrition, public health policy, new directions and methodology for health promotion, etc. Individuals who would be eligible for the course would be those with advanced standing in graduate programs or employed health professionals with appropriate background and experience. The latter would be selected on a nationwide basis. The mix of students and selected working health professionals would contribute to a unique interchange of academic information within the field of experience. This course might be limited to 60 to 80 people each year. Those attending the program. would be provided per diem expenses by the grant.

Lepovetsky said division of the $2.4 million budget would be divided among the programs as follows: $1 million and possibly a little more for the summer program; $700,000 for the short courses; $300,000 for two doctor of public health curriculum awards; and the rest for nutrition curricula.

In program A, stipends would range from $15,996 to $30,000 depending on years of postdoctoral experience; predoctoral stipends would be $6,552 per year. Also, tuition and fees, travel to annual meetings such as those of the American Society of Preventive Oncology; travel and per diem costs when assigned to NIH or another university; and books, equipment and supplies would be included. Prorated faculty salaries and consultant costs would be paid. In program B, student assistant salaries would be based on an annual salary of $6552, with allowances for equipment and supplies up to $1,500 per year. Program C would include up to 100 percent of the principal faculty member's salary, plus necessary supplies, and travel costs. Allowable budgets for program D will be listed in the announcements.

RFAs Available

RFA 87-CA-19

Title: Studies on papillomavirus-host interactions
Application receipt date: Aug. 3, 1987

The Biological Carcinogenesis Branch of NCI's Div. of Cancer Etiology is inviting grant applications from interested investigators to elucidate the mechanisms of interaction between papillomaviruses and their host tissues, the squamous epithelium, which may lead to the development of malignant tumors of these tissues. Both the cellular processes leading to the transformation of individual cells and the immune response mechanisms responsible for the spontaneous regression of papillomavirus associated lesions are the locus of this request. The RFA is for a single competition.

the major emphasis of research to be funded under this RFA will be basic studies on papillomavirus-host interactions at both the cellular and immune response levels. The scope of this RFA will include human and animal papillomaviruses (PVs). Examples of studies (which are not all encompassing) are: (1) characterization of the viral and cellular control mechanisms which govern the relationship between viral gene expression or viral latency and the differentiation or transformation state of squamous epithelial cells; (2) characterization of the phenotype of PV transformed squamous epithelial cells; (3) investigations of the mechanisms of viral entry into cells and the tissue selectivity of PVs; (4) development and utilization of novel cell culture or other systems for PV propagation and transformation assays; (5) identification and determination of the mechanism of action of cofactors in PV transformation of cells such as physicial/chemical cocarcinogens or other viral infections; (6) identification of viral or cellular epitopes on infected or transformed cells which may mediate the regression of PV lesions; (7) isolation and characterization of immunocompetent cells (e.g. cytotoxic T-lymphocytes and humoral antibodies specific for PV proteins or other markers of PV associated neoplastic lesions and the development of specific assays to measure the immune response of patients to these markers.

The total project period for applications submitted in response to this RFA should not exceed five years. Apprximately $750,000 will be set aside to specifically fund grants awarded in response to this RFA. It is anticipated that five to six grants will be funded. The earliest feasible starting date for the initial awards will be April 1, 1988. Nonprofit and for profit institutions, foreign and domestic, are eligible.

A copy of the complete RFA and further information may be obtained fromn Dr. Alan Schreier, Program Director, DNA Virus Studies II, Biological Carcinogenesis Branch, Div. of Cancer Etiology, NCI, Landow Bldg Rm 9A22, Bethesda, MD 20892, phone 301/496-1953.

RFA 87-CA-18

Title: Studies of functional antisense RNA in oncogenic viral systems
Application receipt date: Aug. 3, 1987

The Biological Carcinogenesis Branch of the Div. of Cancer Etiology is inving grant applications to systematically evaluate the function of antisense RNA in animal cells using in vitro oncogenic virus model systems.

The major emphasis of this research is the development and utilization of an in vitro model for the systematic evaluation of the function of antisense RNA

in animal cells, using oncogenic human or animal viruses as model systems. Since the long term goal of this research is to ascertain the potential usefulness of antisense RNA in suppressing oncogenic viral products, the model chosen should have specific applicability to such a system and should preferably involve an inducible promoter. The model should be suitable for studying such parameters as (1) the genetic/regulatory elements of molecular constructs/vectors needed for optimal expression of the antisense RNA, including determination of the requisite regions of complementarity between the normal sense gene and/or gene transcript and the antisense RNA; (2) the stage of gene expression (transcription vs. translation) at which the antisense RNA acts; (3) the stability of the antisense RNA; (4) the site of action (nucleus vs. cytoplasm) of antisense RNA; (5) the quantitation of the sense product and/or of the alteration of the sense phenotype; (6) the effects of cell type on the expression and function of antisense RNA; and (7) the detection of the action of other compensatory genes which may obscure or reverse the effects of antisense RNA.

The total project period should not exceed five years. Approximately $500,000 will be set aside to fund grants resulting from this RFA.

A copy of the complete RFA and further information may be obtained from Dr. Susan Spring, Program Director, DNA Virus Studies I, Biological Carcinogenesis Branch, DCE, NCI, Landow Bldg Rm 9A22, Bethesda, MD 20892, phone 301/496-4533.

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-CH-75415-43

Title: Assessment of the implementation and impact of the Community Clinical Oncology Program--Phase 2
Deadline: Approximately March 15

NCI is soliciting proposals for assessment of the implementation and impact of the Community Clinical Oncology Program, hereafter referred to as CCOP 2. Under CCOP 2, approximately 50 CCOPs and 10 research bases will be supported for three years to conduct clinical treatment and other cancer control research.

CCOP 2 will place new requirements on existing CCOPs, new CCOPs, research bases and NCI. The purpose of this contract will be to assess (1) the extent to which CCOPs 2, research bases and NCI implement and manage these new requirements; (2) the impact of CCOP 2 on cancer control research; (3) the impact of the cancer control interventions on community practices and (4) the effect of CCOP 2 on cancer control activities in the community not specifically driven by the actual research conducted.

The contractor will be responsible for design and implementation and analyses of all phases of the evaluation. The project will include primary collection by the contractor of detailed descriptive information about each CCOP 2, as well as the supervision of multi-institutional data collection, quality control, and reporting and statistical analysis of technical biomedical data.

Offerors should have experience in large scale program evaluation studies in health related fields; experience in managing large scale cancer data bases, and statistical analysis using the data bases and data quality control; and experience in conducting research in the study of diffusion and knowledge transfer in the area of health services/biomedical research especially related to cancer and/or cancer control.

The personnel requirements include (1) a physician with a minimum of three years of clinical experience in multi-institutional clinical trials with a demonstrated competence through publications in referenced journals; (2) a doctorate level person in biostatistics/epidemiology (or equivalent) with substantial experience in the development and analysis of large scale clinical data bases and the technical design and implementation of health services research in operational settings; and (3) a doctorate level person, in health policy/medical sociology or the equivalent and substantial experience in the conduct of studies of health care organizations and their role in changing physician behavior.

It is anticipated that a four year incrementally funded cost reimbursement type contract will be awarded to the successful offeror.

Contract Specialist: Diana Wheeler
RCB Blair Bldg Rm 2A07
301/427-8745

RFP NCI-CB-71080-47

Title: Maintenance of an animal holding facility and provision of attendant research services
Deadline: Approximately March 15

NCI's Div. of Cancer Biology & Diagnosis is seeking a small animal facility capable of (1) maintaining a colony of mice, rabbits, rats and hamsters to support ongoing research in the areas of transplantation, cancer biology and diagnosis and immunology. The research includes the study of the role of H-2 and T cell receptor products in the immune response of well defined mouse strains to tumors and transplantation antigens; (2) breeding special congenic strains of mice not available commercially; (3) providing a technical staff capable of performing bleeding and injections of mice and rabbits, skin grafting of mice, injections and harvesting of mouse ascites tumors, and palpation of mice for detection of tumors; (4) maintaining a freezer bank of serologic products to be used in conunction with these animals; and (5) cryoperservation of fertilized embryos for future retrieval of individual strains of mice. All animals will be supplied by the government.

Offerors will need to demonstrate their ability to provide for rapid exchange of animals and materials between their facility and the NIH campus in Bethesda. Other minimum facility, equipment and personnel requirements will be included in the RFP.

This is a recompetition of the contract currently being performed by Bioqual Inc. For a copy of the RFP, send two nonfranked self addressed mailing labels to the person listed below.

Contract Specialis: Sharon Howlin
RCB Blair Bldg Rm 114
301/427-8888

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