

THE

CANCER LETTER

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

Vol. 19 No. 17
April 23, 1993

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ASCO Board Accepts Plan To Establish New Bethesda Headquarters, Hire Chief Officer

The Board of Directors of the American Society of Clinical Oncology has decided to establish new headquarters in Bethesda, MD, and hire a full-time "chief staff officer" to oversee all operations of the society.

The board reached the decision at a meeting last month with ASCO's Strategic Planning Committee, which presented recommendations based
(Continued to page 2)

In Brief

Wyeth-Ayerst To Donate Hormone Replacement Therapy To NIH For Women's Health Initiative

WYETH-AYERST Laboratories, a division of American Home Products Corp., will donate hormone replacement therapy and matching placebos for use in the NIH clinical trial component of the Women's Health Initiative. Under an agreement signed with NIH, Wyeth-Ayerst will provide over 100 million tablets of Premarin, Premarin MPA (combined Premarin and progestin) or placebo for as many as 25,000 women throughout the duration of the 15-year trial. Wyeth-Ayerst will have no involvement in the study's planning, development or data analysis, according to a statement from NIH. . . . UNIV. OF PITTSBURGH was one of the 16 centers selected as "vanguard centers" for the Women's Health Initiative announced earlier this month. Pittsburgh was not included in the list of centers in the announcement (*The Cancer Letter*, April 9). . . . GENE THERAPY study of cystic fibrosis began this month at the National Heart, Lung & Blood Institute. A modified cold virus was used to transfer a normal cystic fibrosis gene into the cells lining the nose and airways of a 23-year-old man with cystic fibrosis. Principal investigator of the study is Ronald Crystal of NHLBI. The study will involve 10 patients over age 21 who have mild to moderate symptoms of CF. There is only a small chance that the therapy will significantly benefit the patients, Crystal said. "What we hope to learn from this initial study is whether this new approach works," he said. . . . JAMES HEVEZI has been appointed director of medical physics at the Cancer Therapy & Research Center, in San Antonio, TX. He was staff physicist and vice president of Radiological Physics Services in Phoenix, AZ. . . . ONCOLOGY NURSING Certification Corp. recently voted to require the Bachelor of Science in Nursing as the minimal academic preparation for candidates for the Oncology Nursing Certification Examination. The eligibility criterion will be required for the first certification examination administered in the year 2000. . . . 'IN BRIEF' continues to page 8.

Gerald Murphy To Leave
Cancer Society Sept. 1
To Direct Foundation
. . . Page 3

Clinton Budget Proposes
Increases For AIDS,
Tuberculosis, In FY94
. . . Page 4

Bonadonna, Fisher
Share \$50,000
Bristol-Myers Award
. . . Page 4

Cancer Meetings Listed
For May And June
. . . Page 4

RFPs, RFAs Available
. . . Page 5

ASCO Strategic Plan, Member Survey, Supports Increased Public Activity

(Continued from page 1)

on the results of a membership survey and following a year-long planning process.

The society will retain its contract with Chicago-based Bostrom Corp., which provides management and logistical support for the society. ASCO Executive Director Robert Becker is a Bostrom employee. The functions currently performed under the contract may shift to the Bethesda headquarters eventually, sources said to **The Cancer Letter**.

ASCO will continue to operate its Washington, DC, office located in the law firm of Fox, Bennett and Turner.

ASCO Board member Daniel Von Hoff is chairman of a search committee to select the chief staff officer, who must be a physician with a background in oncology. The committee was told to proceed immediately with the search process, sources said.

More Staff, Longer Meeting, Dues Increase

Other recommendations accepted by the board include:

► Eventually the society will hire five to 15 additional staff members who will report to the chief staff officer, in order to increase support for programs in clinical practice and public issues.

► The annual meeting will be extended by a day, beginning in 1994, to allow time for emphasis on translation of basic research into clinical research. Last year, the American Assn. for Cancer Research decided to separate its annual meeting from ASCO's. In 1994, ASCO will meet in May in Dallas, while AACR is scheduled to meet April 10-13 in San Francisco.

► The society will institute a new process for

nomination of its officers and board members. Sources said the most important change will be to require nominees to have served on ASCO committees or to have served the society in another significant capacity. This is to ensure that nominees have some knowledge of how the \$4 million-a-year organization operates.

► ASCO will develop a structure through which state and regional oncology societies can interact with the society. ASCO Clinical Practice Committee Chairman Joseph Bailes is leading this process.

► The board has proposed a \$75 increase for active membership, raising the dues to \$200. According to a survey, ASCO members supported a dues increase to finance new initiatives. Even with a dues increase, ASCO is one of the least expensive professional medical organizations in the U.S., sources said.

► The fees for non-member registration for the society's annual meeting as well as exhibitor fees will increase. Approximately 40 percent of those attending the annual meeting are non-members. These higher fees will provide an incentive for joining the society, sources said.

'A Natural Evolution'

ASCO Strategic Planning Committee Chairman Robert Young will present the findings of the member survey and the committee's recommendations to a plenary session of the society's annual meeting in Orlando, FL, next month.

"The changes represent a natural evolution of the society," Young said to **The Cancer Letter**. "It has grown into an organization that has multiple interests, and the recommendations rigorously address these interests."

ASCO conducted a member survey and strategic planning process nearly five years ago, which resulted in opening its Washington office, hiring a public relations firm, and forming patient advocacy and prevention and control committees.

The survey conducted in the past year was a followup to the 1989 survey, and the results were similar, Young said. Questions were designed to determine what members want the society to do.

The survey was sent to all 9,093 ASCO members and a selected group of non-members; 3,000 questionnaires were returned. About 80 percent said they were either "satisfied" or "strongly satisfied" with the organization.

Members were interested in the society becoming more active in issues such as establishing practice guidelines, participating in health care reform, and interacting with state and regional oncology societies, sources said to **The Cancer Letter**.

THE CANCER LETTER

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In the 1989 survey, members expressed little interest in interacting with state oncology societies. The greater interest this time might have been caused by the Clinton Administration's emphasis on health care and health finance reform.

Structure More Policy Oriented

"The most striking result is that most ASCO members are satisfied with the organization and want to continue its academic, scientific and educational roles," Young said. "But they also want ASCO to address more of these other problems in a more rigorous way. That's what led the committee and the board to decide to develop a structure that is more policy oriented."

The Strategic Planning Committee wrote a series of "white papers" based on the survey results that addressed the issues of health care reform, clinical practice guidelines, scientific and educational directions, and recommendations on organization and management.

The recommendations were discussed with the board last month and accepted with a few changes, Young said. A document with the list of recommendations is being written, he said.

Washington and Chicago were among the prospective locations for ASCO's headquarters, sources said. Several board members argued a Washington headquarters would place too much emphasis on politics. Bethesda was selected because of the proximity to NIH and the Food and Drug Administration.

Bethesda is "close enough to Washington to maintain our attention to public issues that relate to oncology, while better reflecting our educational and scientific function," Young said.

ASCO President Bernard Fisher also will discuss the board's decisions in his presidential address at the annual meeting next month. He declined to comment to *The Cancer Letter* this week.

Murphy To Leave ACS For Position With Pacific Northwest Foundation

Gerald Murphy, senior vice president for medical affairs of the American Cancer Society, will leave that position Sept. 1 to become director of the Pacific Northwest Research Foundation in Seattle.

The foundation carries out research on cancer, cardiac diseases, diabetes, thyroid diseases, and rehabilitation. It is supported by local contributions and receives grants from other foundations and the federal government. It has seven investigators and a faculty of 30.

A small clinic is included in the foundation's new six story building, and Murphy said he is looking forward to being involved again in patient care.

William Hutchinson, founder of the Fred Hutchinson Cancer Research Center and its first director, is president of Pacific Northwest. Murphy will direct the foundation's research programs.

Murphy, 58, joined the ACS staff in 1988. Prior to that, he had been active as a volunteer with the Society and served as its president in 1983-84. He said he will remain active with the Society and will attend board meetings as a past officer-director.

For both Murphy and his wife, Bridget, the move to Seattle will be returning home. "When we left 34 years ago, I told Bridget we would return after a couple of years on the East Coast," Murphy said. During that time, he completed his surgical training at Johns Hopkins, then went to Roswell Park Cancer Center as associate director for clinical affairs in 1968. He became director in 1970 and held that position until 1985.

Murphy has been secretary general of the International Union Against Cancer for 20 years. He was one of the original members of the National Cancer Advisory Board, and he served as first chairman of the Cancer Control Advisory Committee, which later became the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control. He served a term as president of the Society of Surgical Oncology and another as president of the Assn. of American Cancer Institutes.

Murphy's departure will come as John Seffrin winds up his first year as ACS executive vice president. "We are deeply grateful to Dr. Murphy for his service over many years, as a volunteer, president of the organization, and more recently as a dedicated senior staff member," Seffrin said. "We wish him the best in all his pursuits."

Seffrin has nearly completed reorganization of ACS staff, which will be headed by the "troika" of himself and deputy executive vice presidents Richard McGuinness and Harmon Eyre (*The Cancer Letter*, April 16). Other changes previously announced involved reshuffled responsibilities of Senior Vice Presidents James Bell, Allan Erickson and Harry Linduff. Murphy's responsibilities were also altered.

Three other senior vice presidents--John Laszlo, research; Michael Herron, communications; and John Montgomery, income development--were not affected by the changes.

Other changes are being developed by a group of advisors. The group is expected to report its recommendations to Seffrin next month.

Clinton Budget Proposes Increases For AIDS, Tuberculosis, Women

The Clinton's Administration's budget for NIH sent to Congress earlier this month proposes increases for research in AIDS, tuberculosis, minority and women's health.

The proposed \$10.667 billion FY94 NIH budget (**The Cancer Letter**, April 16), represents a 3.2 percent increase over this year. The inflation rate for biomedical research is projected at 4.7 percent for FY94, according to the Dept. of Commerce.

40 Fewer New and Competing Grants

NIH would fund about 23,196 grants in FY94, 386 grants fewer than this year, even though funding for research project grants would increase by \$20 million. The number of new and competing grants would be 5,594, 40 grants fewer than this year's total of 5,634.

The NIH budget would include \$1.3 billion for AIDS research, a \$227 million increase over FY93.

The Administration proposed a \$20 million increase for the NIH Women's Health Initiative, which would be funded for a total of \$61 million. The NIH Office of Minority Health would receive a \$15 million increase, for a total of \$56 million.

Funding for tuberculosis research would increase by \$10 million, to \$46 million. The National Institute of Allergy & Infectious Diseases would receive \$8.6 million of the increase. The rest of the funds would go to the National Heart, Lung & Blood Institute, the National Institute of Child Health & Human Development, the National Institute of General Medical Sciences, and the National Center for Research Resources.

FDA Budget Proposal

The Food & Drug Administration would receive \$929 million under the Clinton budget, but about \$259 million of that amount is to be derived from industry user fees. The FDA budget that comes from congressional appropriations would be \$670 million, a decrease of more than \$100 million.

In FY93, FDA received \$780 million in appropriations and was given the authority to collect \$5 million in user fees.

Clinton proposed \$35 million for the FDA to implement the Administration's child immunization plan. FDA would accelerate research on immunization risks.

The Administration also proposed a 10 percent increase in the budget for the Centers for Disease Control and Prevention, for a total of \$2.2 billion.

Bonadonna, Fisher, Share \$50,000 Bristol-Myers Squibb Cancer Award

Two researchers whose combined work has revolutionized the treatment of breast cancer were recognized this week for their achievements with the annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research.

The innovative studies of Gianni Bonadonna and Bernard Fisher led to new understanding of the nature of breast cancer and resulted in the increased use of breast-conserving surgery. Bonadonna and Fisher received silver medallions and shared a \$50,000 award at a ceremony in New York City this week.

"Drs. Bonadonna and Fisher have pursued independent but similar lines of research for much of their careers," said Irwin Krakoff, M.D. Anderson Cancer Center, and chairman of the committee that selected the award recipients. "Their work has shed light on the biology of breast cancer and has benefitted countless women. It has also contributed to our understanding of other cancers and their treatment."

Fisher, Univ. of Pittsburgh, determined in 1968 that, "Regardless of how radical or conservative mastectomy was, the results were apt to be the same. Proof of this held over the years, enabling the great majority of women diagnosed with breast cancer to be candidates for breast preserving lumpectomies, which is the treatment of choice for most patients."

Bonadonna, Istituto Nazionale Tumori, Italy, has demonstrated in clinical studies spanning 20 years that using chemotherapy as the primary treatment for breast cancer often renders mastectomy unnecessary. In 1972, Bonadonna designed the first clinical trials of adjuvant CMF chemotherapy. This regimen has become the therapy of choice in the majority of treatable breast tumors.

NCI Advisory Group, Other Cancer Meetings For May, June, Future

National Cancer Advisory Board—May 4-5, NIH Bldg. 31 Conf. Rm. 10. Open 8 a.m.-3 p.m. May 4 and 8:30 a.m.-2 p.m. May 5.

NCAB Clinical Investigations Task Force—May 3, 11 a.m., Executive Plaza North Conf. Rm H, Rockville, MD.

NCAB Program Project Task Force—May 3, 1 p.m., Executive Plaza North Conf. Rm H, Rockville, MD.

NCAB Subcommittee on Minority Health, Research & Training—May 4, 12 noon, NIH Bldg 31 Conf. Rm 7.

NCAB Subcommittee on Planning & Budget—May 4, 12 noon, Bldg 31 Conf. Rm 8.

NCAB Subcommittee on Aging & Cancer—May 4, 1 p.m., Bldg 31 Conf. Rm 7.

NCAB Subcommittee on Information and Cancer Control—May 4, 2 p.m., Bldg 31 Conf. Rm 7.

NCAB Subcommittee on Women's Health & Cancer—May 4, 2 p.m., Bldg. 31 Conf. Rm 8.

NCAB Subcommittee on Environmental Carcinogenesis—May 4, Bldg. 31 Conf. Rm 8, immediately following closed board session.

NCAB Subcommittee on Cancer Centers—May 4, 6 p.m., Bldg 31 Conf. Rm 7.

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors—May 6-7, NIH Bldg. 31 Conf. Rm 6, open 8:30 a.m.-5 p.m. May 6 and 8:30 a.m.-3 p.m. May 7.

Administrators in Oncology/Hematology Assembly—May 6-8, Nashville, TN. Contact W. Robert Cooper, phone 309/672-5681.

Oncology Nursing Society Annual Congress—May 12-15, Orlando, FL. Contact ONS, phone 412/921-7373.

Stony Brook Symposium on Taxol and Taxotere—May 14-15, Stony Brook, NY. Contact Prof. Iwao Ojima, phone 516/632-7752.

American Urological Assn. Annual Meeting—May 15-20, San Antonio, TX. Contact AUA, phone 703/532-3797.

American Society of Clinical Oncology Annual Meeting—May 16-18, Orlando, FL. Contact ASCO, phone 312/644-0828.

American Lung Assn./American Thoracic Society International Conference—May 16-19, San Francisco, CA. Contact Ruth Kasloff, ALA, phone 212/315-8700.

American Assn. for Cancer Research Annual Meeting—May 19-22, Orlando, FL. Contact AACR, phone 215/440-9300.

Pharmacy Symposium on Cancer Chemotherapy—June 3-5, Houston, TX. Contact Cindia Stauss, MD Anderson Cancer Center, phone 713/792-2222.

American College of Oncology Administrators National Management Conference—June 4-5, Nashville, TN. Contact ACOA, phone 313/540-4310.

Consensus Meeting on Bone Marrow Transplantation—June 4-6, Lyon, France. Contact Prof. Thierry Philip, phone 33-78-00-2828, fax 33-78-74-4615.

NCI Div. of Cancer Treatment Board of Scientific Counselors—June 7-8, NIH Bldg. 1 Wilson Hall, open 8:30 a.m. June 7 and (tentative) 10:30 a.m. June 8.

International Conference on AIDS—June 7-11, Berlin, Germany. Contact Scientific Secretariat, phone 49-30-834-2776, fax 49-30-834-3061.

Endocrine Society Annual Meeting—June 9-12, Las Vegas, NV. Contact the society, phone 301/571-1800.

NCI Div. of Cancer Etiology Board of Scientific Counselors—June 10-11, NIH Bldg. 31 Conf. Rm 6, open 1 p.m.-recess June 10 and 9 a.m.-adjournment June 11.

Nutrition Conference—June 11-12, Houston, TX. Contact Shirley Roy, M.D. Anderson Cancer Center, phone 713/792-2222.

Pharmacological Approaches to the Treatment of Chronic Pain—June 12-15, Monterey, CA. Contact CME Office, Univ. of California, phone 415/476-5808.

NCI Cancer Biology Immunology Contract Review Committee, Subcommittee A—June 17-18, Executive Plaza North Conf. Rm H, open 8:30-9:30 a.m. on June 17.

The Molecular Basis of Cancer—June 18-20, Frederick, MD. Contact Margaret Fanning, Foundation for Advanced Cancer Studies, phone 301/898-9266.

Annual Meeting on Oncogenes—June 22-26, Frederick, MD.

Contact Margaret Fanning, Foundation for Advanced Cancer Studies, phone 301/898-9266.

Midwest Oncology Workshop—June 23, Indianapolis, IN. Contact American Cancer Society, phone 317/879-4100.

Future Meetings

Bone Marrow Transplantation—July 16, Baltimore, MD. Contact Johns Hopkins Office of Continuing Education, phone 410/955-2959.

Radiation Therapy Oncology Group Semi-Annual Meeting—July 23-25, Philadelphia. Contact Nancy Smith, RTOG, phone 215/574-3205.

Diet and Breast Cancer—Sept. 2-3, Washington, DC. Contact American Institute for Cancer Research, Rita Taliaferro, 202/737-8062.

Oncogenes Research and Applications—Sept. 20-22, San Francisco, CA. Contact Cambridge Healthtech Institute, phone 617/487-7989.

Multidrug Resistance and Cancer—Sept. 22-24, San Francisco, CA. Contact Cambridge Healthtech Institute, phone 617/487-7989.

San Antonio Breast Cancer Symposium—Nov. 5-6, San Antonio, TX. Contact Cancer Therapy & Research Center, Lois Dunnington, 8122 Datapoint Dr. Suite 600, San Antonio, TX 78229.

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-CO-46000

Title: Management and operation of the NCI Frederick Cancer Research and Development Center, Frederick, MD

Deadline: Approximately Aug. 11

Research, operation and maintenance of the NCI Frederick Cancer Research and Development Center, a government-owned, contractor-operated facility consisting of more than 100 buildings and structures on 69 acres. Proposals are being solicited under a single RFP for a period of 7 years. Current annual negotiated amounts for each of the contract component areas are: Research, \$14,467,821; Operations and Technical Support, \$148,642,577; Animal Production, \$3,364,507; Computer Services, \$1,382,343; Scientific Library Services, \$941,193.

Aside from certain mandatory corporate functions, concerns submitting proposals will be required to structure them so that they will be virtually self-subsistent from day-to-day management, overhead and resource standpoints. Work required in each of the potential contract areas is as follows:

1. Research--The contractor shall conduct research in various disciplines encompassed within the overall objectives of the National Cancer Institute. The major research components are: A. Eukaryotic gene expression and regulation; B. Molecular oncology; C. Prokaryotic and eukaryotic genetics; D. Protein and nucleic acid chemistry; E. Chemical and physical carcinogenesis; F. Macromolecular structure. This research effort is subjected to peer review and

approval by the government.

2. Operations and Technical Support--This contract shall provide for nearly all support necessary to the entire NCI-FCRDC operation, both contractor and government, as well as the maintenance and upkeep of the NCI-FCRDC buildings and grounds. Current staffing levels will be made available and provide a basis which offerors may use to prepare their proposals. The Operations and Technical Support contract shall include: A. Business and Administrative Management; B. Facilities Maintenance and Construction; C. Support of NIH/NCI Intramural Research Programs; D. Fermentation Production (Large-Scale); E. Environmental Control and Safety Research; F. Occupational Health Care; G. Research Services Support; H. Animal Health Diagnostic Service and Quarantine; I. Animal Holding/Technical Support; J. Supercomputer Services.

3. Animal Production--The contractor shall operate the NCI-FCRDC Animal Production Area which consists of 20 buildings. Specific activities include, but are not limited to: A. Rederivation of strains of rodents supplied by the government; B. Maintenance of foundation colonies in isolators; C. Maintenance of pedigreed expansion and production colonies in barrier buildings; D. Breeding the isolator-maintained foundation colonies; E. Shipment of animals on a national and international scale; F. Maintenance of a cryopreservation unit for the purpose of conducting procedures involving fertilized mouse embryos.

4. Computer Services--The contractor shall perform a variety of administrative and scientific data processing support tasks for the NCI-FCRDC. The contractor will also provide limited statistical services and assistance/counseling to personal computer users throughout the NCI-FCRDC. Systems currently maintained include: A. Contractor Payroll/Personnel; B. project Labor Distribution; C. Purchase Request/Purchase Order/Accounts Payable; D. Project Budget/Cost Accounting/Financial Management; E. Warehouse management; F. Shared Services; G. Space Management; H. Work Order Control; I. Equipment Inventory; J. Animal Production/Distribution/Cryopreservation; K. Animal Holding; L. Animal Health; M. Central Repository Management; N. Patient Data System for the Biological Response Modifiers Program Clinic; O. Employee Health/Safety Support; P. Environmental Support.

5. Scientific Library Services--The contractor shall be responsible for operation of an existing on-site scientific library facility in support of all FCRDC operations. Resources that are currently available include 5,200 square feet of space, 16,000 books, 31,000 journal volumes, 650 journal subscriptions and serials, and various computer terminals and microfiche readers. The contractor shall provide standard library operations and routines including, but not limited to: A. Cataloging of books utilizing the Ohio College Library Consortium on-line computerized shared-cataloging system; B. Acquisition of all books to support the research being conducted at the Facility; C. Reference assistance to NCI-FCRDC staff; D. Interlibrary loans.

Negotiated level of effort cost type contracts are contemplated. A preproposal conference, to include a facility inspection of the FCRDC, will be held approximately two weeks after the RFP is issued. The computer services and scientific library services functions are set-aside for small business concerns. A concern offering to perform computer services is considered small if its average annual receipts for its preceding

three fiscal years did not exceed \$14.5 million. A concern offering to perform library services is considered small if its average annual receipts for its preceding three fiscal years did not exceed \$3.5 million. All research effort and support services described above will be performed at NCI-FCRDC, will all facilities, including buildings and equipment, to be furnished by the government.

Contracting officer: John Eaton, NCI-FCRDC, Bldg. 427, PO Box B, Frederick, MD 21702-1201; phone 301/846-1113.

RFP NCI-CP-15621-21

Title: Tracing individuals for environmental epidemiologic studies of cancer (master agreement) annual resolicitation
Deadline: Approximately June 7

NCI's Div. of Cancer Etiology, Epidemiology & Biostatistics Program, Environmental Epidemiology Branch, is seeking to expand the existing Tracing Master Agreement pool with experienced firms to carry out tracing of epidemiologic study subjects. All MA holders already in the existing MA pool need not respond to this announcement. The MA pool currently consists of four organizations whose master agreements expire on June 27, 1995: Johns Holding Co., Equifax Government and Special Systems, Survey Research Associates Inc., and Tracers Company of America Inc. This acquisition is being advertised under a single umbrella title. A MA will be awarded under this title to each acceptable offeror, specifying the tracing methods in which the offeror has capability and experience as judged by NCI.

The three distinct categories of tracing methods to be used are listed below. Offerors may apply for any or all of these tracing methods, which are referred to as: M-1--Tracing Individuals Through Credit Bureaus; M-2--Tracing Individuals Through Motor Vehicle Bureaus; and M-5--Tracing Individuals Utilizing Other Resources and Sources. Under this mechanism, experienced tracing firms are awarded a MA that authorizes them to bid on master agreement order RFPs which specify tracing tasks involving location of subjects who are designated as "difficult to find." This means that the subjects were not located during a variety of standard initial tracing procedures undertaken previously by NCI or other contractors. The subjects being traced for the purpose of vital status determination are included in research studies on cancer in relation to suspect environmental agents involving past exposure to chemicals in various forms and exposure situations, drugs, food components, radiation and biological agents such as viruses. Cancer patients, close relatives, comparison or control subjects, and individuals in high risk families may also be sought.

Last known vital status of subjects and associated dates may vary from recent years to 50 years ago. Levels of tracing difficulty will vary in accordance with the time frame of the study, and on sex, age, marital status, and amount of known personal and demographic information available on the subjects. The time frame is the range of dates of last known vital status on the records from which cohort names were drawn, such as 1940-53. In order to avoid study bias that may result from incomplete vital status determination, it is crucial to locate a maximum number of study subjects (at least 90 percent in cohort studies) within a relatively short time.

In preliminary tracing activities, NCI and/or contractors have already searched via basic tracing resources such as Social Security Administration, National Death Index, Health Care

Finance Administration, state mortality files, Post Office address correction requests, etc., which (combined) yield the vital status of about 65% to 85% of the subjects in the cohorts being followed. The remainder, labelled "difficult to find," are the subjects to be sought through this MA/MAO RFP mechanism which involves three distinct tracing methods. MAO RFPs will be sent only to MA holders within the tracing pool, and MAO awards will follow after evaluation of the competing proposals. A separate Technical Proposal must be submitted when applying for the Master Agreement for each of the three tracing methods, in addition to the Technical Proposal in response to the sample MAO. Although a separate Technical Proposal will be required, only one Business Proposal is needed. Thus, a firm experienced in all three tracing methods may submit four different Technical Proposals--one for the master agreement for each of the three methods of tracing, if applicable, and one in response to the Sample MAO. The master agreements will cover from the date of award through June 27, 1995. Master agreements will be awarded to all firms whose technical proposals are considered acceptable. Multiple MAO RFPs will be issued each year.

Contract specialist: Barbara Shadrick, RCB Executive Plaza South Rm 620, phone 301/496-8611.

RFAs Available

RFA CA-93-022

Title: National DES educational program for health professionals and the public

Letter of Intent Receipt Date: May 7

Application Receipt Date: June 16

The Public Health Applications Research Branch of NCI's Div. of Cancer Prevention and Control and the National Institute of Child Health and Human Development invite cooperative agreement applications to support research and education to develop a national program to inform health professionals and the public on the adverse effects of the drug diethylstilbestrol (DES).

Applications may be submitted by domestic non-profit and for-profit organizations, public and private. Applications from minority and women investigators are encouraged. Investigators should be capable of assembling a multidisciplinary team including health education specialists responsible for DES public education interventions, trained medical personnel knowledgeable in DES-associated health risks for professional education interventions, and associated statisticians, research designers, communication specialists, etc., for the successful implementation and reporting of a full-scale research project.

Support for this program will be through the cooperative agreement (U01). The total project period may not exceed three years. It is anticipated that the average direct costs for each award will be approximately \$165,000 per year. It is anticipated that up to five awards will be made under this RFA, and that the total NCI expenditures for these awards will not exceed \$1.5 million (total costs) for the first year. In years two and three, NICHD will contribute an additional \$250,000 per year. Thus, a total commitment of \$5 million for the entire project period is anticipated.

Objectives are:

1. To document the barriers and test strategies to improve the appropriate identification, diagnosis, and treatment of DES-associated medical conditions among primary care

physicians, oncologists, urologists, other health professionals, and DES-exposed target populations in defined geographic areas.

2. To design, implement, and evaluate a DES Educational Program in several regions of the U.S., to increase health information about DES exposure and to improve the early detection, diagnosis, and treatment of several medical conditions associated with DES exposure for the relevant target populations.

3. To convene a working group of medical experts and consumer representatives to present papers, for publication in a peer-reviewed journal, on standards for diagnosis and treatment of DES related medical conditions related to vaginal and cervical cancer, breast cancer, reproductive problems and issues, infertility, congenital malformations, and developmental abnormalities.

For the purpose of this RFA, primary care physicians are defined as family practitioners, internal medicine physicians, obstetricians and gynecologists, and pediatricians. Health professionals include physicians as well as nurse practitioners, physician assistants, nurses, allied health personnel. The DES target populations include DES-exposed mothers, daughters, and sons. Grandchildren may also be included as a target population for the physician education programs.

Direct inquiries to Dr. Suzanne Haynes, Health Education Section, NCI, Executive Plaza North Rm 218, Bethesda, MD 20892; Tel. 301/496-8577; or Michaela Richardson, Office of Research Reporting, NICHD Bldg 31 Rm 2A32, Bethesda, MD 20892; Tel. 301/496-5133.

RFA CA-93-020

Title: Interdisciplinary collaborative studies in the genetic epidemiology of cancer

Letter of Intent Receipt Date: May 20

Application Receipt Date: July 22

The Extramural Programs Branch of NCI's Div. of Cancer Etiology and the Ethical, Legal, and Social Implications Branch of the National Center for Human Genome Research invite investigator-initiated Collaborative Research Project Grant applications to encourage and facilitate collaborative and interdisciplinary genetic epidemiology investigations designed to evaluate the interaction of genetic and environmental factors in cancer etiology.

The special feature of this program is the concurrent submission of research grant applications by investigators who wish to collaborate within the common theme of genetic epidemiology of cancer, but do not require extensive shared physical resources or core functions to conduct their research. In order to be responsive to this RFA, a minimum of three investigators with related research objectives should submit concurrent, collaborative, cross-referenced individual research grant applications that address a common theme.

Applications may be submitted by domestic and foreign for-profit and non-profit organizations. Applications from minority institutions, individuals, and women are encouraged. The support mechanism for this program will be the individual research grant (R01). Multi-institutional collaborative arrangements are encouraged and should be discussed with the program staff prior to the submission of the applications.

The collaborative research grant program encourages the coordinated submission of related research project grants (R01) from investigators who wish to collaborate on their

research efforts, but do not require extensive shared physical resources. These applications must share a common theme and describe the objectives and scientific importance of the interchange of ideas, data, materials, etc. among the collaborating investigators. A minimum of three independent investigators with related research objectives are encouraged to submit concurrent, collaborative, cross-referenced individual R01 applications. Applicants may be from one or several institutions. Applications will be reviewed independently for scientific merit. Applications judged to have significant and substantial merit will be considered for funding both as independent awards and in the context of the proposed R01 collaboration.

Broader diversity of scientific areas in the context of genetic epidemiology studies is preferred. Applicants must describe how their integrated approach will foster research advances in the genetic epidemiology of cancer and therefore provide further understanding of cancer etiology. The total project period must not exceed five years. Since a variety of approaches would represent valid responses to this announcement, a range of costs is expected among individual grants awarded. However, a collaborative group must not exceed \$800,000 total request costs (direct and indirect) per year.

The total available for the first year of the support for the entire program is \$2,250,000. It is expected that two to three collaborative group awards will be supported.

The goal of this initiative is to facilitate cross-disciplinary technological, methodological and conceptual transfer in order to advance research on the genetic epidemiology of cancer in families and populations. Interinstitutional collaborations between epidemiologists, laboratory scientists, clinical oncologists and geneticists, epidemiologists, biostatisticians, psychosocial and biobehavioral researchers and experts in related disciplines working on the same cancer site/syndrome are encouraged. Studies of breast, ovarian, lung, prostate, and uterine cancers are particularly encouraged.

The pursuit of an integrated, cross-disciplinary approach to the understanding of cancer etiology within the framework of genetic epidemiology studies has been constantly hampered by an insufficient integration of the underlying concepts and methods, by the lack of a common scientific language, and by the shortage of appropriate supporting technology and biostatistical methods. Because of the complex nature of these diseases, it is important that genetic epidemiology studies be performed by multidisciplinary research groups capable to investigate both environmental and genetic determinants of cancer in well-defined pedigrees and in case-control studies. As the genetic and environmental contributions to cancer become further defined, there will be the potential to test individuals for genetic factors to assess their cancer risks. Studies regarding the benefits, risks, and psychosocial impact of testing and counseling for genetic contributions to cancer are needed to help elaborate professional practice standards.

Direct inquiries to Dr. Daniela Seminara, NCI Div. of Cancer Etiology, Executive Plaza North Suite 535, Bethesda, MD 20892; Tel. 301/496-9600, fax 301/402-4279. Direct inquiries regarding programmatic issues on the ethical, legal and social aspects of this RFA to: Elizabeth Thomson, Ethical, Legal and Social Implications Branch, National Center for Human Genome Research, Bldg 38A Rm 604, Bethesda MD 20892; Tel. 301/402-0911, fax 301/402-1950.

In Brief

NSABP Honors Fox Chase Center For High Enrollment In BCPT

(Continued from page 1)

. . . **FOX CHASE** Cancer Center and its network of community cancer centers have received an award for "exemplary participation" in the Breast Cancer Prevention Trial of tamoxifen being conducted by the National Surgical Adjuvant Breast and Bowel Project. The award recognized the large number of participants Fox Chase and its network hospitals enrolled in the prevention trial by April, 176 women. NSABP also commended the center for its "almost flawless data collection." . . . **CIGARETTE**

ADVERTISING makes children more likely to smoke, according to a study in the April issue of the Public Health Service journal, "Public Health Reports." The study by **Gilbert Botvin** and other researchers at Cornell Medical College found that young people exposed to heavy amounts of cigarette advertising are nearly twice as likely to be current smokers. The only better predictor of a young person's smoking identified by the study was having many friends who smoke. The smoking habits of parents and older siblings were not as influential, in this study. . . .

PROJECT AWARENESS, a community-based program providing medically underserved women with breast cancer education, access to mammograms, and followup medical care, will be launched in five cities this spring. Atlanta, Raleigh, and St. Louis will host the project this month, and Los Angeles and Miami will host the program later this spring. Each project will recruit up to 100 women, with an emphasis on women age 50 and older. Project Awareness was developed by the Cancer Research Foundation of America, based in Alexandria, VA, to reach women who are most at risk for breast cancer. Since its pilot program in 1991, the project has screened more than 1,000 women in 12 cities, and detected five cases of breast cancer. . . . **SHIMON SLAVIN** of Hadassah Univ. Hospital, Jerusalem, founder of the first Israel National Bone Marrow Transplantation Center, recently was awarded the Samuel and Paula Elkeles Annual Award for Excellence in Medical Research given by the Jewish National Fund. Slavin's research from 1984-91 was supported by the New York-based Israel Cancer Research Fund.

NCI Contract Awards

Title: Screening for agents against HIV
Contractor: Southern Research Institute, \$5,082,807.