THE CANCER LETTER

P.O. Box 15189 Washington, D.C. 20003 Telephone 202-543-7665

Vol. 20 No. 39
Oct. 14, 1994

Most Of NCI's $60 Million Increase In FY95 Will Fund Mandatory Raise In Prevention

NCI will raise its spending on cancer prevention and control by nearly $47 million in fiscal year 1995 which began Oct. 1, NCI Director Samuel Broder said to the National Cancer Advisory Board last week.

The NIH Revitalization Act of 1992 required the 32 percent increase from last year's prevention and control budget of $145.3 million. The act mandated that NCI increase its prevention and control funding from 7 percent to 9 percent of the Institute's total budget.

NCI's FY95 appropriation of $2.136 billion is a $60 million or 2.9

(Continued to page 2)

In Brief

NIH Scientist, NIH Grantee Win Nobel Prize; DOD Breast Cancer Research Funded For '95

NOBEL PRIZE: A scientist in the NIH intramural program and an NIH grantee have received the 1994 Nobel Prize in physiology or medicine. **Alfred Gilman** and **Martin Rodbell** will share the $950,000 award for their discovery of the G-protein, a crucial component of the communication system that regulates cellular activity. Rodbell, 68, a scientist emeritus in the Laboratory of Cellular and Molecular Pharmacology at the National Institute of Environmental Health Sciences, discovered in 1970 that signal transmission requires a cellular molecule called GTP. Gilman, 53, professor and chairman of the department of pharmacology at the Univ. of Texas, Southwestern Medical Center, in 1977 identified the proteins to which GTP binds and named them G proteins. Rodbell has worked at NIH since 1956. Gilman has been a grantee of the National Institute of General Medical Sciences since 1985. . . .**DEPT. OF DEFENSE** received $150 million from Congress for breast cancer research in FY95. The Army's Breast Cancer Research Program will receive $115 million of the funds. . . . **AMERCAN COLLEGE OF RADIOLOGY** elected new officers at its annual meeting last month: **Emmett Templeton**, chiarman of the Board of Chancellors; **Ronald Evens**, vice chairman; **Karl Wallace Jr.**, president; **Vic Carlson**, vice-president; **Abner Landry**, secretary-treasurer. Three radiologists received ACR's highest honor, the Gold Medal. They were: **Cesare Gianturco,** of Urbana, IL; **Jack Krohmer,** of Georgetown, TX; and **Edward Singleton,** of Houston, TX. . . . **HARRISON, STAR**, Wiener & Beitler PR, based in New York, was selected to handle public relations for the **American Society of Clinical Oncology**. **Sydney Ann Neuhaus**, senior vice president and director, public relations, and **Karen Hamel**, senior account supervisor, will supervise the account.

Prevention Budget Rises, Grants Funding Up 1%

(Continued from page 1)

percent increase over FY94. The amount is slightly more than half the increase requested by President Clinton.

"This is the first time in living memory that Congress has given us less than [the amount recommended by] the President," Broder said to the NCAB.

NIH received $11.3 billion, a 3.6 percent increase, and about $145 million less than the President requested.

The Omnibus Budget Reconciliation Act established limits on domestic discretionary spending at least through 1998, Broder said. "I am not sure we have emotionally absorbed these limits," he said. "It would require Congress to change the agreement before substantial opportunities for increases became possible."

Final plans for the $47 million prevention and control increase remain to be approved by the NCI Executive Committee, Peter Greenwald, director of the NCI Div. of Cancer Prevention and Control, said to **The Cancer Letter**.

Preliminary plans for the increase follow:

•National Action Plan on Breast Cancer: $10 million as mandated by Congress. Specific proposals for use of the funds are being developed.

•Community Clinical Oncology Program: $10 million; half of this would pay for the endometrial aspirations recently added to the Breast Cancer Prevention Trial.

•Requests for Applications: about $11 million to fund research in several areas including diet and cancer, dietary behavior, and occupational exposures.

•Chemoprevention: $7 million, for preclinical and phase I and phase II studies.

•Cancer prevention research units: $5 million to fund this concept to be presented to the DCPC Board of Scientific Counselors this week.

•Prostate, Lung, Colorectal and Ovarian cancer screening study: $3.5 million.

•Early cervical cancer detection trial (ASCUS): $1 million.

This adds up to $47.5 million, but there may be some adjustments in order to fund other items, Greenwald said.

For NCI overall, few programs will receive even inflationary increases, and some will take large cuts.

Funding for research project grants—the category that includes R01s, P01s and R29s—will increase by $9.2 million, or 1 percent. Due to grant cycles, there will be few noncompeting grants in FY95.

An estimated 900 competing RPGs could be funded, for a success rate of 24 percent, about the same as last year.

NCI FY 1995 Budget

(Dollars in Thousands)

CANCER + AIDS	FY 1994 Estimate	FY 1995 Conference	94/95 Change	
Research Projects:				
Noncompeting	$716,581	$695,196	-$21,385	
Competing	199,575	223,829	24,254	12.2%
Subtotal	916,156	919,025	2,869	
SBIR/STTR	22,209	28,559	6,350	
Subtotal, RPGs	938,365	947,584	9,219	1.0%
Cancer Centers	130,637	132,119	1,482	1.1%
SPOREs	26,816	25,816	-1,000	-3.7%
Subtotal, Centers & SPOREs	157,453	157,935	482	0.3%
Other Research:				
Research Career Program	14,386	14,386		
Cancer Education Program	7,904	7,904		
Clinical Cooperative Groups	77,233	77,847	614	0.8%
Minority Biomedical Research	3,099	3,099		
Other Research	6,729	5,599	-1,130	-16.8%
Subtotal, Other Research	109,351	108,835	-516	-0.5%
Total, RPGs	1,205,169	1,214,354	9,185	0.8%
NRSA Training	$37,491	$38,541	$1,050	2.8%
R&D Contracts	200,453	207,490	7,037	3.5%
(SBIR/STTR)	(1,600)	(3,354)		
Intramural Research	375,246	378,944	3,698	1.0%
Research Mgmt & Support	96,177	96,638	461	0.5%
Cancer Prevention & Control	145,347	192,310	46,963	32.3%
Construction	16,499	8,000	-8,499	-51.5%
Total NCI	2,076,382	2,136,277	59,895	2.9%

Source: NCI

THE CANCER LETTER

Editors: **Kirsten Boyd Goldberg**
Paul Goldberg
Founder & Contributing Editor: **Jerry D. Boyd**
P.O. Box 15189, Washington, D.C. 20003
Tel. (202) 543-7665 Fax: (202) 543-6879
E-Mail: 73322.2044@compuserve.com

Subscription $225 per year North America, $250 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter.

Other areas slated for increases are:

●Research and development contracts, up by $7 million for a 3.5 percent increase.

●Training (National Research Service Awards), up by $1 million for a 2.8 percent increase.

●Cancer centers, up by $1.5 million for a 1.1 percent increase.

●Intramural research, up by $3.7 million for a 1 percent increase.

Areas slated for substantial budget cuts include:

●Construction, down by $8.5 million for a 51 percent cut.

●NCI's "Other Research" category, down by $1.1 million for a 16.8 percent cut.

●Specialized Programs of Research Excellence, down by $1 million for a 3.7 percent cut.

These figures include funding for AIDS research. Each institute must pool its AIDS funding with the NIH Office of AIDS Research, which will review all AIDS programs and redistribute the money.

The figures also do not reflect the authority of the NIH director to remove up to 1 percent of any institute's appropriation.

◆ ◆ ◆

OIG Phase-Out: NCI is currently funding 72 Outstanding Investigator Grants, the seven-year grants that the National Cancer Advisory Board in 1992 decided to phase out over the next decade.

The final set of OIG awards was made earlier this year, Marvin Kalt, acting director of the NCI Div. of Extramural Activities said to the NCAB Planning and Budget Subcommittee. When the remaining two grantees receive the last OIG check from NCI in FY 2001, the program will have awarded a total of 88 OIGs since 1985 to investigators at 88 institutions in 16 states.

By FY 2000, only 22 OIGs will be active. Kalt said NCI is encouraging OIG holders to submit R01 applications.

Two years ago, the NCAB said the phase-out was necessary to make more funds available for R01s and to meet the Congressional mandate for a four-year average time of grant awards (**The Cancer Letter**, June 12, 1992).

◆ ◆ ◆

Earthquake Relief: NIH has received $1 million from the $800 million appropriated by Congress for relief from damage caused by the earthquake earlier this year in the Los Angeles area. Forty-five institutions have asked NCI to delay the review of grants due to quake-related problems, Broder said.

Jacobs: Politics Sets Faulty Agenda In Alternative Medicine

After mandating NIH to venture into the study of unconventional medicine two years ago, Sen. Tom Harkin (D-IA) and his staff have been playing a role in day-to-day activities of the NIH Office of Alternative Medicine, said Joseph Jacobs, former director of the office.

In a an interview with ***The Cancer Letter****, Jacobs said that in pursuit of his agenda, Harkin had once personally chewed out then NIH Deputy Director Jay Moskowitz, and that the Senator's staff has on numerous occasions overriden Jacobs's professional decisions.*

The battles lost by Jacobs included:

—The selection of members of the OAM Advisory Council. An intercession by Harkin placed three members whose appointment was not recommended by Jacobs.

—The conduct of "field investigations" at alternative medicine clinics, an undertaking, which, according to Jacobs, has more to do with mollification of Harkin than with demonstration of clinical efficacy of alternative therapies.

The interview was conducted by Paul Goldberg.

The Cancer Letter: When you came to OAM you said frequently that your job is like the mission of the Starship Enterprise on Star Trek. "To explore strange new worlds...." And so forth. What, in a nutshell, have you learned in your two-year mission as OAM Director?

Jacobs: Certainly, I have encountered a lot of Klingons and Romulans. But at the same time, I was going where no man or woman from NIH has gone before.

And it has turned out that there is beginning to be a significant amount of research that's coming out of NIH related to alternative medicine.

CL: Was it a happy experience?

Jacobs: If I were to take the algebraic sum of the highs and lows, I think it would be basically pretty positive. NIH exists in a very political fishbowl. And that there are things that go along with it.

If you worry about your job and worry about how you placate the politics, then you are always going to have a hyperacidic stomach. And you are always going to be miserable. I decided that I didn't want to live that way.

CL: What precisely caused you to leave?

Jacobs: Last summer, I told [NIH Deputy Director] Ruth Kirschstein that I was going to leave this summer. Because I saw that there was going to be limited tenure. And at one particular point I said to her that the political types out there will probably eventually focus on me as the problem, and eventually want me out.

CL: By the political types you mean...

Jacobs: The friends of Harkin.

CL: Would I be correct to say that they are [former Iowa Congressman Berkley] Bedell, [journalist and alternative medicine advocate Ralph] Moss, [head of an alternative medicine advocacy group Frank] Wiewel and [alternative medicine care provider's representative Gar] Hildenbrand?

Jacobs: You would not be wrong. My assumption was that they as a group would probably move to have me removed. And, in fact, they did attempt to circulate a petition back in December of 1993 to get me removed from the job.

CL: What happened?

Jacobs: I had a blunt discussion with Berkley Bedell about it, and basically told him that within NIH I was probably the best friend they had.

CL: Why didn't they like you?

Jacobs: Because I wasn't as responsive to them as they would like. First of all, they didn't really have a chance to anoint me as their selection at the very beginning.

And after that I was immediately at a disadvantage. And I wasn't politically correct [enough] to their liking.

I did make some attempts to placate some of their demands at the very beginning. But then I realized that it was a no-win situation, and that no matter what they demanded, there was going to be something else.

CL: What precisely are some of the things they asked you to do?

Jacobs: [Last spring] they wanted me to file on behalf of [Stanislaw] Burzynski, [operator of a Houston-based clinic, whose drug, "antineoplaston," is being tested by NCI], an application for an [Investigational New Drug] with the FDA.

I did not want to do that, because, No 1, I thought it was going to provide an excessive administrative burden on the part of the staff. It's not unusual for various Institutes and Offices of the NIH to file INDs with the FDA.

I just felt that we had very limited expertise in this area, and No. 2, there was a real problem with regard to how much administrative work this was going to take. No. 3, I did not really feel that we should have the responsibility of the reporting requirements for the IND to the FDA on Burzynski's work.

And, of course, we got a lot of pressure from Harkin's office to do that.

CL: To file the Burzynski IND

Jacobs: To comply, yes...

CL: Do you believe there is a difference between what Mr. Bedell wants and what Sen. Harkin wants? Are they one and the same?

Jacobs: I have no idea. All I know is that Bedell has made a lot of threats to go to Harkin, and it is my understanding that at one meeting Sen. Harkin had screamed at [former NIH Deputy Director] Jay Moskowitz. Jay said to me that until that meeting he had never neen screamed at by a senator.

CL: Were you ever screamed at?

Jacobs: Not by a senator. No. No senator would ever scream at me. This is America, and I am a private citizen. I am not so afraid for my job that I would take that kind of humiliation from anybody.

I believe that people should be treated in a professional manner, and if we have descended to that depth, then we have a real problem here.

CL: And we have, from what you are saying. We have that problem.

Jacobs: We do.

CL: Do you believe that if there is a difference between Bedell and Harkin, Harkin should make that clear?

Jacobs: Obviously, I think he should be a senator for all the people, and for all the sides, and to not necessarily push one particular agenda over another.

CL: Your detractors have said on record that you are a weak administrator and that you were more interested in getting your picture into The New York Times than in getting the job done. What do you say to that?

Jacobs: I think it's balderdash. First of all, the press has come to me. I've never gone to the press.

No. 2, I don't know how they characterize weak administration. I think it's ludicrous to call me a weak administrator when in fact the job itself violates Management Principles 101. That is, I had enormous responsibility, and very little in a way of resources.

One person commented that I didn't delegate to anybody. And the question was, whom was I to delegate to?

We only had a staff of four people. We had one vacancy which I would have filled early on, had it

not been for the intrusion of these individuals, who got my boss to ask me to readvertise the position.

There were obviously a lot of administrative things to deal with, and these individuals have absolutely no idea... They don't have any government experience.

Berkley Bedell has no government experience, even though he was a congressman. He has no experience working in the executive branch.

These people would sooner have me ignore affirmative action requirements to fulfill their political needs. They have no idea of what it involves to run an office like that at the NIH.

CL: What you are describing is four people meddling in day-to-day operations of a government office that is part of the executive branch. What is their status? How could they justify doing this?

Jacobs: From a legal perspective, they have no more power than any other citizen of the United States who has an interest in the affairs of the office. What, of course, they do have, is a power of political extortion. And that is to make threats of going to the Senator, to have things aired at hearings, or threats that are made on the NIH budget or the budget of the [OAM].

CL: Has that happened?

Jacobs: Of course it has.

CL: Have you personally seen this happen?

Jacobs: Comments were made to me about intimations made from Ed Long [staff director of Labor, HHS & Education Subcommittee of the Senate Appropriations Committee], or the congressional staff...

CL: From Ed Long... What did he say?

Jacobs: He did say to me that if we did not do field investigations, the Senator might consider eliminating funding for the Office.

My reply to him was that I thought it was a very good idea.

He was very surprised at my response. He said, "Why do you say that?"

And I said, "Because we are having this conversation, that's why."

I felt very strongly that if Congress wanted to manipulate the way in which I do research or oversee the way we do research at NIH, then Congress ought to cut off the money and eliminate the Office.

CL: What did he say?

Jacobs: He had no response. What could he say? I was calling his bluff. But, of course, he knew he could go above me, and perhaps get a different response.

CL: Is that what happened?

Jacobs: I assume so.

CL: Because there are field investigations taking place.

Jacobs: I can't speak for my boss or the Director of the NIH.

CL: Are they terrified, would you say?

Jacobs: I can't say... They have to worry about the entire budget of the NIH. And they have to worry about the budget of the Office of the Director. I can't judge them on their actions. I guess if I were in their position, I would do things in a very similar manner...

CL: So you are talking about the tail wagging the dog, the tail being OAM?

Jacobs: Right.

CL: I've seen the term "Harkinites." Are you the author of this term?

Jacobs: I may have been.

CL: If we were to put this term in the dictionary of NIH English, who are the Harkinites?

Jacobs: All of the individuals you've mentioned, the people who promote their relationship with the Senator, and their influence with him, and trying to achieve their political goals.

CL: You have fought the Harkinites by excluding several of them from the list of advisors...

Jacobs: I wasn't trying to fight them. If somebody ever bothered to ask me my professional opinion as to what individual should be on the advisory council for the Office, some of these people would not have been my first choice. This is a professional matter.

CL: And the people who would not be your first choice would be Moss, Wiewel and Hildenbrand.

Jacobs: Right.

CL: Bedell was your choice.

Jacobs: Right.

CL: Are they qualified?

Jacobs: They are qualified as representatives of community-based organizations. Every council has a certain number of those. To put four of them on, I think overloaded the number of community-based people, and if you look at the total composition of the advisory council, it is lopsided in the area of community-based people.

CL: What about C. Everett Koop, was he one of your choices?

Jacobs: Absolutely. I solicited Dr. Koop's CV from him, and in fact I didn't put in an alternate for him, because I did not feel that there was anybody who was of adequate stature to be an alternate.

CL: So, you solicited Dr. Koop's CV, and what happened?

Jacobs: I don't know exactly. The excuse given to me [by HHS] was that he was not sufficiently supportive of the Clinton health care plan.

I have no idea whose decision that was, but it was one of the few areas of agreement that I had with Harkin's people.

I think it illustrates the attempt that I was trying to make to elevate the professional stature of the group.

And I think that some of these people with whom I didn't have much choice were not in the same league as C. Everett Koop. If this is all evidence of my being a bad administrator, then so be it. I accept. I plead guilty.

CL: From what you are describing, is the [job of the OAM Director] a place for a professional? Is it a place for a scientist? Is it a place for an honorable man?

Jacobs: Let me just say that I think that in the context of political extortion and attempts at micromanagement by outside groups, obviously no one can be very successful in an office like that.

If you are to eliminate the negative intrusion, but just maintain the Congressional mandate for looking at alternative medicine, I think it can be done in an honorable way. And I think we made an attempt to do that in an honorable way.

I think there is a building up of responsiveness on the part of many of the Institutes at NIH. If you believe the statistics that 34 percent of the US population is using alternative medicine, then 34 percent of the 15,000 people who work at NIH are probably using some form of alternative healing methods.

There is a level of receptivity. The problem, of course, is competing agendas.

And I think it's totally ludicrous that I can be criticized for not moving this huge scientific medical bureaucracy in a direction that was favorable to Harkin and his people.

CL: Is there room for the scientific method, for rules of evidence?

Jacobs: One of the things I've always asked in my counterchallenge to Berkley and his supporters about field investigations is "What is your objective in doing the field investigations?"

And that has never been totally, realistically clarified to my satisfaction. When you go back to the original legislation, the report language that created the OAM in fiscal 1992, it says the office would be set up to "investigate and validate" alternative clinical practices.

One of the questions I've asked [Harkin's aide] Ed Long was, "What does your Senator mean by 'validate?'"

This is a very important question.

I have worked for Aetna Life Insurance Co., and we attempted to look at the validation of conventional medical practices. And it's very difficult. A field investigation is not going to "validate" alternative medical practices to the satisfaction of the Aetnas of the world or the clinicians. And they could never clarify that it to me.

It seems to be a matter of just satisfying the whims of Berkley Bedell, and not necessarily satisfying the real question: "What's the objective of validation?"

These folks are speaking a language that doesn't compute within conventional clinical research.

CL: Having talked with Mr. Bedell about this, here is what he says... He supports field investigations where all you need to do is set up a lab in a clinic, and examine the patients as they are going in for treatment and as they come out of treatment. Have they improved? What's the problem with that?

Jacobs: The problem with it is that you don't necessarily know what is making these individuals better. You start getting into selection bias, you start getting into problems that plague conventional research.

We are plagued by conundrums related to research in conventional medicine, with all of the scrutiny we provide. And yet [Bedell] is asking us to do something on a much, much lower standard to come to a similar conclusion.

How can we advocate a sloppy, imprecise method of evaluation to be applied to alternative medicine?

CL: What is your advice to your replacement?

Jacobs: Go on job interviews frequently...

The advice I'd give is stand up for what's right. And stand up for professionalism. Because there is only one thing that you leave with when you leave this world, and that's your good name.

NIH Picks 24 More Centers For Women's Health Initiative

NIH has selected 24 additional centers to carry out the Women's Health Initiative, the $628 million, 15-year set of studies of chronic diseases affecting women.

The new sites join the existing 16 centers and the WHI coordinating center at Fred Hutchinson Cancer Research Center. Since the spring of 1993, the centers have carried out 52,000 screening visits and have entered

4,500 women in the clinical trial.

The goals of WHI are to recruit 63,000 postmenopausal women for a clinical trial and another 100,000 postmenopausal women for an observational study. The new centers and PIs follow:

Catherine Allen, Univ. of Wisconsin, Madison; Marianna Baum, Univ. of Miami; Henry Black, Rush Presbyterian-St. Luke's Medical Center; Rowan Chlebowski, Harbor-UCLA Research and Education Institute; T. David Curb, Univ. of Hawaii; Sandra Daugherty, Univ. of Nevada, Reno; John Foreyt, Baylor College of Medicine.

Susan Hendrix, Wayne State Univ.; Robert Hiatt, Kaiser Foundation Research Institute, Oakland; Barbara Howard, Medlantic Research Institute, Washington, DC; Rebecca Jackson, Ohio State Univ. Research Foundation; Howard Judd, Univ. of California, Los Angeles; J. Morley Kotchen, Medical College of Wisconsin; Dorothy Lane, Research Foundation of SUNY, Stony Brook; Marian Limacher, Univ. of Florida; James Liu, Univ. of Cincinnati Medical Center.

Frank Meyskens Jr., Univ. of California, Irvine; Valery Miller, George Washington Univ.; Judith Ockene, Univ. of Massachusetts Medical Center; Robert Schenken, Univ. of Texas Health Science Center, San Antonio; David Sheps, Univ. of North Carolina, Chapel Hill; Sylvia Wassertheil-Smoller, Albert Einstein College of Medicine; Marcia Stefanick, Leland Stanford Junior Univ.; Barbara Valanis, Kaiser Foundation Research Institute, Portland.

NCI Contract Awards

Title: Cancer risk following evaluation and treatment for infertility (coordinating center). Contractor: SRA Technologies Inc., Falls Church, VA, $2,303,838.

Title: Radiation dosimetry for epidemiologic studies. Contractor: M.D. Anderson Cancer Center, $1,363,893.

Title: Biodosimetry for populations exposed to ionizing radiation—Task II. Contractor: Oak Ridge Associated Universities, Oak Ridge, TN, $456,479.

Title: Cancer following long-term exposure to radioactive thorotrast. Contractor: Univ. Hospital, Uppsala, Sweden, $167,621.

Title: Cellular and molecular studies of human hepatocarcinogenesis in China. Contractor: Chinese Academy of Medical Sciences, $77,000.

Title: Cancer in Navy Korean War microwave (radar) workers: second mortality survey. Contractor: National Academy of Sciences, $397,002.

Title: In vitro screening of chemopreventive agents using primary human epidermal cells. Contractor: Univ. of California, Irvine, $195,364.

Title: Chemopreventive agents in DMBA-induced mammary lesions. Contractor: Univ. of Illinois, $248,585.

Title: In vitro prescreening of potential chemopreventive agents using biochemical markers of the carcinogenenic process. Contractor: Southern Research Institute, Birmingham, AL, $222,399.

Title: In vitro screening of chemopreventive agents using human tumor cells. Contractor: ManTech Environmental Technology Inc., Research Triangle Park, NC, $149,910.

Title: In vitro screening of chemopreventive agents using the rat tracheal epithelial focus inhibition assay. Contractor: ManTech Environmental Technology Inc., Research Triangle Park, NC, $290,151.

Title: In vitro prescreening of potential chemopreventive agents using biochemical markers of the carcinogenenic process. Contractor: ManTech Environmental Technology Inc., Research Triangle Park, NC, $282,212.

Title: Early detection research network MAO No. 3—cellular and molecular studies. Contractors: Univ. of Alabama at Birmingham, $590,215; Univ. of Pittsburgh, $798,916; Univ. of Texas Southwestern Medical Center, $718,711.

RFPs Available

RFP NCI-CP-50511-13

Title: **Resource To Support The Chemical, Economic, And Biological Information Needs Of The Div. Of Cancer Etiology**

Deadline: Approximately Dec. 9

The NCI Div. of Cancer Etiology is recompeting a contract for information development in the areas of environmental and occupational cancer. Task 1 is for support of Chemical Selection and Nomination Process and requires two chemical class studies per year and the preparation of reports for review by the Chemical Selection Planning Group and the Chemical Selection Working Group. The contractor shall prepare up to 30 Summary Sheets per year, using NCI guidelines, and shall support the nomination of approximately 30 chemicals to the DCE short-term testing program. Task 2 is for Support of Chemical Information Needs of the International Agency for Research on Cancer. The contractor (professional chemist or toxicologist) shall provide support for 15 IARC working group meetings. Task 3 is for the Chemical Carcinogenesis Research Information System and the contractor shall maintain and enhance the CCRIS database in the National Library of Medicine's TOXNET System. Task 4 is for Special Studies which includes the updating of the NCI Bioassay Report Summary Handbook, responding to ad hoc chemical inquiries, and other related activities.

It is anticipated that a five-year, cost reimbursement type contract will be awarded. This is a 100% small business set aside under SICC #8731, with a size standard of 500 employees.

Contracting Officer: Sharon Miller, Tel: 301/496-8611, Research Contracts Branch, Cancer Etiology

Contracts Section, EPS/620, 6120 Executive Blvd MSC 7224, Bethesda MD 20892-7224.

RFP NCI-CP-50510-13
Title: **Survey Of Compounds Which Have Been Test For Carcinogenic Activity (Phs-149) Volumes 1995-1996 And 1997-1998**
Deadline: Approximately Dec. 9

The NCI Div. of Cancer Etiology is recompeting a contract for the publication of the survey of compounds for the years 1995 through 1998 (PHS-149). NCI is seeking a qualified, responsible firm to 1) search the scientific literature, selecting appropriate articles, and reviewing these articles to insure that they meet the selection criteria; 2) extract specific data from these documents and index these data according to the data elements prescribed for each test compound to be included in the volume; and 3) generate a computer readable tape of the cumulative indexes and IBM PC compatible diskettes of the textural material used to produce camera-ready copy. It is anticipated that a four-year cost reimbursement type contract will be awarded. This is a 100% small business set aside under SICC #8732, with a size standard of $5 million.

Contracting Officer: Sharon Miller, Tel: 301/496-8611, Research Contracts Branch, Cancer Etiology Contracts Section, EPS/620, 6120 Executive Blvd MSC 7224, Bethesda MD 20892-7224.

RFAs Available

RFA CA-95-002
Title: **Occupational Exposure And Cancer Prevention/ Control Research**
Letter of Intent Receipt Date: Jan. 10
Application Receipt Date: Feb. 17

The purpose of this RFA is to stimulate innovative epidemiologic studies aimed at promoting cancer control research activities. Approximately $2.0 million per year in total costs for four years will be committed by NCI to fund applications. In addition, $300,000 per year in total costs will be committed by the National Institute of Occupational Safety and Health (NIOSH) to fund at least one application. The expected number of awards is six to eight.

The RFA, which describes the research objectives, application procedures, review considerations and award criteria for this solicitation, may be obtained electronically through the NIH Grant Line (data line 301-402-2221) and the NIH GOPHER (gopher.nih.gov) and by mail and email from the following program contacts:

Richard Bragg, NCI Div. of Cancer Prevention and Control, 6130 Executive Blvd MSC 7395, Executive Plaza North Suite 240, Bethesda, MD 20892-7395, Tel: 301/496-8589, FAX: 301/496-8675.

Roy Fleming, NIOSH, 1600 Clinton Rd NE, Bldg 1 Room 3053, Mail Stop D-30, Atlanta, GA 30333, Tel: 404/639-3343, FAX: 404/639-2196.

RFA ES-94-009
Title: **Mechanistically-Based Alternative Methods In Toxicology**
Letter of Intent Receipt Date: Nov. 15
Application Receipt Date: Dec. 20

The National Institute of Environmental Health Sciences (NIEHS) invites applications to conduct research to develop mechanistically-based alternative methods and models for toxicology research and testing. Assessment of the potential adverse health effects of chemicals is currently accomplished largely by tests utilizing laboratory animals. While such traditional tests have provided information useful for human health risk assessment, improved test methods are needed that are more predictive, that provide information more supportive of quantitative risk assessment, can be achieved in a shorter time frame, and are more cost-effective.

The estimated funds (total costs) available for the first year of support for the entire program is $1.5 million. The expected number of awards is eight to ten.

The RFA, which describes the research objectives, application procedures, review considerations, and award criteria for this solicitation, may be obtained electronically through the NIH Grant Line (data line 301/402-2221) and the NIH GOPHER (Internet) and by mail and e-mail from: Jerrold Heindel, Div. of Extramural Research and Training, NIEHS, PO Box 12233, 104 TW Alexander Dr, Research Triangle Park, NC 27709, Tel: 919/541-0781, FAX: 919/541-2843, Email: Heindel_J@NIEHS.NIH.GOV

Program Announcement

PA-95-001
Title: **Factors That Determine Therapeutic Drug Bioavailability**

The purpose of this program announcement is to encourage basic research in the areas that are fundamental to understanding the factors that determine therapeutic drug bioavailability, with emphasis on the oral route of delivery. Support of this program announcement will be through individual research project grants (R01), FIRST awards (R29), program project (P01) grants, and awards to small businesses under the Small Business Innovation Research (SBIR) program (R43, R44) and the Small Business Technology Transfer Research (STTR) program (R41, R42).

Inquiries: Rochelle Long, Pharmacology and Biorelated Chemistry Program, National Institute of General Medical Sciences, 45 Center Drive, Box 6200, Bethesda, MD 20892, Tel: 301/594-7808, FAX: 301/594-7728.