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THE

# CANCER LETTER

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## Kennedy Bills Would Raise Salaries, Restore Construction, Expand Biomedical Research Support

Sen. Edward Kennedy (D-MA) was scheduled to introduce a package of legislation this week that would expand federal support for biomedical research and raise the salaries of top

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### *In Brief*

### Greenwald Reportedly Considered For CDC Job; Harold Amos On NIH Search Committee

SEARCH COMMITTEE for an NIH director to replace James Wyngaarden when he leaves Aug. 1 includes Harold Amos, a familiar Cancer Program figure. Amos, Harvard microbiologist, served a term on the National Cancer Advisory Board and another on the President's Cancer Panel. Other members of the search committee include Theodore Cooper, former assistant secretary for health and former director of the National Heart, Lung & Blood Institute, now CEO of Upjohn; and Ed Rall, NIH deputy director for intramural research . . . PETER GREENWALD, director of NCI's Div. of Cancer Prevention & Control, is reportedly being considered for director of the Centers for Disease Control. . . . TWO NEW members of the Div. of Cancer Etiology Board of Scientific Counselors are Stephen Hecht, director of research at the American Health Foundation; and Webster Gavenee, director of the Ludwig Institute for Cancer Research in Montreal. Board members William Benedict, Janet Butel, Thomas London, George Vande Woude and Noel Weiss have reached the end of their terms. Weiss's term probably will be extended so he can finish his work as chairman of the Methylene Chloride Study Advisory Panel. . . . POLICY CHANGE at NCI for conference grant review has been announced. Beginning Oct. 1, conference grant applications will be accepted on Feb. 1, June 1, and Oct. 1. In the past, applications were accepted at any time. The change is intended to make the funding allocation more even throughout the year. . . . COUNCIL FOR Tobacco Research increased its research budget from \$10 million to \$12 million in 1988, according to the council's annual report just released. Published scientific articles supported by the council total more than 3,600. Since it was established in 1954, the council has awarded \$136 million for research by independent scientists. . . . ISRAEL CANCER Research Fund awarded \$1.7 million to 75 cancer researchers working at Israeli institutions. ICRF, based in the U.S., is the largest single source of funding for cancer research in Israel.

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## Bills Would Increase Some Salaries; House Money Bill Markup This Week

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government scientists. Also this week the House Labor-HHS-Education Appropriations Subcommittee was scheduled to conduct its markup of the NIH budget. Rep. William Natcher (D-KY), chairman of the subcommittee, holds the markup in a closed session and budget figures will not be available until the full Appropriations Committee acts on the bill.

Details of the Kennedy proposals were not available by presstime either, but **The Cancer Letter** has learned that the legislative package is made up of four major bills:

--A bill that would create a Senior Biomedical Research Service. The bill help NIH to recruit and retain scientists for government service by increasing the pay.

Although the legislation is not expected to eliminate the huge gap between government salaries and the salaries scientists can expect in academia or business--often twice or more than federal pay--it is expected to provide substantial increases.

--A bill that would provide funding for construction of biomedical facilities. The President's 1990 budget for NCI provided no construction money.

--A bill that would provide the director of NIH with a discretionary fund that could be used during the fiscal year to move money quickly into areas of need.

NIH Director James Wyngaarden commented at budget hearings earlier this year that had a discretionary fund been available to him this year, he would have provided money for the National Research Service Awards program, which lost trainee positions due to a stipend increase.

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### THE CANCER LETTER

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--A bill that would establish a foundation for biomedical research. The foundation would be privately funded and would support endowed chairs for very senior scientists, most likely Nobel laureates. Kennedy thinks such a foundation could launch a national effort for support of biomedical research, according to his staff.

The Bush Administration announced plans to increase the salaries of some federal employees last week. At present it is unclear which salaries are going to be raised and whether the proposal will target scientists.

Other members of Congress have proposed similar pay raise legislation.

Sen. Orin Hatch (R-UT) has introduced a bill to establish a Senior Scientific Health Service. Individuals would be appointed to the service by the HHS Secretary based solely on distinction and achievement in biomedical research, behavior research or clinical research evaluation.

The scientists in the service would be assigned to supervisory positions. Under the bill, compensation would not exceed 110 percent of the annual pay in effect for executive salary schedule level 1.

#### Animal Research Facilities

In other action in Congress, Sen. Howell Heflin (D-AL) has introduced a bill that would make it a federal offense to damage or steal property from animal research facilities.

The bill, S.727, would make it a federal crime to release or steal any animal in a research facility; damage, vandalize or steal property; obtain access by false pretenses to a facility; break and enter with the intent to destroy, duplicate or obtain records, data, materials or equipment; deprive the rightful owner of records, animals or equipment.

The bill would impose a fine of \$5,000 or one year's imprisonment.

By making such actions a federal offense, the legislation would force the FBI to become involved in the protection of animal research facilities.

Heflin's interest in the legislation stemmed from recent problems at the Univ. of Alabama (Birmingham) with destruction of data and theft of animals, according to Heflin's staff. Heflin views such crimes as an interstate problem involving militant animal rights groups.

Most people, Heflin said, "are grateful that animal research helped lead to the eradication of polio and other childhood diseases and provided relief for the suffering caused by

heart disease, stroke, diabetes and countless other illnesses."

The bill has a wide range of support from 16 cosponsors including Sens. Daniel Innoye (D-HI), Christopher Dodd (D-CT), Nancy Cassenbaum (R-KS), Jessie Helms (R-NC), and Hatch.

In the House, Rep. Henry Waxman (D-CA) is planning to introduce a companion measure.

Several pieces of legislation involving animal welfare and research have been introduced in both houses of Congress.

#### Other Legislation

--Worker notification. Sen. Howard Metzenbaum (D-OH) introduced a bill, S.582, that would establish a procedure for notifying workers who are at risk of occupational disease.

The bill requires the HHS Secretary to select 10 health centers from the educational resource centers of the National Institute for Occupational Safety and Health and similar facilities of NCI and the National Institute for Environmental Health Sciences, and private or governmental organizations.

The 10 centers would provide education, training and technical assistance to physicians and other professionals who serve the employees who would be notified under the legislation.

--Biological defense research. Rep. Wayne Owens (D-UT) introduced a bill, HR 2371, that would require that all federal research, development, testing and evaluation of the medical aspects of the use of biological agents in defense against biological warfare be conducted through NIH.

--Environmental protection. Rep. Jim Bates (D-CA) introduced a bill, HR 2699, that would amend the Clean Air Act of 1963 to require the Environmental Protection Agency to take certain steps to protect the stratospheric ozone layer from depletion from chlorofluorocarbons.

--Food safety. Kennedy introduced S 657 that would regulate residues from chemical pesticides in food. Waxman introduced a companion bill in the House.

--Nuclear testing. Sen. Harry Reid (D-NY) introduced S 982, that would repeal a provision of federal law protecting nuclear weapons testing contractors from being sued for cancer deaths caused by open air testing of atomic bombs.

--Hatch introduced a bill, S 841, to provide jurisdiction and procedures for claims for

compassionate payments for injuries caused by exposure to radiation from nuclear testing and uranium mining. The bill would establish a trust fund within the Treasury Department to pay such claims.

--Tobacco control. Since the beginning of the 101st Congress, 37 bills have been introduced relating to smoking on airplanes, passive smoking, taxation, fire safety standards, advertising, public education and smoking in government buildings and public transportation.

Late last month, the House Committee on Public Works and Transportation's Aviation Subcommittee held a hearing to discuss four bills related to limitation or banning of smoking on aircraft.

### NCI Shifts \$1.6 Million From Grants To Save 100 Training Slots In '89

NCI has reprogrammed \$1 million from research project grants and \$200,000 from research contracts to save 100 trainee positions in the National Research Service Awards program.

The reprogramming has been approved by NIH, the Office of Management & Budget and the House and Senate health appropriations subcommittees.

NCI will be able to fund a total of 1,383 trainee positions for fiscal 1989, 73 positions below the fiscal 1988 level.

The loss of trainee positions was caused by a mandated stipend increase, but no additional funding was appropriated to pay for the increase.

Stipend increases ranged from \$6,500 to \$8,500 for predoctoral trainees, and about 10 percent for postdoctoral awards.

"I wouldn't say this is a great plan, particularly when it is compared to FY 1988, but it does provide some relief," NCI Director Samuel Broder told a recent meeting of the Div. of Cancer Etiology Board of Scientific Counselors.

Providing more opportunities for cancer training has been high on the list of priorities Broder has mentioned in speeches and discussions. At the DCE Board meeting, he said that the cancer research community should become more involved in pressing for trainee support.

"Groups should pick up the cause of training," he said. "We need more people to carry the banner. If you are interested in RPGs, you should care about training. If you

are interested in cancer centers, you should care about training. I'm very worried about it."

Broder said he is exploring ways to improve training and enhance opportunities for first time grant awardees.

The 1990 President's budget requested \$33 million for the NCI NRSAs, about a \$1 million increase over 1989.

## Loss Of Core Grants Imperils Status Of Three Comprehensive Centers

If the new requirements for recognition as a comprehensive cancer center, as recommended by the National Cancer Advisory Board, were in place today, three centers which have long held that status would have to give it up.

The three--Roswell Park Memorial Institute, Ohio State Univ. Comprehensive Cancer Center, and Georgetown University's Vincent Lombardi Cancer Research Center--have lost their NCI core grants. The new requirement makes possession of a funded core grant obligatory in order for a center to be considered for recognition as comprehensive. Loss of a core grant would automatically rescind recognition.

Georgetown's situation is somewhat different from the other two. It has been a partner with the Howard Univ. Cancer Center in the "Georgetown-Howard Comprehensive Cancer Center," recognition of which was granted by NCI in the 1970s. Each center had its own core grant, and Howard's remains intact and funded.

Georgetown failed to get its core grant renewed two years ago, which raised the question of what NCI should do about comprehensive recognition which involves more than one institution, when one partner loses its grant.

NCI's answer has been to do nothing, since the entire issue of comprehensive recognition had been dormant for nearly 10 years. Now that it has been revived, the multi-institution problem will have to be addressed.

The Georgetown situation may be resolved before the new guidelines, based on the NCAB recommendations, are written and adopted. The center's has had its site visit on its new application for a core grant. The Cancer Center Support Grant Review Committee will meet in August to review current applications.

The first generation of comprehensive cancer centers, other than the Big Three, were reviewed informally by a committee of NCI

Cancer Centers Program staff and NCAB members. Recognition was based on 10 "characteristics" drawn up by the NCAB. A core grant was a requirement, but loss of one did not automatically expel a center from the elite group. A rule was adopted allowing for a two year grace period after a comprehensive center lost its core grant. If the center was not successful in getting its core support back, the NCAB was to review the center to determine if it still possessed enough of the 10 characteristics to be considered comprehensive.

There was no further direction on what was supposed to happen next, if the review found that the center no longer was comprehensive. Presumably, the NCI director would notify the center that it was out of the club.

No NCI director has had to initiate that politically painful process. One, the Colorado Comprehensive Cancer Center, closed its doors and went out of business after it lost its core grant, sparing then Director Arthur Upton from being forced to take any action. Since then, NCI has not has paid much attention to the business of comprehensive recognition, until Sydney Salmon decided his center at the Univ. of Arizona deserved it. His letter to NCI requesting consideration as comprehensive triggered the NCAB's review of the whole process.

Roswell Park's failure to get its core grant funded this year was a shocker to many. RPMI was one of the first three major cancer centers to be recognized as comprehensive, soon after the National Cancer Act of 1971 encouraged NCI to acknowledge the existence of such centers and foster the development of new ones. Memorial Sloan-Kettering and M.D. Anderson, along with RPMI, were given recognition without any review and were considered the models by which others were judged (in breadth and scope of multi-disciplinary basic and clinical research, not necessarily in administrative makeup).

RPMI has been and still is one of the leaders in amount of support it receives from NCI RO1 and PO1 grants, and it developed a strong cancer control program. Its clinical programs, however, were seen by reviewers to be slipping, and the renewal application was scored just out of the funding range.

Recruitment of Jerome Yates as associate director for clinical research, and Clara Bloomfield as chief of medicine, along with other new additions, should strengthen RPMI's position when it reapplies. The new application will be merged with the separate core



grant held by one of Roswell Park's stellar components, the Grace Cancer Drug Center, headed by Enrico Mihich.

Ohio State was caught in a situation in which review of its core grant renewal this year came while new Director David Schuller was still learning the ropes. "It boiled down to the fact that the director was a new product on the block, with no track record in leadership," Schuller told *The Cancer Letter*.

Schuller, 44, is chairman of otolaryngology and director of OSU's Head & Neck Oncology Program, which has entered more patients than any other institution in the Southwest

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### **Broder Tells AACI Leaders That Centers, Cancer Training Budgets Will Increase**

NCI Director Samuel Broder met last week with leaders of the Assn. of American Cancer Institutes and promised them that the FY 1990 budget for cancer centers would be increased. He also said more help would be made available for cancer training.

Broder met with Sydney Salmon, AACI president; Ross McIntyre, immediate past president; Edwin Mirand, secretary treasurer; and Jerome Yates, member of the Board of Directors. Also present were Maryann Roper, NCI deputy director and chairman of the institute's new Centers Planning Committee; DCPC Director Peter Greenwald; and John Hartinger, chief of the Financial Management Branch.

"We had a frank, constructive discussion, and Dr. Broder promised to address our problems conscientiously," Mirand said. "He asked for our help in compiling information on progress in cancer research which he can take to Congress, and for help in other areas. We assured him we would help anyway we can."

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Oncology Group's head and neck protocols. Schuller was named director of the new Arthur G. James Cancer Hospital & Research Institute, and the comprehensive cancer center, on April 1, 1988. He has been at Ohio State since 1976.

Reviewers, while finding several strong research programs and other good features of the Ohio State center, criticized Schuller for not developing long range planning "and for failing to articulate his vision as a center director" (according to the pink sheet, which was obtained by a Columbus newspaper). Schuller said that is being corrected and will be reflected in the new application which is being put together.

The reviewers were impressed by the broad support being given the OSU center, by the state, the community, the university and by private sources.

In the next review, they most likely will also be impressed by the recently opened hospital, a 12 story, 271,000 square foot facility. It has 160 beds, an outpatient department capable of handling 100,000 patient visits annually, a day care center which will allow most chemotherapy patients to be cared for on an outpatient basis, one of the largest and best equipped bone marrow transplant units in the United States, six operating rooms specially equipped for oncologic surgery, and an intraoperative radiation therapy unit. The top two floors will house basic research laboratories.

**Whether Georgetown, Roswell Park and Ohio State get their grants back in the next fiscal year and thus preserve their comprehensive status may depend on whether Congress increases NCI's budget.**

If the amount of money listed in the President's budget request remains the same, five or six more centers will lose their core grants, almost certainly including a comprehensive center or two. The competition for those limited funds will be keener than ever.

The Assn. of American Cancer Institutes is pushing hard for a substantial addition to NCI's appropriation, with enough earmarked for centers to fund all the renewals with reasonable priority scores, new centers which compete effectively, all at close to the peer review recommended budget levels. That would probably require an increase of about 20-25 percent, to about \$125 million.

Since there is no provision in law for a line item for centers, for which AACI has been campaigning, the best centers can hope for is language in House and Senate Appropriations Committee reports on the bills directing that NCI allocate a specific sum for the program. Language that shows up in both reports is hard for an agency to ignore, although it does not have the force of law.

The two other centers which lost their core grants were also surprises--Northern California Cancer Center and the Markey Cancer Center in Lexington, KY.

NCCC has been in existence as a consortium of institutions, including Stanford and the Univ. of California, since the mid-1970s. It was hailed by then Director Vincent DeVita five

years ago as an outstanding example of what a consortium center can do in regional cancer control.

The Markey center was organized in the early 1980s but has had an NCI core grant only for the last three years.

Meanwhile, other centers are waiting in the wings for recognition as comprehensive. Robert Capizzi, director of the Cancer Center at Wake Forest Univ., has sent a letter to NCI requesting review for that purpose. NCI has had informal discussions about comprehensive recognition with the new Univ. of Michigan and Univ. of Colorado centers. Cleveland Clinic is considered a good possibility, if it does well in its competitive review this year. Another is the Pittsburgh Cancer Institute, which received its first NCI core grant last year.

Under the new requirements, centers will be formally reviewed for comprehensive recognition, if they so request, at the time their core grants are being reviewed. Review for comprehensiveness will be automatic at core grant renewal time for those with that recognition; in other words, comprehensive centers will need to be periodically "recertified" as comprehensive.

Centers which have recently had their grants renewed may be able to ask for special comprehensive review without waiting until their grant expires, depending on how the new guidelines are written.

Details of the new guidelines are being developed by NCI Centers Program staff. They will be reviewed by the NCAB before adoption, and possibly also discussed with centers representatives. Final approval by the NCAB probably will not occur until the February, 1990 meeting; if controversies develop, implementation could be delayed indefinitely.

**AACI's membership** is growing: There were 69 regular and five corresponding members at the start of the annual meeting in San Juan last month. Three new members were approved -- Univ. of Michigan, Univ. of Colorado and Pittsburgh Cancer Institute. Secretary Treasurer Edwin Mirand reported that 10 more applications were pending.

AACI members agreed to support Research America, the organizations started by former Sen. Lowell Weicker to develop support for increases in funding of biomedical research programs. AACI will contribute \$500 a year.

Members also approved the concept for an "AACI Electronic Bulletin Board" drawn up by

Salmon. It would facilitate conferences among centers directors and various subsets of center staff members and provide an electronic mail service and bulletin board type announcements.

## **NCI Delays Scientists' China Visit But Says Cancer Studies Not Harmed**

NCI has postponed indefinitely visits to China by American scientists that were scheduled for this summer, due to the Chinese Army's shooting of unarmed students in Beijing in June.

NCI officials say, however, that ongoing collaborative cancer studies have not been significantly delayed and will continue. Under orders from the Executive Branch, no new collaboration can take place and U.S. government employees may not travel to China.

"The recent tragic events in Beijing and elsewhere in China thus far have not had a major impact on ongoing collaborative cancer studies with Chinese scientists," Div. of Cancer Etiology Director Richard Adamson told his Board of Scientific Counselors at its recent meeting.

Adamson said there have been delays in activities planned for this month and NCI has postponed visits by American scientists who were planning to go to China this summer. He did not specify what delays have taken place.

There is no telling what effect the predicted decline in travel to China by scientists who are not federal employees will have on research. The International Agency for Research on Cancer last month canceled a cancer meeting that was to have been held in Beijing July 2-7. The meeting was on the relationship of n-nitroso compounds, mycotoxins and tobacco smoke to cancer.

At the end of June, a delegation of 10 scientists from Beijing, Wuhan and Yunnan toured NCI on a trip that had been scheduled long before the June 6 massacre. The group included Lu Shi-Xin, director of the Cancer Institute of the Chinese Academy of Medical Science.

The Chinese scientists told their hosts that "the political changes will have little effect upon cooperating in cancer research," Adamson said. "We hope that is correct."

Now, however, visits by high level Chinese scientists are not allowed, and the State Dept. must review visits by middle level officials.

The U.S. Embassy in Beijing has assured

NCI that it will continue to assist in ongoing studies as usual and that shipment of materials to collaborating scientists in China need not be delayed, Adamson said.

"Although the long term consequences of the incidents in China this summer remain uncertain, it appears that our research projects have not suffered," Adamson said. "We will continue to keep in close touch with our scientific colleagues in China."

HHS, following policy guidelines by the Administration, advised NIH of the following regulations on visits by and collaboration with Chinese scientists:

--All U.S. citizens have been advised to leave China and no U.S. government employee may travel to China until further notice.

--Chinese nationals who arrived in the U.S. on or before June 6 may apply for "deferred departure." This will allow them to remain until June 5, 1990 and to seek employment in the U.S.

--Action on new collaborative activities or renewal of any previous activities such as contracts, grants or agreements, should be delayed until further notice.

--NCI and other institutes may continue to issue invitations to Chinese scientists at the working level, including participants in the Visiting and Guest Researcher programs. Visits by high level officials are not allowed. Visits by midlevel officials must be reviewed by the State Department.

--NCI and the other institutes may continue to exchange data and technical information with Chinese scientists.

## **Boston Study Finds Adenocarcinoma Of Esophagus Incidence Increasing**

Adenocarcinoma of the esophagus, an uncommon form of esophageal cancer, may be occurring five times more frequently than in the past, according to a study conducted by Paul Hesketh, medical oncologist at Univ. Hospital in Boston.

The study, published in the July 15 issue of "Cancer," shows that adenocarcinoma, which previously accounted for less than five percent of esophageal cancer, may now account for as much as 30 percent.

Approximately 10,000 Americans are diagnosed with esophageal cancer each year, usually squamous cell carcinoma. "In recent years, we've been noticing that more of our patients had adenocarcinoma," Hesketh said. "We conducted the study to learn whether

what we were encountering was a real phenomenon or just chance."

Adenocarcinoma and squamous cell carcinoma are equally malignant and deadly. But, while alcohol and smoking are suspected as the primary causes of squamous cell carcinoma, there is little information on the etiology of adenocarcinoma of the esophagus.

Hesketh and his colleagues analyzed case record data from tumor registries at the Univ. Hospital and the Boston VA Medical Center. They found that over a recent five year period, 231 cases of esophageal cancer were reported and that 31 percent were adenocarcinomas. Statewide data revealed that 27 percent of 686 esophageal cancers reported between 1982 and 1984 were adenocarcinomas. In both cases the incidence among men was higher than among women and the incidence among blacks was very low.

To put their findings in a historical perspective, researchers compared their data with that from Connecticut's tumor registry. They found that between 1955 and 1986 there had been a significant trend upward in the numbers of reported adenocarcinomas. In recent years (1983-86), 22 percent of esophageal cancers were classified as adenocarcinoma.

An analysis of NCI's SEER data ruled out the phenomenon as a regional trend, with a similar increase in the disease seen in national data. The lower incidence among women and blacks also held up nationally.

To ensure that the results were not due to changes in diagnostic techniques or criteria, the investigators went back to case records of all patients at the two Boston hospitals and reanalyzed them according to criteria used in earlier studies of the disease. The incidence of adenocarcinoma was still three to five times higher than that reported earlier.

"We've concluded that there is a real three to five fold rise in the frequency of this disease," Hesketh said.

The next step, according to Hesketh, will be to identify risk factors, such as diet, environment, or behavior, that are shared by adenocarcinoma patients, and also factors that may be causing a possibly related decrease in the incidence of squamous cell cancers.

## **New Publications**

"Cell Growth & Differentiation," the new monthly molecular biology journal of the American Assn. for Cancer Research. Edited

by George Vande Woude, director of the BRI Basic Research Program at Frederick Cancer Research Facility. Publication will start in January, 1990. Manuscripts are not being accepted and should be sent to Vande Woude or to an appropriate member of the editorial board. Charter subscriptions (before Dec. 1), \$120 year institutional, \$72 individual nonmember of AACR; for active members, \$135 includes 1990 dues plus both "Cell Growth & Differentiation" and AACR's "Cancer Research;" \$100 includes annual dues and either of the journals. After Dec. 1, the institutional rate increases to \$150 and individual nonmember rate to \$90. Add \$20 for delivery outside the U.S. Williams & Wilkins, Attn: Cell Growth & Differentiation, PO Box 1496, Baltimore, MD 21298, phone toll free 800/638-6423 (from within Maryland, 800/638-4007).

"Living with Lung Cancer," by Barbara Cox, David Carr and Robert Lee. Guide for patients and families. Triad Publishing Co., 1110 N.W. 8th Ave., Gainesville, FL 32601, \$7.95.

"Anthracycline and Anthracenedione based Anticancer Agents," edited by J.W. Lown. Surveys progress in understanding mechanisms of action, toxicities, and improvements in clinical protocol. Elsevier Science Publishers, PO Box 330, 1000 AH Amsterdam, The Netherlands, \$231.50.

"Making Intelligent Choices About Therapy," by the Leukemia Society of America, 733 Third Ave., New York, NY 10017, or through local chapters of the society. Brochure on unproven treatments and their warning signs to help patients of leukemia and related diseases avoid "quackery" treatment, and how to become involved in approved investigational treatment programs.

"The Structures of Life: Discovering the Molecular Shapes That Determine Health or Disease," booklet on research in structural biology. Office of Research Reports, National Institute of General Medical Sciences, Building 31, Room 4A52, Bethesda, MD 20892. Send self addressed mailing label with request.

The following are available from Raven Press, 1185 Avenue of the Americas, New York 10036, phone 212/930-9500:

"Drug Treatment of Cancer Pain in a Drug Oriented Society," edited by Stratton Hill and William Fields, \$86.

"Soft Tissue Sarcomas: Histological Diagnosis," edited by Artemis Nash, \$65.

"Tumorigenic DNA Viruses," edited by George Klein, \$99.

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

### RFP NCI-CP-05625-21

Title: Biomedical computing, design and implementation (biostatistics)

Deadline: Approximately Aug. 14

The Biostatistics Branch of NCI's Div. of Cancer Etiology seeks computer related support for its biostatisticians, epidemiologists and others within the branch in the form of data management and analysis of large sets of biomedical data. This computer related support falls into three main categories:

1. Data management activities, consisting of keying, formatting, and editing data collected from field studies.

2. Systems design and development, consisting of defining technical specification requirements and developing the program language code required to implement automated solutions.

3. Statistical analysis and modeling, consisting of using standard software packages and specialized software to carry out analyses under the general guidance of the Environmental Epidemiology Branch personnel.

This is a recompetition of a contract currently providing computer related services for approximately 20 studies per month. The proposed contract is a 100 percent small business set aside, the size standard for which is \$7 million.

Contract Specialist: Barbara Shadrick

RCB Executive Plaza South Rm 620  
301/496-8611

### NCI CONTRACT AWARDS

Title: Development and production of pharmaceutical dosage forms

Contractor: Univ. of Iowa, \$1,391,756

Title: Tracing through motor vehicle bureaus to determine vital status and current address for patients treated in Minnesota hospitals

Contractor: Equifax Inc., \$4,180

Title: Resource for xenotransplantation and evaluation of human tissues injected into athymic nude mice

Contractor: Hazleton Laboratories America Inc., \$1,544,680

Title: Cultivation of marine protozoa

Contractor: Martek Corp., \$784,723

Title: Support of occupational studies

Contractor: Westat Inc., \$5,501,972

Title: Biomedical computing software services in support of Diagnosis Program

Contractor: Information Management Services Inc., \$722,872

Title: Selective acquisition of compounds for anticancer and anti-AIDS screening

Contractor: Starks Associates Inc., \$4,184,690

### CORRECTION:

The concept for recompetition of the Div. of Cancer Etiology's contract with Westat Inc. for support services for clinical epidemiological studies, reported as approved by the DCE Board of Scientific Counselors (**The Cancer Letter**, July 7), actually was approved only for an extension of up to one year. The board will act at a later date on recompetition.