

DEC 9 1991

THE **CANCER** LETTER

P.O. Box 15189 WASHINGTON, D.C. 20003 TELEPHONE 202-543-7665

Vol. 17 No. 47
Dec. 6, 1991

(c)Copyright 1991 Cancer Letter Inc.
Price \$205 Per Year US, Canada.
\$230 Per Year Elsewhere

AACR President: Cancer Program 'Threatened,' Calls For Strategic Plan, More Extramural Input

Harold Moses, president of the American Assn. for Cancer Research, said the National Cancer Program is in the midst of a "major crisis" caused by inadequate funding and called on NCI to develop a strategic plan for cancer research and give extramural researchers a greater role in determining funding directions. He also recommended that NCI's bypass budget, the document that outlines the Institute's funding needs, be simplified to make it easier to understand--and use in lobbying.

(Continued to page 2)

In Brief

Panel To Select Breast Committee From 130 Nominations; Bristol Plans Move To Princeton

MORE THAN 130 NAMES were submitted to the President's Cancer Panel for nomination to the Panel's soon-to-be-established breast cancer committee. Panel Chairman Harold Freeman said less than 20 would be selected. . . . **BRISTOL-MYERS SQUIBB** will move its entire pharmaceuticals operations from Evansville, IN, to Princeton, NJ, by the end of next summer. The move will include those involved in the management of production and marketing of anticancer drugs. . . . **PROGRAM ANNOUNCEMENT** for "Interactive Research Project Grants for Cancer" is scheduled for release by NCI this month. The initiative creates a new category of research project grants that are linked, like program projects, but are counted as separate grants. First deadline for proposals will be Feb. 1. . . . **BRUCE CHABNER**, director of NCI's Div. of Cancer Treatment, has been promoted to rear admiral in the Public Health Service Commission Corps. Chabner has served in the PHS since 1972. . . . **DAN OLDANI** has been appointed to the newly created position of vice president and chief operating officer for hospital and clinics at M.D. Anderson Cancer Center. The UT System Board of Regents this summer approved the largest single building program in the center's history, two separate additions that will add more than 875,000 square feet to the center at a cost of \$248 million. . . . **NIH CONSENSUS** conference on "Diagnosis and Treatment of Early Melanoma" is scheduled for Jan. 27-29, at Masur Auditorium, NIH Clinical Center. To register, contact Prospect Associates, 301/468-6338. . . . **NANCY BRINKER**, chairman of the Komen Foundation and member of the President's Cancer Panel, has received Fox Chase Cancer Center's Reimann Honor Award, named for Stanley Reimann, who founded the center's Institute for Cancer Research in 1927.

Broder Responds
To AACR Proposal,
Cites Congressional
'Commitment'

. . . Page 4

NCAB Member Becker
Says AACR 'Feels
Disenfranchised'

. . . Page 6

CIS Celebrates
15th Anniversary,
Praised By M. Quayle

. . . Page 7

RFPs, RFA Available

. . . Page 7

AACR Calls For 'User-Friendly' Bypass Budget, Long Term Plan

(Continued from page 1)

In a speech before the National Cancer Advisory Board last week, Moses said his association has been "frustrated" by "seriously inadequate" funding for cancer research in the last decade.

"The National Cancer Program is in the midst of a major crisis," Moses said. "The fundamental structure of our National Cancer Program is now being threatened. Federal funding for cancer research is seriously inadequate. There is a rapid decline in the education of young Americans, from elementary school to postgraduate education. Inadequate funding hampers our ability to attract and retain young cancer scientists. Therefore, more foreign trained scientists are needed to staff research laboratories. Unless we reverse this trend, we will not be able to take advantage of the exciting research advances of the last two decades in molecular biology and cancer research.

"Because the AACR represents the extramural cancer program, it supports a strong NCI. Therefore, we would like to assist the NCAB in obtaining increased funding for cancer research."

The AACR president's speech came moments after NCI Director Samuel Broder gave an enthusiastic report on the impact of the 16 percent budget increase for fiscal 1992. Broder disputed several of Moses' comments, but NCAB members Walter Lawrence, Fred Becker and Sydney Salmon, expressed at least partial agreement with Moses.

AACR, the oldest cancer research society, has 7,500 members and publishes three journals. It is a member of the National Coalition for Cancer Research, a group of 14 organizations that played a key role in securing

the budget increase for NCI. The increase is the largest since 1976 and nearly brings the Institute's budget, as measured in constant dollars, back up to its 1980 level. NCI's budget did not keep pace with inflation in the 1980s and fell by more than 6 percent overall--or about 18 percent, excluding AIDS research. However, the new \$2 billion budget falls \$600 million short of NCI's own measurement of its professional needs.

Moses said he was invited to speak before the NCAB after correspondence with Broder about AACR providing more input into NCI's priorities through development of the bypass budget. "This request grew out of discussions with the Board of Directors of AACR concerning frustrations of recent directions of funding for the National Cancer Program and the desire to help in correcting these funding problems," Moses said in his presentation.

"In 1971, when the National Cancer Act was passed, we were funding 55 percent of the approved applications," Moses said. "Over 20 years later, we will only be funding 35 percent of all approved grants. In absolute dollars, the investment in medical and cancer research has never been greater, but the probability that any new grant application will be funded is less now than it was 20 years ago."

During the 1980s, Congress mandated NIH to maintain a specific number of research grants. NCI directed resources to basic research, but did so at the expense of other components of the Cancer Program, including prevention, cancer centers and cooperative groups, Moses said.

Though there was substantial growth in basic research, the funds were "inadequate to meet the demand and adequately fund the good basic science that is reviewed" by NCI, Moses said. "While the number of grants has grown dramatically (since 1971)--from 580 to over 3,000--the bottom line is that there is a lot of good science going unfunded."

In addition, Moses said, the average cost of conducting research has risen, but the average size of grants has not increased to keep pace.

With federal funding not keeping pace with scientific opportunities, more and more cancer centers, institutes and individual investigators are obtaining funding from industry. "I see two major concerns with this," Moses said. "Very often these collaborative relationships represent targeted efforts and not directed to the basic research efforts that comprise the foundation upon which all our other efforts are built. They are not an adequate substitute for federal funding of basic research. Secondly, more often than not, these collaborative arrangements are made with

THE CANCER LETTER

Editor: Kirsten Boyd Goldberg
Associate Editor: Lisa M. O'Rourke
Contributing Editor: Jerry D. Boyd

Editorial/Subscriptions Office
PO Box 15189, Washington, DC 20003
Tel: (202) 543-7665 Fax: (202) 543-6879

Subscription rate \$205 per year North America, \$230 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter and AIDS Update. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties & \$100,000 damages.

foreign companies. Therefore, when applied technologies are developed, U.S. scientists will have had a role in their development but the financial incentives and rewards will occur in other countries."

Another problem caused by inadequate funding is a growing shortage of biomedical scientists, Moses said. "We continue to send a frightening message to young trainees in biomedical research. Students have become aware of the serious shortages of funds for biomedical research including cancer research. In addition, the proportion of medical students entering research careers continues to fall, partly for the same reason.

"Without better prospects for research funding for both PhDs and MDs considering careers in biomedical science, we will not have the young investigators needed to make the new discoveries essential to the ultimate eradication of cancer."

When the National Cancer Act was passed in 1971, Moses said, training as a percent of research and development funds was more than 18 percent. In the mid-1970s training fell below 11 percent and today represents less than 5 percent of the total research and development budget.

Congress 'Unaware' Of Bypass Budget

Since 1986, NCI funding has fallen far behind the bypass budget recommendations. "In order to address the pressing priorities that exist in our National Cancer Program we need to have a stable funding base and we need to close this ever widening gap," Moses said. "One of the tools to close the gap should, in fact, be the bypass budget itself."

AACR supports the bypass budget, but has had difficulty in using the 300 to 400 page, single-spaced document in its public education efforts, Moses said.

"Congress is relatively unaware of its existence, its message, and its mission. The bypass budget itself is an un-useable document that is difficult to comprehend if you do not have a scientific background. It has a strong emphasis on the intramural research program, but overlooks much of the substantive programs and progress made in universities, hospitals, and private institutes across the country.

"Further, it lacks any direct correlation to the money appropriated by Congress to their districts and states back home--something every member of Congress is interested in knowing and addressing for their constituents.

"I urge you to consider reframing the bypass budget into a user-friendly document. One that clearly and concisely articulates in lay terms the tremendous progress made in cancer research, gaps in our short and long term efforts, emerging priorities in cancer research that merit increased resources, and the status

of the existing National Cancer Program and availability of those resources to the American public."

Polls indicate that a majority of Americans believe in the importance of the "war on cancer," Moses said.

--In a 1989 "Washington Post"/ABC poll, 69 percent of those polled stated that a search for a cure for cancer should receive increased federal support.

--In a 1989 "Los Angeles Times" telephone survey, cancer was the most feared disease and 47 percent of those surveyed stated that cancer was the most important public health problem facing our country.

--A recent poll conducted by the American Cancer Society shows that the American public believes that the federal government's top research priority should be finding a cure for cancer.

"The public is a silent majority because we--the National Cancer Program and your constituent organizations--have not brought our case to them in a compelling way. We have faced this decade of decline with a business as usual attitude," Moses said. He said it is time that the NCAB and the Cancer Program's constituency organizations enter into "a true partnership to rectify this situation."

Cancer Program Lacks 'Champions' In Congress

Moses argued that the Cancer Program has lost some of its "champions" in Congress and its public advocates who helped to establish the program. "We have done little to find new champions. Clearly, this is a significant factor as to why the growth of NCI has not paralleled the growth of other research programs at NIH."

Moses provided an insider's account of this year's appropriation's process:

"During House mark up of the Labor, HHS Appropriations bill, we could find no one on the House side to support the National Coalition for Cancer Research recommendation for a \$200 million increase for cancer research," Moses said. "Rep. Joseph Early (D-MA) fought for us but was only able to obtain support for a \$20 million increase. This same bill had millions of dollars in increases for other programs.

"The original Senate bill provided NCI with a meager \$15 million increase. Only after Sen. Fritz Hollings (D-SC) directly approached the chairman of the committee (Sen. Tom Harkin, D-IA) and told him that he would amend the bill at full committee mark up to reach the \$200 million increase did the funds get included in what has become known as the Hollings/Harkin amendment.

"In conference, the increase for cancer research was debated on five separate days and was the single most controversial funding recommendation. Had it not

been for the strong and often stubborn support of Sens. Hollings and Harkin, backed by Sens. Gorton and Adams and the advocacy of Rep. Early through five days of bitter debate, the increase may never have been realized.

"For the first time in the history of the chairmanship of Congressman William Natcher (D-KY), the conference committee took a vote on a conference item. That vote was on whether or not to support the increase for cancer--and we did not have all the votes in our favor.

"It is reported to me by individuals who were involved in guiding the Hollings amendment that no one can remember a time when the funding of any program was considered, debated, and fought by the conferees for over five days."

Moses said the Administration's research funding priorities also are part of the problem. "We have all believed that the growing national deficit has had a significant role in constraining spending. However, I would submit to you that the Administration's research and development priorities indicate otherwise." The President's FY92 budget recommended a 120 percent increase for the supercollider, 71 percent increase for agriculture research, 34 percent increase for energy research, 30 percent increase for high performance computing, 18 percent increase for the National Science Foundation, 14 percent increase for defense research, 6 percent increase for NIH, and 5.6 percent increase for NCI.

R&D spending for the Dept. of Defense increased 86 percent between 1981 and 1989. "During the past 30 months, we have spent more in DOD R&D than we have in the entire 105 year history of the NIH," Moses said. "In essence, when the Administration and Congress want to find the money to fund a specific program, they find it.

"We need to reinforce in the minds of Congress and the Administration that biomedical research in general and cancer research in particular is a good investment and it has resulted in economic benefits amounting to billions of dollars in the form of increased productivity and decreased hospitalization cost, not to mention the biotechnology industry."

AACR Proposal To NCAB

Moses said AACR would like to be involved in formulating a "strategic plan" for NCI.

"We need to ask and provide the answer to some critical questions," Moses said. "What is the strategy over the next five to 10 years for the following:

--Addressing the critical needs for research training and quantifying the type of growth that we need and the disciplines in which we should be developing

greater expertise?

--Where the major gaps in our research efforts exist and how should the extramural research community prepare to address them?

--What are the infrastructure needs of the extramural research environment and how should they be managed long term?

--What are the emerging research priorities? Is the infrastructure there to support them, and, if not, what needs to be put in place to effectively meet these priorities?

--What does a 'balanced' cancer research effort look like across the full spectrum of research areas--basic, applied, centers, and prevention--over the next decade? Has this been formally developed and communicated?

--Within the research portfolio of NCI, what is the appropriate balance between R01s, P01s, Shannon awards or the FIRST awards?

--What mechanisms have yielded the greatest progress to date? What mechanisms need to be reinvigorated based upon research priorities?

"The AACR wants to be viewed as a partner in defining, crafting, and implementing short and long term objectives of the National Cancer Program as outlined here," Moses continued. "We have a vested interest in assisting NCI in determining how it will use its funds and what the priorities are in the extramural research community. It is in our best interest and yours for us to have a role in determining funding allocations.

"AACR believes the American public should be a committed partner in the effort to increase funding for cancer research and address the many challenges confronting the National Cancer Program.

"The dwindling support of Congress causes us great concern and is a situation that we believe needs to be rectified immediately. As a result, we have pledged our support, both financial and human, to the efforts of the National Coalition for Cancer Research. Over the past year, the NCCR has worked to increase the visibility of our funding needs within Congress. We will continue to do so next year and to begin to take our cause to the American public."

Moses concluded: "In order to be effective, it is critical that we deliver a message that quantifies our progress to date and lays out the challenges that we face in a fashion that the public and policy makers can embrace. However, we need to do this in partnership with NCI and the NCAB, not apart from it."

NCI Director Samuel Broder was the first to

respond to Moses' presentation. He pointed out that the President's Cancer Panel, not the NCAB, has the statutory authority to report directly to the President, and submits the bypass budget each year, though the NCAB does review the bypass budget. "It is very important to make sure the President's Cancer Panel is part of the entire process and for the AACR and other scholarly organizations make a special effort to interact with the President's Cancer Panel and if possible send representatives to attend their meetings and make suggestions that [Panel Chairman] Dr. [Harold] Freeman can take under consideration."

Broder then took issue with the characterization Moses gave of "dwindling" Congressional support for NCI. "It's very important to recognize the corporate history of commitment from both the Congress and the Executive Branch, and we are very grateful for all who have helped us," Broder said. "I don't believe it is a good idea to take a snapshot of any individuals on the conference committee or the appropriations committees at any one time during the fiscal year [with regard to] who was supportive and who wasn't. I felt very grateful for the support of Sens. Hollings and Harkin in conference. I was also exceptionally grateful to Mr. Natcher who over a number of years has been a person of high integrity who has done many things that we in the Institute should be very grateful for. He has as a matter of philosophy attempted to oppose earmarks and has shown enormous respect for the peer review process.

"I don't think we should take these things for granted," Broder continued. "I think that almost as important as any budget we can get is the principle of peer review and the concept that we will have scientific excellence as a measure by which monies will be allocated. That is not a uniform feature of government. Not all government agencies work that way.

"Another point that I think is worth stressing: Whereas we will be very glad to provide budget figures as to where our research dollars are going--and of course that is a matter of public record--as to congressional districts, I think that for the purposes of a professional needs budget, that is largely irrelevant," Broder said. "We should use very significant caution in moving from the concept of a professional needs budget, which is the budget you need to cure cancer. That's our mission, that's our scholarly mission.... We don't give out grants by virtue of a block grant process. The excellence of the individual principle investigator determines the capacity to develop a record of performance and provide projects which can be judged by peer review."

Moses replied, "I'm a little confused here. I don't remember commenting on peer review and I certainly do not want to see any action that would harm the peer review process."

"The concept of attempting to present budgets by way of congressional districts has a subtext, an invitation to the practical world of Washington to induce problems for us, challenges for us, in the peer review process," Broder said. "I'm going one step beyond, and I urge you to think about what I'm saying in the totality. We need to make sure that our message always is the scientific endpoints. There are strong pressures, particularly in a flat budget situation government-wide, or a receding economy, to have certain types of scientific projects simply be issued by virtue of necessities other than the science. I think we can take an enormous amount of pride in that virtually all our funding instruments are based on [peer review] alone--that is not necessarily true for other agencies and even other scientific agencies of government."

Broder said there is the danger of a congressman saying, "My district doesn't receive any money from the research institutes, I'd like to make sure some money comes to my district.' Fortunately for the National Cancer Institute, the National Institutes of Health, we don't run into that as a problem."

"I did not in any way intend to suggest that AACR would like to have funds allocated on anything other than the basis of peer review," Moses said. The idea of showing NCI funding by district would be "a means of helping to sell the bypass budget to congressmen and senators. That may or may not be a good idea, but it has nothing to do with peer review."

Broder continued: "We defend the professional needs budget on the basis of its ability to prevent, diagnose, and cure cancer, and I don't mean to be officious, and I don't mean to sound like a broken record, but that's the basis that Congress should view it. The professional needs budget that we can all truthfully say is uninformed by political considerations. I understand what you said, and what you intended to say, but you've introduced something that we never do, which is consideration of what funding is going to a particular political unit."

"That was not my suggestion at all," Moses said. "Please don't read that into my comments. First of all, I apologize for leaving out the President's Cancer Panel. That was unintentional and certainly they should be involved. In acknowledging the particular Congressmen, I did not do that just to be nice to the Congressmen, I gave that whole story to illustrate the problems that we had in getting the Hollings funding

amendment through. We do have real problems there that need to be addressed.

"With regard to the professional needs budget, the bypass budget, my suggestion was that we should try to make that a reality by selling it to the public, Congress and the President."

NCAB member Walter Lawrence, newly elected president of the American Cancer Society, said the message from Moses "is a strong one. We are not going to be successful without some public education and in that we regard, I've often felt that we on the NCAB have a role and in some way we haven't been as effective in the public education message as we'd like to be. I think we can develop strong collaborations with non-government organizations within the NCAB and the President's Cancer Panel to be much more effective in public education efforts." The key to increasing public education, he said, is to "develop strong collaborations." Lawrence said that would be a major goal of his term as ACS president this year.

NCAB member Fred Becker told Broder, "I'm a little disappointed in the tact you took in response [to Moses], because I think there is a message here that is different from the political one. I think there was a message that said that, quote 'there is a lack of substantial input from the extramural scientific community.'

"The largest constituency involved in cancer research and development is not intramural, it's extramural," Becker noted. "In terms of developing a strategic plan for cancer research for the country, this is not limited to the function of NCI, but all of us who are involved in cancer research and have an interest in cancer research. I think it was meant as a positive one."

Earlier in the meeting, Broder mentioned that NCI works on several budgets at a time, and is beginning to develop its 1994 bypass request. "That's a budget that's going to affect many people," Becker said. "If the AACR is saying what I hear, they are saying they feel as a group of seven or eight thousand people involved in cancer research--and ASCO might be a little interested as well--they seem to feel a little disenfranchised in the formative processes of the NCI. I thought that was the message."

BRODER: Fred, it isn't just an accident that Dr. Moses is here. We feel that there should be input. In point of fact, the bypass budget for fiscal 1992 did go to the Coalition and its members for comments. AACR is a member of that. We'll certainly take input. If we haven't done a good job on that, then we'll do a better job. The AACR is an extremely important group representing the interests of the basic science

community. We need to have outreach to all of our constituents, and we hope in some appropriate way we will have representatives from ASCO, and many groups. The issue of having more input is clearly important and we'll certainly work on that.

I wouldn't totally dismiss the outreach activities of holding President's Cancer Panel meetings in different places. You graciously agreed to host the next one [at M.D. Anderson on Dec. 9]. That provides us a forum. The issue of strategic planning--we've had several types of plans and we'll have to have more, with appropriate input. The centers program has had the opportunity to have a subpanel of the NCAB to make its views known, and we've had a procession of plans discussed and implemented. I think the issue of strategic planning is a very useful one, because there is an NIH-wide strategic plan. It's an evolving document, and AACR could easily use this as an important opportunity....

Many of the things people were concerned about, at least in part, seem to be moving the right way. We certainly did not achieve our professional needs budget for fiscal year 1992, but nevertheless, we did obtain a very large increase. The institute as a whole will be going up 16 percent. By the same format that we acknowledge problems, we should also give ourselves the opportunity to acknowledge these partial progressions. I think that's not trivial.

In the same sense that various groups may educate Congress and the Executive Branch what needs to be done, an appropriate, controlled measure of gratitude also has a role. That's my message. I don't think that's opposite of your message. There is a message also in acknowledging the effort and difficulty which the Congress and Executive Branch faced in providing us with a \$276 million increase over the fiscal year 1991 level. It's not enough, perhaps, and we need to keep on the educational process, but we are going to be giving the largest number of new and competing grants in the history of the Institute. Therefore, at the same time that we identify problems, we should also identify areas where we have done things.

MOSES: I agree, Dr. Broder, there have been tremendous accomplishments. But I wanted to point out the tremendous difficulties we encountered in getting this pushed through.

BRODER: All's well that ends well.

MOSES: Well, we have the next year's budget coming up too, and that's a major concern.

NCAB member Sydney Salmon said members of the NCAB and the President's Cancer Panel try to get input from a variety of groups. "I think Dr. Moses

made some interesting comments on the Administration's priorities, and I would have to agree that Congress showed by vote that we have the support for the National Cancer Institute. So I'm not quite as concerned," Salmon said. "I think the National Coalition and other groups were formed to replace the lack of leadership on the outside, and I think it is working. I think it is helping."

Salmon said developing a user-friendly bypass budget may not accomplish the intended goals. "Certainly the National Coalition for Cancer Research could publish a user-friendly version which didn't provide all the detailed documentation that the Administration may need to justify the professional needs," he said.

In fact, the Coalition did publish such a document earlier this year calling for a \$200 million increase and outlining how it might be spent (*The Cancer Letter*, May 3).

CIS Celebrates 15th Anniversary; Marilyn Quayle Praises Service

Marilyn Quayle, wife of Vice President Dan Quayle, praised NCI's Cancer Information Service for its commitment to providing millions of Americans with up-to-date cancer information. Quayle made her remarks during a luncheon last week in Bethesda to celebrate the 15th anniversary of the CIS.

"With compassion and care, the NCI's Cancer Information Service has helped more than four million Americans and their families make the important decisions about their cancer treatment and care," Quayle said. "The CIS, which began in 1976, has touched the lives of men and women, young and old, from all walks of life."

CIS provides information on cancer through its toll-free number, 1-800-4-CANCER.

"Cancer is a complex disease and knowing about the importance of cancer prevention, early detection, and the latest treatments, including clinical trials, can often make the difference between life and death," Quayle said. "For the past 15 years, the CIS has set the standard for public service. It is a quality program, built on the principles of accuracy, care, and compassion."

NCI Director Samuel Broder announced the first awards for outstanding leadership of CIS to Marion Morra of Yale Comprehensive Cancer Center and NCI's Kate Duffy, CIS section head. The annual award will be named after Morra, coordinator of the CIS regional office at Yale and associate director of the cancer center.

Broder cited Morra's "dedication to patients and their families and her tenacious commitment to ensuring that the CIS provides the public with the highest quality of service possible. Marion has been the service's most compassionate advocate, its most constructive critic, and its most loyal supporter."

The six CIS information specialists who were recognized for their contributions to the service were:

Ina Russakoff, Univ. of Alabama (Birmingham); Nancy Baxter, Jonsson Comprehensive Cancer Center, UCLA; Kari Bixler, Penrose Cancer Hospital, Colorado Springs; Sheila Phillips, Sylvester Comprehensive Cancer Center, Miami; Deborah Brooks, Lucille Markey Cancer Center, Lexington, KY; and Maria-Victoria Zitelli, Memorial Sloan-Kettering Cancer Center.

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-CO-33004-63

Title: Cancer Information Service

Deadline: Approximately: March 2

NCI is soliciting proposals for the dissemination and interpretation of information regarding the cause, prevention detection and treatment of cancer to cancer patients and their families, the general public, and health professionals.

The goals for the Cancer Information Service are: 1. To use communication strategies to reduce cancer incidence, morbidity, and mortality. 2. To provide NCI-designated cancer centers and other major community cancer organizations and intermediaries with a resource for developing outreach programs to reach their various audiences. 3. To establish a high-quality system that can serve as a resource and a database for stimulating the development and implementation of new research projects in cancer communications.

The objectives are: 1. To support a network of regional CIS offices throughout the country that will serve as local outlets for NCI to disseminate information on cancer to communities and serve as catalysts for the adoption and adaptation of the Office of Cancer Communication education programs, materials and messages in the community. 2. To operate a toll-free telephone service in the regional offices to provide cancer patients and their families, health professionals, and the general public with rapid access to information on cancer prevention, detection, diagnosis, treatment and rehabilitation. 3. To mobilize local media and community-based organizations to use and adapt OCC programs, materials and messages in support of NCI education initiatives. 4. To establish data collection strategies and dissemination techniques to facilitate evaluation of the role of communications strategies in reducing morbidity and mortality from cancer.

NCI has designated 19 geographic locations throughout the United States to serve as Cancer Information Service offices. Offerors may submit a proposal to provide the services for one or more of the designated geographic areas.

Contract Specialist: Tina Huyck
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CP-21005-21

Title: Genetic factors in patients at high risk of cancer--DNA polymorphisms for linkage analysis

Deadline: Approximately Jan. 27

The Family Studies Section (FSS), Environmental Epidemiology Branch (EEB) of the National Cancer Institute is seeking a contractor to use state-of-the-art methods to identify DNA polymorphisms using hybridization techniques, polymerase chain reaction (PCR) and other technologies as applicable to map genes causing cancer to specific chromosome regions through the analysis of familial segregation patterns of cancer or preneoplastic

syndromes. Analysis of DNA polymorphisms will also be used to verify that fibroblast or tumor cell lines obtained by NCI for a variety of laboratory investigations have not been mislabeled or cross contaminated. Occasionally, analyses of polymorphic markers may also be needed to determine zygosity in cases of multiple births and to assess paternity in studies in which verification of biologic parents is essential. This support contract is a recompetition of a contract awarded to Integrated Genetics, Inc., to expire on Sept. 29, 1992. Under the planned new award, the NCI will submit to the laboratory, specimens on approximately 150 persons per year from families in which a known or suspected Mendelian trait is segregating which causes or is associated with cancer. The contractor will be supplied with 100-200 mgs of purified genomic DNA from each patient by the NCI.

The contractor shall furnish all necessary resources to detect a minimum of 50 RFLPs on these specimens and specify which loci will be tested. DNA from each individual will be assayed for RFLPs by hybridization with a large series of probes whose distribution covers every autosomal chromosome arm and by PCR methods for available chromosomal regions. Cases suggestive of nonpaternity will be excluded from analysis. If there are no probes available from any source which recognize a locus on a specific chromosome arm, the contractor shall attempt to develop such probes using existing DNA libraries or other mechanisms. The assay results will be tabulated and sent to NCI for linkage analysis by the NCI staff in conjunction with the pedigree data.

Past, present and future inter-related projects include: 1) Cutaneous malignant melanoma/dysplastic nevus (CMM/DN), 2) Multiple endocrine neoplasia type 1 (MEN 1), and 3) Nevoid basal cell carcinoma syndrome (NBCC). Under the current contract the studies of MEN1 has nearly been completed in five new families. Efforts in the first year of the new contract will focus on studies of CMM/DN and NBCC. For each of these projects, the families for study have already been identified and many of the DNAs have been prepared and are ready for RFLP analysis. Once these two disorders are in the final phases of analysis, the NCI will start studies of four families with chronic lymphocytic leukemia (CLL) and ten with Hodgkin's disease (HD). Efforts in CLL will focus on chromosome 12, as trisomy 12 is the most common cytogenetic finding in CLL cells. Work in Hodgkin's disease will address RFLPs in the HLA region on chromosome 6, since there is evidence of involvement of this locus in HD etiology. The contractor shall provide all necessary facilities, personnel, equipment and reagents to receive and assay the marker loci in DNA from an average of 150 persons per year. This is a 100% small business set-aside.

Contract Specialist: Barbara Shadrick
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CM-27722-30

Title: Iso-antigenic typing of mouse strains

Deadline: Jan. 24

NCI's Biological Testing Program (BTP), in the Developmental Therapeutics Program of the Div. of Cancer Treatment, is seeking an organization that has the capabilities to perform reciprocal tail skin grafts between mice of various strain sublines and counterparts from the NIH colony.

It is estimated that 6300 skin grafts involving 3,000 animals will be supplied at no charge to the contractor. It is anticipated that one contract will be awarded for this effort, as a result of this RFP, for a period of 60 months. This RFP is a recompetition of the project being performed by Northwestern University.

Contract Specialist: Elsa Carlton
RCB Executive Plaza South Rm 603
301/496-8620

RFA Available

RFA CA-92-03

Title: Gene regulation of radiation resistance

Letter of Intent Receipt Date: Jan. 3

Application Receipt Date: March 13

NCI announces the availability of an RFA for tightly focused studies that investigate the molecular/genetic mechanisms responsible for the inherent radioresistance of human tumor cells. Applications may be submitted by domestic and foreign for-profit and nonprofit public and private organizations, and components of the Federal Government. NCI-funded Cooperative Groups are ineligible to apply, but individual institutions or consortia of the Cooperative Groups may apply through their own institutions.

This RFA will use the individual research project grant (R01) funding mechanism. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant.

The total project period may not exceed three years. The anticipated award date will be Dec. 1, 1992. Approximately \$1 million in total costs per year for three years will be committed to fund applications submitted in response to this RFA. NCI plans to make multiple (four to five) awards for project periods up to three years. The purpose of this RFA is to stimulate research directed toward identifying and characterizing the role that molecular genetic processes play in the inherent radioresistance observed in some solid human tumor cells that often exceeds that of the normal cells.

Studies must be directed toward investigating the various molecular/genetic events that occur following radiation-induced damage and determining how they relate to radiation resistance. These studies may include but not be limited to various facets of gene induction and expression, i.e., regional transduction pathways, second messenger pathways, oncogene products, growth factors and molecular and/or biochemical factors.

By better understanding the radiation resistance associated with human tumor cells it may be possible to modulate those mechanisms identified as playing significant roles and thereby significantly improve the clinical effect of radiation therapy.

Additionally, important molecular and cellular prognostic factors for survival or recurrence of malignancy in patients treated with radiotherapy may be identified from the proposed studies.

Copies of the RFA are available from: Dr. Thomas Strike, Radiation Research Program, National Cancer Institute, Executive Plaza North, Suite 800, Bethesda, MD 20852, phone 301/496-9360.