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President's FY 1991 Budget Provides NCI 3.9% Increase, But Grant Budgets To Be Cut 20%

The 1991 fiscal year budget sent by President Bush to Congress this week calls for a 3.9 percent increase for NCI over the current year for a total of $1.694 billion. It is essentially a flat budget in all categories except research project grants and AIDS research. Even the 4.8 percent increase in research project grants (mostly RO1s and PO1s) would leave NCI woefully short of adequate funding for basic research. Because NIH has adopted a policy of maintaining the number of grants currently supported at

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In Brief

Einhorn Named Karnofsky Lecturer; Consensus Conferences On Colon, Breast Cancer Planned

LARRY EINHORN, Indiana Univ., has been selected to present this year's American Society of Clinical Oncology Karnofsky Lecture. Einhorn will present his lecture, "Treatment of Testicular Cancer: A New and Improved Model," on May 21 at the Washington Convention Center in Washington during the society's annual meeting. . . . **NIH CONSENSUS** conferences will be held on colon cancer, April 16-18, and early breast cancer, June 18-21, at Masur Auditorium on the NIH campus. . . . **SOUTHERN RESEARCH** Institute has reorganized to expand the duties of directors of research and create five new vice presidential positions. Those promoted to vice president are Herbert Miller, analytical and physical chemistry research; Donald Hill, biochemistry research; Daniel Griswold, chemotherapy and toxicology research; Grady Nichols, environmental sciences research; and Coultas Pears, mechanical and materials engineering research. . . . **CORRELATIVE LAB** studies and innovative clinical trials RFA for small grants issued by the Div. of Cancer Treatment's Cancer Therapy Evaluation Program drew 175 letters of intent. Program director Roy Wu said he expected 200 applications; NCI expects to make 10-15 awards, limited to a maximum of $50,000 a year for two years. . . . **PEGGY FRITZSCHE** was elected president of American Assoc. of Women Radiologists. New Executive Committee members are **Cheryl Hicks,** president-elect; **Kay Shaffer,** vice president; **Lynne Steinbach,** secretary; **Ellann McCrory,** treasurer; **Sandra Fernbach,** newsletter editor; **Dixie Anderson,** past president; **Sheila Moore,** member at large; **Kathryn Evers,** membership committee chair; **Kay Vydareny,** councilor; **Carol Rumack,** alternate councilor; **Ann Wieseneck,** executive director.

President's FY '91 Budget Gives NCI 3.9% Increase, But Grant Budgets Cut

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approximately the same level, individual grants would be cut substantially from peer review recommended levels.

NCI estimated that to fund 815 new and competing renewal grants (which would be an increase over the 766 it estimates will be supported this year), competing grants would be slashed 20 percent from recommended levels and noncompeting grants cut four percent. Noncompeting grants, if they were first funded in the current, 1990 fiscal year, already took a 10 percent cut. Those first funded in 1989 were cut 13.5 percent then and four percent this year.

NCI is supporting 2,353 noncompeting grants in FY 1990 and estimates that number will be 2,294 in 1991. The total number, competing and noncompeting, is estimated at 3,109 in 1991, a reduction of 10 from 1990.

NCI Director Samuel Broder said that the 20 percent cut "would be the highest downward negotiation of RO1s in the history of NIH."

National Cancer Advisory Board Chairman David Korn called it "disastrous."

Estimates on reductions cancer centers and cooperative groups had not yet been determined when the budget was released Monday, but they will be substantial.

The White House finally has given up on its efforts to place all AIDS research money at HHS headquarters, to be dispersed as needed to the NIH institutes. Congress ignored that provision in the last three budgets submitted by Presidents Reagan and Bush and allocated specific amounts to each institute.

The Bush budget for 1991 lists $160.8 million for NCI AIDS research, an increase of $10.5 million over 1990. That leaves $1.533 billion for cancer research, an increase of $52.8 million over 1990.

The breakdown by mechanism is shown in the table on page 3.

The one bright bit of news in the President's budget is that the percent of approved grants which would be funded was estimated at 27, up from 26 percent estimated for the current year and two percent higher than was funded in 1989.

The payline, which now is based on the percentile system for all NIH RO1 grants, is being estimated now at 17 percent for 1990. Under the President's budget, that probably would go up one or two points.

In discussing the budget with the NCAB Planning & Budget Committee, Broder noted that the Senate Appropriations Committee, in its report on the 1990 appropriations bill, had asked NCI to maintain the same number of cancer centers as it has been supporting.

"We will do what we can consistent with maintaining our commitment to excellence," Broder said. "But I don't see a lot of opportunity for growth in the centers program."

Funding the same number of center core grants with only a $116,000 increase will result in substantial reductions in recommended levels. That's nothing new for centers, but the cuts are likely to be bigger than ever.

NCAB member John Durant asked whether the reductions could be distributed on a sliding scale, with those with the best priority scores taking the least reductions.

"We will listen to any suggestions," Broder said. "But we need them soon."

Committee members were sharply divided over the issue of supporting more grants at the expense of all grantee budgets.

Korn called it "a very bad way to go, a very, very unhealthy practice. It's smoke and mirrors. . . Those budgets are the result of critical and hard nosed review by study sections. Ultimately, the size and composition of biomedical research the nation wants to support ultimately has to be geared to the amount of resources supporting it. This is just playing games with the budget."

Broder said that increasing the cut from 10 to 20 percent for competing grants would enable NCI to fund about 80 more grants. "Your view of this might be different if you looked at the names of the 80 investigators who would not be funded. A grant that is still alive can be restored."

Broder suggested that the full NCAB could consider the issue and offer an advisory vote. But committee

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Includes AIDS	1990 Operating Level	1991 President's Budget	Change Amount	Change Percent
Research Project Grants	$748,447	$784,686	$36,239	4.8%
Cancer Centers	102,888	103,004	116	0.1
Other Grants	82,411	82,630	219	0.3
Total, Research Grants	933,746	970,320	36,574	3.9
National Research Service Awards	35,793	35,793	0	0.0
Research & Development Contracts	198,099	201,796	3,697	1.9
Intramural Research	314,700	333,219	18,519	5.9
Research Management & Support	72,044	75,993	3,949	5.5
Cancer Prevention & Control	74,944	75,459	515	0.7
Contruction/Repairs	1,430	1,479	49	3.4
Total, NCI	$1,630,756	$1,694,059	$63,303	3.9%

members could not reach a consensus and decided that the full board probably would not either. Philip Frost said he would rather support more grants; Durant said he was ambivalent, although leaning toward increased support for fewer numbers.

"That would generate more pressure for increasing the total NCI budget," Durant suggested.

Enrico Mihich and Walter Lawrence disagreed with Korn's position. "I think I may be one of the 80," Lawrence said.

Committee Chairman Louise Strong said she had "mixed emotions. Twenty percent is a really huge cut." David Bragg added, "Those not getting any money are worse off than those getting reductions."

He suggested that indirect budgets should be "on the table," but Durant argued that that would lead to deterioration of facilities and lack of maintenance. Cutting indirect costs "is administrative alchemy," Durant said.

"I have learned two things in the year I have been director," Broder said. "Never argue with the President, and never discuss indirect costs."

When it became obvious that the committee could not reach an agreement, Broder said, "I have a novel idea. Let us do it." He hinted that he had a plan which he would not discuss publicly.

Broder will testify on NCI's 1991 budget before the Senate and House Labor, HHS, Education Appropriations Subcommittees on Feb. 20 in the Senate and on March 13 in the House.

Nine More Reported In Funding Range Of CCOP 3 Recompetition

The priority scores of nine more Community Clinical Oncology Programs which are probably in the funding range for "CCOP 3" have been reported to **The Cancer Letter**, bringing to 32 those identified as successful in this recompetition (see last week's issue).

The National Cancer Advisory Board was scheduled to act on the awards this week. Until then, the payline probably will not be made available.

Those added to the list of CCOPs who scored better than 232, the payline in the previous recompetition, are (in no particular order, by priority score or any other reason):

Illinois Oncology Research Assn. CCOP, Peoria, James Gerstner, PI; Toledo CCOP, Charles Cobau, PI; Green Mountain CCOP, Rutland, VT, James Wallace, PI; Cedar Rapids CCOP, Martin Weisenfeld, PI; Iowa Oncology Research Assn. CCOP, Des Moines, Rosco Morton, PI; Duluth CCOP, James Krook, PI; St. Luke's Hospitals CCOP, Fargo, ND, Greg McCormack, PI; Geisinger Clinic CCOP, Danville, PA, Richard Goldberg, PI; and Billings CCOP.

The complete list of funded CCOPs may be reported in next week's **Cancer Letter**. Those who should be on this list and were not included in the list published last week are invited to call **The Cancer Letter** at 202/543-7665.

Five Year Plan For Cancer Centers Likened To 'East Bloc' Directive

A draft proposal for a "five year plan" for the Cancer Centers Program prepared by a committee of cancer center directors and NCI staff generated many negative comments this week at at meeting of the National Cancer Advisory Board.

The plan was prepared by the Ad Hoc Consultants, an advisory group to the Cancer Centers Program made up of center directors who were elected by all of the center directors, and the NCI Internal Advisory Committee, a group of NCI staff advising the centers program. NCI Deputy Director Maryann Roper supervised the plan's development.

The plan was in response to the Institute of Medicine report released last year, "A Stronger Cancer Centers Program," which recommended that NCI develop a long term plan for the centers program.

The National Cancer Advisory Board's Committee on Cancer Centers this week decided the plan needs major revision. The committee will hold a meeting in six to eight weeks to go over the report and propose changes.

"It smacked to me of a blueprint for a centrally organized research institute," said NCAB Chairman David Korn. "It's like a central directorate of cancer research set out to create a series of mini-NCIs across the country. My overall impression was that this was something that came out of an East Bloc directorate."

Korn noted that when the guidelines for comprehensiveness designation were drawn up, "the underlying issue was that for the priviledge of using the comprehensive designation, there was a sense of obligation. We tried to keep that sense of obligation out of the other centers."

John Durant, chairman of the centers committee, said, "Most plans have a clear relationship to funding and this one does not. That is issue No. 1. Issue No. 2 is that this looks like a series of guidelines." Durant said there was some perception among others who commented that "this is meant to be read by Congress, but not necessarily by others."

NCI Director Samuel Broder cautioned against tying money to the five year plan. "The only people who can allocate money is Congress. I would urge you not to budget issues to it in an overly specific way." The bypass budget is NCI's way of dealing with that, he said.

NCAB member Roswell Boutwell questioned the appropriateness of mandating centers to do such things as expanding minority training. At his center, McArdle Laboratory, "We're at a plateau in our physical capacity to expand training."

However, NCAB member Walter Lawrence said he thought the plan does not interfere with research. "We're talking about administrative efforts and this is a good start. The main thing I wondered about is how are we going to make things bigger and better without more money?"

Durant suggested that the draft "doesn't completely deal with the greatest virtue of the centers--diversity. How do we take advantage of that diversity and freedom and not appear to have it over-organized in Washington?"

Broder, emphasizing that the draft plan was preliminary, invited NCAB members, cancer center directors and anyone else involved in the centers program to submit comments on the plan. Comments may be submitted to NCI Deputy Director Maryann Roper, NIH Bldg. 31 Rm 11A48, 9000 Rockville Pike, Bethesda, MD 20892.

Following are excerpts from the report, titled "Cancer Centers Program Five Year Plan," outlining goals the report said centers should try to achieve:

Networking of cancer centers and NCI

▸Increase communications between centers and NCI by establishing electronic communications, conducting an annual workshop and establishing a centers newsletter.

▸At the local level, centers will explore ways to establish links with other research institutions and health related organizations.

▸Establish collaborative research efforts with other cancer centers.

Maintaining Excellence In Basic Research

▸By 1995, each clinical and comprehensive center engaged in basic laboratory research should demonstrate a research base of cancer relevent peer reviewed grants or contracts of $500,000.

▸By 1995, each cancer center engaged in basic research should establish or show growth in existing training programs at the graduate or postgraduate level for basic researchers.

▸By 1995, each cancer center engaged in basic research should establish or show progress in the training of minority scientists at the graduate or postgraduate level.

▸By 1995, each cancer center engaged in basic research should establish a mechanism for engaging high school or college students in scientific research.

▸Develop a mechanism whereby centers staff are encouraged to review annually basic science research opportunities and to identify ways to participate in new initiatives.

▸Increase or enhance the centers' capability of

transferring technology.

Establishing Cancer Prevention & Control Research Base

▸By 1995, each NCI designated consortium and comprehensive cancer center should include a base of $500,000 in peer reviewed grants or contracts of research in cancer prevention and control.

▸By 1995, each clinical center should include in its base at least $300,000 in peer reviewed grants or contracts in cancer prevention and control.

▸By 1995, each NCI designated comprehensive cancer center should establish training programs in basic and applied cancer prevention and control research.

▸By 1995, each comprehensive cancer center and consortium center should develop a three to five year plan for its own prevention and control activities.

▸By 1995, comprehensive and consortium centers should have established a process to bring to the demonstration phase those areas of prevention and control research selected by that center.

▸By 1995, each comprehensive and consortium center should have established or demonstrated the attempt to establish collaborations with state or local health agencies.

▸Medical school courses in cancer prevention and control should be offered at medical schools in which NCI designated comprehensive cancer centers are based.

Maintaining Excellence In Diagnosis And Treatment Research

▸By 1995, each clinical and comprehensive center should strive to incorporate a minimum of $500,000 of preclinical or clinical cancer research in peer reviewed grants or contracts into its research base.

▸Establish a mechanism by which new agents are selectively available to comprehensive cancer centers for early preclinical or clinical testing, or clinical use.

▸Clinical and comprehensive centers should develop clinical, educational or information dissemination plans to accommodate and complement those of the NCI with respect to the use of drugs placed in the Group C category.

▸By 1995, ensure that each comprehensive cancer center strive to attain a minimum of $100,000 of peer reviewed grants or contracts in cancer related diagnosis research.

▸By 1995, each clinical and comprehensive centers should increase the size of its training of physician scientists committed to a career in cancer research.

▸Each clinical and comprehensive center will participate in patient accrual to NCI designated high priority clinical trials, unless competing protocols for the same disease sites exist at a particular center. Centers will be represented on the NCI committee that selects high priority trials.

▸Each clinical and comprehensive center will participate in patient accrual to high priority trials in diagnosis, unless competing protocols exist within that center.

▸Each clinical and comprehensive center should promote research in those diseases of unusual prevalence or importance to the community served by the center. Each center should develop an approach to improving survival in those cancers that have particular discrepancies in incidence or survival in minorities and the elderly.

Information Dissemination

▸Improve and expand patient and public cancer information: each center should conduct a comprehensive patient education program and should identify special information needs of their communities.

▸Improve training in cancer prevention and control research.

▸Develop training strategies to recruit and retain minority scientists and clinicians.

▸Establish continuing education programs.

Administrative Strategies

NCI believes discussion is warranted in the following areas as part of the effort to maximize the impact of the Cancer Centers Program on progress of the overall National Cancer Program. The Cancer Centers Program with its advisors (Ad Hoc Advisors to the Centers Program, NCI Internal Advisory Committee) will develop a plan for restructuring funding, as necessary, through discussion of the points outlined below. Within a year after the finalization of this document, such a plan will be presented to the NCI director for his consideration and approval.

Funding of Cancer Center Core Grants

Ideally, each cancer center core grant that receives a fundable priority score should be funded at peer review recommended levels. In the realities of certain budget situations, a balance may need to be struck between full funding of fewer centers and some degree of partial funding of more centers, in order to maintain a greater number of cancer centers.

Goal 1: Discuss Overall Funding Policies

▸Fully fund core grants at recommended levels, when budget permits.

▸Define the critical balance of basic vs. clinical vs. comprehensive centers necessary to provide a national network of cancer centers.

▸In situations when partial funding is necessary, consider the relative influence of program priorities

vs. setting a fixed level (percent of recommended amount) in determining the centers funding plan for a given fiscal year.

▸Discuss the issue of budgeting for major unanticipated changes in indirect costs: for example, should centers provide a six to 12 month advance notice to program to ensure that these costs can be met without detriment to the program.

▸Pay approved grants based on priority score and consideration of program balance. Program balance would include such considerations as geographical distribution, the balance between types of centers and scientific priorities.

▸Allow centers to increase their core grant beyond cap limitations for projects that would specifically enhance the accomplishment of elements of the five year plan.

▸Consider the establishment of a "payline" for cancer center core grant to ensure maintenance of excellence in the program.

Redefining The Core Grant

Currently the activities supported by core grants are limited to a fixed list. There is concern that, with the expanding role of centers, some attention needs to be directed to the expanding needs that these activities may require.

Expand Services Supported By Centers Grants

▸Continue to use the core grant (P30) mechanism.

▸Determine additional needs for core grant support, such as data managers for certain outreach or prevention/intervention efforts; annual meeting of all center directors; support for information officer/health educator; Cancer Information Service; support for electronic data communications systems.

▸Consider the need for excluding items permitted under the current mechanism (e.g. staff investigator support).

▸Investigate the limitations of the current mechanism; investigate other options that could provide funding for defined needs.

▸Examine allowable budget categories for appropriateness and program balance.

Evaluate Criteria For Determining Dollar Amount Of Core Grant

▸Establish a maximum amount that may be requested, based on the amount of peer reviewed research at each center.

▸Revise core grant guidelines to eliminate the possibility of multiple center P30s at a single institution.

▸Establish a procedure for review of the use of shared service support at a center to assure the support of relevant or timely technologies with the reduction of support as an option.

▸Discuss retaining or reducing the current 50 percent cap on increases over current levels for core grant renewal applications. One approach could include setting a ceiling amount for a core grant; any amount beyond this ceiling would require approval of the NCI director.

▸Consider the use of the core grant as "seed money" for private fundraising.

Implement A System Of Annual Reporting Of Information From Cancer Centers

▸Incorporate the need for annual reports into the deliverables section of the core grant. One of the first tasks of the centers program and its advisors will be to develop a format for the annual report and identify the data to be captured.

▸Develop a database for the Cancer Centers Program.

Support For New Initiatives

▸Explore methods of announcing NCI special initiatives and providing support for these initiatives.

▸Encourage submission of competing supplemental applications where high priority concerns are addressed, particularly as projects relate to goals of the five year plan.

▸Establish an "exceptions" pool to accommodate supplemental needs of an urgent or priority nature.

▸Encourage the submission of competitive supplements to develop new programs in cancer prevention and control.

▸Encourage use of the planning grant mechanism for the establishment of new centers.

Examine The Review Process For Core Grants

▸If any of the changes to the core grant discussed above are implemented, the review process for core grants will also need to be revised.

▸Consider making available to site visitors information from the centers program that would indicate how each center spends its core grant monies. This would be done without identifying individual centers. This would allow site visitors to compare a given center's planned core grant allocations to that of other centers; this may make the process more efficient.

Evaluation

▸Core grant guidelines will be reviewed and appropriately modified to require core grant applicants to demonstrate responsiveness to the relevant goals of the plan. The guidelines for peer reviewers also will be appropriately revised. Thus, assessment of the extent to which this plan is implemented by cancer centers will be an inherent part of the peer review process.

'Stop Cancer' Check For $2.5 Million Given To NCI; More Funds To Come

Armand Hammer, chairman of the President's Cancer Panel, presented NCI a check for $2.5 million this week from the Stop Cancer campaign he began in 1988.

Hammer made the presentation to NCI Director Samuel Broder during a meeting of the National Cancer Advisory Board. Stop Cancer has given $500,000 to NCI previously, bringing the total amount donated from the campaign to $3 million.

According to Hammer, chairman of Occidental Petroleum, the fundraising effort has raised $12.5 million in private money. The remainder of the funds will be given to NCI later this year, he said.

"The Stop Cancer funds are greatly appreciated and we will put the money to use immediately," Broder said. "We will not rest until we have a cure to alleviate the suffering and death from cancer."

The private funds donated by Stop Cancer will be used to support grants in adoptive cellular immunotherapy and biology, Hammer said.

In addition to the privately raised money, the Senate included $12.5 million in matching funds in the FY 1990 budget for NCI. Sen. Tom Harkin (D-Iowa), chairman of the Senate Subcommittee on Labor, Health & Human Services, the subcommittee that was instrumental in pushing the matching funds through the Senate, participated in the ceremony.

The matching funds from Congress are to support all types of cancer research. Both the private and public funds will be allocated through the normal peer review process, Hammer and Broder said.

The goal of Stop Cancer was to raise $500 million in private funds, to be matched by Congress, between 1988 and 1992. The remainder of the money raised so far--$9.5 million--will be given to NCI "at a later date," Hammer told the NCAB.

"We've gotten commitments from people and we have the money in the bank," Eleanor Connors, a spokesman for Hammer, told **The Cancer Letter.** She said the $2.5 million check was presented because, "we wanted to get some funds to NCI right away." The rest of the money will be provided during the 1990 fiscal year, she said.

Harkin promised that Congress "will match the contributions dollar for dollar." He also promised the subcommittee's help in pushing for a larger FY 1991 budget for NCI. "This year we will do everything we can do to ensure the budget for NIH and NCI for 1991 is even greater than (that of) 1990, so we can keep ahead of inflation. This is the premier cancer institute in the world and it will not go down on my watch."

Hammer quoted a letter he received from President Bush about the Stop Cancer campaign: "This is surely one of the 'points of light' which merits the thanks and support of all Americans."

The Stop Cancer will intensify its fundraising efforts this year, with a major "national awareness" campaign planned to begin in May or June, according to Denver Frederick, executive director of Stop Cancer.

"We have a lot more work to do," Frederick told **The Cancer Letter.** "In the past year, we tried to put programs into place. Now we have commitments from people and companies and we're focusing on bringing more attention to Stop Cancer."

The campaign is trying to put together a television special which will "serve as a catalyst for other (Stop Cancer) programs," Frederick said. "We will have commitments from companies to do 'statement stuffers,' one page items included in utilities bills or credit card bills."

Other commitments have come from grocery store chains, which have agreed to put Stop Cancer logos on grocery bags, and a movie theater chain that has agreed to promote Stop Cancer in theaters. A hotel chain, a college fraternity and several ski resorts have agreed to help promote Stop Cancer. Last month, at halftime during the Orange Bowl, Federal Express Corp., the game's sponsor, donated $25,000.

"We've had fundraising on the East Coast and now we'll move it to the West Coast with a gala on July 27," Hammer told **The Cancer Letter.** "If families just give $5 or $10, it will help. We'll have no trouble raising the $500 million."

"It's an awful lot of money, an awful, awful lot of money," Frederick said of the $500 million goal. "Its probably beyond our reach. But that's what he (Hammer) set as his objective and he's very interested in coming as close as possible to reaching it."

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-CN-05252-33

Title: Preclinical toxicology of chemopreventive agents

Deadline: Approximately March 30

The Chemoprevention Branch of NCI's Div. of Cancer Prevention & Control wishes to award master agreement contracts

for preclinical toxicology of chemopreventive agents. The required services will be defined by master agreement orders issued during the period of performance.

A primary function of the chemoprevention program is the identification and evaluation of agents for possible utilization in clinical trials in humans. Candidate agents, whether from natural sources or synthesized, have been evaluated for anticancer efficacy in various screening tests. However, before a decision can be made as to their suitability for the phase 1 clinical trials in humans, they must be evaluated for toxicity in animals.

The basic objectives of this project will be to evaluate the acute, subacute/subchronic and chronic toxicity of designated agents. These studies will be performed in animals (rodents and dogs) and will include conventional short term studies, life time studies in rodents and dogs, and multi-generation teratogenecity studies. The agents would be given primarily by the oral route.

A summary of the tasks required in the project are as follows:

Task 1: Perform acute toxicity, pilot dose range finding and 13 week subchronic toxicity in rats and dogs by the oral route. Include, where appropriate, complete gross necropsies, histopathological examinations and clinical laboratory studies.

Task 2: Develop a protocol for a pharmacokinetic profile for each investigational agent. The protocol and profile may build upon published data and data provided by the manufacturer of the agent or NCI staff. Additional studies necessary to complete the pharmacokinetic profiles for the rat and dog shall be performed by the contractor. Pharmacokinetic studies will provide parameters of absorption, blood concentration-time profiles, distribution and excretion. Data on tissue concentration of the test agent, determined as part of the toxicology testing, shall contribute to the pharmacokinetic profile.

Information on major metabolites shall be included in order to provide as complete a picture as possible of the overall distribution and fate of the test agent. Appropriate modeling shall be applied to determine probably pattern of distribution and compartmentalization. The first studies performed shall be designed to provide absorption and half-life information necessary to plan the 90-day rat and dog toxicology studies.

Task 3: Develop and perform teratogenicity studies on chemopreventive agents that have the prospect of being administered to women of childbearing potential. These will be the standard segment 1, 2 and 3 studies as described in the "Guidelines for Reproduction Studies for Safety Evaluation of Drugs for Human Use," available from the contract specialist, upon request. For efficiency, the male rats from the three month oral study may be used to initiate the male-related reproductive toxicity studies.

Task 4: Perform chronic one-year oral toxicity in rats and dogs. Clinical laboratory studies and gross and microscopic necropsy findings are to be included.

It is estimated that up to four master agreement orders per year will be issued pursuant to the awards of the master agreement contracts. The master agreements awarded as a result of this RFP will remain in force through March 1, 1992. Suitable facilities and equipment appropriate to accomplish tasks should be available. Animal-holding facilities for dogs must be provided with adequate environmental containment. Offerors are to comply with the NIH Guide for Care and Use of Laboratory Animals. Facility must have design and maintenance capability to meet chemical and biological control; must comply with NCI carcinogens and handling standards; must comply with federal and state occupational health and environmental laws and regulations. On site data handling (computer), chemical and pathological facilities and equipment should be available. Must comply with requirements set forth in the FDA Good Laboratory Practice Regulations.

The purpose of this acquisition is to qualify additional contractors to a pool of master agreement holders. There are three contractors in the pool. The period of performance of the master agreement pool runs through March 1, 1992, which would be the expiration date for new master agreement holders too.

Contracting Officer: Vernon Rainey
RCB Executive Plaza South Rm 635
301/496-8603

RFP NCI-CN-05253-33

Title: Evaluation of chemopreventive agents by in vitro techniques
Deadline: Approximately March 30

The Chemoprevention Branch of NCI's Div. of Cancer Prevention & Control wishes to award master agreement contracts for the above study. The required services will be defined by master agreement orders issued during the period of performance.

The contractor shall screen and evaluate the activity of chemopreventive agents in various in vitro assays of cell transformation. Agents with potential chemopreventive activity are identified by epidemiologic surveys, initial laboratory findings, observations in the clinical setting, or structural homology with agents having known chemopreventive activity. A rigorous and systematic evaluation of these candidate agents is necessary before their efficacy can be examined in clinical trials for cancer prevention.

In vitro screening and evaluation techniques measuring the ability of these chemopreventive agents to inhibit transformation provides a relatively rapid and efficient means of qualifying these agents for further evaluation for the prevention of cancer in humans.

Agents to be investigated by this project are potentially hazardous. The in vitro systems may involved the use of carcinogens, tumor cells or tumor viruses. Laboratory practices shall be employed which will keep any element of risk to personnel at an absolute minimum. Where indicated, tissue and compound handling must be performed in at least Class 1 laminar flow cabinets which must meet NIH specifications for work with these agents. The offeror shall comply with NCI safety standards for research involving chemical carcinogens.

It shall be required that the facilities have operating tissue culture/cell biology and chemistry laboratories which are suitable for using hazardous and/or carcinogenic materials as test materials.

It is estimated that approximately four master agreement orders per year will be issued pursuant to the awards of the master agreement contracts. The MAs awarded as a result of this RFP will remain in force for a period of two years.

The contractor must have or be able to obtain all the equipment necessary to accomplish the studies, including but not limited to laminar flow hood, CO_2 incubators, equipment for sterility testing, isotope counters, spectrophotometer, hazardous chemical storage cabinets and refrigerators, equipment such as microscopes and miscellaneous laboratory equipment. The laboratory shall have or have access to appropriate terminal and computer facilities and equipment for data collection and storage.

The purpose of this acquisition is to qualify additional contractors to a pool of master agreement holders. There are six contractos in this pool. The period of performance runs through May 30, 1992, which would be the expiration date for any new master agreement holders.

Contracting Officer: Vernon Rainey
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