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Activists To Seek $660 Million For Breast Cancer Research, Legislation To Declare An 'Epidemic'

Gearing up for the appropriations battle in the 103rd Congress, the National Breast Cancer Coalition is once again likely to demand a dramatic increase in breast cancer research funding in fiscal 1994.

This year, the coalition's demands are likely to top $658 million, NBCC President Fran Visco said to **The Cancer Letter**. According to Visco, this will include the $448 million the NCI FY94 bypass budget proposes

(Continued to page 2)

In Brief

Adamson Is Acting Frederick Director; Fischinger Heads Hollings Center; ASCO Has New Exec. Dir.

RICHARD ADAMSON, director of NCI's Div. of Cancer Etiology, will serve as acting director of the Frederick Cancer Research & Development Center while NCI searches for a scientist to take the job held for the past five years by **Werner Kirsten**, who died Dec. 24 (**The Cancer Letter**, Jan. 1). Adamson served as acting deputy NCI director in 1989. . . . **PETER FISCHINGER** has been named director of the Hollings Oncology Center and chairman of the newly established Dept. of Experimental Oncology, Medical Univ. of South Carolina. He will remain acting vice president for research for the university. "We're looking for a few good scientists," with an emphasis in molecular medicine, Fischinger told **The Cancer Letter**. . . .**HAMZA MUJAGIC**, former NCI researcher who founded a cancer center at Banja Luka Hospital in Bosnia, is trying to get on a United Nations convoy out of that city. Mujagic has an invitation to lecture in the U.S., but first he must make the 120-mile trip to Zagreb. At this time, only the U.N. is able to get past the dozen check points between the two cities. Mujagic, who ran unsuccessfully for president of Bosnia and who says his life is in danger, is asking his colleagues to telephone the U.N. post in Banja Luka and requesting his placement on a convoy so he could deliver his lectures in the U.S. The U.N. post's telephone number is (38)78-11094. Mujagic's home telephone number is (38)78-12525. . . . **ROBERT BECKER** is the new executive director of the American Society of Clinical Oncology, replacing **James Gantenberg**. . . **DAVID PISTENMAA's** name was misspelled in last week's issue of **The Cancer Letter**. First meeting of the Institute of Medicine committee to advise the DOD on the breast cancer appropriation is scheduled for Feb. 11-12. . . . **LEONARD SCHEELE**, third director of NCI (1947-1948) and a U.S. Surgeon General, died last month. He headed NCI's cancer control program from 1939-42. . . . **'IN BRIEF' SECTION** has been expanded and is continued on page 8. . . .

Activists To Seek Up to $660 Million For Breast Cancer Research Funding

(Continued from page 1)

to spend on the disease and an additional $210 million in breast cancer research funds that Congress put in the Department of the Army last year.

"If the Department of the Army project appears to work right, we will try to make it happen again," Visco said.

In addition, the coalition is likely to ask for additional funds under the mammography quality standards act as well as additional funding for the breast cancer tumor registries program.

Early last year, the grassroots coalition dominated by breast cancer patients and patient advocates, a newcomer on the political scene, raised many eyebrows by demanding a $300 million increase in breast cancer funding.

However, after employing political tactics and rhetoric never before used by cancer interest groups, the coalition got the increase it wanted.

Most of that increase, $210 million, was placed in the Department of the Army, triggering an ongoing controversy.

At the time Congress gave the funds to the Army, it was thought the appropriation would be made only once, as a creative way to avoid breaking through the "firewall" separating the military from domestic spending.

Later this month, a panel assembled by the Institute of Medicine on the National Academy of Sciences will hold a hearing in its effort to advise the Army on spending the funds. The IOM recommendations are expected later this spring.

Also last year, after seeing the coalition's demands, NCI doubled its bypass budget for breast cancer research in 1994. While for FY93 the Institute said that in its professional judgment it could spend no more than $220 million on breast cancer, the 1994 bypass budget calls for $448 million for breast cancer.

Moreover, the Institute's actual budget for breast cancer research this year went up from $133 million to $196 million in response to Congressional pressure.

NBCC Legislative Agenda

The coalition's other demands, outlined in a legislative agenda released last week, include:

▶Making breast cancer a national priority, declaring an epidemic of the disease and working with the Administration to design and implement a national plan for fighting the disease.

"An effective national plan will require the cooperation and support of all sectors," the coalition said in its agenda for 1993.

"The NBCC urges President Clinton to call together selected leaders from the executive branch, the Congress, the scientific community and women with breast cancer and other breast cancer advocates. All governmental departments must be included in the plan, not only HHS."

▶Enactment of legislation that will ensure sustained increased levels of funding for breast cancer research.

"Research needs to focus on the etiologies of breast cancer, such as the environmental toxins, ionizing radiation and diet," the coalition said.

▶Further appropriations under the Cancer Registries Amendment Act (P.L. 102-515) and the Mammography Quality Standards Act (P.L. 102-359).

The cancer registries act, enacted last year, called for a study to examine the reasons for higher breast cancer death rates in the Northeast and Mid-Atlantic states.

However, the act did not contain an appropriation. The coalition is asking for a supplemental 1993 appropriation and legislation that would provide funding in 1994. The Mammography Quality Standards Act similarly lacked funding.

NBCC supports enactment of an amendment to the mammography standards act to strengthen its provisions and to appropriate a sum necessary to support its implementation.

▶Conduct of a study to determine the feasibility of establishing a national tumor, tissue and devices bank.

The study, to be performed by a panel of scientists, physicians and consumer patient advocates, should address all aspects of such a bank, including the need for quality control, staffing, suggested investigator protocol, safeguards against misuse and mechanisms to ensure that new and innovative research is encouraged.

THE CANCER LETTER

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"It is imperative that any such bank provide its product for research only and that there be a ban on the sale or use for commercial purposes," the coalition said. "A study must include a review of the legal ramifications of such a bank, including both patient and researcher rights."

▶Enactment of legislation that will support the development and implementation of recruitment and retention strategies that will attract and keep high quality scientists in the field of breast cancer and to support other scientists who wish to move to breast cancer research.

▶Determine and then legislate appropriate methods to oversee and coordinate all federal breast cancer activities, including agencies, projects and initiatives.

"We must be able to coordinate the breast cancer research agenda across all of the federal agencies such as HCFA, CDC, DOD, FDA as well as NIH and NCI, ensuring the elimination of redundancy and the fostering of an integrated approach to the elimination of breast cancer," the coalition said.

▶Appointment of an independent panel or commission to investigate the process and structure of NIH and to recommend changes to foster innovative ideas and the entry of new scientists into breast cancer research.

According to the coalition, "NCI has for too long failed to give breast cancer the attention it deserves.

"In addition to a change in research focus to foster new, innovative research and research into the cause of breast cancer, a change in [the Institute's] structure must occur.

"At a minimum, there should be a permanent breast cancer subcommittee of the National Cancer Advisory Board, and permanent breast cancer study sections at NIH with consumer representation. There should be a readily accessible mechanism for reporting the number of breast cancer grants submitted, the number approved and the number funded.

"In addition, each division of the NCI needs a formal mechanism to address breast cancer concerns and to serve as a link between the grassroots breast cancer movement and the federal agencies that are involved in breast cancer issues.

"Patient advocates should be incorporated into all aspects of breast cancer research planning and development."

▶The government should offer incentives to the private sector to foster quality private research into breast cancer prevention, detection and treatment.

▶Enactment of legislation that will ensure that access to care will not be denied because of a woman's prior medical history.

Bill Requires NCI To Spend 10% Of Budget On Cancer Control

The cancer program provisions in the NIH reauthorization bill likely to be passed by Congress and signed by the President will not be substantially different from the measure introduced last year.

The language reauthorizing NCI, identical in both the House and Senate version of the reauthorization bill, calls for expansion of breast, gynecological and prostate cancer research.

▶The authorized level of appropriations for breast cancer in fiscal 1994 was set at $325 million, $225 million of which was to be spent on basic research.

▶The authorized level for ovarian cancer and other gynecological cancers was $75 million and the authorized appropriation for prostate cancer was $72 million.

▶The NCI Director was required to set aside at least 10 percent of appropriated funds for cancer control programs.

The Senate bill, S 1, was approved by the Labor and Human Resources Committee last month. Last week, the House Subcommittee on Health and the Environment held a hearing on its version of the bill, HR 4. The reauthorization measure, which is supported by the administration, is expected to be passed by both chambers.

One of the bill's most controversial provisions calls for expansion of the authorities of the director of the NIH Office of AIDS Research.

The director would be appointed by the HHS Secretary and will have authority to distribute AIDS budget and personnel resources throughout NIH.

Each Institute would retain control over ongoing programs, but the OAR Director would have sole authority for approving new or expanded AIDS research programs. The OAR director would also have a discretionary fund.

▶Fetal tissue research, the principal stumbling block to approval of last year's reauthorization measure has been removed after President Clinton lifted the moratorium on federal funding of such research, which can now be conducted regardless of whether the tissue is obtained pursuant to a spontaneous or induced abortion or a stillbirth.

▶NIH is required to give adequate representation to women and minorities in the Institutes' clinical trials.

▶The Secretary is required to form the HHS Office of Scientific Integrity that would establish the standards for the handling of cases of alleged

misconduct, conflict of interest and retaliation against whisleblowers.

The office would monitor investigations carried out by institutions receiving NIH funding as well as conduct its own investigations in cases of misconduct.

The measure also calls for formation of a 12-member Commission on Scientific Integrity to develop recommendations for the HHS Secretary.

▶The PHS is required to establish a Senior Biomedical Research Service, to be named after the late Rep. Silvio Conte. The service would have no more than 750 members.

"This legislation has been before the Congress for some time," said Rep. Henry Waxman (D-CA), chairman of the subcommittee on health and the environment last week.

"It is essentially the bill that was passed last year and has enjoyed very strong bipartisan support. Its consideration, however, has been caught up in the politics of abortion because of its provisions authorizing fetal tissue transplantation research. I am pleased that this issue has been resolved by the new administration."

Excerpts of the NCI authorization language follow:

Expansion of Breast Cancer Research

The Director of the Institute, in consultation with the National Cancer Advisory Board, is directed to expand, intensify, and coordinate the activities of the Institute with respect to research on breast, ovarian, and other cancers of the reproductive system of women.

The Institute is required to coordinate its activities with similar activities conducted by other national research institutes. Research programs should be aimed to expand the understanding of the cause of, and to find a cure for, breast cancer. Programs for breast cancer should include:

(1) basic research concerning the etiology and causes of breast cancer;

(2) clinical research concerning the etiology and causes of breast cancer;

(3) prevention and control programs with respect to breast cancer;

(4) information and education programs with respect to breast cancer;

(5) research and demonstration programs with respect to breast cancer, including the development and operation of breast cancer research centers to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and treatment research and related activities.

There should be at least six centers that support new and innovative research and training programs for new researchers, attract qualified scientists, and expedite the transfer of research advances to clinical applications.

Research activities described in this subsection are to be implemented in accordance with a program plan. Such plan shall include comments and recommendations from the NCI director.

The director shall periodically review and revise such plan. By May 1, 1993, the director shall submit a copy of the plan to the President's Cancer Panel, HHS Secretary, Director of the NIH, and appropriate committees of Congress. The NCI Director shall submit any revisions to the President's Cancer Panel, Secretary, Director of NIH and appropriate committees of Congress.

Expansion of Gynecological Cancer Research

Research programs shall be conducted and supported in:

(1) basic research concerning the etiology and causes of ovarian cancer and other cancers of the reproductive system of women;

(2) clinical research concerning the etiology and causes of ovarian cancer and other cancers of the reproductive system of women;

(3) prevention and control programs with respect to ovarian cancer and other cancers of the reproductive system of women;

(4) information and education programs with respect to ovarian cancer and other cancers of the reproductive system of women; and

(5) research and demonstration programs with respect to ovarian cancer and other cancers of the reproductive system of women.

Biennial Reports

NCI Director is required to prepare, for inclusion in the biennial report that should include:

(1) a description of the research plan with respect to breast cancer;

(2) an assessment of the development, revision, and implementation of the research plan with respect to breast cancer;

(3) a description and evaluation of the progress made, during the period for which such report is prepared, in the research programs on breast cancer and cancers of the reproductive system of women;

(4) a summary and analysis of expenditures made, during the period for which such report is made, for activities with respect to breast cancer and cancers of the reproductive system of women conducted and

supported by NIH; and

(5) such comments and recommendations as the Director considers appropriate.

Expansion of Prostate Cancer Research

The Director of the Institute, in consultation with the National Cancer Advisory Board, is directed to expand, intensify, and coordinate the activities of the Institute with respect to prostate cancer.

NCI is required to coordinate its activities with similar activities conducted by other national research institutes.

Research programs should aim to focus efforts to expand the understanding of the cause of, and to find a cure for, prostate cancer.

Programs for prostate cancer should include:

(1) basic research concerning the etiology and causes of prostate cancer;

(2) clinical research concerning the etiology and causes of prostate cancer;

(3) prevention and control programs with respect to prostate cancer;

(4) information and education programs with respect to prostate cancer;

(5) research and demonstration programs with respect to prostate cancer, including the development and operation of prostate cancer research centers to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and treatment research and related activities.

There should be at least six centers that support new and innovative research and training programs for new researchers, attract qualified scientists, and expedite the transfer of research advances to clinical applications.

Prostate research activities described in this subsection are to be implemented in accordance with a program plan. Such plan shall include comments and recommendations from the NCI Director.

The director shall periodically review and revise such plan. By May 1, 1993, the director shall submit a copy of the plan to the President's Cancer Panel, Secretary of HHS, Director of the NIH, and appropriate Committees of Congress.

Authorization of Appropriations

Authorized appropriation is $2.2 billion for fiscal 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

--An appropriation of $225 million is authorized for carrying out basic research in etiology and the causes of breast cancer in fiscal 1994. Such sums as may be necessary are to be appropriated in the fiscal years 1995 and 1996.

--An appropriation of $100 million for clinical research, prevention and control, information and education programs and research and demonstration programs in fiscal 1994. Such sums as may be necessary are to be appropriated in the fiscal years 1995 and 1996.

--An appropriation of $75 million for ovarian and other reproductive system cancers in 1994. Such sums as may be necessary are to be appropriated in the fiscal years 1995 and 1996.

--An appropriation of $72 million for prostate cancer in 1994. Such sums as may be necessary are to be appropriated in the fiscal years 1995 and 1996.

The NCI Director is required to set aside no less than 10 percent of appropriated funds for carrying out cancer control activities.

NCAB Calls For Cigarette Excise Tax To Reduce Use Of Tobacco Products

The National Cancer Advisory Board passed a resolution this week calling for enactment of an excise tax on cigarettes.

Under the NCAB resolution, the $2 tax would apply to 20-cigarette packs, with similar taxes levied "on a proportionate basis" on individual cigarettes, cigars and of smokeless tobacco packages.

The tax would be linked to the consumer price index in such a fashion that the tax is increased whenever the consumer price index increases.

The board recommended that the proceeds from the tax be equally split to support deficit reduction and NCI programs, including ASSIST, aimed at prevention of smoking and helping tobacco users rid themselves of the addiction.

"In making these recommendations, NCAB takes recognition of the fact that the introduction of a similar taxation strategy by several other countries as well as by several individual states in the U.S. has resulted in reduction in use of tobacco products in those countries and states.

"Decreases in tobacco use are directly associated with reductions in the incidence of some of the most frequent and lethal malignant tumors, such as lung cancer.

"Moreover, an increase in the cost of tobacco products as a result of this tax would the most effective way to reduce tobacco use by children and adolescents, by economically disadvantaged groups in our society, and by minority or underserved populations which have proved so difficult to reach or

engage in educational endeavors.

"The poor, as well as members of ethnic and racial minorities, at present suffer from a higher incidence of tobacco-related cancers (such as lung cancer, head and neck, and oral cancers) than the general population, and therefore disproportionately suffer from the tragic personal consequences of these usually fatal forms of cancer.

"We recognize that this recommendation goes far beyond the NCAB's prior recommendations with respect to the dangers of tobacco, and is made with the recognition that such strong action is essential if the wastage of our Nation's people due to tobacco-related illness is to be reduced and eventually eliminated."

In 1989, the Board urged Congress to increase excise taxes, and in 1974, the Board twice sent resolutions to the White House seeking regulations limiting tar and nicotine content in cigarettes.

NIH Reacts To Pressures, 'Beset,' Healy Tells NCAB, Invites Comment

"Reports of my death are greatly exaggerated," NIH Director Bernadine Healy quoted Mark Twain to begin a talk to the National Cancer Advisory Board this week.

Having dispatched the fact of her near-dismissal, Healy launched into a businesslike commentary on current events, emphasizing pressures on NIH from Congress and the scientific community and appealing to the Board to sound off on these issues.

"You are probably the most powerful council because you are a presidentially-appointed body," Healy said to the Board. NCI's bypass budget gives the Board a "strategic responsibility," she said. "You have a lot of clout that can't be exaggerated."

Healy described NIH as "beset" on many fronts, and listed the following events:

▶FY93 appropriation for NIH was $200 million lower than that requested by former President Bush, a highly unusual event since Congress has historically added money to the President's request. This, Healy said, was "hard to take" when $210 million for breast cancer research emerged in the Dept. of Defense budget.

Healy said she does not begrudge the money to breast cancer, "but I do have concerns about mission confusion.

"Our mission is to do science on behalf of public health, and the last time I checked, that's not the mission of the Army," she said.

▶Scientific integrity and misconduct: Revised guidelines for scientists receiving NIH research funds have been sent forward to HHS for approval and will be published in the "Federal Register."

▶Compassionate use for gene therapy: The recent "struggle" over this issue at the NIH Recombinant DNA Advisory Committee (**The Cancer Letter**, Jan. 15 and 22) caused "angst," Healy said. "RAC does not have the expertise or guidelines to deal with emergency compassionate use. FDA has exercised compassionate use for years and years."

Healy defended her action to approve compassionate gene therapy in the case of a brain cancer patient, but said NIH needs to develop clear guidelines. Healy said she will work with RAC and the scientific community over the next several months to "come up with a sensible policy."

▶NIH reauthorization bills would change the way federal AIDS money is allocated, with funds going to a central Office of AIDS Research in HHS (see story, page 3). HHS Secretary Donna Shalala testified in support of the legislation.

"This shows how quickly NIH can change," Healy said. "NIH seemed so immutable. It can change or be nudged into changing."

The NCAB later during its meeting passed a resolution saying it "looks with concern at the present formulation of S1/HR4 to ensure that attempts to increase the effectiveness of AIDS research do that successfully and not impact or weaken the NCI and the other components of the NIH in their research on the many other human diseases which affect the health of the American people."

▶The issue of pricing of drugs developed under NIH Cooperative Research and Development Agreements and pricing of other drugs developed with the help of federal research support "is going to get more exposure as we as a nation struggle with health care reform," Healy said. The pricing issue came up with two drugs initially developed at NIH, AZT and taxol (**The Cancer Letter**, Jan. 29).

NIH does not deal with pricing of 85 percent of the products developed through research conducted in institutions, Healy said. Under 1980 legislation, patenting and licensing is left to the institutions.

NIH To Review Scripps, Sandoz Arrangement

Healy announced this week that NIH will review a licensing agreement between the Swiss pharmaceutical firm Sandoz and the Scripps Research Institute of La Jolla, CA.

According to a letter to Healy from Rep. Ron Wyden (D-OR), Sandoz Pharmaceuticals Corp. agreed to provide Scripps with $300 million over 10 years in

exchange for first right of refusal to develop any of Scripps' medical discoveries during that time period.

Scripps receives about $100 million a year, or about 75 percent of its funding, from NIH and other government agencies.

Healy said she asked NIH lawyers to review whether NIH "has any standing in this issue."

"This puts the [pricing] issue way beyond taxol," Healy said to the Board. "This is the kind of thing we would love to hear from you about."

Can NIH Be Proactive?

Healy noted that these issues have been raised externally. "Our reaction has been reactive, not proactive," she said. Sometimes, she said, external pressures on NIH have led to "incredibly wise decisions which we initially resisted," such as the creation of the Human Genome project (or, for that matter, the National Cancer Program).

The NIH Strategic Plan, in development for the past 18 months, is an attempt to become proactive, Healy said. "We must have input into shaping our own future."

The plan is approaching final form, will be under 100 pages, and contains "no surprises," Healy said. It will not contain funding targets. "In an earlier form we did try to put figures in, but, in fact, we can't do that because the budget comes from the outside."

Pryor Calls For Drug Price Regulation In Clinton Health Reform Package

Gearing up for his hearing on the pricing of subscription drugs later this month, Sen. David Pryor (D-AR), said the Clinton Administration's health care reform package should include regulation of drug prices.

"We have the tools at our disposal to achieve this objective," Pryor, chairman of the Senate Committee on Aging, said in a statement while releasing his committee's analysis of drug pricing last week.

According to Pryor, drug costs could be contained through a reduction in the drug manufacturers' non-research tax credits, shortening the term of patent protection on drugs, or requiring that manufacturers negotiate drug pricing with federal regulators.

Pryor's committee staff used global data on drug pricing, not focusing on cancer drugs, but the Senator's stance is expected to influence the Administration in its plans for health care reform, sources said.

Pryor's committee will hold a hearing on drug pricing Feb. 24.

Meanwhile, Wall Street appears to be anticipating that a more active regulatory stance on the part of the government will cut into the drug companies' profits. In recent weeks, stock prices on pharmaceutical companies have dropped noticeably, observers said.

"Drug manufacturers continue to post record profits at a time when most American industries is trying to just keep their heads above water," Pryor said. "There is nothing wrong with making profits; however, there is something wrong with excessive profits, especially when it denies a sick, old person an opportunity to live a better life."

Pryor's recommendations--as well as his data--were disputed by the Pharmaceutical Manufacturers' Assn.

According to Pryor's committee report:

--"Between 1980 and 1992, according to the Bureau of Labor Statistics, drug price inflation at the manufacturers' level was about 128 percent, about six times the overall rate of inflation, which was about 22 percent.

--"Although drug manufacturers contend that drug price inflation is slowing down, they always fail to compare the annual drug inflation rate with the overall inflation rate in the economy. According to the Bureau of Labor Statistics, drug price inflation at the manufacturers' level has consistently been higher than the general inflation rate. In 1992, the drug inflation rate was 6.4 percent, more than four times the rate of overall inflation, which was 1.5 percent.

--"The drug manufacturers say they need these price increases for research and development costs. Data show that the largest share of the prescription dollar does not go to pay for drug manufacturer research and development costs. Over one-third of the price of the average prescription--about 35 percent--goes to pay for marketing, advertising, and drug manufacturer profits. Only about 16 percent goes to R&D.

--"If a drug costs $1 in the US, it costs only 67 cents in Canada, and only 60 cents in Europe. Not only are drug prices lower in other countries, their inflation rates are lower. While the average drug inflation rate in the U.S. has been about 8.5 percent, it is only 4.5 percent in Canada, and 2.5 percent in Europe.

--"Drug manufacturers say that any attempt to contain costs will dry up the new drug research pipeline. That argument does not square with what is happening in canada. While the Canadians have developed responsible mechanisms to lower drug prices and slow drug price inflation, the industry continues to increase their R&D expenditures in that country."

Disputing Pryor's allegations, the Pharmaceutical Manufacturers' Assn. said the committee used list prices in their analysis, making no adjustments for discounts and rebates.

Case-in-point: the Senator did not account for $6.4 billion over five years that the industry is rebating Medicaid under a 1990 law, the association said.

"Overall, pharmaceutical price increases have slowed dramatically," PMA said in a statement. "The pharmaceutical industry has acknowledged the need for health care cost containment and expanded access to health insurance for all Americans."

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. 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 NCI-CN-35537-50
Title: Early Detection Research Network
Deadline: Approximately April 8

NCI's Div. of Cancer Prevention & Control is soliciting proposals for the Early Detection Research Network to increase the number of master agreement holders originally awarded under MAA No. NCI-CN-15340-04. All current MA holders for this program are not required to submit a proposal. The required service will be defined by master agreement orders issued during the period of performance.

The scope of the MA includes: 1) establishment of a tissue bank of normal, premalignant and malignant tissues by the collection and storage of tissues and associated fluids in order to identify potential cellular and molecular markers for early detection. Initially, the project will focus on tissues of the colon and rectum, lung, prostate and urinary bladder. In addition, there will be an associated database with demographic information, exposure to potential carcinogens and risk factors on the subjects from whom specimens have been obtained; and 2) coordinate cellular and molecular studies on these tissues with the goal of developing new procedures assessing the sequence of genetic alterations in proto-oncogenes, analyzing allelic deletions of suppressor genes, identifying activated oncogenes, identifying oncogene products suitable for evaluating neoplastic progression and developing cellular and molecular markers that will identify individuals who are at high risk of cancer.

Contract specialist: Karen McFarlane, RCB Executive Plaza South Rm 635, phone 301/496-8603.

RFP NCI-CM-47000-28
Title: Quality control and model development in rodents and tumor cells
Deadline: Approximately March 18

NCI's Developmental Therapeutics Program, Div. of Cancer Treatment, is interested in organizations that have the necessary experience, scientific and technical personnel, and facilities to evaluate the activity of potential anti-neoplastic compounds against in vitro cell lines and in vivo tumor systems.

The contractor will be required to: perform tumor cell kinetic studies, including determination of doubling times and labeling indices for all tumor lines available for use in the in vivo testing program; develop working protocols suitable for drug testing using tumor models designed by the NCI project officer; test both standard agents and new agents identified in the in vitro prescreen in in vivo protocols developed for DTP; evaluate the response of host animals from all animal supply sources to appropriate tumor lines; evaluate the drug response and growth characteristics of tumors routinely used in the program; evaluate the efficacy of current and new COPs for maintaining pathogen-free tumor lines and/or animals prior to their use in the program; prepare and maintain in vitro tumor cell cultures in support of the in vivo program; and develop new or modify existing protocols with the goal of establishing a minimal challenge model for use in early in vivo screening of anticancer drug candidates.

Contract officer: Carolyn Barker, RCB Executive Plaza South Rm 603, phone 301/496-8620

In Brief

Army's Travis To Address Panel's Breast Cancer Commission Feb. 23

(Continued from page 1)

. . . **SPECIAL COMMISSION** on Breast Cancer of the President's Cancer Panel is scheduled to meet Feb. 23, 8:30 a.m.-4:30 p.m., at the Hotel Washington, 515 15th St., Washington, DC. **Major Gen. Richard Travis**, commander of the U.S. Army Medical Research & Development Command, and **Joseph Cassells**, of the Institute of Medicine, will discuss the $210 million appropriated to the Dept. of Defense for breast cancer research. . . . **DEPARTURES** from NCI's Div. of Cancer Treatment: **Matti Al-Aish**, chief of the Diagnostic Imaging Branch, has retired. **James Mule**, surgery branch microbiologist, left to head the Research Group of Systemics Corp. in Palo Alto, CA. **David Poplack**, head of the Pharmacology & Experimental Therapeutics Section, retired to become director of Baylor Univ. Children's Cancer Center. . . . **MAUREEN WILSON** was named ethics officer and executive secretary for the President's Cancer Panel. . . . **ROSE HEALTH CARE** Systems Boards of Trustees have approved the provision of $12.1 million to develop, build and equip a 30,000 square foot outpatient cancer facility on the Rose Medical Center campus, Denver, CO. The building is scheduled to open in late 1994. The board said the decision was influenced by: escalating incidence rate of cancer nationwide, aging population base and increasing population in Colorado, and desire to enhance cancer prevention and early detection programs. **Rose Cancer Center** will house radiation therapy, outpatient chemotherapy, counseling, prevention, cancer screening, education and support services. Center Director **Douglas Tormey** will oversee the development of clinical services and will assist with physician recruitment for oncological specialties.