THE CANCER LETTER

Vol. 15 No. 43
Nov. 10, 1989

Price $185 Per Year North America
$200 Per Year Elsewhere

P.O. Box 15189 Washington, D.C. 20003 Telephone 202-543-7665

NCI, FDA Make Progress On Some Issues, But Differences Remain On Endpoints

NCI and FDA staffs "have made significant progress" on a number of issues, but "significant differences on endpoints for drug approval" remain, Div. of Cancer Treatment Director Bruce Chabner said in his report to the DCT Board of Scientific Counselors. Chabner said he is counting on the Lasagna Committee to back NCI's position on endpoints

(Continued to page 2)

In Brief

Waldmann, Fisher Win Top Milken Prizes Of $250,000 Each, Six Others Get $50,000

WINNERS of the Milken Family Medical Foundation's second annual awards to distinguished clinical and basic scientists in cancer research: **Thomas Waldmann**, chief of the Metabolism Branch in NCI's Div. of Cancer Biology & Diagnosis, and **Bernard Fisher**, professor of surgery at the Univ. of Pittsburgh and chairman of the National Surgical Adjuvant Breast & Bowel Project, will receive $250,000 each at the Foundation's award dinner Dec. 6 in New York. Waldmann's is the Foundation's top award in basic research, Fisher's in clinical research; they are the largest single cash prizes in the cancer field. Winners of $50,000 each in basic research are Fred Vogelstein of Johns Hopkins, Charles Scherer of St. Jude Children's Research Hospital, and Ed Harlow of Cold Spring Harbor Laboratory. Winners of $50,000 awards in clinical research are John Minna, chief of the NCI-Navy Medical Oncology Branch in the Div. of Cancer Treatment; Lawrence Einhorn of Indiana Univ.; and Stephen Howell of the Univ. of California (San Diego). The awards are intended to encourage outstanding investigators to continue their work, and to reward those who may not have been adequately recognized for their achievements. . . . **SHARYN SUTTON**, former executive vice president for corporate and research evaluation at Porter Novelli, has been appointed chief of the Information Projects Branch in NCI's Office of Cancer Communications. . . . **LINDA ANDERSON**, deputy press officer in OCC, has moved to the National Institute of Mental Health where she is chief of the Public Affairs & Scientific Reports Branch. . . . **NEW SURGEON** general is **Antonia Novello**, first woman to hold that position. She has been deputy director of the National Institute of Child Health & Human Development; a pediatrician, her work as focused on childhood AIDS research in recent years. . . . **UNIV. OF TEXAS** Regents authorized issuance of $9 million in bonds to help finance construction of a 200 room hotel for ambulatory patients at M.D. Anderson Cancer Center. The Houston Rotary Club raised the rest of the $17 million construction cost.

NCI/FDA Collaborations Proceed, Differences Remain, Chabner Says

(Continued from page 1)
and to help resolve reimbursement problems involving investigational therapies and off label use of drugs.

"NCI and FDA staffs have continued to meet on a monthly basis, and these meetings continue to be constructive in dealing with issues related to IND filings, Group C and treatment IND designation, and others," Chabner said. "We have established a joint fellowship program in medical oncology and regulatory medicine, a unique program to train physicians in drug development and clinical trials design.

"I feel that while we have made significant progress in these areas, we still have significant differences on endpoints for drug approval. Just how important these differences area, and whether we have made any progress, will become apparent in future decisions by FDA. A number of good agents will be coming up for evaluation in the next year, including levamisole, deoxycoformycin, g-CSF, fludarabine, and possibly m-AMSA. The impact of our ongoing dialogue should become evident in these decisions."

FDA's action in approving carboplatin only for second line treatment of ovarian cancer remains a sore point with Chabner. He noted that the rationale for not approving carboplatin as a first line agent in ovarian cancer was discussed by the Lasagna Committee.

"FDA and the (FDA) Oncologic Drugs Advisory Committee were concerned that carboplatin/cytoxan might produce inferior long term survival as compared to cisplatin/cytoxan, even though complete response rates were equivalent," Chabner said. ODAC and FDA were strongly influenced by unpublished data from Memorial Hospital. A retrospective analysis of patients treated there with melphalan and various other combination therapies indicated that even though melphalan produced a lower pathological complete response rate, the melphalan complete responders remained free of disease longer. These data have serious drawbacks."

Those were, Chabner continued:

"▸Pathological complete response was documented at a median of 20 months post therapy in the melphalan group and at 10 months in the platinum therapy group. This time differential could seriously bias the analysis, since the melphalan group would have been purged of incomplete responders during the extra 10 months.

"▸It is unlikely that the patient populations, restaging procedures, and followup of patients were comparable in the various patient groups.

"It is regrettable that these data were used as a basis for developing criteria for approval of new drugs for ovarian cancer. What is needed here is a careful analysis of pathological complete response rate as a surrogate for survival in contemporary trials in which patients are selected, treated, and restaged in a uniform manner. We are undertaking such a study in the intramural NCI program and in our cooperative groups."

Chabner said he could not predict the position the Lasagna Committee will take on the drug approval issues.

"Their report will probably not be forthcoming for another six to nine months, as meetings are scheduled into next year. My sense is that a number of the members of the committee are sympathetic to the NCI position regarding the validity of surrogate endpoints and the other matters we have discussed. They have taken a strong stand on the need for the government and third party payers to cover investigational therapies. They will likely address another important issue--reimbursement for off label use of drugs. This committee is our hope for the future."

THE CANCER LETTER

Editor: **Jerry D. Boyd**
Associate Editors: **Kirsten B. Goldberg**
Patricia Williams
Editorial/Subscriptions Office
PO Box 15189, Washington, DC 20003
Tel: (202) 543-7665 Fax: (202) 543-6879
ISSN 096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter and AIDS Update.

DCBD Board Votes Down, Then Okays Organ Systems PA

What is probably the final step in the reorganization of NCI's Organ Systems Program was presented to the Div. of Cancer Biology & Diagnosis Board of Scientific Counselors, and was very nearly shot down.

The NCI Executive Committee had decided that the institute could no longer afford to support the series of RFAs (request for applications) which were being generated by OSP's seven working groups and successfully sold to the divisional BSCs. That involved set

aside funds drawn from the RO1/PO1 grants pool, and responders to the RFAs were more than holding their own in peer review. They were beginning to take too big a bite from the increasingly tight NCI budget.

The solution: Disband the working groups, limit workshops aimed at identifying research gaps in major solid tumor sites, and attempt to stimulate research in those areas through program announcements rather than RFAs.

Program announcements do not require set aside funds, and those submitting grant applications in response to them compete in the regular RO1 pool.

Andrew Chiarodo, chief of the Organ Systems Branch which was recently moved (along with the Cancer Centers Branch, Research Facilities Branch, and Training Branch) from the Div. of Cancer Prevention & Control to DCBD, told the BSC that the seven program announcements he was presenting for concept approval represented "an attempt to wrap up the working groups' efforts. A lot of ideas which had been suggested were in the development stage."

"These are unusual program announcements," added Brian Kimes, director of DCBD's new Centers, Training & Resources Program. "We had a lot of people working on these. This will bring to closure work in progress."

The concept statement noted that "the aim of this initiative is to request novel ideas for research in seven solid tumor sites (bladder, breast, central nervous system, large bowel, pancreas, prostate, and upper aerodigestive system)."

After reviewing briefly the history of OSP, the statement said, "The overall intent of NCI is to provide a fiscally realistic and efficient mechanism for addressing solid tumor research across NCI in spite of limited resources, and at the same time maintain the momentum generated by the former extramural working groups. . .

"The OSP working groups were exploring numerous research opportunities and developing concepts in their respective areas of responsibility. For example, the Bladder Working Group concluded a workshop on the biology of bladder cancer and the potential clinical implications in which a number of opportunities were identified relating to stromal epithelial interactions and oncogene activation, new potential markers (P-glycoprotein expression and distribution) in tumorigenesis, tumor growth influence on immunobiology, development of laboratory techniques for predicting chemo and radiation responses, and opportunities for prevention trials.

"The Breast Working Group was addressing interactions between hormonal and cytotoxic adjuvant therapies, and the effects of tamoxifen, estrogens, and progestins on high risk breast lesions.

"The CNS Working Group was developing ideas for research on targets and mechanisms of CNS radiation damage in order to understand molecular lesions responsible for radiation injury specific to cellular elements and vasculature of the CNS. The Large Bowel Working Group was developing ideas focused on the transformation and progression of normal colonic epithelium to adenocarcinoma, as well as protocols for conservative treatment of rectal cancer thereby avoiding permanent colostomy.

"The Prostate Working Group was addressing genetic instability and tumor heterogeneity, the biology of latent cancer and its clinical progression, and a reexamination of prostate epidemiology. The Upper Aerodigestive Working Group convened a workshop on chemoprevention of upper aerodigestive tract cancers and from this workshop was developing concepts for research initiatives.

"In addition, ideas were being discussed relative to genetic susceptibility to carcinogenesis in the upper aerodigestive tract, magnetic resonance imaging of subclinical disease in the head and neck, and a possible viral etiology in the epidemiology of upper aerodigestive cancers.

"The above examples, which are not all inclusive, provide a strong scientific rationale for NCI to employ program announcements to encourage the continuation and further exploration of the novel research ideas through investigator initiated grant applications."

The rationale did not impress board member Margaret Kripke. "I don't understand the rationale for program announcements," she said. "That's like telling people to do cancer research. People aren't sitting there with novel ideas waiting for program announcements. If you don't put money behind an announcement, they're not going to stop working with L1210 mice and respond to this."

"The program announcement says we would like to see more work on tumors that are killing people," Kimes said. "It is important to NCI that we fund more grants on solid tumors. If we had all the money we needed, we would not have disbanded the working groups."

"I don't see that this addresses the problem," board member Richard Metzgar said. "I agree with Margaret. I don't see that this will stimulate new ideas."

"There are a lot of ideas sitting there," Kimes insisted. "A lot of people in the working groups worked very hard, and we do not want to lose those ideas. There are some very good ones."

Chiarodo added that there are no program projects

presently funded for solid tumors except in breast cancer. "We want to catalyze them, to come together."

Board member Noel Warner suggested that regular NIH study sections, which review responses to program announcements as they would other RO1s, probably would not score responses to this announcement very high.

"That's an advantage of the RFA," Kimes said. "They are reviewed by special study sections. On the other side of this argument, you can ask, why should these get special attention?"

He pointed out that if program directors feel an application may not get a fair review in a particular study section, a request can be made to send it to another.

Chiarodo said that each of the seven announcements would be tailored to a specific site."

The board still was not impressed, with Kripke and Metzgar voting against approval and no one else voting at all.

Board Chairman Arnold Levine suggested that the concept could be rewritten to satisfy the objections. Kimes, attempting to find acceptable language, responded, "We're saying that NCI is interested in seeing grant applications for novel research in solid tumors."

"But that's a given," board member Vittorio Defendi said.

"If you look at the grants coming in, that's not a given," Chiarodo said.

After board member Noel Warner said, "I can't see any harm with this concept."

Kripke called for another vote, on a single program announcement for multidisciplinary research on all solid tumors. After Metzgar added that it should be for multidisciplinary research "across organ sites, not within an organ site," the board voted unanimously for approval.

The board also approved the concept of a program announcement for research on underlying molecular, cellular, and immunological factors in age related cancers.

The concept statement, presented by Stringner Sue Yang of DCBD's Extramural Research Program, follows in part:

The aim of this program announcement is to promote research that will lead to a better understanding of the various underlying factors, both intrinsic(genetic, molecular, and cellular) and extrinsic (epigenetic, immunological, drug induced, chemical, and viral) that affect behavior of cancers in patients over 65 vs. under 65.

Statistical data show that cancers are diseases associated with the aging process, since cancer incidence and mortality increase with age. However, it is not known why incidence and mortality rates for certain cancers are greatly increased in patients over 65 when compared with those under 65.

This program announcement is designed to encourage investigator initiated multidisciplinary research to identify biological factors which contribute to the increased incidence and mortality rates associated with certain age related cancers.

Current statistics indicate there are significant increases in incidence and mortality rates in certain age related cancers involving the colon, prostate, breast, and ovary. The current national census indicates that persons over 65 comprise 12 percent of the population.

With improved health care delivery, this fraction will increase to 14 percent by 2000 AD. The problem of higher cancer mortality rates among patients over 65 thus becomes even more urgent.

Understanding of the higher mortality rates in cancer patients over 65 may depend on understanding the possible roles played by the physiological changes with age, the pathophysiology of age related diseases, and the interactions of many medications consumed by older persons.

There is little known about the role of these factors in the development and progression of cancers in elderly patients. Using animal models, gerontologists reported that genetic instability developed during aging proved damaging to the normal controls of cell growth.

Abnormally high expressions of proto-oncogenes, growth factors, and their respective cell surface receptors in certain tissues were closely correlated with the aging process. Similar molecular alterations were seen in oncogenesis and tumor progression. But, there is not enough information to permit an unbiased evaluation of any correlation between molecular alterations with specific tumor stages.

It is not known if growth rate bears any relationship to the malignant phenotype of a tumor.

Moreover, the interaction of the immune system with cancers in patients over 65 is poorly understood. Additionally, phenotypic expressions of the multidrug resistance gene, drug metabolizing enzymes, and membrane transport properties of tumor cells in elderly cancer patients need to be better understood.

The development of drug resistance in cancer cells of elderly patients during the course of treatment may constitute a severe problem in chemotherapy.

The development of new information on the age related differences between cancer patients over and under 65 regarding the phenotypic and genotypic properties of tumor cells derived from the same organ, and tumor-host interactions, should contribute to improvements in cancer prevention, diagnosis, and treatment for patients over the age of 65.

Yang pointed out that NCI Director Samuel Broder had included cancer mortality in the elderly as one of his high priority areas, along with mortality rates in minorities. She added that "equally important to funding of grants through this program announcement is that it will help us identify people with good ideas" who may not get their grants funded. "Program staff will look at the applications and identify those who need some help."

Responding to Defendi's question of why 65 was selected as the starting age, Yang said it was "arbitrary." Warner asked if the grants could be given a dual assignment, to NCI and the National Institute of Aging (and thus get some help on funding them). Yang said that if they were predominantly on cancer, they would be assigned to NCI.

"Is a tumor different in the elderly?" Levine asked. "Is colon

cancer the same disease at 60 that it is at 20?" Kripke asked.

"That's the same thing I just said," Levine replied. "It may be driven by different genes."

The concept was approved without dissent.

Korn: NCAB Action On Diet Fit "Not Cavalier, Unencumbered By Facts"

National Cancer Advisory Board Chairman David Korn wrote the following letter to **The Cancer Letter** before he saw the article in the Oct. 20 issue which clarified a previous report on the NCAB's consideration of the Diet Fit trial and corrected a couple of factual errors.

In a phone conversation, Korn said the Oct. 20 article had completely satisfied him on the clarifications and corrections, and he did not insist that his letter be printed. However, when **The Cancer Letter** offered to publish the letter anyway, Korn agreed, hoping to emphasize his point that the NCAB does not consider grant applications without sufficient information of their substance. The letter follows:

"I was deeply dismayed to read in the Sept. 29 Cancer Letter an extensive report on the National Cancer Advisory Board closed session consideration of the grant application for the Diet Fit trial. NCAB closed session discussions and actions are privileged and must remain so to assure full and free discussion of often complex scientific issues, as well as to protect the privacy of investigators. The leak that occurred violates this process, and although I do not know how it occurred, I sincerely hope that it will not be repeated.

"Because the substance of the board's discussion is confidential, I am not free to comment on your published report. However, I do wish to correct a misstatement of fact, which is not privileged. Contrary to your assertion, the NCAB members had received prior to the discussion the full, detailed summary statement, including the list of the site visitors and review committee members, as well as a letter sent to NCI by the principal investigator clarifying some aspects of the application.

"The research proposed in the grant application in question was discussed extensively and in depth, in a process similar to that used by the NCAB in its consideration and deliberation of any grant that may come before it. It is unfair to the board to imply that it would consider a grant application without knowledge of its substance. Moreover, it is unfair to NCI to suggest that it would expect the board to carry out its business while providing information grossly insufficient for responsible decision making. Applicant investigators are explicitly barred from knowing what takes place in the Special Actions Subcommittee of the NCAB. Therefore, it is especially important to correct your published report which could lead applicants to conclude erroneously that it is the practice of the board to act on grant applications in a fashion that is cavalier and unencumbered by facts."

Why Shouldn't Scientific Issues Be Discussed In Open Meetings?

By JERRY BOYD

David Korn is entirely justified in his anger over the implication that the NCAB did not have all the information it needed to render a fair decision on the Diet Fit grant. **The Cancer Letter**'s source apparently was unaware of the procedure in which only those members with expertise in specific areas receive the entire pink sheets of grants in those areas; others get only the front page unless they request the entire summary statement. In the Diet Fit review, some members did request the complete statement, and it was provided the night before the meeting.

When the misinformation was pointed out to **The Cancer Letter**, we were glad to make the correction.

As one who has covered all but two meetings of the NCAB since it was established in 1972, I can support Dr. Korn's statement that NCI staff makes every effort to assure that board members are fully informed on matters brought before them.

Whether the board has enough time to adequately consider all that information is another issue, although apparently that was not a factor in the Diet Fit discussions. In the last year, board meetings have been compressed from two and a half days to two days. Time allotted to the Special Actions Committee (a committee of the entire board which does the grant reviews), has shrunk from an entire day to part of one afternoon. The board has more committees now than it ever had, and their meetings further impinge on sessions of the full board.

The Cancer Letter takes issue with Dr. Korn on the so called "privileges" of closed sessions. The rationale which has been cited to us for closed review of NIH grant applications, and one with which we agree, is that proprietary information frequently is involved in those applications or reviewer discussions, and that qualifications (or lack of them) of the applicant may be issues. It seems appropriate that those matters should be kept private.

But "full and free discussion of complex scientific issues" can only be assured behind closed doors? If that is a rationale for closed meetings offered by NCI or NIH, then they are not being consistent. The

boards of scientific counselors of NCI's four program divisions, and the advisory councils and other advisors to most of the other institutes at NIH, engage in full and free, spirited, sometimes hotly debated, discussions of complex scientific issues involved in proposals for new grant projects, or new or recompeting contract supported efforts, which are presented to them for concept approval.

In fact, the scientific issues involved in Diet Fit were thoroughly aired in public sessions of the Div. of Cancer Prevention & Control Board of Scientific Counselors.

The NCAB's discussion of Diet Fit involved those same issues, as our sources said they did. Qualifications of the principal investigators were never challenged, and there appears to have been no proprietary information in the application. And certainly, no one was challenging the qualifications of the prestigious special study section which did the initial review and gave the application a score within the funding range.

The NCAB's consideration, then, of Diet Fit, had to be primarily a concept review. No real reason to have it behind closed doors, except for NIH tradition.

The article which so offended Dr. Korn (and some NCI staff members as well), we thought, was newsworthy, responsible, and revealed a very important action involving a research effort many people feel is absolutely vital. We make no apology for publishing it, and Dr. Korn has said he did not challenge our right to use it. His argument was with our source.

Consider the article's main points:

▸The news that the NCAB voted not to fund a major research project. The fact that an RO1 application had been submitted, a general description of the project, and the scientific issues involved, all had been reported by **The Cancer Letter** and others.

▸The statement that some of the arguments in the closed session were those previously reported from the public board of scientific counselor meetings.

▸Quotes from the pink sheet, which was given in its entirety to **The Cancer Letter** by the investigators.

▸Comments by the investigators, by the NCI division director in whose domain the grant falls, and by an NCAB member.

▸List of study section members.

▸The vote (reported first incorrectly, then corrected the next week).

▸The misstatement on distribution of pink sheets.

We fail to see how that kind of news story compromises peer review, although we wish we had had all the information correct the first time.

Dr. Korn, the distinguished dean of the Stanford Univ. School of Medicine, has been an excellent NCAB chairman. He hopes that leaks from NCAB closed sessions will not happen again. History is not on his side. There have been leaks from the NCAB since 1972, and there is no reason to believe they will not continue.

Public-Private Cooperation May Falter Under NIH Rules, NCI Officials Fear

The proposed new NIH/ADAMHA conflict of interest guidelines could reverse the trend of increasing cooperation between government and private industry scientists, NCI Director Samuel Broder and other NCI officials have said recently.

"You can take conflict of interest too far. You could create a scenario in which receiving an RO1 in itself is a conflict of interest," Broder told the Div. of Cancer Etiology Board of Scientific Counselors at its recent meeting. "I have concerns that we could be building a wall between the private sector and the public sector funding mechanisms, when in the past eight years we have been dismantling that wall."

The new guidelines will prohibit grant recipients from holding stock in, consulting with or receiving honoraria from a private company that owns a product being studied by that investigator.

DCT Director Richard Adamson and Div. of Cancer Treatment Director Bruce Chabner explained to their boards of scientific counselors what the guidelines would mean. If an investigator receives Federal funds to study, for example, a new chemoprevention compound, that investigator is prohibited from holding a financial interest in the company or receiving fees or honoraria from the company.

The proposed rules were designed to prevent financial interests from influencing the interpretation of data or their public representation. In recent episodes at universities, some investigators with financial interests in products have been accused of misrepresenting treatment results, Adamson and Chabner said.

The rules, if finalized, would have "far reaching effects on current relationships between biotechnology and pharmaceutical companies and academic investigators who consult, serve on advisory boards and own stock," Adamson and Chabner said.

The two division directors pointed out that the Federal Technology Transfer Act of 1986 encourages federal employees to interact with the private sector in the development of new inventions or discoveries.

"Although there are certainly very positive aspects to this close relationship, the question is whether the holding of a financial interest compromises an

investigator's objectivity," Adamson and Chabner said.

Broder said he would favor an emphasis on disclosure, rather than specific prohibition of equity holdings.

"The name of the game in my opinion is disclosure," Broder said.

"It is my opinion that this will be very stifling," DCT board member John Mendelsohn said. "If we're going to have technology transfer, we have to turn to industry. This has been one of the highlights of national accomplishments in the last decade."

"Personal gain does get involved, and it can be messy," DCT board Chairman John Niederhuber said.

"Personal gain is part of life," Mendelsohn said. "If we're going to move medical research forward, we have to take the risk."

DCT board member William Hryniuk said that "we must have an answer other than" the proposed guidelines. "It will break up the collaboration of science with industry."

The key feature of the proposed guidelines, released for comment in the Sept. 15 "NIH Guide for Grants and Contracts," is a rule under the heading "Prohibited Situations":

"No investigator, key employee, consultant or other persons with primary research, management, advisory, supervisory, or purchase authorization responsibilities, or their spouses or dependent children, shall be allowed to have personal equity holdings or options in any company that would be affected by the outcome of the research or that produces a product or equipment being evaluated in the research project."

This does not apply to equipment or products commonly found in laboratories, the guidelines said.

The prohibition does not include blind trusts, diversified mutual funds, or other financial interests over which the holder has no discretionary control. In addition, an institution may grant a waiver to this requirement if it determines that holdings "are so insignificant they do not have the potential of influencing research results or the direction of research."

The proposed guidelines do not apply to research supported under the Small Business Innovation Research Program.

Other situations prohibited under the proposed guidelines:

▸Information or research on products derived from NIH funded studies cannot be shared with any company that would be affected by the outcome until the information or research is made publicly available.

▸If an investigator, key employee or consultant receives funds from NIH or ADAMHA, as well as commercial funding, all funding sources must be disclosed.

"Insitutional conflict of interest reviews need to be particularly careful to ensure that private companies are not in a position to influence the research plan, results, or the reporting or interpretation of results" of NIH or ADAMHA supported research, the guidelines said.

▸An investigator, key employee or consultant may not receive honoraria, fees for service or a management position from a private source if that individual is involved in an NIH or ADAMHA supported project that is evaluating or testing a product of the source.

Honoraria or fees from other sources are allowed, "provided that their acceptance does not jeopardize the recipient's objectivity" with respect to the government supported research, or result in special access to information that is not publicly available.

However, the guidelines said, "care must be taken to ensure that the private company has no role in any decisions that would impede the standard practices for the publication or other dissemination of research results related to NIH or ADAMHA supported research."

An institution may grant waivers "if it determines that such holdings do not have the potential for influencing research results, the reporting of research results, the direction of the research, or putting the individual in a situation of being able to derive special advantage because of information he or she has available through NIH or ADAMHA research results."

In a preface to the proposed guidelines, NIH said the rules are necessary because, "NIH and ADAMHA supported investigators appear to be involved increasingly in non-federally supported activities.

"This situation represents some obvious philosophical and potential practical advantages, including rapid technology transfer and cooperative research ventures that facilitate efficient exchange of research results from the research laboratory or clinical trial to utilization in the private sector."

However, the NIH guidelines said, with this increased involvement has come complex questions.

"Intense competition for federal research funds, often resulting in partial funding for some research projects, also has stimulated or required investigators to seek additional research funding from non-federal sources.

"In addition, recent research advances in biomedical science have produced major opportunities for commercialization of research findings."

The guidelines noted that a healthy research environment in which innovation flourishes depends

"on the integrity and objectivity demonstrated by individual investigators" and institutions.

"These proposed guidelines should not stifle research creativity or technology transfer from the research laboratory to commercial use, but, rather, provide guidance concerning the safeguards needed to ensure unbiased performance and reporting of research results.

"Such safeguards are particularly important for situations in which conflicts of interest exist but are not publicly discernible."

Poses Questions To Investigators

NIH requested comments on the guidelines and specific comments on the following questions:

"▸What policies does your institution already have in place to deal with conflicts of interest? How does this draft issuance compare with them?

"▸How should information be disseminated regarding conflict of interest policies?

"▸What is your perception of the impact of your institution's adoption of policies on your own research, or, more broadly, on basic biomedical research, clinical trials, technology transfer, product development and commercialization of research results?"

The preface noted that the guidelines are intended to assist institutions that receive NIH or ADAMHA funds to establish their own conflict of interest policies. Institutions that receive funds "are expected to adopt policies that build upon this framework and that reflect their special needs."

Adamson and Chabner urged their boards and anyone in the extramural community to submit written comments on the proposed guidelines to NIH. The deadline for submitting comments is Dec. 15.

Comments should be sent to Dr. Katherine Bick, Deputy Director for Extramural Research, Shannon Building Rm 144, 9000 Rockville Pike, Bethesda, MD 20892. For more information on the proposed guidelines, contact Dr. Bick at 301/496-1096.

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-05621-13
Title: Chemical Carcinogen Reference Repository
Deadline: Approximately Dec. 30

The Chemical & Physical Carcinogenesis Branch of NCI's Div. of Cancer Etiology seeks a contractor to provide and maintain a Chemical Carcinogen Reference Repository.

The repository will provide a centralized source of well characterized and documented reference compounds for the carcinogenesis research community. Such a facility shall provide for the safe storage, repacking and distribution of known or suspected chemical toxins/carcinogens for use in cancer research and in carcinogenesis testing primarily as reference compounds.

Detailed plans for the repository to include the exact location, floor plans, personnel commitments, supplies, overall operating and safety plans shall be furnished by the offerors.

Contracting Officer: Sharon Miller
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CN-05241-33
Title: Technical support for experimental food program
Deadline: Approximately Jan. 5

The Diet & Cancer Branch of NCI's Div. of Cancer Prevention & Control is issuing a RFP to establish a centralized experimental food warehouse for supporting laboratory studies and clinical trials by the Diet & Cancer Program.

The project would provide: purchase of bulk experimental food substances, receipt of food products from suppliers, safe and stable storage, administrative support as needed for food formulation, packing and labeling, including shipment to final destination.

Essential activities for the overall operations include: monitoring stock levels at user locations, inventory control to ensure timely shipping of foods, maintenance of up to date records of shipments, quality assurance capability such as shelf life and purity of bulk materials, ultra cold storage capability and cold storage (14 x 24 ft).

Most of the project activity will focus on supporting activities of a new program initiative on the role of fruit and vegetable products in cancer prevention studies.

A level of effort type contract, with a total of 91,200 hours projected for five years, will result from this RFP.

Contract Specialist: Alan Kraft
RCB Executive Plaza South Rm 635
301/496-8603

NCI Contract Awards

Title: Induction, biological markers and therapy of tumors in primates
Contractor: Hazleton Laboratories America Inc., $4,349,236

Title: Centralized chemopreventive agent repository
Contractor: ERC Bioservices Corp., $5,484,598

Title: File maintenance and mail delivery service
Contractor: United Information Systems Inc., $198,578

Title: Diagnostic imaging by ultrasound inverse scattering
Contractor: Techniscan Inc., $500,000

Title: Evaluation of chemopreventive agents by in vitro screening assays
Contractors: NSI Technology, $183,445; SR International, $175,269; NSI Technology, $284,857; IIT Research, $264,899.