LETTER

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Reauthorization Bill Ready For Senate Floor; Report To Panel Makes Clear Why Renewal Needed

The Senate Labor & Human Resources Committee completed its work on the bill (S.2222) reauthorizing biomedical research, including renewal of the National Cancer Act. The

(Continued to page 2)

In Brief

FDA Stops Imports Of Counterfeit Adriamycin; Rosenberg: NIH Pay 25-33% That Of Academia

COUNTERFEIT doxorubicin hydrochloride, better known by its trade name, adriamycin, turned up last year in lots imported by Baxter Healthcare Corp. Adria Laboratories, subsidiary of Erbamont, obtained some of the European product after Baxter stopped importing it. Adria was able to determine that it had not been produced in the FDA approved facilities of Farmitalia Carlo Erba, Adria's sister company and supplier of adriamycin. FDA has issued an import bulletin to the U.S. Customs Service to ensure that only the legitimate product will enter the U.S. . . . **ANNETTE O'CONNOR**, RN-PhD at the Univ. of Ottawa, is the winner of this year's Oncology Nursing Foundation/Bristol-Myers Oncology Div. Research Grant. She will receive the $5,000 award May 9 at the Oncology Nursing Society Congress in Pittsburgh. . . . **MAIRE HAKALA**, pioneer in the development of the combination of 5-FU and citrovorum factor concept in the laboratory, will be honored at an international symposium on "The Expanding Role of Folates and Fluoropyrimidines in Cancer Chemotherapy" April 28-29 at Roswell Park Memorial Institute. Hakala's career at RPMI has spanned 30 years. . . . **STEVEN ROSENBERG**, telling the Senate Labor & Human Resources Committee why scientists like to work at NIH: "NIH is truly a remarkable institution. There is no other with the mandate, the total mission, to make progress against disease. Physicians go there because they're dedicated to making progress. That's why I'm there, and why people stay although they are making one third to one fourth of the salaries they could elsewhere. The median salary of chairmen of surgery in medical schools is $214,000, and the median for full professors is $174,000. The maximum I can offer a surgeon to start is $56,000, and the maximum any surgeon receives is $80,000." Rosenberg is chief of surgery at NCI. NIH Director James Wyngaarden said, "One of the functions of NIH is to train people to go into industry and academia. It will be difficult to keep a superstar like Steve Rosenberg."

Candid Report To Panel Makes Strong Case For National Cancer Act Renewal

(Continued from page 1)
committee accepted the bill as introduced by Committee Chairman, Edward Kennedy (**The Cancer Letter**, April 1), making no significant changes at the markup session.

A companion bill has not yet been introduced in the House, although Congressman Henry Waxman, chairman of the House Health Subcommittee, reportedly is in the process of drafting one. Neither has the Administration yet submitted its bill, assuming it will have one. Obviously, Kennedy does not intend to wait for it.

Meanwhile, a report to the President's Cancer Panel, requested by Chairman Armand Hammer, makes the strongest, clearest case yet for renewal of the National Cancer Act. The report will be presented to the Panel next month at its meeting in Madison, WI.

The fact that one element of the Administration--NCI--could prepare a document which overwhelmingly supports a position that the White House has some reservations about, and goes public with it, is made possible by the National Cancer Act itself. The Act established the Panel specifically as a conduit to the President, through which the NCI director could bypass the bureaucracy and take his problems directly to the top. Moreover, those problems could be discussed at public meetings of the Panel, which as is noted in the report, has encouraged their solution before things reached that stage.

That is exactly why NIH Director James Wyngaarden has said that if Congress won't remove NCI's special authorities, he would prefer to see the Cancer Institute removed completely from NIH.

Hammer asked for a report on the special authorities and responsibilities provided to the NCI director. What he got was a document unique in the candid presentation of how a federal scientific agency can handle the bureaucracy if it has a few special powers.

The report also includes an overview of NCI and its various programs, a history of NCI, history leading to development of the National Cancer Act, a copy of the Act and the amendments enacted in 1985, and the complete 1970 report of the Yarborough Panel of Consultants which formed the basis for the Act.

The executive summary of the report follows (with some editorial notations):

The National Cancer Act of 1971 was designed to provide the NCI director with certain unique authorities to remove traditional administrative impediments in an effort to accelerate cancer research and the application of research results in cancer treatment and prevention. It recognized the need to couple authority with responsibility in programs with special priorities. Because some of these authorities have now been extended to the director of NIH and to other NIH institute directors, discussions have ensued concerning the need for NCI to retain, in law, its special authorities.

Cancer has been the number one concern of the American people for over 50 years. It is now the number two killer and even with a marked reduction in mortality, cancer will become the number one killer due to the declining mortality from heart disease of the aging population. Basic research findings paid for by NCI's investment in basic research are now voluminous and more than ever require the flexibility to transfer new technology to the public. Therefore, the National Cancer Institute firmly believes that it is critical to retain its special authorities to assure the maintenance and momentum of a coordinated, congressionally mandated National Cancer Program in an effort to reach its Year 2000 goal of reducing cancer mortality by 50 percent. While some NCI authorities have been extended by legislation to all NIH institutes through the secretary of the Dept. of Health & Human Services, NCI still has unique authorities and responsibilities that are vital to the National Cancer Program. Furthermore, NCI feels that ALL of its authorities should be retained as the need to avoid as many administrative impediments as possible still exists.

Special Authorities of the National Cancer Institute

1. President's Cancer Panel

A three member, presidentially appointed panel oversees the National Cancer Program and brings to the attention of the President any obstacles adversely affecting the operations of the Institute. The law mandates that impediments to the National Cancer Program be debated in public and addressed at the highest level of government.

Major accomplishments of the Panel include:

--Has assured by its very existence open dialogue, in public if necessary, of problems affecting the progress of the National Cancer

Program. Since concerns of NCI are, at times, also the concerns of the entire NIH, other NIH institutes also have benefitted from the Panel's access to the President and the ability to raise issues in a public forum. **As a result, many issues are resolved without need of a full, public Panel discussion.**

[Ed. note: That is a revealing statement.]

--Intervened on behalf of the entire NIH to assure that training authority was reestablished in the 1974 authorization legislation.

--Brought NIH single apportionment issue to the attention of the Office of Management & Budget, the scientific community, and the President and was instrumental in separating congressional concern over numbers of competing grants and OMB use of the apportionment process to meet congressional grant targets. Clarification of this issue benefitted the entire NIH.

--Has been the primary recommending body to the President for nominees to the national Cancer Advisory Board to assue Board membership without regard to political affiliation and based only on scientific/personal credentials.

[But only after the 1982 round of appointments, some of which were entirely political.]

--In 1975, brought to the attention of the President the need to increase the personnel ceiling for the Institute commensurate with the large budget increases received since passage of the National Cancer Act in 1971.

--Performed management oversight of the 1972 conversion of the Fort Detrick buildings in Frederick, MD, from a facility dedicated to biological warfare to a world class cancer research facility.

--In 1978 led NCI to separate the peer review process of grnts from the program management of grants by consolidating the peer review system in one division and assigning the scientific management of the grant portfolios to the research divisions.

--In 1979, led NCI to further separate program and review functions by recommending that the contract review function be separated from the contract management/scientific oversight function. Thus, all review activities were merged into a new Div. of Extramural Activities thereby assuring unbiased conduct of the peer review system.

--During the period 1975-77, the Panel recognized the need to merge the treatment activities of the Institute into one division, the Div. of Cancer Treatment. For the first time, all treatment activities of NCI could be coordinated under the direction of one division.

--In 1983, established Outstanding Investigator Grants which are awarded based on an investigator's proven career track record and not on the merits of any one specific project.

2. National Cancer Advisory Board

The NCAB consists of 18 presidentially appointed members from the scientific and lay communities. Because the chairman is appointed by the President, the Board is able to set its own agenda and provide independent and objective advice regarding all aspects of the National Cancer Program. All other NIH research boards/councils are chaired by their institute directors.

Major accomplishments/characteristics of the Board are:

--Established in 1972 an extramurally managed Organ Systems Program to accelerate and target research on common tumors of major organs. The establishment of this program required the special authorities of the National Cancer Act.

[At this point, the executive summary in the copy of the report obtained by **The Cancer Letter** stated that the Board voted in 1981 to internalize the Organ Systems Program. That is incorrect, and the summary is being changed to reflect the real history as related in the detailed appendices which accompanies the report.]

A unique mechanism, (the Organ Systems Program) included an outside headquarters and working cadres with their own budgets, empowered to review applications. In 1974, the Board assumed review of the OSP annual budget, followed by review of OSP contract awards and grant funding cutoff scores in 1976. In 1981, the Board internalized the review and award functions, and in 1988 voted to internalize the headquarters role, integrate the scientific management of the grants in the divisions, and tie the working groups directly to NCI.

--Created what is now termed the RFA mechanism at the NIH. In 1975, the Board formulated the concept of NCI soliciting grants to cover areas of research which were perceived to be inadequately addressed. After establishing a reserve of grant funds and identifying specific areas of science, NCI published announcements for Cancer Research Emphasis Grants. This mechanism was the forerunner of the request for grant applications (RFAs) which is now a commonly used

method of stimulating science via the grant mechanism by the entire NIH.

--The Board is able to take action on its own initiative, such as:

a. Sponsored public participation hearings targeted toward involving the public in prevention and early detection activities.

b. Sponsored the Black Leadership Initiative to involve black business leaders in educating black populations concerning cancer prevention and control.

c. Brought to the attention of the NIH director the serious shortage of nursing staff in the Clinical Center and the adverse impact on the operations of the intramural NCI program.

[Ed. note: You can be sure that that problem had been brought to the attention of the NIH director previously by NCI staff. What the Board did was to bring to his attention that the Board was concerned and planned to express that concern to Congress and the President.]

--Shortly after passage of the National Cancer Act of 1971, the Board defined the term "center" and the term "comprehensive" through establishing criteria to be used in evaluating and granting the titles as "cancer center" and "comprehensive cancer research center."

--Participated in major reorganizations of NCI including:

a. The 1980 transition of the Baltimore Cancer Research Program from an intramural research program to an independent, grant supported, university cancer center.

b. The 1983 transfer of applied prevention activities from the Div. of Cancer Cause & Prevention to a newly created Div. of Cancer Prevention & Control and the assignment of basic science prevention research to the Div. of Cancer Etiology.

c. The 1982 transfer of the bioassay component from NCI to the National Institute of Environmental Health Sciences. This transfer involved approximately $48 million and 95 positions and moved responsibility for the testing of chemicals in experimental animals for potential carcinogenic and toxicologic effects from NCI to NIEHS.

3. Presidential appointment of the director of NCI.

The NCI director is the only presidentially appointed NIH institute director. This fact, coupled with the President's Cancer Panel, gives the NCI director the independent ability to vigorously pursue solutions to administrative obstacles which inhibit the scientific progress and the translation of that progress to the practice of the treatment of cancer.

4. Professional judgment budget (bypass budget).

By law, the NCI director submits directly to the President (actually, OMB) a budget for the following fiscal year that will enable the Institute to pursue all scientific opportunities. This budget bypasses all internal administrative offices and informs the President directly as to the needs of the National Cancer Program. The professional judgment budget serves as the end product of an Institute wide planning process involving NCI staff, the NCAB, the President's Cancer Panel, and other expert advisors who are closest to the science and able to project the needs for an effective cancer program. The legislative provision for the bypass budget was created in recognition that cancer has been the number one health concern of the American public for the past 50 years and **that sufficient resources for cancer research was a public mandate**. No other NIH institute has this authority.

5. Authority to appoint advisory committees.

In consultation with the NCAB, the NCI director may appoint advisory committees necessary to conduct the business of the Institute. Using this authority and in recognition that management of a program as large and complex as NCI required a unique management structure, the director has appointed and established a board of scientific counselors for each research division of the Institute as well as for the Frederick Cancer Research Facility. Each of these boards has been vested with special authorities and responsibilities unique at NIH. By his authority under the National Cancer Act, the NCI director has delegated to each board of scientific counselors the authority to:

--Review and approve concepts for grant or contract supported activities before issuance of an RFA for grants or an RFP for new or recompeting contracts is allowed.

--Perform peer review of the intramural research program.

--Review, comment and advise on all aspects of both the intramural and extramural programs including financial resources.

These boards are comprised of nonfederal advisors to advise and monitor the scientific programs of the divisions and FCRF. Through

the NCI director's authority to appoint, the membership of these boards represents a cross section of scientific disciplines with independence of expression encouraged through the appointment of one of its members to serve as chairman.

Majaor accomplishments/characteristics of the boards of scientific counselors are:

a. In 1976 recognized the need to provide an organized process of peer review of intramural research comparable to grant peer review for program projects (including review of laboratory/branch budgets). This highly successful process has since been required by the Health Research Extension Act of 1985 to apply to all NIH intramural programs.

b. The boards of scientific counselors review both the intramural and extramural activities of NCI's divisions and therefore can judge and advise on the balance of resources between intramural and extramural programs--advice not only useful to the divisions, but also to the NCAB and the Institute as a whole. This oversight of the total scientific content of both intramural and extramural research is unique to NCI and is possible only because of NCI's authority to establish and appoint appropriate members to such committees. Furthermore, it assures that the extramural and intramural programs are complementary and that the resources available to the Institute are utilized in the most effective manner possible.

c. The boards of scientific counselors, in conjunction with the NCAB and the President's Cancer Panel, form a network of advisory committees to the Institute that comprise an infrastructure making possible the governance of science. Through the close relationship between the President's Cancer Panel, the NCAB, and the divisional boards of scientific counselors, the overall direction, goals, and priorities of the National Cancer Program and NCI become matters of public debate and discussion.

For example, in 1985 the Div. of Cancer Treatment recommended that the NCI Drug Development Program be restructured from a system using live animals as an initial screen for lpotentially active compounds, to a system based on human tumor cell lines. This represented a major scientific change. Intensive discussion and debate took place both at the DCT Board of Scientific Counselors as well as at the NCAB and was reported to the President's Cancer Panel. Through these discussions, changes in staff proposals were adopted with the general recognition that the change would have far reaching ramifications on the development of cancer chemotherapy for decades.

NCI is convinced that its authority to establish and appoint advisory committees to work in harmony with the Panel and NCAB is the heart of its ability to conduct business in an open, constructive environment and represents the foundation for free scientific debate and discussion concerning the allocation of scarce resources.

The National Cancer Act, as incorporated in the Health Research Extension Act of 1985, contains many other important special authorities for NCI. This summary has highlighted only the most significant and visible of these authorites, and the omission should not be interpreted as insignificance. The full report describes the above authorities in more detail as well as numerous others which have served NCI and the American public well in the goal toward the conquest of cancer.

The more detailed report expanded on some of the points made in the summary. Among the more interesting:

*"The statutory requirement that the Panel immediately report to the President delays or blockages in the rapid execution of the National Cancer Program also makes it incumbent upon the NCI director to report such problems to the Panel [Wyngaarden disagrees on that point and contends that that is only DeVita's interpretation of the law]. An important consequence of the existence of the Panel and the requirement of the Federal Advisory Committee Act that it hold its meetings in public to discuss impediments, solve problems and review priorities, is that dialogue is often stimulated at all levels of government and in the private sector. This promotes early resolution of problems that might otherwise have required actual Panel discussion."

*"The bypass budget is a clear statement not only of the level of funding which could be productively utilized, but of priorities. In recent years, the NCAB has directed that the need for support for construction and renovation of biomedical research be clearly articulated in the bypass budget."

*"The National Cancer Act gave the NCI director authority to enter into contracts for research. The need for this authority was documented in a 1970 GAO report that found delays due to duplicate reviews by NIH. The

new authority made it possible to award contracts more rapidly. . . An NCI sponsored study to evaluate the mechanisms that supported major research advances showed that contracts have played a significant role in some phase of almost all of the major basic and clinical advances, as identified by an expert advisory panel. Contracts also have proven useful in stimulating research effort in a particular field to a level sufficient to generate support through investigator initiated grants."

*"The legal requirement that all printing be contracted through the Government Printing Office has resulted in delays in printing educational materials. Actual costs are sometimes far in excess of estimates, making it difficult to manage the printing budget." The remedy asked: Remove the GPO requirement, which is in the Kennedy bill.

ONS Accredited As Approver, Provider Of Continuing Education In Nursing

The Oncology Nursing Society has received accreditation from the American Nurses Assn. as an approver and provider of continuing education in nursing.

As an approver of continuing education, ONS will review applications for educational programs, offerings and independent studies. As an accredited provider, ONS is committed to planning and implementing continuing education according to the standards established by ANA.

"ONS sought ANA accreditation because of our deep commitment to quality continuing education in nursing," ONS President Deborah Mayer said. "Through our review system, which follows ANA established criteria, we hope to improve the scope and quality of continuing education for professional nurses."

Sponsors of ONS approved educational activities can award contact hours to registered nurses who attend. Nurses who attend continuing education programs provided by the ONS national organization will be awarded contact hours.

The working group which coordinated efforts to obtain accreditation included Cynthia Miller, ONS director of education; Jayne Fernsler, Beverly Nielsen and Sue McIntire, assisted by consultant Joanne DeJanovich.

Rose McGee is current chairwoman of the ONS Education Committee, which will coordinate the approver and provider programs within a series of subcommittees. Connie Ziegfeld is chairwoman of the Continuing Education Provider Unit. Approver applications may be obtained by contacting Cynthia Miller at ONS National, 1016 Greentree Rd., Pittsburgh, PA 15220, phone 412/921-7373. Applications should be submitted at least six weeks prior to the first date of the educational offering or program.

National Cancer Survivors Day Planned For June 5, Sponsored By "Cope," ACS

What is expected to be the largest simultaneous celebration by cancer survivors ever held is planned for Sunday, June 5, National Cancer Survivors Day.

The event is being sponsored by "Coping" magazine in cooperation with the American Cancer Society. It will feature a nationwide balloon release at 3 p.m. EDT.

Local ACS offices, hospitals and other organizations are staging individual celebrations in parks, playing fields, community centers and other sites.

"'Coping' decided to organize a nationwide effort to celebrate cancer survival because it is a logical extension of the philosophy upon which the publication was founded," said William Otto, vice president of the magazine and a cancer survivor himself. "By bringing together the cancer community for a common cause and providing education, some of the fear of cancer can be overcome."

"Coping" is a quarterly publication for cancer patients and their families. A sister magazine, "Cope," is published 10 times a year for oncologists and other health professionals.

Symposia Chairpersons Named For AACR 79th Annual Meeting In May

The complete list of symposia and their chairpersons is now available for the 79th annual meeting of the American Assn. for Cancer Research in New Orleans next month.

Symposium 1, Drug Resistance from the Molecular Level to Clinical Management (joint ASCO/AACR symposium), chaired by David Van Echo and Robert Young.

Symposium 2, Approaches to the Prevention of Cancer, chaired by Emmanuel Farber.

Symposium 3, New Approaches to the Discovery of Anticancer Agents, chaired by Frederick Valeriote.

Symposium 4, Growth Factors, Oncogenes and the Control of Proliferation, chaired by Jackson Pledger.

Symposium 5, Tumor Suppressor Genes--

Mechanistic Aspects, chaired by Webster Cavenee.

Scientific and Public Education Symposium: The Status of Cancer Treatment, 1988, chaired by Harris Busch.

Reagan Proclamation: Don't Smoke, Cut Down On Fats, Dairy Products

The only President to undergo cancer surgery while in office (twice, if skin cancer is counted), and whose wife also had cancer surgery while living in the White House, is the only President to go on record with a strong statement against cigarette smoking and other tobacco use.

The annual proclamation of April as Cancer Control Month by President Reagan contains such a statement this year, as it has for the past several years, a fact overlooked by the Washington pundits who have grown bored with the stream of proclamations and resolutions they consider as ceremonial and routine.

But no other President dared take the position Ronald Reagan has on the health effects of tobacco. Richard Nixon, Gerald Ford and Jimmy Carter all specifically declined (or their advisors did so on their behalf) to permit any mention of tobacco or cigarette smoking in their annual April proclamations. It probably never occured to other Presidents before Nixon, or if it had, they decided not to antagonize the tobacco lobby.

Neither President Reagan's colon cancer nor Nancy Reagan's breast cancer could be attributed to tobacco, so the decision to state flat out that tobacco use is "the biggest culprit" among the causes of cancer was not related to their personal experiences but rather was a bold step which further demonstrates the reduction in power of the tobacco lobby.

The proclamation this year also includes dietary recommendations (which might also be considered controversial), recognition of progress in cancer research, and notation that this year is the 75th anniversary of the American Cancer Society.

The proclamation follows:

"In the continuing struggle against cancer, Americans have put their trust in research; today we can affirm that the public trust has been rewarded. Just a few years ago, the cancer cell was seen as a deadly, unsolvable mystery. The mystery is still complex, but today it is considered solvable. We now know a good deal about what the cancer cell does and how it does it.

"We have begun to see cancer not as a random event, but as an error in the normal process of growth and development. Researchers have found minute but critical differences in the genes of normal and cancer cells. They have identified and isolated oncogenes, which play a role in changing normal, healthy cells to cancer. And, with every passing day, scientists come closer to understanding how and when oncogenes 'turn on' and transform cells.

"In time, our knowledge of how oncogenes work may help cure many patients, improve the quality of life for others, stave off recurrences in still others, and enable us to prevent cancer before it starts.

"New knowledge about cancer prevention and treatment has improved the outlook for cutting the cancer death rate. With regard to prevention, we now know that type of diet, exposure to the sun, and use of tobacco can trigger events in the cell that cause up to 80 percent of all cancers.

"We can reduce our risk of cancer if we take a few sensible steps. Adding fiber and reducing fat in our diet can significantly cut cancer incidence and mortality; we should choose more fruits, vegetables and whole grain breads and cereals and cut down on fatty meat, eggs, dairy products and oils in cooking and salads. Researchers have shown that overexposure to the sun's rays causes skin cancer; they advise us all to wear protective clothing and to use sunscreens to reduce the risk of this illness. The biggest culprit--responsible for 30 percent of all cancer deaths--is smoking and other tobacco use. The scientific evidence linking cigarette smoking to cancers of the lung and mouth is undeniable. Smoking also contributes to cancers of the bladder, pancreas and kidney. The message is clear: stop smoking, or better yet, don't start.

"The U.S. Public Health Service has found that when people are warned about health hazards, they tend to change their habits for the better. More and more of our citizens want information to help protect their health. Of course, the ideal solution is not to let cancer happen; by modifying the way we live, we can greatly reduce our chances of developing this disease.

"This year, the American Cancer Society celebrates its 75th anniversary. The work of the American Cancer Society, the National Cancer Institute, and other organizations devoted to cancer research and control has made a difference. Only a few years ago, it

was hard to imagine the tremendous progress we see today. Survival rates have improved for seven of the 10 major forms of cancer; more than five million Americans diagnosed with cancer are alive in 1988. Early detection continues to improve the chances of successful treatment; some 385,000 Americans diagnosed with cancer in 1988 will be alive five years from now. Once deadly forms of cancer are now yielding to combined treatments of surgery, radiation, drugs and new biological agents, such as interleukin-2. A diagnosis of breast cancer no longer requires an inevitable mastectomy. Children with leukemia are being treated successfully and living to become productive adults.

"In 1938, the Congress of the United States passed a joint resolution requesting the President to issue an annual proclamation declaring April to be "Cancer Control Month."

Now, therefore, I, Ronald Reagan, President of the United States of America, do hereby proclaim the month of April 1988 as Cancer Control Month. I invite the governors of the 50 states and the Commonwealth of Puerto Rico, and the appropriate officials of all other areas under the United States flag, to issue similar proclamations. I also ask the health care professionals, communications industry, food industry, community groups, and all other interested organizations and individual citizens to unite during this month to reaffirm publicly our Nation's continuing commitment to control cancer."

New Publications

"Basic and Clinical Aspects of Malignant Melanoma," edited by Larry Nathanson. From basic biology to psychosocial factors to therapy, including treatment by fast neutrons. Martinus Nijhoff Publishers, 101 Phillip Dr., Assinippi Park, Norwell, MA 02061, phone 617/871-6300 for price.

"Human Gene Mapping Library Chromosome Plots," 'prepared by the Howard Hughes Medical Institute Human Gene Mapping Library. Third edition. Copies available at no charge from the Library, 25 Science Park, New Haven, CT 06511, phone 203/786-5515.

"Synopsis of Cancer Chemotherapy," edited by Richard Silver. Butterworths, 80 Montvale Ave., Stoneham, MA 02180, $35.

RFPs Available

Requests for proposals described here pertain to con-contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Con-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-85646-13
Title: Resource for collection and evaluation of human tissues and cells from donors with epidemiological profiles
Deadline: Approximately June 28

The Laboratory of Human Carcinogenesis of the Div. of Cancer Etiology is recompeting a tissue collection contract which is currently being performed by the Univ. of Maryland. Proposals are now being solicited from qualified firms to provide the necessary resources for the collection of viable surgical, biopsy and autopsy specimens from a variety of human tissues and cells (lung, bronchus, colon, liver, pancreas) and other biological specimens (pleural effusions, blood and urine) from donors with epidemiological profiles prepared in specifically designed patient questionnaires which include the relevant medical records. The Laboratory of Human Carcinogenesis subjects the tissues and cells to in vitro adaptability and carcinogenesis, biochemical characterizations and assay of chemical and oncogene induced alterations of macromolecules, innovative methods for determining populations at risk for certain carcinogens by biochemical, epidemiological survey. Relevant studies are extenuated by the application of xenotransplantation techniques for definitive assay of chemically stimulated tumorigenesis.

NCI will consider proposals from all responsible sources. However, offerors must demonstrate in their technical proposals their ability to deliver nonfrozen viable tissues to NCI in Bethesda within two hours of collection as a mandatory requirement of the RFP. Failure to demonstrate this element will result in elimination from further consideration.

It is anticipated that approximately 13,840 staff hours will be required annually for this four year contract.

Contract Specialist: Sharon Miller
RCB Blair Bldg Rm 114
301/427-8888

NCI CONTRACT AWARDS

Title: Surveillance, Epidemiology & End Results (SEER)
Contractor: Northern California Cancer Center, $2,722,670

Title: Cell culture identification and cytologic/karytypic analysis
Contractor: Children's Hospital of Michigan, $2,104,067

Title: Production and testing of human lymphokine activated killer (LAK) cells
Contractor: Bionetics Research Inc., $3,353,553

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