

THE

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Kennedy Bill Leaves National Cancer Act Intact, Creates NIH Construction Authority, Senior Service

Sen. Edward Kennedy (D.-MA) this week introduced his bill reauthorizing biomedical research, including renewal of the National Cancer Act. It leaves intact all the special authorities granted NCI and its director, and includes the most vital upgrades of those authorities, as sought by NCI, the National Cancer Advisory Board and the National

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In Brief

George Santos Wins Bristol-Meyers Award; SGO Elects William Creasman President; Levin To MDA

GEORGE SANTOS, professor of oncology and medicine at Johns Hopkins Univ. School of Medicine, is the 1988 winner of the annual Bristol-Meyers Award for Cancer Research. Santos will receive the \$50,000 prize for his work in development of bone marrow transplantation. "Dr. Santos was one of the first researchers to realize the importance of using immunosuppressive drugs in bone marrow transplants to avoid graft vs. host disease and marrow graft rejection," said Donnall Thomas, member of the committee that made the selection and himself a pioneer in bone marrow transplants in cancer therapy. . . . WILLIAM CREASMAN, chairman of obstetrics and gynecology at the Medical Univ. of South Carolina, was elected president of the Society of Gynecologic Oncologists at the organization's recent annual meeting. Francis Major, associate professor at the Univ. of Colorado and chief of the Gynecologic Tumor Service at Denver General Hospital, was named vice president. Newly elected members of SGO's Council are William Hoskins, Memorial Sloan-Kettering, and Peter Schwartz, Yale Univ. John van Nagell is secretary-treasurer. . . . VICTOR LEVIN, chief of the Neuro-oncology Service at the Univ. of California (San Francisco), has accepted the position of chairman of the Dept. of Neuro-oncology at M.D. Anderson Hospital & Tumor Institute. He will assume that position by July 1. . . . CHARLES LEMAISTRE, president of the Univ. of Texas System Cancer Center/M.D. Anderson Hospital, has received the first Gibson D. Lewis Award for Excellence in Cancer Control. LeMaistre was recognized by the Texas Cancer Council "for outstanding contributions in the fight against cancer in Texas". . . . JAMES FERMASCO, head of cell biology at Cold Spring Harbor Laboratory, has joined the Univ. of California (San Diego) Cancer Center.

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Kennedy Bill Includes Most NCAB, Coalition Requests, Except Money

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Coalition for Cancer Research. However, missing from the Kennedy bill (S-2222) were dollar authorization figures past the next (1989) fiscal year, and the amount listed for 1989 is far under the bypass budget figure requested by the Coalition and the NCAB.

On the positive side, the bill does include changes which would prevent at least one major problem from recurring and other potential problems from cropping up.

The bill authorizes \$1.587 billion for NCI in FY 1989, plus \$84 million in cancer control. The total of \$1.671 billion does not include NCI's AIDS money. The President's budget request was \$1.594 billion, including \$90 million for AIDS.

Adding the AIDS money to the S-2222 authorization brings the total to \$1.761 billion--high enough to cover the President's request, but a quarter of a billion dollars under the bypass budget of slightly more than \$2 billion. It does not even reach the \$1.8 billion in the Dept. of Health & Human Services request which was submitted to the White House.

In other years, an effort to increase the authorization level might have been productive. This year, considering that Congress and the White House previously had agreed on a two year, deficit reduction overall spending level, any push for a major increase in the appropriation probably would be fruitless. In any year, getting an increase of \$160 million over the President's request would be a major achievement. An authorization at the highest defensible level would help, but realistically, the Kennedy figure is the maximum the Cancer Program should expect this year.

The Coalition and the NCAB had recommended to Kennedy's Labor & Human Resources Committee (which has jurisdiction over most HHS legislation) and to Congressman Henry Waxman's House Health Subcommittee that the bypass budget forward estimates through 1993 be the authorized levels.

The Coalition also asked for a five year reauthorization of the National Cancer Act; the NCAB sought a seven year reauthorization. The Kennedy bill instead extends authorization for biomedical research programs, including the National Cancer Act, for the traditional three years. No dollar authoriza-

tions for the second and third of those years are listed; instead, the language says "such sums as may be necessary" may be appropriated.

The substitution of a single word in one of the provisions probably is the most important changes in the Kennedy bill. The section that currently reads, NCI "may receive from the President and the Office of Management & Budget directly all funds appropriated by Congress" now reads, NCI "shall receive" those funds directly from the President and Office of Management & Budget.

That's how the National Cancer Act read before the 1985 renewal. NCI and congressional staff members are mystified as to how "shall" became "may", but there is no mystery about the mischief it caused. OMB jumped on it and for the last three years has doled out NCI's money with restrictions that severely curtailed flexibility and reprogramming. OMB said it would drop that practice with the FY 1989 budget, but NCI executives want that guaranteed, which the Kennedy bill would do through the last year of this Administration and the first two years of the next.

Another change sought by NCI, and a cause taken up by the NCAB and the Coalition, is a provision giving NCI more flexibility in getting its publications in print. The Cancer Act grants NCI special authority to disseminate information, a task the Institute has performed magnificently, possibly better than any similar effort in the country's history. However, NCI and NIH are required to use the Government Printing Office as the agent for all commercial printing and typesetting.

The Kennedy bill includes new language which states that NCI "may publish or arrange for the publication of information regarding cancer research, prevention, biology and diagnosis, control, and treatment to cancer patients and their families, physicians, and other health professionals, oncologic investigators, and the general public without regard to the provision (in law requiring use of GPO).

Here's what the Coalition said in its justification for removing the GPO requirement: "The flexibility allowed by the new authority would alleviate the unforeseen and sometimes lengthy delays challenging NCI's ability to expedite the dissemination of vital information cancer. . . . The flexibility to publish through GPO or not will allow potential cost savings."

The original National Cancer Act provided a

stimulus to cancer centers by emphasizing their importance to cancer research and specifically authorizing support for them (centers previously were supported under general provisions of the Public Health Service Act). There was no mention of cancer control as a supportable activity of centers, and for some unknown reason, subsequent renewals of the Act ignored efforts by NCI and centers to add cancer control. The Kennedy bill now does so.

As requested by NCI, the Coalition and the NCAB, the Dept. of Energy will have an ex officio seat on the NCAB, if the Kennedy provision to that effect is retained in the final legislation. DOE is involved in cancer research, primarily through its physics oriented particle energy research. The department did not exist when the Cancer Act was passed in 1971, but has sent a representative to observe NCAB meetings.

The 1985 renewal seemed to give ex officio members of the NCAB voting privileges. That was not the intent of Congress, and in fact those members have not exercised that right to any great extent in the last three years. The Kennedy bill makes it clear they do not vote.

Finally, the Kennedy bill reestablishes the NCI director's authority to appoint members of NCI peer review groups and the boards of scientific counselors, without clearing them with NIH. That authority has been there since 1971, but it was fuzzed up a bit in the 1985 renewal.

Other special authorities that remain intact in the Kennedy bill include the bypass budget, the President's Cancer Panel, presidential appointment of the NCI director and NCAB members, training of clinicians and researchers, construction grants, and collaboration with foreign scientists.

NIH Director James Wyngaarden was true to his word that he would not oppose renewal of those authorities unless asked his opinion, although he does not like them. At a hearing on the bill this week, conducted by Sen. Barbara Mikulski (D.-MD), a member of the committee, Wyngaarden said that the Administration "is developing legislation related to NIH's expiring authorities." He did not mention his distaste for NCI's authorities (*The Cancer Letter*, March 18).

The Kennedy bill creates an NIH wide grant program to fund the construction and renovation of biomedical research and training facilities.

That provision authorizes \$150 million for the program for the first year, and "such sums as may be necessary" for future years. Wyngaarden noted that an ad hoc panel had studied the facilities issue and had developed recommendations (*The Cancer Letter*, March 4) which will be included in a report now being written.

The bill does not change NCI's special authority to fund construction and renovation, and neither would the ad hoc panel's recommendation.

Other provisions of the Kennedy bill would:

--Create centers for the study of biomedical ethics, an ethics advisory board and a study on fetal therapy.

--Create a service to allow greater compensation of NIH, FDA and Centers for Disease Control scientists.

--Create a National Center for Medical Rehabilitation Research.

--Create centers for research on deafness and other communication disorders.

--Create centers in geriatric research and training.

--Set the 1989 reauthorization level for training grants and fellowships at \$350 million.

--Authorize the National Center for Nursing Research to conduct demonstration projects aimed at improving the role of nurses.

Kennedy's construction/revitalization program would require matching funds by grantees, a requirement that NCI's grantees have not only not found onerous but have exceeded most of the time. The bill includes a provision encouraging those awards to "emerging centers of excellence, which may lag behind in their institutional development or which have faced significant barriers to their development," Kennedy said in a statement distributed at the hearing (which he did not attend).

Kennedy noted that NIH's "outstanding record of achievement has only been possible as a result of the federal government's willingness to share the cost of facility construction and maintenance at research institutions. This support was severely cut back after 1969, and financially constrained research institutions have been forced to defer needed construction and maintenance in order to keep up research productivity. The insidious nature of this situation has increasingly led research institutions to call on pork barrel politics for help, a process that addresses a critical need in a

haphazard and inefficient manner. NIH and the medical research community it supports should not be forced to enter its second century in the inadequate and rundown facilities of its first century."

Kennedy's statement included this comment:

"As one of the authors of the National Cancer Act of 1971, I am pleased to be able to say that the programs carried out by the National Cancer Institute since the adoption of that Act have shown outstanding results and provide great hope for the future."

Mikulski opened the hearing by noting that NIH "is the premier medical research institution in the world. For a senator from Maryland, NIH holds even more significance. With over 12,500 hard working staff members, it is the largest employer in Montgomery County. Not only that, but Johns Hopkins Univ. (in Baltimore), is one of the world's most preeminent research institutions and is the largest recipient of NIH grants."

The Coalition for Cancer Research has carried the ball for its member organizations in lobbying for renewal of the National Cancer Act.

Coalition Chairman John Ultmann, director of the Univ. of Chicago Cancer Research Center, presented the case for the renewal and improvements at this week's hearing.

"The National Cancer Act and its subsequent amendments are among the most imaginative and fruitful pieces of legislation ever envisioned by Congress," Ultmann said. "We in the cancer community appreciate the role Congress has played in developing the National Cancer Institute special authorities. There is absolutely no doubt in my mind that we would not have made the progress we made against cancer, if it were not for the special legislative authorities provided by Congress. The chairman of this committee (Kennedy) was a driving force behind making the National Cancer Act a reality."

After describing NCI's special authorities in the Cancer Act, Ultmann continued, "The Act was the result of a masterful compromise by which Congress and the Administration agreed to leave NCI within the NIH community, rather than create an independent cancer agency reporting directly to the President. However, given the nation's commitment to an expedited cancer program, these special authorities were created as a means of assuring an expeditious, innovative cancer program capable of moving quickly and flexibly.

"As you are aware, the Coalition has been urging Congress to expand the special authorities of the National Cancer Institute in the reauthorization of this legislation. May I take this opportunity to thank you and the other members of the committee for supporting our recommendations and including them in the committee's bill."

Ultmann reviewed progress in various areas, then turned to the facilities issue.

"The Coalition also agrees with NIH that there is a tremendous need to modernize our basic biomedical laboratory and clinical research facilities in order that we can continue to be in the forefront of international biomedical research. I can honestly tell you that even the most brilliant of scientists must work in state of the art facilities to make the maximum contribution to knowledge of which he or she is capable.

"As you know, Congress had the foresight to provide NCI with the authority to award construction grants in 1974 when the National Cancer Act was reauthorized. This program has been a life saver for the cancer and biomedical research community, although I must acknowledge that the resources available to this program have been less than adequate for the last several years. It is a severe problem that none were provided for FY 1988. The Coalition supports NCI's bypass budget request (\$25 million) for new resources to maximize our investment for construction and renovation projects. As you may know, this request was based on a study of facilities needs sponsored by Dr. Armand Hammer and the American Cancer Society. We need to:

--Build additional facilities having primary emphasis on cell surface and cell behavior studies, and on understanding metabolic pathways.

--Build new animal facilities for biohazard containment required for DNA studies with mammalian cells, and renovate existing facilities for research involving active antitumor agents and monoclonal antibodies.

--Renovate existing laboratory areas for biohazard containment studies involving potent chemical carcinogens.

--Upgrade many facilities across the country to meet NIH containment standards and HHS standards for animal care.

--At NCI, renovate existing clinical laboratory areas for cancer detection and diagnosis and upgrade laboratory areas for research on interleukins and lymphokines.

"Speaking on behalf of the Coalition, we applaud the Senate Labor & Human Resources Committee's interest in giving more construction authority to NIH; we do, however, believe that NCI's own construction authority with needed resources will continue to be essential to the cancer research community," Ultmann concluded.

Senior Biomedical Service Proposed To Increase Federal Scientists' Pay

The announced and impending departure of some of NCI's "superstars" has jolted Congress into action. The Kennedy bill reauthorizing biomedical research includes a provision to establish a Senior Biomedical Scientific Service for senior scientists at NIH, FDA and the Centers for Disease Control.

The bill provides for appointment to the service by the HHS secretary "based solely on that person's distinction and achievement in the fields of biomedical research or clinical research evaluation."

Compensation would be at 110 percent of level 1 of the federal executive salary schedule, which is \$99,500 annually. That is the most that anyone at NIH can get, including bonuses and special allowances. Few do.

Kennedy said that the proposal would result in "modest cost" to the government. He added that he planned to ask the Institute of Medicine to investigate the possibility of establishing a "National Institutes of Health Foundation that might be a source of additional funds to augment the NIH budget," presumably for additions to salaries.

Mikulski had another idea. She asked Steven Rosenberg, the only NCI staff member to testify at the hearing, if it would help retain those staff members with college age children if the government could work out some reciprocal arrangements with universities to help with tuition.

"You've hit on one key point," said Rosenberg, who had mentioned his own situation with three daughters, the oldest of which is 16. "That's a great idea, especially if you could put it into effect in the next 18 months."

Earlier that day, speaking at the Soviet-American cancer teleconference sponsored by Armand Hammer, Rosenberg said that his tumor infiltrating lymphocyte therapy had achieved "substantial tumor regression" in eight of nine patients with advanced malignant melanoma.

Kimes Heads NCI Organ Systems Committee; Changes Being Made

The process of reorganizing the Organ Systems Program, in which the Coordinating Center at Roswell Park Memorial Institute will be phased out and the grant portfolios administered by the Div. of Cancer Prevention & Control distributed to the appropriate program divisions, is being implemented by NCI.

Brian Kimes, director of the Extramural Research Program in the Div. of Cancer Biology & Diagnosis, is chairman of the NCI Organ Systems Coordinating Committee. Each division has appointed an Organ Systems Coordinator, who are members of the committee, along with others who will assist in overseeing the program.

Kimes is DCBD's coordinator. Others are Michael Friedman, Div. of Cancer Treatment; James Callahan, Div. of Cancer Prevention & Control; David Longfellow, Div. of Cancer Etiology; and Harry Canter, Div. of Extramural Activities.

Andrew Chiarodo, head of the Organ Systems Section in DCPC, is executive secretary of the Coordinating Committee. Elizabeth Anderson and William Straile, staff members of the Organ Systems Section, also serve on the committee.

Other committee members are Sheila Taube, DCBD; Roy Wu, DCT; Damian Crane, DCPC; and Judith Canter, office of the NCI director.

NCI also has started the process of converting the Organ Systems Working Groups to chartered committees.

Changes in the Organ Systems Program were approved in February by the National Cancer Advisory Board. They were recommended by the NCI Executive Committee and Director Vincent DeVita. Working group members, Coordinating Center Director James Karr, and investigators participating in the Organ Systems Program were almost unanimous in opposing the changes, but the NCAB voted overwhelmingly to adopt them.

DeVita recently sent the following letter to members of the working groups:

"NCI is reorganizing the Organ Systems Program by (1) moving the functions of the Organ Systems Coordinating Center into NCI, while maintaining the advisory role of the external working groups, and by (2) distributing the grant portfolios so that grants are managed in the appropriate scientific divisions.

"You should be assured, as the changes are made over the next year and a half, that we are committed to making the Organ Systems Program work. In fact, with the changes about to be made, we believe the program will be even more effective as a disease oriented, institute wide planning tool.

". . . The NCAB and NCI staff recognize the contributions of the working groups in helping the Institute identify research opportunities and establish research priorities. Presently, charters are being drafted to convert the working groups into chartered committees. The scope of the working groups will expand. In addition to being advised of OSP grants, they will be informed of the full spectrum of NCI activities related to organ systems. Also, the closer link with NCI, the Boards of Scientific Counselors, and the National Cancer Advisory Board, as well as the more official advisory position of the working groups will increase their visibility within the Institute and broaden their access to information.

"The current external coordinating center, at Roswell Park Memorial Institute, will be maintained through the life of its grant, which terminates July, 1989. There are currently no plans to have an external coordinating center after that time, although we will be evaluating the need for additional supportive services over the next year.

"Important New Dimension"

"The Organ Systems Program will retain its name and continue its function of identifying and stimulating research on improving techniques for detecting and diagnosing, treating and ultimately preventing or controlling cancer of the seven involved organ systems.

". . . A committee composed of the Organ Systems Coordinators and other NCI staff will also prepare an annual report on the status of research for each organ system and present this report, to each of the working groups. This will add a new and important dimension to the interaction between NCI staff, the NCAB, and the organ systems working groups by rearranging NCI programs and financial support into disease oriented components for review, discussion and planning by the working groups."

DeVita advised the working group members to call Kimes with their comments or questions regarding the program and changes being made. "You and your work are important to NCI," he wrote. "We hope you will help us make the program even stronger."

NIEHS Conference To Look At 21st Century Environmental Health Issues

The National Institute of Environmental Health Sciences will hold a conference on environmental health issues of the 21st century April 5-6 at NIEHS headquarters in Research Triangle Park, NC.

The conference will look at a variety of changes which may be expected to arise as a result of technological advances, demographic changes and new achievements going into the new century. Topics will include food, shelter, water and the new technologies and industries of the future.

David Rall, director of NIEHS and the National Toxicology Program, will introduce the conference. "We are living in an exciting time," Rall said. "The fast pace of technological progress these days, including for example superconductivity, has incredible implications for our energy supply, transportation and medical care. We should try to discern any harmful environmental effects of the advances ahead of time, however, so that we may maximize the benefits of technological progress while minimizing negative side effects."

The conference will address the health effects of changes in food production, food habits and the development of synthetic foods; changes in building styles and materials and the quality of indoor air; changes in freshwater and the oceans; and changes in workplace environment.

Registration for the conference is limited by space only. There is no registration fee. Contact Janet Riley, 919/541-7621.

NCAB Regional Hearing Scheduled April 7 In Dallas; Perot To Speak

Next on the National Cancer Advisory Board's regional hearings is one in Dallas April 7, the home of Nancy Brinker, the NCAB member who was instrumental in getting the program started.

Ross Perot, founder of a computer services company which made him a billionaire; former Presidential press secretary Liz Carpenter; Dallas Mayor Annette Strauss; and corporate executive Norman Brinker will testify at the hearing designed to elicit the public's response to cancer prevention, screening and early detection programs in the Southwest. The hearing will be at the Univ. of Texas Southwestern Medical Center.

Previous NCAB hearings have been held in Los Angeles, Atlanta and Miami, with another scheduled for April 19 in Philadelphia.

"Texas had more than 25,000 deaths in 1987 attributable to cancer," said Brinker, who is founder and chairman of the Susan G. Komen Foundation. "It is our view that by taking advantage of existing prevention, detection and screening techniques, we can achieve the goal set by NCI--cutting cancer deaths in half by the year 2000--without any new research breakthroughs." She noted that had America reduced by one half all 1987 deaths attributable to cancer, about 250,000 lives would have been spared.

New Publications

"Cancer Awareness Risk Education Service," a computer program developed by the H. Lee Moffitt Cancer Center & Research Institute. Objectives are to identify the user's potential risk for developing a variety of cancers, based on answers to questions about personal and family history and lifestyles, and to educate the user on ways to reduce personal risk. Designed to be used on a Compaq 386 computer. The program is offered at no charge; a videotape previewing the program is available for \$15. Contact Cancer Answers, 800/826-0808 Florida only; 800/654-0909 outside Florida; or Education Dept., Moffitt, 813/972-4673 ext. 2689.

"Interaction of Radiation Therapy and Chemotherapy," NCI Monograph (No. 6, 1988). Proceedings of a conference held in 1986. U.S. Government Printing Office, Supt. of Documents, Washington, DC 20402, \$19 U.S., \$23.79 foreign.

"Current Advances in Cancer Research," edited by Harry Smith. Monthly, from Pergamon Press, Fairview Park, Elmsford, NY 10523, and other offices around the world. \$365 per year.

"Atlas of U.S. Cancer Mortality Among Whites, 1950-1980," now available on four computer diskettes. National Technical Information Service, Springfield, VA 22161, phone 703/487-4650. \$125, plus \$3 handling.

"Confronting Cancer Through Art," 64 page full color catalog. Devra Breslow, Director, Art That Heals, Jonsson Cancer Center/UCLA, 1100 Glendon Ave., Suite 711, Los Angeles 90024, phone 213/825-4066. \$11 each for catalog, \$22 for poster. Bulk rates available.

"Nicotine Replacement: A Critical Evaluation," edited by Ovide Pomerleau and

Cynthia Pomerleau. Alan R. Liss, 41 E. 11th St., New York 10003. \$58.

From Raven Press, 1185 Avenue of the Americas, New York 10036, phone 212/930-9500: "Hodgkin's Disease and Non-Hodgkin's Lymphomas in Adults and Children," edited by Lillian Fuller, Frederick Hagemester, Margaret Sullivan, and William Velasquez, \$93.50.

"Diagnosis and Management of Metastatic Bone Disease: A Multidisciplinary Approach," edited by Franklin Sim, \$85.

"Research Methods in Clinical Oncology," edited by Brigid Leventhal and Robert Wittes, \$60.

RFAs Available

RFA 88-CA-04

Title: Pharmacokinetics of agents for bladder cancer intravesical therapy

Application receipt date: July 11

The Organ Systems Program of NCI invites grant applications from organizations which are capable of participating in a network of research laboratories charged with carrying out studies on the pharmacokinetics and pharmacodynamics of drugs used in the intravesical treatment of urinary bladder cancer. This request for applications will be used to initiate interorganizational studies of the actions of intravesical drugs in clinically derived bladder cancer cell specimens; identify and carry out laboratory based studies of the actions of these drugs in bladder cancer cells in animals or in tissue culture; and coordinate resources among the successful applicant organizations for the collection and use of exfoliated bladder cancer cells and of surgical specimens from patients.

NCI proposes to encourage the development of a network of laboratories for carrying out pharmacokinetic studies of drugs used in intravesical bladder cancer therapy. Organizations which qualify would have the expertise and facilities to conduct studies of exfoliated cells and tissue specimens from patients, and studies involving animal or in vitro model systems. The network would have responsibility for planning studies which would make use of collective patient resources, and would have advisory responsibility for pilot or lead in research carried out in the laboratories of individual members of the network. NCI assistance in organizing a pharmacokinetic network is aimed at encouraging scientists in research laboratories and cancer clinics to collaborate and to address the needs of this rapidly advancing field of intravesical drug therapy. The major goal for this network would be to determine the optimum use of intravesical drug therapy to increase survival, maintain a functioning bladder, and prevent the need for recurrent cystoscopy.

Contingent upon the continued availability of funds and dependent upon the receipt of a sufficient number of applications of high scientific merit, it is anticipated that five RO1 awards will be made at an annual overall total cost of approximately \$600,000. Before the end of the three year period of funding, the Pharmacokinetics Network for Bladder Cancer will be evaluated by NCI and a means for possible continued or expanded support determined.

For copies of the complete RFA and further

information, contact William Straile, PhD, Cancer Centers Branch, Div. of Cancer Prevention & Control, NCI, Blair Bldg Rm 727, Bethesda, MD 20892, phone 301/427-8818.

RFA 88-CA-03

Title: Prospective randomized studies correlating current treatment procedures with pain reduction in pancreatic cancer patients

Application receipt date: July 11

The Organ Systems Program of NCI invites research grant applications for participation in a network of groups to carry out studies on the reduction of pain in pancreatic cancer patients. NCI is encouraging up to five existing pain research groups to assemble the expertise and patients to evaluate pancreatic pain.

The main goal is to determine which of the currently used, single or combined procedures for treating pancreatic cancer patients are correlated with measurable and significant pain relief. Pain and weight loss are common symptoms associated with pancreatic cancer. Pain is a considerable problem in 90 to 100 percent of patients with this disease and is often continuous and severe.

For scientific merit review, each applicant will be required to propose one research project for network study, and this should involve describing how the research might be adapted to the collaborative research mode and to the use of combined patient populations. Also, each applicant will be responsible for elaborating a second study, either in the same area of pain research or in a dissimilar area, to be carried out totally within the applicant organization. The latter study should be designed with the aim of advancing an aspect of pain research which subsequently might be addressed collaboratively by the network.

Applicants are encouraged but not required to submit letters of intent and to consult with NCI staff before submitting. Letters of intent are requested by May 6. Letters of intent will not enter into the review of an application in response to this RFA.

Contingent upon the availability of funds and dependent upon receipt of a sufficient number of applications of high scientific merit, it is anticipated that five RO1 awards will be made at an annual overall total cost of approximately \$400,000.

Copies of the complete RFA and further information may be obtained from William Straile, PhD, Cancer Centers Branch, DCPC, NCI, Blair Bldg Rm 727, Bethesda, MD 20892, phone 301/427-8818.

RFPs Available

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

RFP NCI-CP-85618-21

Title: Support services for occupational studies
Deadline: Approximately May 8

The Occupational Studies Section of the Environmental Epidemiology Branch of NCI's Div. of Cancer Etiology is recompeting the contract to support data collection activities for 20-25 projects. The contract is currently being performed by Westat Inc.

The studies supported by this project are designed by NCI investigators who also analyze and interpret study results. Under this proposed acquisition an offeror must be capable of providing support for a number of studies conducted simultaneously in widespread geographic regions of the United States and other countries.

A critical capability is the ability to respond quickly to changes in priority and to supply support to urgent new efforts. Types of support needed in the conduct of studies will vary but may include (1) study initiation and liaison; (2) preparation of study materials and procedures; (3) data collection; (4) data preparation; (5) computer programming and data processing; (6) study monitoring, quality control and reporting; and (7) exposure monitoring and evaluation.

The contractor will be expected to use the NIH/DCRT computer facility (which has IBM computers) to be accessed by remote terminals to be provided by the contractor on its own premises. The contractor must demonstrate the capability to monitor exposures in the workplace, requiring an ABH certified industrial hygienist and access to equipment and a laboratory certified by the American Industrial Hygiene Assn. Frequent face to face meetings between NCI project and coproject officers and key contractor personnel are crucial. This factor will be a mandatory qualification criteria for review of proposals to determine acceptability. Failure to demonstrate this capability will result in elimination from further consideration.

The estimated level of effort will be a total of 95 staff years over a four year period.

Contracting Officer: Barbara Shadrick
RCB Blair Bldg Rm 114
301/427-8888

NCI CONTRACT AWARDS

Title: Technical writing, publications distribution and telephone answering services in response to cancer related inquiries

Contractor: Biospherics Inc., \$12,539,058

Title: Biochemical Genetic monitoring of rodents

Contractor: Texas A&M Univ., \$351,050

Title: Large scale isolation of antitumor agents from natural sources

Contractor: Hauser Chemical Research Inc., master agreement award

Title: Provision of animal facilities and performance of routine experiments and tests

Contractor: Bionetics Research Inc., \$1,488,195

Title: Provision of purified AIDS virus proteins and nonhuman primate facilities to test immune response of the viral antigens

Contractor: Bionetics Research Inc., \$3,041,998

Title: Support services for the Office of the Director of NCI

Contractor: Prospect Associates, \$580,918

The Cancer Letter

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