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It's Official: PRI Wins Massive FCRF Contract; DMS Keeps Library, Lands Computer Services

The operations and support contract for the Frederick Cancer Research Facility has been awarded as predicted (**The Cancer Letter**, July 10) to the incumbent, Program Resources

(Continued to page 2)

In Brief

Coalition Dinner Celebrates NCI's 50th Anniversary, Honors Lasker, Three Ex-Senators

NATIONAL COALITION for Cancer Research is sponsoring an awards dinner Sept. 29 in Washington DC to celebrate NCI's 50th anniversary. The dinner will honor the legendary health and cancer programs benefactor, Mary Lasker, and three former U.S. senators who, as members of the House of Representatives in 1937, cosponsored the bill that created NCI--Warren Magnuson, Claude Pepper and Jennings Randolph. All three were later elected to the Senate, and Pepper eventually returned to the House where he still serves. The dinner will be held at the Organization of American States Building. Reservations may be made by calling Terry Lierman or Pam Jackson at 202/544-1880. . . . **WILLIAM SHAPIRO**, head of the Laboratory of Neuro-Oncology at Memorial Sloan-Kettering Cancer Center, has been named chairman of neurology there. He succeeds Jerome Posner, who founded the department and has elected to return full time to his lab and patient care activities. Shapiro is chairman of the Brain Tumor Cooperative Group. . . . **KENNETH FOON**, director of clinical hematology at the Univ. of Michigan, has been appointed chief of the newly established Div. of Clinical Immunology at Roswell Park Memorial Institute. Foon was a member of the staff of NCI's Biological Response Modifiers Program from 1981-1985. . . . **AMERICAN HEALTH** Foundation President Ernst Wynder has announced the appointment of **Stephen Hecht** as director of research and **Gary Williams** as director of medical sciences. Hecht has been with AHF since 1973, Williams since 1975. . . . **ONCOLOGY NURSING** Foundation -Bristol-Myers Oncology Research Div. research grant applications are now available. RNs actively involved in cancer patient care, education or research are eligible. The awardee will receive $5,000 plus air fare to the ONS annual congress in Pittsburgh next May. Applications are available from ONF, 1016 Greentree Rd., Suite 200, Pittsburgh 15220, phone 412/921-7373. . . . **SENTATE APPROPRIATIONS** Subcommittee on HHS will mark up its FY 88 bill Sept. 18.

PRI Contract Could Total More Than $1 Billion; HSD Keeps Animal Contract

(Continued from page 1)

Inc. It is by far the largest contract ever awarded by an NIH agency--the total negotiated for the seven year period of the contract is $898,947,385. That probably will increase to more than $1 billion, if the growth of NCI and other NIH activities there continues. The amounts negotiated for previous operations and support contracts there have always been increased, as more labs and research activities are moved or started there.

The first year of the contract will cost $90.9 million. Raymond Gilden will continue as PRI's principal investigator for the contract.

Data Management Services Inc., which has had the scientific library services contract for the past five years, was successful in keeping that contract, also for seven years (all the contract awards in the recompetition are for seven years; the previous awards were for five years). DMS also won the contract for computer services away from the incumbent, Information Management Services Inc. Both were small business set asides.

Susan Wilson is the principal investigator for DMS on the library contract. Lawrence Callahan is DMS' PI for the computer services contract.

The library contract will total $6,141,052 over the seven years, with $741,633 the first year. The computer services contract will total $8,951,766, with $1,106,928 the first year.

Harlan Sprague Dawley Inc., present holder of the animal production services contract, succeeded in keeping that job. It will get a total of $22,240,647 during the seven years, $2,794,345 of that in the first year. Robert Russell is the PI.

Award of the fifth contract, for basic research, had not been announced by **The Cancer Letter** press time. It has been reported that the incumbent, Bionetics Research Inc., had no opposition in the recompetition.

PRI, headquartered in Annapolis, is owned by Richard White and William Donlon, with White as president and Donlan secretary. Thomas Compton is PRI's second in command under Gilden at FCRF and is director of contracts and operations.

PRI won out in spirited competition over a consortium formed by highly respected Battelle Memorial Institute and the giant Bechtel Corp., and the equally respected EGG, with its Mason Research Institute.

The extent of the increase in the operations and support contract may be seen by comparing it with the previous award. When that contract was negotiated in 1982, it called for an average of about $30 million a year. The new award will average more than $125 million a year. Most of the increase can be attributed to growth of the Biological Response Modifiers Program which is headquartered at Frederick; development of AIDS activities there; addition of the NIH supercomputer; relocation of NCI and some NIH labs from Bethesda to Frederick; and new directions in the Drug Development Program which involve more activities at FCRF.

The basic research contract will involve a fixed fee, as the contractor's profit. The others must earn their profits through the award fee system. A maximum amount will be established for the award fee under each contract, to be reviewed every six months. An NCI staff committee will determine how much of the maximum each contractor will receive based on its performance during that period.

During the first four and a half years of its contract, PRI earned $6,692,920 out of a total of $12,289,461. That represents about 55 percent of the amount available.

PRI's share of the available fee has fluctuated considerably. The company earned 53 percent of the fee during its first six months with the contract, and increased that to 73 percent during the six months that ended March 31, 1986. Overall performance during the first three and a half years earned 62 percent of available money.

The drop to 55 percent in four and a half years might be attributed to the turmoil which beset the company last year, as some of its FCRF managers considered striking out on their own. White and Donlon made a number of moves to overcome those problems, including offering 50 or so key staff members the chance to split up half of the award fee under the new contract. With the big increase in the total contract, the amount of award fee available should go up dramatically.

During the first 54 months of the present contracts, Harlan Sprague Dawley received $427,589 out of $586,464 available; Information Management Services $238,976 out of $322,428; and Data Management Services $159,944 out of $196,983.

Revised Concept For Cancer Prevention Research Units To Go to DCPC Board

A revised concept to establish multidisciplinary cancer prevention research units has been approved by the Div. of Cancer Prevention & Control Cancer Board of Scientific Counselors Cancer Control Science Committee.

The concept will be considered by the full DCPC Board at its next meeting Sept. 21-22.

The concept, originally presented to the DCPC Board in May, was one of three approved for referral to the full Board by the committee. The committee also approved concepts for a cancer prevention and control surveillance master agreement, and the production of monographs on smoking, tobacco and cancer programs.

Major changes in the CPRU concept will allow all aspects of cancer prevention related to the mission of DCPC to be investigated; allow flexibility for investigators in the choice of relevant research questions and program design; and allow all phases of cancer control research. The groups would be limited to only phase 4 or 5 studies in the areas of breast and cervical cancer screening and in smoking prevention and control.

A previous requirement for matching funds has been deleted. Developmental funds of 10 to 20 percent of direct costs would be allowed.

Two cancer control research units are already in place at Fred Hutchinson Cancer Center and Yale Univ. Those program projects are expected to submit renewal grants for continuation when necessary, using the name Cancer Prevention Research Unit.

The CPRUs would conduct primary and secondary prevention, health promotion and preventive services research aimed at developing new intervention approaches in all areas of cancer prevention, or aimed at applying proven or state of the science interventions in the smoking and screening areas identified in the cancer control objectives for the Year 2000.

The groups would be required to have one major specific research theme to focus the CPRU efforts, and at least three research projects within the theme area.

If approved by the DCPC board, NCI will release an RFA for the program projects in mid October, with applications due in mid March, and grants to be awarded next September.

NCI expects to make up to five five year awards for an estimated total cost of $4 million in FY88. The average NCI program project grant receives about $850,000 per year, Carlos Caban, acting chief of the Cancer Control Applications Branch, said.

He told the committee that about 20 institutions (12 with cancer centers) have contacted NCI about prevention and control research, and that these institutions could provide an important pool of applicants.

Committee member Kenneth Warner expressed concern about the relatively short deadline proposed for applications.

Chairperson Virginia Ernster echoed Warner's concerns about the timetable, noting that it would give the 20 institutions in touch with NCI an advantage over investigators who read about the RFA for the first time Oct. 15.

Committee member William Darity also expressed concern about the short timetable, and the advantage the 20 institutions would have over other applicants. "You know of 20 [groups interested in the program], but it could be 30, 40 or 50. I think that this sort of plays the old boys game, and it doesn't really give these new institutions an opportunity."

The committee approved a motion by Darity that the concept be approved with changes in the timetable that would provide applicants with more time, but keep the program within the '88 fiscal year.

An amendment offered by Ernster calling for "a very explicit wording...to clarify how this represents an expansion of what CCSP was about, but opening it to new people," was also approved.

The RFA should, she said, note the major differences such as the availability of developmental funds, the exclusion of rehabilitation funds, and the limitation of breast, cervical and smoking projects to phase 4 and 5 only.

DCPC's Centers & Community Oncology Program advisors also discussed the CPRU concept (See related story). Although the committee has no approval power over the concept, a number of members expressed concern about the amount of money proposed for the project.

Noting that "any smart program director will ask for $800,000" if aware that NCI will fund up to five awards at a total cost of $4 million, committee member John Ultmann suggested that the project begin slowly, then

allow for "orderly growth."

Ultmann suggested NCI keep the program small in the first year, then "allow for an increase in the second year after you test the waters." Ultmann's concerns about the large amount of money to be set aside for the program were echoed by committee Chairman Lloyd Everson and member James Holland.

Holland suggested the RFA be rewritten to invite participation by public health departments.

The Cancer Control Science Committee also approved a concept for a surveillance master agreement that would provide a rapid response survey capability for unusual cancer patterns, rapidly developing events, and community and regional cancer control.

DCPC has been using contractors from a master agreement run by the Div. of Cancer Etiology.

After initial five year master agreements are established with qualified contractors, subsequent task orders would be assigned. DCPC is requesting $600,000 in FY88 funds for the master agreements. The award ceiling for FY88 would be $1.15 million. That ceiling would include $200,000 in funds related to the Community Intervention Trial for Smoking Cessation that have already been approved. DCPC has proposed an additional $350,000 in such funds related to final approval of COMMIT.

A third concept approved by the subcommittee would support one five year contract with first year funds of $450,000 to produce monographs on smoking, tobacco and cancer programs.

The contract is intended to significantly shorten the time between the availability of information emanating from research projects and the publication of wide dissemination of such information. The quarterly monographs would include detailed analyses of smoking/tobacco trends; cancer morbidity and mortality; results from individual STCP projects along with pooled results and analyses; a review of relevant published literature; and identification of knowledge gaps in smoking control efforts and possible new research directions.

One of the most important parts of the effort would be specific public health action plans addressing the types of activities, individually and collectively, required by agencies, institutions and individuals to foster the application of the defined control strategies.

Treatment And Control Interventions Assessment Concept OK'd By Group

The Div. of Cancer Prevention & Control Board of Scientific Counselors'Centers & Community Oncology Committee endorsed a "preconcept" for assessment of treatment and cancer control intervention outcomes beyond incidence, response and mortality.

If approved by the full DCPC Board, the concept would result in an RFP for the first phase of the program, in which one award would be made. An RFA would be released for the second phase of the program to fund up to three awards.

Total costs for the first phase of the program, expected to last one year, would be $175,000. First year costs for the second phase of the program, expected to last three years, are estimated to be $525,000.

The first phase of the project would focus on analysis of current instruments for cancer control outcomes, including selection of instruments and critical analysis of common standards and criteria for evaluating each instrument.

The first phase would also be expected to develop recommendations about existing measures, identify future research needs and gaps, and formulate model procedures for designing instruments.

Grantees in the second phase of the project would be expected to design and validate instruments based on priority areas identified in phase 1 of the project. Phase two awardees would also be expected to provide operating procedures for administering and adapting research instruments.

The concept was approved by the committee, with two endorsements and one abstention from John Ultmann, who characterized the concept as "extremely soft," and cautioned that the outcome could show there are no instruments to assess such quality of life issues.

The committee also discussed a "preconcept" for improving the application of existing knowledge of cancer pain management by health care professionals.

The preconcept will be revised and brought back to the subcommittee at its winter meeting. It suggests funding of five three year cooperative agreements, at an estimated first year cost of $1 million.

The goals of the project are to implement community based interventions to increase the application of effective cancer pain management by health care professionals and to

assess the impact of the interventions in improving cancer care.

Investigators would be required to define the scope of their pain management problems based on resources available to them in their communities. Proposals should define gap areas in pain control, types of interventions needed for health care professionals, patients and family members and the pain management expertise available to community programs.

They must also show collaborative pain management expertise from researchers in the pain field, and demonstrate the capability to develop, implement, monitor and evaluate the proposed interventions.

While agreeing that the issue of pain management is a crucial one, Board members expressed concern about the need for transfer of existing pain management knowledge to the community. "I am worried that we will get modern, very large city hospitals who want to do more pain research," committee member Paul Engstrom said. "We need more translation to the community."

Holland suggested that the preconcept be rewritten so it would have an impact on local communities and CCOPs, and that it should refer to activities by the World Health Organization in pain management. He also advised that the project should include the training of nurses in pain management of cancer patients.

The committee also discussed preconcepts on prostate cancer detection, management and sequelae: implications for cancer control; and short term and long term functional effects of radiotherapy in head and neck cancer.

Zero Based Budgeting Advised For Centers

Committee members also recommended that the National Cancer Advisory Board's Committee on Cancer Centers consider removing current funding caps and floors on center core grants.

The replacement of the current 50 percent funding increase cap with zero based budgeting plus one and a half "would allow real competitiveness in centers," committee member James Holland advised.

Holland, who said he is about to submit an application for renewal of his center grant at Mt. Sinai, described the current funding system as "archaic" and "undesirable."

Stating that the current funding system places an artificial floor and ceiling on centers funding, he suggested that when centers are up for renewal, they should have to justify every position, and justify the proposed activities.

Such a change would emphasize quality within the centers and ensure that funding is appropriate for the size of each institution, he said.

Noting that centers funding has been the subject of a great deal of discussion among NCI staff and centers, Lucius Sinks, Cancer Centers Branch chief, said that while there was a lot of enthusiasm to get rid of the caps at a 1985 meeting with centers, the sentiment was strong enough to retain the current funding.

"I think it should be brought up again for discussion, hopefully to get rid of it."

The recommendation was approved with three endorsements and one abstention by Ultmann.

Presidential AIDS Commission Asks Public "To Give It A Chance"

The new Presidential AIDS Commission spent much of its first meeting trying to deflect criticisms of it membership and asking attendees and the American public "to give it a chance."

As protestors picketed outside the National Press Building in Washington and security officers stood by in case of any outbursts by protestors, HHS Secretary Otis Bowen and Commission Chairman Eugene Mayberry asked attendees to not prejudge the panel, but to give it a chance.

"I am extremely disturbed that this committee's commitment is being criticized by some self appointed critics," Bowen said, characterizing the criticism as "mean-spirited."

Describing criticisms that the panel lacks expertise as "a little unfair," Mayberry outlined activities by the individual panelists. Mayberry is chairman and CEO of the Mayo Clinic.

This week, after some panel members had complained about lack of leadership which they said had undermined the initial meeting, Mayberry fired Executive Director Linda Sheaffer. She will return to her job as acting director of the Office of Organ Transplantation.

Panel members said they were concerned that only half the 10 member staff had been hired and by Sheaffer's lack of expertise on AIDS.

At the meeting last week, Mayberry tried

to assure attendees that the panel will not be a "rubber stamp" for the Reagan Administration, and that, in spite of media reports about individual members stances on AIDS, the panel is open to new ideas.

Stating that he believed the President should take more of a leadership effort in the fight against AIDS, panel member John Creedon asked Mathilde Krim, founder of the American Foundation for AIDS Research, what she thought President Reagan could do that has not been already done.

"I would like for him to take the kind of interest in AIDS that he has in the Contras," she replied.

During a relatively brief public comment session, the panel heard statements from a variety of viewpoints. Many of the commentors criticized the slowness of the NIH grant process, as well as the functioning of NIAID's AIDS Treatment Evaluation Units, particularly the number of patients enrolled in clinical trials, and the number of compounds being tested by the units.

Reynolds Unveils New Cigarette; Cullen, Other Experts Skeptical

R.J. Reynolds Tobacco Co. announced this week that it has developed a new cigarette "that uses but does not burn tobacco" which the company said eliminates most of the compunds associated with "the health controversy" and produces almost no sidestream smoke or tobacco odor.

The new product does not burn down, produces no ash, and will not ignite most combustible materials. However, the company acknowledged that it does produce carbon monoxide and nicotine at the level of the fuller flavored, low tar brand cigarettes.

Representatives of various health agencies were skeptical about the new product, which Reynolds said could go on the market within a year.

Joseph Cullen, deputy director of NCI's Div. of Cancer Prevention & Control and coordinator of the Institute's Smoking, Tobacco & Health Program, said he saw nothing positive about the new cigarette at this time. The flavor additives and other elements it contains need to be tested, and the continued presence of nicotine and carbon monoxide still present obvious health threats, Cullen said. "The only safe cigarette is one that is never made."

Steven Stellman, assistant vice president for epidemiology of the American Cancer Society, suggested that the product is intended by Reynolds not to reduce risk of disease but "rather to allow present smokers to maintain their nicotine dependency in the growing number of areas where smoking is restricted or prohibited."

Ronald Davis, director of the federal Office of Smoking & Health, noted that Reynolds' "vague statement about (elimination of) a majority of the compounds" does not really address the issue of harmful tobacco smoke components since there are about 4,000 compuunds that have been identified.

First Of NCAB's "Road" Hearings Set For Sept. 22 In Los Angeles

The first of two, and possibly several more, hearings to be conducted by the National Cancer Advisory Board in cities around the country to obtain testimony on cancer prevention, screening and detection will be held Sept. 22 in Los Angeles.

The hearing is scheduled for 10 a.m.-3 p.m., at the Los Angeles County Medical Assn., 1925 Wilshire Blvd. It is open to the public.

NCAB member Helene Brown organized and will conduct the first hearing. Another is scheduled for Nov. 5 in Atlanta, with NCAB member Louis Sullivan in charge. The Board will decide at its meeting later in November whether to hold hearings at other locations.

Information generated by the hearings will be included in a special report to the President and Congress, to be submitted with the NCI annual report on progress being made toward the Year 2000 goals of the National Cancer Program.

The Los Angeles agenda will include presentations by, among others, Chairman Armand Hammer of the President's Cancer Panel; NCI Director Vincent DeVita; actor Larry Hagman, an antismoking activist; Los Angeles Mayor Thomas Bradley; Brian Henderson, director of the USC Cancer Center; Richard Steckel, UCLA Cancer Center director; Thomas Davis, director of the Northern California Cancer Program; Mark Green, director of the Univ. of California (San Diego) Cancer Center); Sydney Salmon, director of the Univ. Arizona Cancer Center; Steven Armentrout, director of the Univ. of California (Irvine) Cancer Center; Phyllis Mowry, Fresno CCOP PI; Lester Breslow, UCLA; and Alice Whittemore, Stanford.

RFAs Available

RFA 87-CA-24

Title: Cooperative agreements for National Cooperative Drug Discovery Groups for specific disease oriented anticancer treatment
Letter of intent receipt date: Oct. 16
Application receipt date: Dec. 10

NCI intends to fund National Cooperative Drug Discovery Groups (NCDDGs) which are focused on the discovery of new anticancer treatments based on the exploitation of characteristics of a specific cancer type. The cancer type to be addressed is at the discretion of the applicant. This program is designed to assist leading investigators in divrse scientific disciplines to interact as a unit, regardless of their o their individual institutional afficilations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to improved treatments. Each NCDDG is envisioned as being composed of a principal investigator and a number of proram leaders who will conduct interdependent and synergistic preclinical laboratory programs to conceptualize, create and evaluate new therapies in accordance with the applicant's scientific goals. An NCDDG may be made up of scientists in academic, nonprofit research, and commercial organizations. Scientific approaches to the development of new treatments are broad and limited only by the creativity and ability of the applying group.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new treatments. The role of NCI as a member of the group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The principal invedstigator's institution will be responsible for the group's application. Awards will be made to the applicant institution on behalf of the group as a whole and not to individual laboratory programs within the group. The PI's institution will provide a central operations office for the group and will be responsible for the performance of the entire group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2 million for the initial year's funding. Special programmatic consideration may be given to applications on lung and colon cancer. It should also be noted that this RFA serves as a companion to two complementary RFAs (following, below). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The concepts from which this and the following two RFAs were derived were approved by the Div. of Cancer Treatment Board of Scientific Counselors at its spring meeting and reported in the June 19 issue of The Cancer Letter.

For further information and a copy of this RFA, contact George Johnson, PhD, Developmental Therapeutics Program, DCT, NCI, Landow Bldg Rm 5C08, Bethesda, MD 20892, phone 301/496-8783.

RFA 87-CA-25

Title: Discovery groups for general mechanism of action based anticancer treatment
Letter of intent receipt date: Oct. 16
Application receipt date: Dec. 10

This RFA represents further expansion of the program to discover more effective drugs and treatment strategies by the exploitation of general mechanistic differences between normal and cancer cells without specifying a particular type of cancer.

The criteria for discovery groups described for the RFA above apply to this one. Multiple cooperative agreement awards will be made for project periods up to five years, and $2 million has been set aside for first year funding. George Johnson may be contacted for further information and copies of the complete RFA.

RFA 87-CA-26

Title: Cooperative agreements for National Cooperative Anticancer Model Development Groups
Letter of intent receipt date: Oct. 16
Application receipt date: Dec. 10

This RFA represents an extension of the program to stimulate the discovery of new models which will more accurately predict the clinical efficacy of new anticancer drugs and treatment strategies.

The criteria for discovery groups described for the first RFA above apply to this one. An NCAMDG may be composed of a single laboratory program. Alternatively and perhaps more desirably, an NCAMDG is envisioned as being composed of a PI and a number of program leaders who will conduct interdependent and synergistic preclinical laboratory programs to create new models. Areas of research will be broad and could include a variety of in vitro and in vivo models, such as biochemical, metastatic, immunological, radiomodulator, differentiation, gene transfer, oncogene probe, etc. An NCAMDG may be made up of scientists in academic, nonprofit research, and commerical organizations.

As with the previous RFAs, NCI has set aside $2 million for first year funding of multiple cooperative agreement awards, with project periods up to five years.

For further information and a copy of this RFA, contact Mary Wolpert, PhD, Developmental Therapeutics Program, DCT, NCI, Landow Bldg Rm 5C08, Bethesda, MD 20892, phone 301/496-8783.

RFA 87-CA-36

Title: Anatomic and functional diagnosis of neoplasm employing single or multimodality imaging and imaging related technology.
Application receipt date: Dec. 1

The Radiation Research Program of the Div. of Cancer Treatment announces the availability of an RFA with the focus or objective to relate functional information to specific anatomic sites by imaging and imaging related methods. This research will entertain various schemes of approach using a single modality or combinations to achieve this objective.

Recent advances in imaging and imaging related technology such as magnetic resonance imaging and spectroscopy, positron emission tomography, single photon emission computed tomography, and radiolabeled monoclonal antibodies have made possible not only more precise anatomic/pathologic diagnosis but are providing functional information as well. These advances potentially extend the capability of the

imaging method from its customary role of anatomic diagnosis with inferred function to the potential of directly observing physiologic and pathophysiologic phenomena. Magnetic resonance imaging, for example, can be used to define a region of interest, and the spectroscopic data of this same area can be determined and related to the anatomy by the use of spectroscopic localization techniques. Furthermore, information derived from the whole or specific parts of the tumor/lesion makes monitoring of response of the tumor to treatment possible. If the entire tumor can be evaluated accurately, in terms of response to treatment, it is clear that more precise treatment planning becomes possible.

It is anticipated that approximately eight or possibly 10 scientifically meritorious applications can be funded.

The concept from which this RFA was derived was approved by the DCT Board of Scientific Counselors at its winter meeting and reported in the March 6 issue of The Cancer Letter. The Board approved a total of $800,000 for first year funding.

Copies of the complete RFA may be obtained from Dr. Matti Al-Aish, Deputy Chief, Diagnostic Imaging Research Branch, Radiation Research Program DCT, NCI, Landow Bldg Rm 8C09, Bethesda, MD 20892, phone 301/496-9531.

RFA 87-CA-35

Title: Cancer nursing interventions to promote patient self care

Letter of intent: Oct. 1

Application receipt date: Dec. 10

NCI is seeking applications for research projects on cancer nursing interventions to promote patient self care. The institute plans to fund up to five awards under the RFA. Dependent upon the availability of funding, the awards would be funded for three years, with total first year costs totaling $600,000.

NCI is interested in projects that would assess the efficacy of cancer nursing interventions to promote patient self care activities associated with cancer chemotherapy or radiotherapy and to discover characteristics of patients who do and do not participate in self care activities.

Research would select nursing intervention approaches, such as structured patient teaching groups, and specific self care practices, such as oral care regimens. Researchers will assess the actual use of the selected self care practices and the associated outcomes, such as oral infection.

The focus of the initiative is patients who are receiving chemotherapy or radiation therapy and have a high likelihood of problems for which the self care content can be focused. Patients should share a common entry point, and patient groups should be selected because of commonalities in therapy and/or tumor type. NCI recommends that patient groups be as homogeneous as possible.

Evaluation will include the effectiveness of the nursing approach in achieving patient performance of the selected self care activities and an analysis of factors that influence patient participation. Special emphasis is placed on the outcomes of self care, especially the morbidity associated with treatment. This systematic research is needed to guide nursing practice in effective interventions to enhance patient self care. Synthesis of the results of investigations supported under the RFA will lead to cancer nursing care models that will promote optimum self care during and after cancer treatment.

For more information and a complete copy of the RFA, contact Anne Bavier, Rn, MN, Program Director, Nursing Research, Community Oncology & Rehabilitation Branch, DCPC, NCI, Blair Bldng, Room 7A-05, Bethesda, MD 20892, phone 301/427-8708.

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-CO-74116-40

Title: Support services for the office of the director of NCI

Deadline: Approximately Oct. 25

Services to be provided to the office of the director include preparation of written documents, handouts, slides and other graphics, as well as the management and planning of NCI conferences, meetings and workshops. The offeror must be able to prepare and deliver slides and other graphics to NCI in Bethesda within 24 hours after notification; and supply personnel at NCI to perform on site typing within 24 hours from the time of NCI's request.

This is a 100 percent small business set aside.

Contract Specialist: Teresa Baughman
RCB Blair Bldg Rm 314
301/427-8877

RFP NIEHS-87-17

Title: Toxicity and carcinogenicity studies in laboratory animals: master agreement announcement

Deadline: Approximately Nov. 1

The National Toxicology Program of the National Institute of Environmental Health Sciences is soliciting sources capable of performing toxicologic and carcinogenicity studies in rodents via (1) dosed feed, gavage, dermal and dosed water routes of administration, and/or (2) inhalation route of administration. Offerors must be capable inhouse or by subcontract of performing hematology, urinalysis, clinical chemistry and reproductive toxicology studies.

This is the master agreement announcement which seeks to enlarge the pool of current master agreement holders for this program. The initial award is nonmonetary and is eclusively for the purpose of establishing eligibility to compete for future specific chemical studies. Current master agreement holders may seek to become eligible for alternate routes of administration if not currently determined eligible for all routes. They may also submit proposals for eligibility of additional facilities.

Requests for copies of the RFP should be sent to Vicki Grigston, Contract Management Office. OAM, NIEHS, PO Box 12874, Research Triangle Park, NC 27709.

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

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