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Blochs Plan To Fund National Network Of "Cancer Survivor Parks" In Every City

If Richard and Annette Bloch have their way, a Cancer Survivors Park bearing their name will be developed in every metropolitan area of the United States and Canada with a population of one million or more. If those localities provide the land and agree to certain other conditions, (Continued to page 2)

In Brief

FDA Advisors Ask Cetus To Refine IL-2

Application; NIH Reauthorization Introduced

FDA BIOLOGICAL Response Modifiers Advisory Committee this week asked Cetus Corp. to refine and resubmit its application for marketing approval of interleukin-2 as treatment for metastatic renal cell cancer. FDA staff said data presented by the company were largely inconclusive, an assessment the company disputes. IL-2 has been approved by most Western European countries. More details next week in **Cancer Economics**. . . . **REAUTHORIZATION BILL** for NIH, including renewal of the National Cancer Act, has been introduced by Sen. Edward Kennedy (D-MA). It calls for four year reauthorization, one year short of that NCI and the National Cancer Advisory Board hope to get, but twice as long as last time. It authorizes \$2 billion for NCI in FY 1991 and "such sums as may be necessary" for subsequent years. . . . **WILLIAM DANFORTH**, who rejected the NIH directorship when it was first mentioned to him because he was offended by the litmus test then being used by the White House, may be more interested now that President Bush has insisted a candidate will not have to state a position on fetal tissue research and other controversial issues. Danforth's friends have said all along that the 63 year old chancellor of Washington Univ. is interested in the job and is ready to make a change. He is the brother of Sen. John Danforth (R-MO). . . . **SEVEN FACULTY** members of the Univ. of Texas M.D. Anderson Cancer Center have been elected to top posts in professional organizations. They include: Charles Balch, president-elect of the Society of Surgical Oncology; Leland Chung, president-elect of the Society for Basic Urologic Research; Gerald Dodd, president-elect of the American Cancer Society; Isaiah (Josh) Fidler, president-elect of the International Society of Differentiation; Helmuth Goepfert, president of the American Society for Head & Neck Surgery; Oscar Guillaumondegui, president-elect of the Society of Head & Neck Surgeons; Taylor Wharton, president-elect of the American Radium Society.

UCLA Makes Members
Compete For Space
In Jonsson Center

. . . Page 4

RFPs, RFAs Available

. . . Page 7

New Publications

. . . Page 8

Blochs To Fund National Network Of "Cancer Survivor Parks"

(Continued from page 1)

the Blochs will pay the construction and development costs and provide funds for permanent maintenance.

The prototype of the national network of Cancer Survivors Parks, located in the Blochs' hometown of Kansas City, MO, was dedicated in June. At that time, Bloch circulated a "request for proposal" to other areas, and has now identified 51 cities and metropolitan areas which have expressed interest. The next park probably will be located in Houston, followed by Washington DC, Philadelphia, and New York, if city and park department officials in those areas get their acts together.

Richard Bloch is the R of H & R Block, the ubiquitous tax preparation company which he founded with his brother, Henry. Richard Bloch was diagnosed with lung cancer in 1978 and told he had 90 days to live because there was no effective treatment. He didn't like that opinion, and got another at M.D. Anderson along with the chemotherapy that cured him.

"Since my cure, my wife and I have been devoting our lives to help the next person with cancer have the best chance of beating it," Bloch says in a statement he wrote on the background of the Richard & Annette Bloch Cancer Survivors Park.

They have also devoted a considerable part of their fortune, a substantial one after he sold his interest in H & R Block. They established the R.A. Bloch Cancer Foundation; the R.A. Bloch Cancer Support Center, where cancer patients and their families can go for group therapy; and the R.A. Bloch Cancer Management Center, where patients recently diagnosed may go for second opinions. The services of both centers are free.

Bloch was appointed to a lay seat on the National Cancer Advisory Board by President Reagan in 1982.

He encouraged NCI Director Vincent DeVita to develop the system known as PDQ, recalling that he almost died because a physician was not aware that a lung cancer treatment regimen existed. The Blochs put up most of the money to acquire the building across the street from the NIH campus which houses PDQ and other elements of NCI's International Cancer Information Center.

Bloch did not agree with the NCAB's decision to soft pedal promotion of PDQ and to attempt to limit access to it to health professionals, contending the computer based information system containing state of the art treatment recommendations and names and addresses of cancer specialists should be aggressively marketed to the entire country. His spirited presentations to the NCAB stating his case, and arguments with DeVita on the issue, continued throughout his six year term on the board.

Bloch, in the background statement, explained the rationale for building a series of survivors parks around the country:

"We believe that the second greatest correctable cause of cancer mortality (smoking being #1) is relating death and cancer. Many have been brought up to believe that a diagnosis of cancer means automatic death. Some believe that treatments are worse than death. When they are diagnosed, they give up and do not try to fight.

"In 1985, my daughter's father in law, a resident of Jerusalem, Israel, needed open heart surgery. Various members of his family wanted him to go to Cleveland, New York, Los Angeles, or Baltimore. He had the surgery performed in Haifa. Later that year I was visiting with him and asked how he picked Haifa. I could understand Jerusalem but I never heard of anyone going to Haifa. He explained that each year an outstanding heart surgeon in Haifa walks down the main street of town with all the patients on whom he has performed open heart surgery following him. He had seen this on television with 500 survivors walking behind. He had made up his mind that if he ever needed this surgery, that is where he would go. I felt there must be an application of this principal to cancer.

"With this in mind in 1986, we started the 'Fighting Cancer Rally,' a celebration of life to demonstrate visually that there is a quality of life possible after the diagnosis of cancer. On the first Sunday in June (designated Cancer Survivors' Day) hundreds of cancer survivors and their supporters gathered in a park in the center of Kansas City. The purpose was not so much to entertain the participants, although everyone had a wonderful time, but to obtain extensive media

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coverage. This would not only encourage current patients to have the will to fight, but would subconsciously give health people, who know they will never get cancer, the will to fight when they are subsequently diagnosed. It worked and has been repeated each year and expanded to cities from coast to coast.

"Realizing what a great benefit this worked out to be but limited to one exposure annually, we tried to figure out how the effects could be expanded. We came up with the idea of the park. Normally, parks memorialize the dead. We wanted to do something as a tribute to the living. A park would be there daily--continuously--to give the same message, 'Don't equate death and cancer.' Everytime a person passed he or she would be subconsciously reminded. Further, a patient could stroll through the park and possibly gain strength from the various components.

"Three fundamental concepts were perceived. First was a sculpture to be a focal point. We had three bronze sculptures in our home by the renowned Mexican sculptor, Victor Salmenes. Further, being a supporter of the work we were doing, he donated a bronze sculpture of three giant arms raised to the sky signifying hope that is in front of the R.A. Bloch Cancer Support Center at the Univ. of Missouri (Kansas City). In January, 1989, we explained our park project to Mr. Salmenes and challenged him to come up with a sculpture implying surviving cancer. Three weeks later he showed us a clay model of eight life size figures passing through a maze depicting cancer treatments and success. They were to be placed so that people could walk among them, touch them, walk through the maze and generally visualize themselves being helped. It took now explanation. It was moving.

"We commissioned him to create this sculpture. He finished it in October, 1989. He claimed it to be the finest work he had ever done, a labor of love. The following month he was diagnosed with cancer and two weeks later, passed away. The sculpture was air freighted to Kansas City after his death.

"The second factor in the park will be a computer containing the names of five year cancer survivors with their type and stage of cancer. These would not only be shown continuously to evidence the fact that some people beat every type of cancer, but would be read aloud by the computer. This would be hard, tangible evidence that death and cancer are not synonymous. After all, there are five million Americans alive who have been diagnosed with a serious cancer, three million of whom are considered cured.

"The third factor in the park will be a "Positive Mental Attitude Walk." This is an area that a person

could stroll and meditate and read some 14 plaques that give hope and specific suggestions on fighting cancer.

"We presented these ideas to the Park Department in Kansas City. Our plan is that Annette and I will pay to construct the park and maintain it if the city would dedicate a park in a superb location for the purpose. The board, the executives, and everyone in the Park Department were extremely supportive and have been a true pleasure to work with. They provided an ideal location in the center of the metropolitan area adjacent to the largest shopping center and on a major trafficway with excellent parking. It has every qualification.

"A national contest was held among architects and landscape designers with a cash award to design the park. The entries were lined up around a room with no one knowing who submitted which. Each was reviewed by a committee. Unanimously we picked the same design submitted by a landscape designer and an architect jointly from Austin, Texas. One of the factors that impressed us was that their design needed no explanation. Some submissions had pages of explanation telling the significance of various factors. We knew no one would want to walk around a park and have to read what something means to understand it.

"The park was conceived late in 1988 and approved in the spring of 1989. Groundbreaking was at the fourth annual rally on June 4, 1989. Construction took the ensuing year with the dedication at the fifth annual rally on June 3, 1990. With the prototype completed, Annette and I hope to create a similar park in every metropolitan area of one million population in the U.S. and Canada, subject only to the cooperation of the local park departments. We would like to help the quality of life and chances of recovery for cancer patients during our lifetime."

Metropolitan areas smaller than one million will be considered, but the expenditure would be reduced. Each park should include a replication of the Salmenes sculpture.

One important project the Blochs are asking the localities which wish to participate to undertake: a "Cancer Hot Line," to be manned by volunteers, although it is not an absolute requirement. It should be patterned after the phone service established by the Blochs in Kansas City, making trained volunteers available to talk with cancer patients. A cadre of former cancer patients, covering as much of the spectrum of the disease as possible, respond to calls, usually within two hours.

"This doesn't compete with PDQ, nor with CIS [NCI's Cancer Information Service]," Bloch told **The Cancer Letter**. "It's patient to patient, colon cancer patient to colon cancer patient. The volunteers talk about their own experiences. This is not a referral service. If the volunteer liked his own doctor, he is free to tell the caller. Or if he didn't like his doctor."

The Bloch Foundation will provide technical assistance and guidance in getting the hot line established.

Other criteria upon which proposals from cities or metropolitan areas wishing to establish Cancer Survivor Parks include:

- Centralized and/or highly accessible location.
- Instantly recognizable location.
- High traffic count.
- Parking for casual visitor and for the annual rally.
- Quality of neighborhood and continued stability.
- "An area of its own. It probably should not be part of a much larger park or in the shadow of a much grander development. One to four acres is ideal."
- Physical attributes such as access, slope, surroundings, etc.

"No single factor is an absolute necessity. If one or more factors are weak, possibly other factors are great enough to make up for them. We believe the park in Kansas City is optimum," the Blochs said.

Those interested in submitting proposals, or in finding out more about the program, may contact the R.A. Bloch Foundation, 4410 Main St., Kansas City, MO 64111, phone 816/932-8435.

UCLA Requires Members To Compete For Space In Jonsson Cancer Center

In almost every biomedical research institution in the country, from Bethesda to La Jolla, from York Avenue, NYC, to Holcombe Boulevard, Houston, the most contentious and vexing problem is the allocation of space. This is generally true even when a brand new facility is available, which was built to overcome space problems. In fact, the scramble for space in a new building probably leads to as many arguments as fighting to get or keep space in older structures.

UCLA's Jonsson Comprehensive Cancer Center has developed a system to codify the assignment of space and make it available through competitive, peer reviewed applications. JCCC conducted such a review last year and plans now to carry out a similar effort every four to five years.

Richard Steckel, JCCC director, and Marsha Addis, deputy director for administration, explained their system at the recent meeting of the Assn. of American

Cancer Institutes. They distributed copies of "Principles and Procedures for Cancer Center Space Assignment/Reassignment in the Factor Building" [which houses the center administrative offices and about one fifth of the research space allocated to center members] which was given to center members when reallocation was under way last year. That document follows:

Introduction

Full members of the Jonsson Comprehensive Cancer Center have been invited to apply or reapply for space in the Factor Building, in conjunction with the cancer center's triennial space review which is mandated by the Chancellor's office. Since there is currently little unassigned space in the cancer center portion of the Factor Building, any new (incremental) space that is assigned to the present building occupants or to members of the cancer center who are currently not located in the Factor Building must be balanced by equal reductions in the space assignments to other occupants. Accordingly the cancer center has elected to undertake a careful peer review of all applications for space, including the building's current occupants, with particular emphasis placed upon the quality and productivity of individual investigators who apply and the relevance of their studies to cancer. The applications received by the cancer center were reviewed by a joint scientific panel consisting of three UCLA faculty members and three extramural reviewers, and the priority scores and recommendations derived from this review are now being analyzed. . . It seems appropriate now to review some of the principles which have guided the current space review and the assignments of cancer center space that will be made.

A. The primary responsibility for providing research and office space for UCLA faculty members resides with the academic departments of the faculty members. In this connection, all members of the cancer center hold their primary appointments in UCLA academic departments and secondary appointments in the cancer center.

B. The reviewers on the intramural/extramural panel for cancer center space applications were asked to assign priority scores to each applicant according to six review criteria. The reviewers were also asked to comment upon the appropriateness of the amounts of space requested by each applicant and specifically to recommend the combined square footage of office and laboratory space that would be appropriate for each applicant over the next three years. The reviewers were told that the maximum amount of space which could be assigned to a cancer center member

investigator with the most meritorious (e.g. most highly rated) application would be 1,800 net square feet (total) for his/her laboratory and office needs, and the amounts of space recommended should be scaled accordingly for each applicant.

While cancer center programmatic needs, including anticipated recruitment of new faculty investigators over the next three years, must be taken into account in arriving at final space assignments, the assignments which are to be made will be guided by the priorities and the specific recommendations of the independent review panel. The recommended increments in space for those cancer center applicants who have received the highest priorities for space in the recent review are now being analyzed, with the intent of recovering the space that is required from current occupants of the building who received the lowest priority scores. In some instances, reductions in cancer center space were also recommended by the review panel for applicants who fell in the midrange of the priority scores that were assigned. In accordance with the priority scores and the reviewers' recommendations, space will be recovered and reassigned while taking into account the programmatic needs and priorities of the center as a whole.

In some instances, the recovery of space for reassignment will be accomplished through a reduction in space which is presently assigned to a cancer center member, with the intent of making a new space assignment to the occupant which is more congruent with his/her recent productivity, and the relevance of his/her laboratory studies to cancer, the overall programmatic needs of the cancer center, etc. In other instances, the applicants will be asked to transfer their research programs back to their home departments. Accordingly, the department chairs, the cancer center program area directors, and the applicant investigators who are affected by the new space assignments will be notified of the intended changes and their comments obtained before the space changes are put into effect.

It should also be noted that substantial quantities of new space will be freed up when the cancer clinics in the Factor Building move to the Outpatient Care Center in just over two years. The assignment of this vacated space on the 8th and 9th floors of the Factor Building will be guided by the priorities and recommendations from the current space review, by subsequent space reviews, and by the programmatic needs of the cancer center, as well as the availability of funding for (and the feasibility of) needed renovations to the vacated clinic space.

C. Six criteria were used by the space reviewers to judge the applications that were received from cancer

center members. In arriving at a final priority score for each applicant, these criteria were weighted as follows:

1. Scientific quality of the work performed by the applicant--5.
2. Cancer relevance of the applicant's research--4.
3. Scientific productivity of the applicant (number of recent peer reviewed journal articles, etc.)--4.
4. Likelihood of scientific productivity over the next three years--3.
5. Demonstrated need for space in the cancer center (as opposed to other locations)--2.
6. Potential for interdisciplinary collaborations within cancer center space--2.

D. The Dean's office of the School of Medicine, to which the cancer center reports, has stated that it will support the administrative decisions of the cancer center when the space assignments for the Factor Building are made.

E. All occupants of cancer center space will continue to be responsible for the maintenance of noncancer center equipment in their assigned areas. The JCCC is responsible for maintaining JCCC equipment, except when repairs are required because of negligence by the user.

F. Certain cancer center areas in the Factor Building are classified as "core space" and are not reviewable. These include cancer center core administrative space; multidisciplinary cancer clinic space (until vacated); space assigned to research core services that are officially designated as such by the cancer center; and limited amounts (a maximum of 400-500 NSF) of core administrative space and research space for individual cancer center program areas that may be negotiated between the cancer center administration and the directors of each program area. The amount of negotiated core space for a JCCC program area will depend upon the actual number of investigators and shared resource (core) needs of the program area investigators who are assigned space in the Factor Building. Again, the amount of such core space will be limited.

G. The cancer center will help pay the moving costs for investigators who will be leaving the Factor Building as a consequence of the current space review. However, investigators will be responsible for funding their own moves into JCCC space. The JCCC does not assume responsibility for funding room renovations, but if any renovations are being contemplated in cancer center space, they must have the prior approval of cancer center administration.

H. Notifications to vacate or to assume occupancy of JCCC space will be given no less than three months

before the effective dates of the projected moves. All moves into or out of JCCC space must be accomplished within two months after the effective dates of these new space assignments.

I. A small proportion of the total research space in the cancer center will be reserved as "director's space," to be used during the next three years to meet urgent programmatic needs; these needs may (but will not be limited to) the recruitment of new faculty investigators who are of importance to the cancer center program as a whole. At the termination of the pending three year space assignments and prior to the next space assignment cycle, all space in the cancer center portion of the Factor Building will also become director's space until it is reassigned. Finally, any space vacated by attrition of faculty investigators (e.g. by faculty members who retire or move to other institutions, stop doing research, lose their research support, etc.) before the next space review, will also become director's space.

Conclusion

We recognize that the pending changes in cancer center space assignments in the Factor Building will be difficult for some faculty investigators and helpful to others. Given the limited amount of assignable research space that is available to the Jonsson Comprehensive Cancer Center, a policy was adopted and has been followed to review all cancer center space allocations with the assistance of an independent review panel of scientific reviewers who have developed recommendations in accordance with the review criteria.

Although the plan originally was to conduct the space review every three years, JCCC has decided it would be more appropriate every four or five years. The process took about one and a half years to complete; three years would require center members to start the process halfway through. Administrators also realized more time was needed to allow investigators to build a track record, especially the younger faculty.

JCCC drew up a guide to help reviewers evaluate the applications. Excerpts follow:

The cancer center currently controls sufficient space to meet the needs of less than 20 percent of its member investigators; the majority of cancer center members conduct research outside of cancer center space.

Cancer relevance: This is one of the most difficult and relatively subjective areas for evaluation. Essentially, almost any piece of scientific work can be deemed at some level "cancer relevant." However, given a finite space resource, the objective is to decide what

is most proximally relevant to the "cancer problem" both on clinical and basic levels. This issue becomes important when a program which is meritorious scientifically, but whose cancer relevance is indirect, is competing with a program of equal scientific merit with more direct cancer relevance.

Scientific productivity: Although "scientific productivity" and "scientific quality" are obviously interrelated, we hope you can draw the distinctions. Productivity evaluates the sustained output of the scientist over the past several years. Quality involves these questions: Is this work outstanding? Adequate? How does it compare to the best work in the field: Is it innovative as opposed to mainstream: Is it well conceived, carefully executed? Has the work contributed to the growth of the field?

Likelihood of future productivity: Clearly a judgment call, but particularly important for newer faculty without a substantial independent research record.

Demonstrated need for cancer center space: Does the investigator have adequate space elsewhere? Has the investigator's program grown to such an extent that additional space is required? Is the investigator at the point of needing to develop an independent research program? Does the work require facilities available only in the cancer center? Has a case been made for essential collaboration based on physical proximity to other investigators in cancer center space?

Record of and potential for interdisciplinary collaborations: Does the investigator's research record reflect involvement with other disciplines? If not, is involvement of other disciplines in an interdepartmental faculty necessary or conducive to this work?

Appropriateness of net square footage requested: Consider the most relevant, well staffed, well supported, creative and carefully executed research program to be "worth" 1,800 NSF of lab and office space. Using this criterion, is each application appropriate, excessive, or insufficient in its space request?

So how did it all work out?

Five faculty investigators were asked to move completely out of the Factor Building, two because their work was no longer relevant to cancer, the others because the likelihood of future productivity was not considered to be good.

Six had to take a reduction in their space, mostly to make room for others who were considered likely to show increased productivity.

Nine received increases in their space, primarily because they were likely to increase their productivity.

Four junior faculty members, not previously housed in the Factor Building, were given space there for the first time.

The bloodshed was minimal. One threatened a lawsuit and another threatened to take the complaint to the Academic Senate; neither happened.

Another decision reached by JCCC administrators after the competition: the two floors which will be freed up by the move of the cancer clinics will be reserved for new recruitment.

The process worked so well that the School of Medicine has adopted the same system for its space allocations and reallocations.

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-15600-21

Title: Extended evaluation of the mortality experience of workers at the Hill Air Force Base

Deadline: Approximately Sept. 13

The Occupational Studies Section of NCI seeks the services of a firm experienced in survey research and tracing of subjects for an epidemiologic study of workers at Hill Air Force Base. This project will include obtaining information from interviews of long term workers which can be used to assess workplace exposures and to extend the follow-up of an established cohort of 14,457 men and women from Jan. 1, 1983 through 1990 to determine more recent vital status.

To complete this work, the contractor shall prepare and pretest data collection instruments and training materials, identify 200 long term workers from the cohort for interview, contact, obtain informed consent approvals and interview these workers, update the cohort for vital status, obtain death certificates for those deceased, key and code data obtained, and develop and implement necessary quality control procedures. The contractor must demonstrate the capability to successfully trace the cohort for vital status, to successfully interview selected subjects and to obtain the services of an industrial hygienist certified by the American Board of Industrial Hygiene. It is estimated that this project will require two and a half years for completion. The proposed contract is a 100 percent small business set-aside.

Contract Specialist: Barbara Shadrick

RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CM-17506-74

Title: Clinical trials data management support

Deadline: Approximately Sept. 17

The Cancer Therapy Evaluation Program in NCI's Div. of Cancer Treatment is seeking an organization with the capabilities and facilities to provide direct organizational, data management and statistical support for specific clinical trials. These trials include suramin therapy of prostate cancer, LAK/IL-2 trials in melanoma and renal cancer, Group C protocols and one or two additional clinical trials.

The principal investigator shall be available for consultation and planning with NCI staff as often as on a weekly basis to discuss data management and procedures, protocol and/or forms revisions, planning meetings, problems encountered in clinical trials management, procedures employed and other matters relating to the central management of the clinical trials supported by this contract.

This is a recompetition of an existing contract, N01-CM-67908, awarded to the EMMES Corp. The government anticipates that one contract will be awarded, on an incrementally funded basis for a period of three years. All responsible small businesses conforming to the size standard of \$3.5 million annual receipts may submit a proposal.

Contracting Officer: Carolyn Swift

RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-17507-74

Title: Information management support

Deadline: Approximately Sept. 17

The Clinical Investigations Branch of the Cancer Therapy Evaluation Program is seeking an organization to assist CIB professional staff in managing, coordinating and monitoring NCI's clinical trials program from disease and/or treatment modality perspectives. The contractor shall 1) manage a clinical trials tracking data base, 2) retrieve scientific information from currently available data bases (e.g., cancerline, medline), 3) generate scientific publications, 4) analyze program data to assist CIB staff in the development of future priorities and initiatives for clinical research and 5) provide support for organizing CIB strategy meetings.

The contractor will need to access information, as often as daily, that is maintained in various files and libraries of CIB. The proposed acquisition is a recompetition of an existing contract, N01-CM-67908, awarded to the EMMES Corp. The government anticipates that one contract will be awarded, on an incrementally funded basis for a period of three years. All responsible small businesses conforming to the size standard of \$3.5 million annual receipts may submit a proposal.

Contracting Officer: Carolyn Swift

RCB Executive Plaza South Rm 603
301/496-8620

RFAs Available

RFA CA-90-16

Title: Biological and chemical studies of taxol

Letter of Intent Date: Sept. 17

Application Receipt Date: Oct. 24

The Developmental Therapeutics Program in NCI's Div. of Cancer Treatment announces the availability of a Request for Applications for grants related to the further biological and chemical development of taxol as an antitumor agent.

Taxol has shown excellent confirmed activity against refractory ovarian cancer and preliminary activity at other sites, and is one of the most promising new drugs in many years. It has a wholly novel mechanism of action, binding to microtubules and stabilizing them against depolymerization.

Investigations of the chemistry, biology, biochemistry and

pharmacology of taxol have been limited and many aspects of drug production in the source plants, *Taxus* species, as well as many aspects of drug action are not well understood.

The intention of this RFA is to encourage investigators to propose ideas which will increase our knowledge of the drug's properties and which are likely in the long term to contribute to large scale drug supply and to maximize effective usage of taxol in the clinical setting.

The following are undeveloped or underdeveloped areas of interest which merit particular attention: 1) biosynthesis and its regulation in *Taxus* sp., 2) plant tissue culture to produce taxol and related compounds, 3) agronomics and plant genetics of taxol to enhance production, 4) evaluation of genetic engineering methods to transfer genes involved in taxol biosynthesis to fast growing plants, 5) identification of the specific taxol binding site on microtubules and of the amino acid sequences involved, leading to high-resolution definition of the binding site and eventually to molecular mimics with simpler structures, 6) frequency, mechanism and circumvention of resistance, 7) studies of in vitro combinations of taxol with other cytotoxic agents, 8) human metabolism of taxol, 9) measurements and consequences of tissue distribution of taxol and 10) in vivo evaluation of combination therapy using taxol in preclinical models. These areas are not restrictive.

The mechanism for this program will be the traditional individual research-project grant. Although the financial plans for FY 1991 include approximately \$1 million for the total costs (direct and indirect) of this program, support for grants pursuant to this RFA is contingent upon receipt of funds for this purpose. It is anticipated that approximately five to eight grants will be awarded under this one-time solicitation.

Inquiries and requests for copies of this RFA should be made to Dr. Matthew Suffness, Program Director, Grants and Contracts Operations Branch, Div. of Cancer Treatment, NCI, Executive Plaza North Suite 832, Bethesda, MD 20892, phone 301/496-8783, fax 301/496-8333.

New Publications

"Cancer Nursing: Principles and Practice," Second Edition, by Susan Groenwald, Michelle Goodman, Margaret Frogge and Connie Yarbrow, with a foreword by Vincent DeVita, is now available.

The first edition of this book, designed as a comprehensive reference for the specialist in cancer nursing, was selected Book of the Year by the "American Journal of Nursing." The second edition contains 25 new chapters. \$95, 30-day no-obligation review, from Jones & Bartlett Publishers, 20 Park Plaza, Boston, MA 02116.

Rapid Communications of Oxford Ltd. has issued calls for papers for several new journals. They are "NeuroReport," a journal of neuroscience edited by D. Ottoson of the Karolinska Institute, "Anti-Cancer Drugs," edited by Mels Sluysen of the Netherlands Cancer Institute, and "Cancer Causes and Control," edited by Brian MacMahon of Harvard Univ. Contact Rapid Communications of Oxford Ltd., The Old Malthouse, Paradise St., Oxford OX1 1LD, UK, phone (+44)865-790447, fax (+44)865-244012.

"Leukemia and Lymphoma," a new journal edited by

Aaron Polliack, Hadassah Univ. Hospital, Jerusalem. For subscription information contact STBS, P.O. Box 786, Cooper Station, New York, NY 10276. Papers and suggestions may be submitted to Polliack, Hematology Dept., Hadassah Univ. Hospital, Jerusalem, Israel, 91120.

"Cell Growth & Differentiation," the new molecular biology journal of the American Assoc. for Cancer Research, edited by George Vande Woude of NCI-Frederick Cancer Research Facility, has issued a call for papers. Contact AACR, Public Ledger Bldg. Suite 816, 6th & Chestnut Sts., Philadelphia, PA 19106, phone 215/440-9354. For subscription information contact Williams & Wilkins, PO Box 1496, Baltimore, MD 21298, phone 800-638-6423.

"NIH Consensus Panel Issues Report: Consensus Development Conference on Sunlight, Ultraviolet Radiation and the Skin," from the NIH consensus development conference held in May of 1989, is available at no charge. Contact William Hall, Director of Communications, Office of Medical Applications of Research, NIH Bldg. 1 Rm 259, Bethesda, MD 20892.

"Access Device Guidelines," published by the Oncology Nursing Society, available in a series of three instructional modules: "Catheters," "Implanted Ports and Reservoirs" and "Pumps," written by the society's Clinical Practice Committee. Available separately (\$4 each for ONS members, \$5 nonmembers) or as a set (\$10 ONS members, \$13 nonmembers). Publications Dept., Oncology Nursing Society, 1016 Greentree Rd., Pittsburgh, PA 15220, phone 412/921-7373.

"Breast Cancer Immunodiagnosis and Immunotherapy," edited by Roberto Ceriani. \$65, \$78 outside U.S. and Canada. Plenum Publishing Corp., Attn: Melanie Yelity, 233 Spring St., New York, NY 10013.

"Current Genitourinary Cancer Surgery," edited by David Crawford and Sakti Das. \$135 from Lea & Febiger, 200 Chester Field Parkway, Malvern, PA 19355, phone 800-444-1785.

"McSmoke the Tobacco King and Nikki Teen," a rap music video and educational packet designed to combat targeting of youth by tobacco advertising, released by Doctors Ought to Care, a national coalition of health professionals. \$100, from NYC-DOC, c/o Dr. Edward Anselm, 200 East 16th St. Apt. 9L, New York, NY 10003, phone 212/420-2885.

"Tobacco, Alcohol and Other Drug Education Materials," a catalog of materials suitable for presentations and education. No charge, ETR Associates, Conference Services, PO Box 1830, Santa Cruz, CA 95061, phone 408/438-4060.