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Broder Appointment Official; Will Keep Retroviral Laboratory, Will Not Serve As NCI Clinical Director

President Reagan made it official Dec. 21--Samuel Broder is the new director of the National Cancer Institute. He moved into the director's office on the 11th floor of Building 31 and

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In Brief

Sullivan Will Be Secretary Most Knowledgeable About Cancer Program; Ihde Named 'JNCI' Editor

LOUIS SULLIVAN, secretary designate of the Dept. of Health & Human Services, will take up that position with more knowledge of the cancer program than any of his predecessors. The president of Morehouse School of Medicine has been a member of the National Cancer Advisory Board since 1986; he is a national leader in the development of programs to enhance enrollment of minority students in biomedical research training; and he put together a coalition of black institutions which competed successfully for the first NCI minority consortium cancer center grant. As HHS secretary, Sullivan will have to contend with all health constituencies, but at least he knows first hand the problems facing NCI and cancer program participants--the flat cancer center budget, continuing severe shortage of staff positions at NCI, the looming crisis in research facilities with the demise of construction funding, retention of top NIH scientists. . . . **MARY ANN SESTILI**, executive secretary of the Cancer Clinical Investigation Review Committee, will leave NCI this month to become executive director of the Linda Pollin Foundation. The private foundation was established by Abe and Irene Pollin in memory of their daughter, who died at age 16 from a heart disease. Purpose of the foundation is to promote and support medical crisis counseling programs for patients and families confronted with a chronic illness and resulting emotional problems. Irene Pollin is a member of the National Cancer Advisory Board. . . . **DANIEL IHDE**, deputy chief of the NCI-Navy Medical Oncology Branch and head of its Clinical Investigations Section, has been named editor of the "Journal of the National Cancer Institute." He replaces Robert Wittes, who left NCI last month to join Bristol-Myers. . . . **ROBERTA SCOFIELD**, clinical nurse specialist at Southwood Community Hospital in Norflok, MA and longtime member of the Oncology Nursing Society, died of cancer recently. She was first president of the Oncology Nursing Certification Corp., formed by ONS to administer certification exams.

Broder Emphasizes Need To Apply Results of Cancer Research Progress

(Continued from page 1)
immediately set about addressing issues left unresolved since Vincent DeVita's retirement in September. Some items on Broder's agenda can be tackled immediately; others may never be solved.

Among the tasks facing Broder are:

--Settling on a deputy. Maryann Roper has been acting deputy director for more than a year, since Peter Fischinger went off to HHS as the department's AIDS coordinator. After DeVita left, her responsibilities increased, as Acting Director Alan Rabson split his time between that position and his regular job as director of the Div. of Cancer Biology & Diagnosis. Roper handled it all with smooth professionalism, in the process becoming NCI's most popular executive.

"Maryann is an exceptional person," Broder said. "She has done a fine job." As a Senior Executive Service Position, it will have to be competed nationally.

Prediction: Roper will get the permanent appointment.

--What to do about the position of NCI clinical director?

When DeVita was named director of the Div. of Cancer Treatment in 1974, he asked for and received the title of clinical director. He then made the head of the division's intramural Clinical Oncology Program the deputy clinical director. When he was appointed NCI director in 1980, DeVita retained the title of clinical director, and when Broder was promoted to head of the Clinical Oncology Program, he inherited the deputy clinical director role.

That arrangement probably will not continue. Broder told **The Cancer Letter** that it is "unlikely I will keep that title. The director of the Clinical Oncology Program and the clinical director will be the same person."

Broder said he wants to maintain strong ties to the clinical center. It's a unique institution, a major national resource. It would be painful for me to be cut off from the excitement and scholarly activities there."

However, "Vince was exceptional, probably the best physician scientist at NIH ever to have gone into administration. He had his own way of doing things. It worked fine. My own point of view is that it is better to have someone other than the director as the clinical director."

--What is Broder going to do about his AIDS research? It was Broder who identified and first tested the only agent approved so for for treatment of AIDS, AZT, and he has been participating in and stimulating research on other agents.

"I hope I can maintain a small laboratory to work on antiretroviral chemotherapy," Broder said. "That work has been a source of great personal pleasure to me. It would be difficult to give up cold turkey."

Broder noted that a new agent being developed as an anti-AIDS drug has been active in animal tests against the hepatitus B virus. "That virus does not leap to mind as a retrovirus but it does have reverse transcriptase activity." Hepatitus B is a major cause worldwide of liver cancer.

Another example of AIDS and cancer research complementing each other is the finding by Charles (Snuffy) Myers, chief of DCT's Medicine Branch, that suramin may be a very effective drug for treatment of prostate cancer. Suramin is an old drug, approved in the 1920s for treatment of African sleeping sickness. It was brought into research at NIH by Broder and his colleagues as a potential anti-AIDS drug.

"My laboratory will straddle both fences," Broder said.

Broder's entire career has been spent at NCI as an intramural clinical investigator and administrator. Because of that, some in the extramural community have expressed concern about his dealings with them and his commitment to their programs. Broder had this message for them:

"The intramural program is a wonderful and important component of NCI, but the major thrust of the Institute and its overall success depends on our extramural activities. I would like to ask our friends in the extramural community how can we help make their lives easier and their research more effective? I'm talking about the RO1 and PO1 grantees, those in the cancer centers and cooperative groups, everyone involved in the cancer program.

"How can we encourage and facilitate new research and interventions in prevention and

THE CANCER LETTER

Editor: Jerry D. Boyd

Associate Editors:
Patricia Williams, Kirsten Boyd Goldberg

early detection? What can we do to enhance the clinical trials process, and increase accrual? What do we have to do to get the oncology community to act on and implement the results of research progress?"

Acknowledging that the patient accrual problem has been a major concern in recent years, that significant changes in the system have been made as a result, and that progress has been made, Broder suggested that more money could help. "I hope we can make a good case for the bypass budget, which (among other things for the 1990 fiscal year) asks for an increase of $21 million for cooperative clinical research."

Broder has inherited DeVita's task of going to the congressional appropriations committees and supporting whatever figure the White House establishes for NCI. Last year, that figure was about $500 million less than requested in the bypass budget, and it probably will be the same story this year. As part of the Administration, the NCI director has to say that the request is reasonable when he knows how desperately the additional money is needed. He can mention the bypass figures only if asked by committee members.

"It's our job to generate the bypass budget and be able to justify the amounts it requests. "But I can't change the rules," Broder said. "There are a lot of national priorities. We have to define our priorities and live with whatever comes through. We will do excellent research with whatever we are given. The bypass budget is a mechanism to define our needs. It is very important, because it gives us the opportunity to lay out what we could do with optimal funding."

Broder said there are two areas he wanted to emphasize to the extramural community.

"Vince layed a phenomental foundation. He set a tone that will be difficult for all of us to match. A tone that things can be done, that cancer can be prevented; that cancer can be detected early; that we can develop effective therapy for advanced stages. He had no use for the attitude that those things are impossible. I want to keep that spirit alive.

"The other area goes along with that. We need to remember that everything we do, we do at the sufferance of the American people. We need to show progress. Where we're not applying the results of progress, we need to ask why."

Broder referred to an example frequently cited by DeVita of regions with two, three or four cancer centers which have cervical cancer mortality rates higher than the national average. "People are dying needlessly of cancer, when they could be cured," Broder said. "What can we do about that? We need to come up with creative solutions."

Broder asked for the help of the extramural community, particularly chairmen of the departments of surgery and radiation and medical oncology, in identifying "good young people who will spend three to five years at NCI," and encourage them to do so.

NCI needs some of the best people available, not only for intramural clinical and laboratory research but also to help staff extramural administrative positions, Broder said. "I'm not talking about trainees. We're getting them. I'm talking about people who have finished their training and who would make a commitment of three to five years, if not a lifetime commitment, to come here and work in all our programs. It is not easy to do that. We can't be competitive in salaries. We need people who want to have an impact on our programs. After a few years here, they can go back to academic careers or private practice with, I would hope, a better appreciation of their field and of what can be accomplished."

Mechanisms which would enable and encourage young men and women to make NCI a three to five year phase of their careers need to be worked out with universities and cancer centers, Broder said.

Among the issues left over from DeVita's reign is the prospective move of the Cancer Centers Program into the director's office, and redefinition of comprehensive centers.

Broder expressed "a debt of gratitude to Dr. Rabson for his very fine service as acting director." Rabson became acting director when DeVita left Sept. 1.

Broder was born in Lodz, Poland, in February, 1945, when the war was raging through that country. Broder, his parents and his older sister Clara survived by hiding in the forests, and eventually made their way into a displaced persons camp. They were admitted to the U.S. in 1949 and settled in Detroit, where his parents ran a small cafe. The parents, Mary and Myer, now live in Florida.

Broder went to the Univ. of Michigan on scholarships and graduated from medical school there with honors in 1970. He met his wife, Gail, there, and they were married in 1966. She is a staff attorney with the Veterans Administration. They have two children, Karen, 21, and Joanna, 19.

ONCC Says 1,480 Nurses Passed Certification Examination In 1988

The Oncology Nursing Certification Corp. has announced that 1,480 registered nurses passed the certification examination it administered last October. Seventy seven percent of those who took the exam passed.

That brings the total of oncology certified nurses to more than 5,000 since the certification was introduced at the 1986 congress of the Oncology Nursing Society in Los Angeles.

The exam was given by ONCC in 1988 at the ONS congress in Pittsburgh and at four other sites across the U.S. In addition, it was offered at 46 special sites, including Hawaii and Saudi Arabia, set up by participants.

RNs who took the exam included head nurses, clinicians, educators, supervisors and directors of nursing. The majority work in a hospital or clinic with nurses also representing schools of nursing, community or public health nursing, private group practice, office nursing and comprehensive cancer centers.

The next certification exam will be offered May 17 immediately before the 14th annual ONS congress in San Francisco. Deadline for applications is April 17. It will also be given Sept. 23 in New York, Atlanta, Chicago, Dallas, Denver and San Francisco. Deadline for applications for the Sept. 23 exam is Aug. 23.

For registration materials, contact ONCC, 1016 Greentree Rd., Pittsburgh, PA 15220, or phone 412/921-7373.

ONS announced last month that Cynthia McCormick has been appointed director of government relations for the Society. She will work with the ONS Government Relations Committee to plan, implement and evaluate the Society's government relations program.

McCormick has worked as staff consultant to the Allegheny County (PA) commissioner; as administrative assistant to U.S. Congresswoman Claudine Schneider; and as legislative assistant to both Sen. Philip Gramm and Congressman Charles Vanik.

FDA Committee Okays Carboplatin NDA For Second Line Ovarian Cancer

The Food & Drug Administration's Oncologic Drugs Advisory Committee has recommended approval of Bristol-Myer's cisplatin analogue, carboplatin, for second line treatment of stages 3 and 4 ovarian cancer.

If the agency goes along with the recommendation, it would be the first time a cisplatinum analogue has been approved for marketing. The new drug was designed to reduce the severe nausea and vomiting and nephrotoxicity associated with platinum, and tests cited by investigators proved that it does.

The committee also at its meeting last month recommended approval of an additional indication for tamoxifen, for treatment of premenopausal advanced breast cancer. It had been previously approved for postmenopausal breast cancer.

In addition, the committee recommended approval of mesna for use with ifosfamide as a uroprotective agent.

In the NDA for carboplatin (which will have the trade name, Paraplatin), Bristol had asked for approval as first line therapy as well as for relapsed patients and those refractory to other treatment. Committee members felt that survival data did not yet demonstrate efficacy close or equal to that of cisplatin and thus withheld approval as a first line agent. They agreed that more mature data could show equivalance, or possibly even superiority, to cisplatin.

Committee member Grace Monaco argued that many patients had refused treatment with cisplatin because of its side effects and that it therefore should be available for initial treatment. FDA's Robert Temple pointed out that when approved for one indication, it could be prescribed by physicians for any other, "although they might have a problem getting it paid for." Some third party payors have resisted reimbursing for unapproved indications, even when there is solid evidence of efficacy.

One observor at the meeting said later that when carboplatin is available, it will be used "95 percent of the time" as first line therapy for ovarian cancer.

A complete report on the Oncologic Drugs Advisory Committee's actions appears in the January issue of ***The Clinical Cancer Letter.***

New Society For Psychiatric Oncology And AIDS Professionals Organized

A new national professional organization, the American Society of Psychiatric Oncology/AIDS was established at a meeting last November in New Orleans, representing psychiatrists working in the areas of cancer and AIDS.

Jimmie Holland, chief of the Psychiatry

Service at Memorial Sloan-Kettering Cancer Center, was elected as ASPOA's founding president.

During several organizational meetings over the past year, and with encouragement from the International Psycho-oncology Society, the American Cancer Society and NCI, a network of consultation-liaison psychiatrists interested in cancer and AIDS has coalesced into the more formal structure with the aim of providing a national forum for the dissemination of information about psychiatrict and psychobiological aspects of oncology and AIDS.

ASPOA will also promote improved clinical care in the same areas, and will include social and ethical dimensions, Holland said. It will foster research, education and training in these areas, as well as in psychoneuroimmunology and other relevant basic sciences. Improving the exhcange of information between researchers and clinicians is an important goal which will be promoted through semiannual meetings and publications, she said.

ASPOA will maintain a liaison with other national and international organizations such as the International Psycho-oncology Society, to which ASPOA will relate as the U.S. member organization.

ASPOA will sponsor a symposium on "Psychiatrict Issues in Oncology and AIDS" at the May, 1989, meeting of the American Psychiatric Assn. in San Francisco. Fawzy Fawzy, of UCLA, president elect of ASPOA, will serve as chairman of the program committee. Mary Jane Massie of Memorial Sloan-Kettering, is secretary and chairman of the Membership Committee. Philip Muskin of Columbia Presbyterian Medical Center, is treasurer.

Membership is open to psychiatrists and physicians working in the area of psycho-oncology and AIDS and those in training with interest in those fields. Associate membership is open to non-MDs.

Membership and other information is available from Mary Jane Massie MD, Psychiatry Service, MSKCC, 1275 York Ave, New York 10021.

Foreign Policy Group Urges U.S., USSR Exchange In Surgical Oncology

A new exchange program in surgical oncology was recommended in a policy brief issued last month by the Johns Hopkins Foreign Policy Institute. The recommendation was developed by surgeons Charles Balch, chairman of general surgery at M.D. Anderson; Ralph Broadwater, assistant professor of surgery at the Univ. of Arkansas for Medical Sciences (Little Rock); Michael Edwards, senior fellow and teaching associate at M.D. Anderson; and Merrick Ross, junior faculty associate at M.D. Anderson.

"With the need for cooperative anticancer efforts and precedents for cooperation firmly established," the group wrote in the policy statement, *Cooperation in Surgical Oncology*, "the recent improvement of Soviet-American relations and Mikhail Gorbachev's glasnost campaign have created a perfect environment for dramatically expanding joint programs. Surgical oncologists are a logical choice to spearhead new exchanges because their discipline requires a detailed understanding of multimodality therapy, and their practice allows them to manage patients with all stages of disease. In addition, surgical oncologists must be familiar with epidemiology, statistics, clinical trial design, tumor biology, and immunology.

Unlike previous exchanges that have emphasized the sharing of technical information and brief observation, an exchnage of working physicians would provide an effective means of sharing practical knowledge of the state of the art in cancer therapy, the group contended.

"Any new proposal for increased medical cooperation should be compatible with the 1972 Nixon-Brezhnev medical science and public health cooperation agreement," the statement says. "Plans that might significantly change or expand that agreement could create problems with the previously signed agreement and complicate other relationships in fields outside medicine. The need for some discipline is especially important now that the advent of glasnost has prompted many U.S. groups to reexamine past efforts at Soviet-American cooperation and to see how the mechanisms for exchange can be improved. Fortunately, the new proposals in the fields of medicine and cancer care have generally struck the right balance between innovation and continuity.

"The National Cancer Institute and other organizations, for example, have recognized the need to broaden U.S.-Soviet cancer exchanges to include clinical research. In the joint review it has undertaken with Moscow of the U.S.-Soviet cancer program, NCI has decided that forthcoming collaborative efforts should focus on the development of comprehensive core

projects to study two tumors: melanoma and colon cancer. Sen. Edward Kennedy (D-MA) has encouraged expanding the 1972 agreement to emphasize clinical research and to develop joint cancer treatment projects. Dr. Joseph Saunders [former] deputy director of NCI's Office of International Affairs, has pointed out the importance of collaborating in epidemiological and clinical research trials with the USSR. Future proposals should also attempt to exploit the Soviets' vast experience with their unusually large cancer patient population, as well as the relative stability of their population groups, which allows for large scale epidemiological studies.

"The proposal for an exchange program involving surgical oncologists is designed to work within the previous agreement. The focus of the exchange would be on encouraging the exchange of clinical information, the design and integration of clinical protocols, and the exchange of current research in oncology. The program would unfold in a four phase sequence, with implementation of each phase dependent upon successful completion of the previous steps. Failure in any single phase would probably warrant terminating the project.

"Phase 1 would involve the exchange of senior surgical oncologists. The principal aim would be to identify specific areas of common interest. Senior surgical oncologists from each country would visit the other for a three week period in order to (a) identify institutions willing to formalize working relationships with each other; (b) outline similarities and differencies in the current management for breast, colorectal, stomach, pancreatic, melanoma, and lung tumors; (c) formulate suggestions for information exchange and protocol design; (d) examine similarities and differences in cancer care delivery systems with an eye toward developing improved models for more efficient health care delivery; and (e) identify epidemiological questions for clinical research.

"This exchange could take place as early as July, 1989. The limited funding required should be available through existing mechanisms at NCI.

"Phase 1 could be torpedoed by several problems. In the past, U.S. scientists have been reluctant to spend long periods of time in the USSR. Also, previous efforts have been plagued by a lack of complete openess on the Soviets' part.

"Phase 2 would utilize the sister institution mechanisms to improve the exchange of information and educational resources between the two countries. . . Faculty members from the respective institutions should meet to discuss specific tumors, outline potential clinical investigations and begin protocol design. These meetings could be used to present clinical and basic research. . . Soviet surgical oncologists should be given the opportunity to present their findings at meetings of the U.S. Society of Surgical Oncology. . .

"Phase 3 would be the exchange of physicians. This phase should begin approximately two years after implementing the program. Junior surgical faculty will spend three months at their sister institutions, and participate in teaching, seminars, administration of protocols and surgical demonstrations. Funding for phase 3, chiefly for travel and expenses, should be obtainable from NCI. The main obstacle to be hurdled will surely by the language barrier. In the past, American scientists have been assigned an English translator during their stay in the Soviety Union.

"Successfull completion of the first three phases will allow the program to expand into the other disciplines of oncology--radiation therapy, medical oncology and basic cancer research. In phase 4, physicians and scientists from these fields would be recruited. Initially, their participation should be centered around the previously established sister institutions. Again, funding for thise phase should be available through NCI, but specific research projects will have to compete for funding through the standard grant mechanisms. This phase should be implemented three to four years after phase 1 begins.

"Cancer remains a major world health problem. Past international cooperative efforts have produced important advances in medicine. The proposed U.S.-Soviet exchange in surgical oncology could foster advances in basic and clinical oncology research and improve the standards of care. The Soviet Union has developed effective health care for the cancer patient as well as increasingly sophisticated research establishments. Hopefully, unlike many past medical and scientific exchanges, this program will benefit both superpowers. Success will hinge largely on genuine cooperation from Moscow and on overcoming the language barrier."

For copies of the report, write FPI, School of Advanced International Studies, Johns Hopkins Univ., 1619 Massachusetts Ave. NW, Washington DC 20036.

RFAs Available

RFA 89-AI-02
Title: Pathogenesis and natural history of human papilloma viruses
Letter of intent date: Feb. 1
Application receipt date: March 9

The National Institute of Allergy & Infectious Diseases wishes to expand its support of research on sexually transmitted human papilloma viruses and invites applications for program project grants to be initiated during FT 1989 for a continuing program of research on HPV of the male and female genitalia. Emphasis of research will be on the natural history of infection, the biology of the viruses, pathogenesis and the immune responses.

The incidence of infection with HPV among sexually active women appears to be increasing at an alarming rate. Although many of these infections subside without clinical detection, others to progress to condylomata acuminata (flat warts), cervical dysplasia and even neoplastic condictions that could become malignant. In addition, there is evidence that HPV infections of the genitalia may predispose individuals to infections wiwth human immunodeficiency virus. HPV isolated from humans have not been successfully cultivated in vitro and do not elicit active infections in other animals. Therefore, studies of the structure and biology of HPV have necessitated the use of technologies developed with other papilloma viruses that are more easily manipulated in the laboratory.

HPV genes have been cloned by recombinant DNA techniques, sequenced and gene products expressed in vitro. Antibodies and other immune responses to these gene products can be elicited and studied in animals. However, there is yet no satisfactory system described for evaluating the immune responses in terms of recovery from or protection against infection.

Further, there are many other aspects of the natural history of the human infection that remain to be elucidated.

NIAID encourages multidisciplinary approaches to further knowledge of the incidence, epidemiology and pathogenesis of HPV and the associated host immune responses to infection that may lead to development of strategies for prevention and control. It is expected that proposals will include a clinical component with access to a patient population and clinical specimens. They also may include subprojects on the biology of HPV, treatment modalities, epidemiology, immunology, and behavioral aspects related to transmission and/or disease manifestation. Immunologic and pathogenesis studies may include animal models with other papillomaviruses that have relevance to the immune response to HPV in humans.

Competition is open for two awards for program projects. Total direct and indirect costs should not exceed $800,000 each. No currently funded STD research unit supported by NIAID will be competing for these awards. Domestic institutions, medical colleges, hospital laboratories and other public or private institutions including state and local government units are eligible to apply. Interinstitutional collaborations or consortia, either domestic or foreign, may be allowed where necessary.

Projects can be supported for up to five years without additional competition contingent upon availability of funds.

Inquiries and requests for the full text of the RFA should be directed to William Allen, PhD, Bacteriology & Virology Branch, NIAID, NIH, Westwood Bldg Rm 738, Bethesda, MD 20892, phone 301/496-7728.

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 Executive Plaza room number shown, National Cancer Institute, NIH, Bethesda, MD 20892. Proposals may be hand delivered to the Executive Plaza, 6130 Executive Blvd., Rockville, MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CN-95158-80
Title: Support services for the Organ Systems Program
Deadline: Approximately Feb. 15

Required services will be defined by task orders issued during the period of performance. The Organ Systems Program currently supports seven working groups which address cancers of the breast, central nervous system, large bowel, pancreas, prostate, upper aerodigestive tract, and urinary bladder. Other organ systems may be added in the future as needed.

The major tasks of the contract will consist of logistical support for working group meetings, subcommittee meetings, and workshops; and providing assistance to NCI staff in preparing background papers and other reports related to these meetings.

Approximately 22 meetings a year, usually in the Bethesda area, are projected.

The project manager shall have a doctoral degree or the equivalent in the biomedical sciences. Experience in planning and running multiple meetings concurrently is essential. The contract period will be four years.

This contract will be a 100 percent small business set aside.

Contracting Officer: Gloria Dahl
RCB EPS Rm 635F
301/496-8603

RFP NCI-CP-95610-21
Title: Etiology of childhood leukemia: Coordinating center
Deadline: Approximately Feb. 15

The Radiation Epidemiology Branch of NCI's Div. of Cancer Etiology is soliciting proposals from organizations which will act as a coordinating center in a multi-institutional study of childhood leukemia in relation to electromagnetic field exposures.

The contractor will be expected to assist NCI with (1) liaison with investigators and study staff of the U.S. Childrens Cancer Study Group; (2) forms development; (3) tracing and contacting present household members of all previous residences of study subjects and appropriate school personnel; (4) data collection, staff training and management activities as they relate to the scheduling demands of this complex lproject in relation to enrollment of subjects and the availability of the staff of the measurement organizations, which is to operate under a separate contract in collaboration with the coordinating center and will be responsible for measurements and for selecting the instrumentation; (5) information management, reporting and documentation; (6) data coding and entry and preparation of an edited computer tape; and (7) quality control and standardization.

This entire project will be performed in collaboration with a case control investigation team that is conducting a large case control phone interview study designated as the U.S. Childrens Cancer Study Group. The primary objectives of this collaboration is to examine the relationship between specific subtypes of acute lymphocytic leukemia of childhood and electromagnetic low frequency radiation exposure from residentially proximate power lines and residential appliances. T evaluate this risk, NCI is collaborating with CCSG.

CCSG has recently begun a five year multicenter

case control phone interview study of 2,000 cases newly diagnosed with childhood ALL and a similar number of controls selected by random digit dialing, evaluating a large number of postulated risk factors for childhood leukemia. NCI is collaborating with CCSG by assessing lifetime residential electromagnetic field exposure through visits to all current and previous residences of 1,000 ALL cases and 1,000 matched controls in six midwestern and midatlantic states; although exposure measurements will be carried out in all eligible lifetime residences and schools located throughout the U.S.

The contractor will work closely with NCI staff to coordinate the measurement component of the study in close coordination with the initiation epidemiologic interview conducted by the CCSG staff. The protocol for carrying out standardized EMF measurement procedures and coding the measurements will be developed by the measurement organization in conjunction with NCI, but will be subject to review by the coordinating center, which will subsequently have a role in quality control evaluations. Thus, it would be advantageous for organizations responding to the relevant research experience, particularly with prior epidemiologic studies evaluating the association of this exposure with childhood or adult malignancies.

This experience will also be helpful in the later phases of the contract since the organization will be assisting NCI in analyses of the data collected. It is particularly important that this organization be able to demonstrate previous liaison experience with other groups and sensitive handling of contacts with parents of severely ill children.

Other services to be provided by the contractor will be discussed in detail in the RFP. The award is anticipated by Sept. 30, 1989.

Contracting Officer: Barbara Shadrick
RCB EPS Rm 620
301/496-8611

RFP NCI-CN-95160

Title: Organic chemical and biochemical synthesis and pharmacological formulation of chemopreventive agents

Deadline: Approximately March 1

Master agreements will be awarded for the operation of a laboratory for synthesis andor formulation of chemopreventive agents according to the following task areas:

Task 1--Synthesis of bulk quantities of chemopreventive agents under FMP conditions for clinical evaluation.

Task 2--Synthesis and formulation of chemopreventive agents for in vitro and in vivo screening, efficacy and safety evaluations.

Task 3--Production of experimental and bulk GMP formulations and drug delivery systems for chemopreventive agents.

Task 4--Preparation of radiolabeled chemopreventive agents for preclinical and clinical studies.

Offerors can submit proposals for any or all of the above tasks. Each task will be evaluated separately and four pools of master agreement holders will be awarded. All master agreement holds in each pool will be able to compete for master agreement orders issued during the five year period of performance.

It is estimated that up to four master agreement orders will be awarded in each task area per year.

Contract Specialist: Charles Lerner
RCB EPS Rm 635
301/496-8603

RFP NCI-CO-94384-63

Title: Cancer communications program support

Deadline: Approximately Feb. 15

The services required will be included in task orders issued under the following areas:

1. Support the planning, development, implementation, promotion and assessment of current and future education/information efforts.

2. Support the development and maintenance of a network of cancer concerned intermediaries.

3. Assist the Office of Cancer Communications in providing of communications and marketing support to the office of the director and the NCI divisions.

4. Provide graphic and design services needed for communications programs/materials produced by OCC.

5. Develop media campaigns each year in support of OCC priority areas.

6. Provide media support services for press related activities.

7. Prepare task orders, technical reports and other contract administrative and management reports.

These services will be provided under a level of effort, cost plus fixed fee contract for 255,000 person hours. The contract will be for a five year period. The offeror should be located within one hour of the NIH campus in Bethesda, and should be able to provide certain deliverables, such as slides or charts, to Bethesda within 24 hours.

Contract Specialist: Tina Huyck
RCB EPS Rm 635A
301/496-8603

RFP NCI-CN-95166-33

Title: Centralized chemopreventive agent repository

Deadline: Feb. 17

NCI is recompeting a contract for operation of a centralized source of agents for use in preclinical and clinical studies. For preclinical studies the project would provide purchase of bulk reagent chemical substances; receipt of agents from suppliers; safe and stable storage; administrative support as needed for dosage formulation; encapsulation; calendar packing and labeling, including shipment to final destination.

Essential activities for the overall operation include monitoring stock levels at user locations; inventory control to ensure timely reordering and shipping of agents; maintenance of up to date records of shipments; and limited quality assurance capability such as shelf life and purity of bulk agents.

One contract award will be made for this recompetition. It is expected that NCI research studies will encompass as many as 30 agents per year being given to thousands of animals at 20 different centers in the continental U.S. In addition, there are presently 25 NCI supported clinical trials involving about a dozen agents and 100,000 research subjects located at 50 different centers throughout the world, and additional studies are planned.

A level of effort type contract, with a total of 98,800 hours projected for a five year duration, will result from this RFP.

Contract Specialist: Alan Kraft
RCB EPS Room 635
301/496-8603

NCI CONTRACT AWARDS

Title: Incidence and patient survival data for Connecticut, SEER Program

Contractor: Connecticut Dept of Health, $1,107,566

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