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DCPC Board Cool Toward Moving Centers, Other Programs To New Division; Issue To NCAB May 26

Members of the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control were lukewarm to the suggestion that the cancer centers, construction, organ systems and training programs be moved into a new Div. of Cancer Centers & Research Resources (one possible name). In

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In Brief

Debbie Mayer Elected ONS President; Cullen, Other NCI Staff Honored By Surgeon General

ONCOLOGY NURSING Society's newly elected officers are president, Deborah Mayer; secretary, Marilyn Frank-Stromborg; directors at large, Colette Carson and Catherine Hogan. Newly elected members of the ONS Nominating Committee are Mary Anne Bord, Cynthia King and Kathleen Stetz. The new officers were announced at ONS' 12th Annual Congress in Denver last week. Other board members are vice president, Cheryl Ann Lane; treasurer, Joanne Hayes; the third director at large, Judith Shell; and Nominating Committee members, Janet DiJulio (chairperson) and Pamela Hogan. . . . **JOSEPH CULLEN**, deputy director of NCI's Div. of Cancer Prevention & Control, has received the Surgeon General's Medallion for his leadership in chairing the "Report of the Advisory Committee to the Surgeon General on the Health Consequences of Using Smokeless Tobacco." Surgeon General Everett Koop made the presentation, along with certificates of appreciation to Gayle Boyd, Elizabeth Mugge and Kathy Bauman for their contributions to the report. William Blot of the Div. of Cancer Etiology also was honored for his work on smokeless tobacco. . . . **CLEVELAND CLINIC** Foundation will formally dedicate its newly remodeled, 50,000 square foot cancer center June 17. It will be the new headquarters for research, education and clinical programs which, in 1986, provided care for 2,200 new patients and more than 55,000 returning outpatients. John Raaf is director of the Cleveland Clinic Cancer Center. . . . **BENOIT de CROMBRUGGHE**, chief of the Gene Regulation Section in the Laboratory of Molecular Biology of NCI's Div. of Cancer Biology & Diagnosis, has been named chairman of the Dept. of Genetics at M.D. Anderson Hospital. . . . **STEPHEN SALLAN**, director of the Jimmy Fund Pediatric Clinic at the Dana-Farber Cancer Institute, was the first recipient of the Sir James Carreras Award, presented last week in London by Prince Philip.

Greenwald Argues To Retain Centers; Only Three On BSC Support New Div.

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fact, if the Board had been called upon to vote, no more than three members would have supported a move, as indicated by their comments at last week's meeting.

The issue ultimately will be decided by NCI Director Vincent DeVita and the institute's Executive Committee. The National Cancer Advisory Board will take it up May 26, and a solid majority one way or the other probably would be decisive.

DCPC Director Peter Greenwald presented the issue to his Board by noting that DeVita had heard "often, over a period of the last several years, some concern about the visibility of the Cancer Centers Program. Some center directors seem to feel that a lack of visibility has affected the budget of the cancer centers in some way."

Greenwald made it clear he does not want to lose centers or any of the other programs. His "personal view," he said, is that cancer centers "are well nourished" by NCI, through core grants, and research project, training and education grants to their members. Also, "major organizational changes require strong justification, and a concern "primarily about visibility might be handled more easily in other ways." He mentioned the President's Cancer Panel meetings at centers, and last winter's meeting of the NCAB at Memorial Sloan-Kettering.

Greenwald's chief argument in retaining cancer centers in the division with primary responsibility for cancer control research is that cancer control was one of the mandates handed centers in the National Cancer Act of 1971.

"We must ask whether centers are a fundamental part of the nationwide effort to reduce cancer incidence and mortality and improve quality of life," Greenwald said. "Are they responsible for impacting cancer rates in their own communities? Or are these just vaguely desired spinoffs, with the only direct concern being assisting the institution that has the cancer center to further its own research program?

"If a center is to take part in the nationwide effort, then several consequences flow logically from this purpose. One is that centers are a key part of clinical networks (CCOPs and related community oncology programs). This networking provides a stronge case for keeping centers and CCOPs in the same program area.

"The initiative by several cancer centers to build effective prevention and control programs is another very positive step in this direction, as are the consortium centers and the new planning grant for a consortium center for black populations. These are positive steps which in my mind do not detract from the importance and major thrusts in basic and clinical research."

Greenwald said he was "reluctant to say this, but several people have asked whether the centers issue has been raised out of a desire to escape responsibility for prevention and control. I certainly don't think so. It is clear that a number of centers are actively building their programs in this area."

Greenwald reviewed the three options open on the issue: Keep the centers program in DCPC, "which I favor;" move centers into the office of the NCI director, "perhaps under an associate director for centers. The main problem is that centers then would be more isolated from other programs."

The third option, to create a new division, is the one favored by many center directors. "A key problem with this option is that programs need to be of substantial size and complexity to justify a division," Greenwald said. "Even though the centers budget is fairly large, to me it seems insufficient to justify a division, especially since this budget is administered mainly on the basis of a set of core grant guidelines. Tacking on other resource programs wouldn't help much, and would further detract from what remained as DCPC, adversely affecting our ability to function effectively."

In arguing to retain centers in DCPC, Greenwald acknowledged that the program could be augmented "by additional activities of this Board."

Four cancer center directors, plus a former director who now chairs the Cancer Center Support Grant Review Committee, which initial review group for core grants, made presentations to the Board.

Richard O'Brien, former director of the Univ. of Southern California Comprehensive Cancer Center and now dean of the Creighton Univ. School of Medicine, told the Board that a "high level" of expertise is brought to bear on peer review of core grants and "I assure you it is rigorously applied."

O'Brien listed items important in review

of core grants. Among the most important is "whether it really represents a center of high scientific quality. . . on the basis of grant support, track record in grant applications, contributions made, the quality of new ideas presented at the site visit. One of the nice things about going on site visits is the advance look you get at new ideas, sometimes so new they have not yet been written into grant applications."

Other factors include whether or not a center "has made a difference, that it is more than the sum of its parts;" the kinds of collaborative research planning between different groups, and the process established to assure communication among them; the organizational structure, which is extremely varied, "which comes down to the capability of the center directors and program directors;" the facilities ("That's easy to review because it's something you can look at"); the director's authority "and more important, the director's ability in persuasion;" institutional commitment.

Executive Session Debates

Arguments which frequently arise in executive session review, O'Brien said, include whether there is interdisciplinary coordination; "Does the center exist as an entity, does it serve a function? Are members really participants? Frequently, they bring in a distinguished scientist who is just window dressing, who makes a presentation but has no role in the center;" budgets, "which are hotly debated;" length of funding ("There is always a fight between three and five years").

Robert Cooper, director of the Univ. of Rochester Clinical Cancer Center, described how his center interacts with community hospitals and other institutions in its Upper New York State region. He said he feels "it is appropriate for centers to be located within this division" and "I am not aware of any malsatisfaction with location of centers in this division."

Cooper said the issue of whether "a broad, diverse program such as centers is appropriate in this division" relates to whether the DCPC Board of Scientific Counselors is adequately constituted to deal with cancer center issues. "Most of the questions being asked here were asked 20 years ago. Can the Board educate itself to centers to adequately do its job?"

Robert Day, director of the Fred Hutchinson Comprehensive Cancer Center, presented a view more in line with opinions being expressed to DeVita by various center directors and members of the Assn. of American Cancer Institutes.

"I live every day as a center director, and we do have problems. I can understand why many on this Board are not aware of many of our problems," Day said. "I don't want to tell NCI how to organize itself. They don't tell me how to organize Hutchinson. But centers do need (from NCI) greater visibility, more money, and support for more centers."

John Potter, director of the Lombardi Cancer Center at Georgetown Univ. and current president of AACI, attended the meeting although he was not on the agenda. Asked to comment on his position, Potter said, "It seems to us that a more generic view of cancer centers is needed, rather than hone in on one aspect, cancer control, which is an appropriate part of our mission. By separating the components of this division, centers, organ systems, construction and training, and putting them into a new division, we would be a better position."

Asked by Board member Lewis Kuller if that represented his view or that of AACI's, Potter answered that it was his own and that of other center directors with whom he had discussed the issue. He noted that AACI meets only once a year (in June) and had not taken any formal position.

O'Brien, commenting "as an observer, with no axe to grind, the impression I have derived is that this Board has paid a lot of attention to cancer prevention and control and not to other missions of centers."

"That's because those missions are already well served," Board member Mary-Claire King commented.

"I disagree, many are not," Day responded.

Thomas Davis, director of the Northern California Cancer Program, presented the view from the standpoint of consortium cancer centers. Walter Eckhart, director of the Armand Hammer Center for Cancer Biology at Salk Institute, presented the view from basic research centers.

NCCP is primarily concerned with coordinating activities of its members and is heavily involved in regional cancer control efforts. Davis expressed on opinion on the location of the centers program in NCI.

Eckhart, asked by Board member Paul Engstrom, "How do you feel dealing with the division responsible for cancer control and

prevention?" and about the visibility issue, responded that "basic science is not unique to various elements of the cancer program." On visibility, he said he was not aware that that is a problem.

In discussion following the center director presentations, Board member Kenneth Warner said, "The question is, is it possible to separate the issue of prevention (activities by centers) and administrative location?" Board member Donald Hayes said, "I haven't heard any compelling reason to change the location of the centers program. The missions (of centers and DCCP) are so inseparable that I don't see how they can be separated."

"I think it is important for centers to stay in this division," Board member Johanna Dwyer added. "In time, with additional money, they can expand their control activities."

"I don't see the logic of Dr. Warner's position," Board member James Holland said. "If the centers' primary mission is basic research, the centers program should be in the Div. of Cancer Etiology, or Div. of Cancer Biology & Diagnosis, not in the division with cancer control."

"I think there is a rational basis for centers to be in a separate division," Kuller said. "They cover all areas. They are a resource for all of NCI. To make that resource function, it would be better to have it in a separate division so other divisions could interact. It could enhance the funding of centers. I have a feeling that this Board has to focus more aggressively on the primary mission of this division. The impact on disease will come from prevention. From etiology and the application of etiological findings. Centers should be separate so all of NCI's divisions have equal access to them."

"Would moving centers out leave this division with more opportunity to focus on prevention and control?" Board member Philip Cole asked.

Jerome Yates, director of DCCP's Centers & Community Oncology Program, said that "other divisions get along fine whether centers are here or anywhere else. But if we're going to build networks for cancer control, this is where centers belong. I don't see any advantage for centers in pulling the program out, except perhaps for visibility."

Board member John Ultmann, director of the Univ. of Chicago Cancer Center, made the strongest presentation for a new division for centers. "Seven members of this Board say that now, they finally understand centers. Unfortunately, this is the last meeting for many of them (actually, the terms of four expired with last week's meeting--Chairman Erwin Bettinghaus, Mark Hegsted, Kuller and Virgil Loeb).

"This Board and this division," Ultmann continued, "want to make cancer control do certain things in cancer research. It is important we not impose criteria on cancer centers, unless we announce the policy and back it with resources."

"I don't think cancer centers are in the slightest danger of atrophying," Holland said. "I do share Dr. Kuller's view. Centers would be better off financially and so would cancer control, if centers were moved to some central division."

Loeb, saying he agreed with Ultmann "up to a point," said he is "hesitant about his conclusion. He omitted the 1971 mandate, in which centers were charged with carrying out prevention, demonstration and outreach. How would moving centers fulfill this mandate? This was started with the concept of comprehensive cancer centers. Let's exhume that."

"Retaining centers in this division enables them to fulfill that aspect of their missions most difficult for them," King argued.

"I can argue all of these points," Board member Robert McKenna said. "One, if it's not broke, don't fix it. Two, the view of center directors, is that the program needs to be under one board, so it should be moved out. Three, it if were in a separate division, it might get more money." In any event, McKenna continued, "we need to mandate more cancer control. There should be a clear message to all centers, or at least to the comprehensive, clinical and specialty centers, that they should do more cancer control research and cancer control application."

"Do we on this Board feel capable of giving advice to those running cancer centers?" Engstrom asked. "We've heard there is plenty of expertise in cancer control. We haven't heard there is enough for centers. If the program stays in this division, I think the makeup of this Board has to change."

On that issue, at least eight of the 18 member Board are involved with cancer centers or work at institutions which have centers. Two are cancer center directors--Holland and Ultmann.

"I'm one of those who has been on the

Board for five years and know nothing about centers," Hegsted said. "I'm not apologizing for that. I know some things you don't know. This discussion sounds a little like nutrition. It's everybody's business which makes it nobody's business. If centers were in a separate division, they might be no one's business. I suspect that creating an entire new division would set the program back for a long time. The main problem is that they need more money."

Bettinghaus summarized his position. "The level of funding is a problem. If the (core grant budget) had had 15 percent a year increases, in line with increases in research, we wouldn't have that problem.

"I've been associated with university bureaucracies for a long time. I have leanred that in any reorganization, that which is being reorganized always loses. It takes years to overcome the effects. You get the least competent people, the least amount of money. In competing for funds, the new boy on the block always gets the short end. It would take centers 10 years to recover from the beating unless they have better political contacts that I think they do."

The Cancer Center Administrators Forum submitted a letter to Bettinghaus asking for a new division.

An organization whose members represent NCI designated centers (those with core grants), CCAF met earlier this month in Memphis. The members approved this statement:

"It is the sense of CCAF that the objectives of the centers program and its related resources would be best served by a new division. The research resource programs combined comprise $137.8 million, 15 percent of the extramural research budget of NCI. A program of this magnitude, with a national constituency, merits full divisional status. Such status will enable NCI and the centers to respond more directly to the health care concerns of the American people."

That letter, and another from Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center, were presented to Board members. Steckel wrote, after commending Greenwald's leadership in support of cancer control activities at centers:

"Long before DCPC was organized in its present form, questions were raised about the appropriate place for the centers program in the NCI organizational framework. Since the cancer centers program clearly crosses all of the divisional lines of NCI, a strong case can be made for placing centers (and other interdivisional programs) in a separate division or operating them out of the NCI director's office. Many cancer center directors favor one of the latter two alternatives, but the present inclusion of centers within DCPC does raise problems of visibility and attention to the problems which are peculiar to the centers program. It is also very difficult to constitute an advisory board which has the breadth of expertise that is needed to span a number of different programs of the magnitude and diversity which DCPC now encompasses, including (importantly) cancer centers. A separate advisory group for the cancer centers program and/or for those elements of NCI which are interdivisional in nature would therefore seem highly appropriate."

DCPC Board OKs CIS Recompetition But Withholds Matching Requirement

The Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control gave concept approval to recompetition of the Cancer Information Service contracts but withheld endorsement of the controversial staff proposal to require matching funds from participating institutions.

The staff proposal (**The Cancer Letter**, April 24), seeks to modify the funding approach presently in use. As it now operates, the program fully supports 16 CIS offices. Another eight are part of the program, receive NCI materials and permission to use the NCI 1-800-4-CANCER phone number, but receive no funds. The new proposal would use available funds to provide a set of core resources to all participants who would provide a set of local resources to assist in the program. "Through this new funding approach, it will be possible to have a larger number of regional CIS programs," the concept statement said. "The desired objective is to achieve matching contributions between local sponsoring organizations and NCI."

The concept statement had been modified somewhat from that presented to the BSC Committee on Cancer Control Science Programs, which asked for 50 percent matching. The committee had argued against a rigid dollar for dollar matching.

The full Board was not convinced that any matching requirement should be mandated now.

Helene Brown, member of the National Cancer Advisory Board and a staff member of the UCLA Jonsson Comprehensive Cancer Center, argued against what she called "franchising" the CIS offices.

UCLA and the Univ. of Southern California Comprehensive Cancer Center collaborate on the CIS office in Los Angeles, which provides service for the entire state of California. Neither center has funds which could be made available for the program, Brown said, and she painted a gloomy picture of prospects for independent fund raising. She suggested that hospitals looking at the prospect of using CIS as a tool to help direct referrals to themselves "would love to have the NCI imprimatur but it would be to the detriment of CIS and NCI."

Board member Philip Cole asked if any information were available on whether CIS has impacted the natural history of cancer. Judith Stein, program director, said no such study has been done but possibly could be under another concept to be presented for cancer communications research. Cole suggested that approval of CIS recompetition be delayed until results of an impact study are available.,

Board Chairman Erwin Bettinghaus noted that the National Cancer Act directs NCI to provide cancer information to the public and that effort is "not tied to reduction in morbidity or mortality."

The current contracts extend into 1989. NCI asked for early concept approval so that the 16 funded offices could start making the adjusments and support arrangements required under the new program, and so that organizations not now involved might be encouraged to join in the competition. Stein said that NCI hoped to support up to 50 CIS offices if enough money is available. NCI estimated the full program would cost $6.5 million in FY 1990, increasing to $7.59 million in FY 1994.

Bettinghaus suggested approval of the concept, with the condition that staff study further the impact of matching requirement. The Board should hear another report before the final RFP is written, he asked.

The Board approved the concept on those conditions, with Cole voting against it.

The Board also approved the concept of reissuing the RFA for cancer communications research grants. This would fund five to 10 three year grants at an estimated cost of $1 million a year. At least three grants will be funded from the first issuance of the RFA.

ONS Associate Membership Proposal Fails Second Time

Oncology Nursing Society members have voted for the second time to disapprove the establishment of an associate membership status that would allow nonvoting membership for non RNs working in oncology.

The proposed bylaw change was narrowly defeated at ONS' annual business meeting at the group's 12th Annual Congress held in Denver last week. The same proposal was defeated by ONS members at the society's annual Congress in 1985.

The vote on the measure was counted three times, with the final tally resulting in a vote of 349 opposed to the addition of associate members and 328 favoring the proposal.

Although 3,280 members were registered at this year's Congress, only a fourth of that number voted on the proposed bylaw change. An earlier ONS membership survey had shown widespread support for the new membership category.

ONS members did approve another bylaw amendment that was defeated at the 1985 Congress: the establishment of a president elect.

As the business meeting stretched well beyond its original two hour schedule, another somewhat controversial bylaw amendment that would allow bylaws to be voted on by mail rather than at the annual Congress was approved with little discussion.

Because all members will be allowed to vote by mail, future bylaws amendments will require a majority vote rather than the two thirds vote previously required.

Reflecting ONS' continued growth in membership, the number of members who may request a special meeting of the membership was raised to 1,000 (approximately 10 percent of the membership).

ONS membership has reached more than 11,000, with members in every state, the District of Columbia and Puerto Rico, outgoing ONS President Judi Johnson said in her president's message to the members. Members represent 16 foreign countries.

ONS chartered 25 new chapters last year for a total of 103 local ONS chapters, surpassing Johnson's challenge last year for the society to reach 100 chapters. The District of Columbia and 42 states currently have ONS chapters, with an additional five states having ONS interest groups.

Currently there are only four states that have no ONS chapters or special interest group: Alaska, Hawaii, Idaho and North Dakota.

Congress members also approved four resolutions, including two emergency resolutions. One emergency resolution supports nursing research through cancer control activities.

The resolution states that ONS supports NCI's continuing activities in cancer control and resolves that "cancer control should continue to be an important aspect of cancer programs so that the nursing research basis of cancer nursing practice can be enhanced."

It acknowledges NCI's commitment, through cancer control, to demonstrating and disseminating new approaches to quality health care interventions.

It also recognizes that "nursing contributions through nursing research to the health care of persons with cancer is crucial to facilitating effective responses to treatment," and NCI's active involvement in encouraging oncology nursing research efforts through its cancer control activities.

An "AIDS 2" emergency resolution reaffirmed ONS' commitment to define nursing care and guidelines to care for individuals with AIDS. The resolution will also lead to the formulation of an ONS task force to develop a position paper on the care of individuals at risk of or with AIDS.

ONS members also approved a resolution to support legislation for Medicare coverage of wigs and hairpieces due to alopecia that results from treatment of malignant disease.

Another resolution recognizes oncology nursing as a specialty. It resolved that the public is "entitled to the highest level of care which can best be rendered by nurses with specialized oncology skills" and advocates that persons with cancer be cared for by nurses with specialized oncology skills.

NCI CONTRACT AWARDS

Title: Support services for epidemiologic studies to address emergent cancer issues
Contractors (master agreement holders): Survey Research Associates, Research Triangle Institute, Westat Inc., Abt Associates, Elrick and Lavidge Inc., La Jolla Management Corp., Univ. of Maryland, JWK International Corp., and E.A. Engineering, Science, Technology Inc.

Title: Preparation and supply of fresh and cultured mammalian cells
Contractor: Biotech Research Laboratories Inc., $730,659

CCOPs Payline In Low 220s For Now; 45 To Be Funded, With 4-5 Exceptions

The funding plan for the new Clinical Oncology Program awards to be presented to the National Cancer Advisory Board later this month by NCI staff calls for funding 45 CCOPs initially. Additional awards may be made later this year, if more money is made available either by Congress or through reprogramming.

The priority score payline will be drawn in the low 220s. Four applicants who scored under 230, among those previously reported as likely to be funded if NCI could stretch its dollars to reach that far, will not be funded the first time around.

Four or five awards will be funded as exceptions--those with scores beyond the payline which NCI feels should be supported either because they are important geographically or because they suffered due to inequities in the review. That latter category includes some which have been among the better performers and have been accruing patients at strong rates but were downrated in review because of a lapse in accrual due to the demise of their research bases.

NCI staff at one time in development of the funding plan discussed a two tier system in which the payline for existing CCOPs would be at a higher level (poorer scores), and that for new CCOPs would be lower. That plan was not given serious consideration.

Recommended budgets for both CCOPs and their research bases reportedly have been reduced in the funding plan. They could be restored if more money becomes available.

One CCOP inadvertently dropped from the list of those reported in the funding range is Tulsa. Its score places it well within the range.

RFAs Available

RFA 87-AI-15

Title: Centers for interdisciplinary research on immunologic diseases
Application receipt date: Oct. 15

The Clinical Immunology & Immunopathology Branch of the Immunology, allergic & Immunologic Diseases Program of the National Institute of Allergy & Infectious Diseases supports research on the cellular and molecular mechanisms of immunologic diseases and the application of this knowledge to clinical problems. For this purpose, six centers for interdisciplinary research on immunologic diseases are currently funded. This RFA is intended to encourage the development of new applications for collaborative basic science and clinical investigative groups and to coordinate the submission of new CIRID applications.

Since its inception in 1978, NIAID's fundamental

objective for the CIRID program remains unchanged: acceleration of the application of knowledge on the immune system emerging from relevant biomedical sciences to clinical investigations concerned with asthma, allergic diseases, and immunologically mediated disorders. The scope of these CIRIDs is intended to include studies of all aspects of immunologic responses aimed at defining etiological factors and pathogenetic mechanisms.

Research approaches in this area include basic and clinical immunology studies of acquired and inherited diseases associated wit dysfunctions of the immune system (AIDS and childhood immune deficiencies); immunopathology studies of the genetics, cytolog, biochemistry, physiology and pharmacology of the immune system and its disorders (autoimmune disorders; immune relationships in diabetes); acute and chronic iflammation (mediators, anti-inflammatory agents, chemistry and disorders of complement system, and mechanisms of phagocytosis); and investigations concerned with allergic and hypersensitivity mechanisms (asthma, allergic disorders and drug reactions).

In addition, a unique feature of the CIRID program is a requirement to implement educational or community activities. Within the research framework of the center, a variety of outreach and demonstration projects may be supported. Overall, each component project supported under the CIRID grant, whether for basic research, clinical research or outreach demonstration projects, is expected to contribute to, and be directly related to, the overall common goal. The projects should demonstrate an essential element of unity and interdependence.

CIRID grants are awarded to an institution on behalf of a program director for support of a broadly based, multidisciplinary, long term research program which may have a specific objective or basic theme, or may involve the integration of several themes. A CIRID generally involves the organized efforts of groups of investigators who conduct research projects related to the overall program and of certain core resources shared by individuals where the sharing facilitates the total research effort of the center.

NIAID plans to award at least two CORID grants during fiscal year 1988, depending on the availability of funds.

A complete copy of the RFA may be obtained from Robert Goldstein, PD, PhD, Chief, Clinical Immunology & Immunopathology Branch, NIAID, Westwood Bldg Rm 755, Bethesda, MD 20892, phone 301/496-7104.

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-87222-72

Title: DTP AIDS screening data base support
Deadline: Approximately July 6

NCI is interested in organizations capable of participating in a new anti-AIDS drug discovery and development program currently being undertaken by the Developmental Therapeutics Program of the Div. of Cancer Treatment. These organizations should have significant computer support capabilities.

Operationally, there is much parallel between an anti-AIDS drug program and NCI's existing antitumor drug program and it will be possible to draw extensively on work already completed in the computer area. It is expected, for example, that DTP's Drug Information System, with some modifications, will be generally useful as the framework of a computer system to support the anti-AIDS drug discovery effort. This promises to offer significant savings to DTP in both time and funds, and it is expected that a functioning computer system for the anti-AIDS effort could be put in place in less than one year.

This system will be able to support the acquisition and testing of 10,000 compounds per year and will provide full support for the selection, acquisition, storage, shipping and testing of compounds at this level. Access to an adequate computer system is to be provided by NCI. This contract will provide the systems support to maintain a computer data base system for the anti-AIDS drug discovery effort.

Contract Specialist: Jacqueline Ballard
RCB Blair Bldg Rm 224
301/427-8737

RFP NCI-CM-87212-72

Title: Maintenance of the NCI Drug Information System
Deadline: Approximately June 19

NCI is interested in organizations with the capabilities of maintaining the NCI Drug Information System.

Since 1955, NCI has examined the anticancer activity of more than 500,000 chemicals. The large volume of data, primarily chemical and biological, that has resulted from this effort is managed with the Drug Information System. The DIS was installed during 1984-85 and now serves a majority of the information management needs of the Developmental Therapeutics Program.

The design requirements of this system include the ability to search and display chemical structures and a generalized interactive searching capability for all of the data in the NCI screening data bases. These requirements have all been met in the current system and a basic part of the maintenance effort consists of day to day monitoring and support of the functional system. This will be a fundamental requirement of this contract.

Beyond such basic support, offerors shall be required to handle all data base updates on a systematic basis. Updates and trouble shooting shall be a routine part of this contract. Finally, numerous enhancements, both major and minor, are planned for DIS and offerors shall be required to develop and install these. To manage this project, an offeror should be able to provide a variety of computer systems and programming capabilities, ranging from senior programmer/analyst to junior programmer. A variety of computers and computer languages are involved and familiarity with these will be an advantage.

Contract Specialist: Jacqueline Ballard
RCB Blair Bldg Rm 224
301/427-8737

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