

THE

CANCER NEWSLETTER

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Congressional Committees Add Provisions To Cancer Act Renewal Bills To Strengthen NCI's Independence, Prevent Fund Withholding

The bill to extend the National Cancer Act for three more years is shaping up considerably stronger than the original. As it came out of the health subcommittees of the House and Senate last week, it would increase NCI's independence from HEW and the President and would extend the NIH peer review system for grants to research contracts, provided each body accepted the additions of the other.

Sen. Kennedy's subcommittee made the most significant proposed addition to the existing Act by tacking on a provision prohibiting the Administration from withholding any part of funds appropriated by Congress for the cancer program.

Such a provision, known as Section 601 of the Public Health Service Act, was passed by Congress over the President's veto in 1970. It

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IN BRIEF

NCAB To Hear Report On Controversial Special Virus Cancer Program March 19; Centers, Bladder Project Also On Agenda

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NORTON ZINDER'S potentially explosive report on the Special Virus Cancer Program will be delivered at the March meeting of the National Cancer Advisory Board. It is scheduled for March 19 in the afternoon; NCAB meets for three days, March 18-20, and all of it is open except for the morning of the 19th. Zinder's committee has been looking hard at SVCP for nearly a year . . . **GILBERT FREIDELL**, who heads the off-campus bladder cancer program from St. Vincent's Hospital in Worcester, Mass., will report on how the "headquarters grant" concept is working, at NCAB's March 18 session. Other items on the agenda include a report on centers by John Yarbrow, who runs the centers program; an explanation of the dual assignment process by Stephen Schiaffino of the Div. of Research Grants; a report on the American Cancer Society's programs by Arthur Holleb, ACS senior vice president for medical affairs and research; a report by Arthur Upton on updating the National Cancer Plan; a report on grant supported research by John Kalberer of the Div. of Research Resources & Centers; a discussion by J. Palmer Saunders, director of that division, on a proposal for an ad hoc committee to review the role and function of task forces; a report by board member Phillip Shubek on the NIH inter-council seminar; and a report by NCI staff members on asbestos carcinogenesis research . . . **J.H. BURCHENAL** will deliver the David A. Karnofsky Memorial Lecture at the joint meetings of the American Assn. for Cancer Research and American Society of Clinical Oncology in Houston March 27-30.

REF. AVAILABLE

See Source

Contract Awards

Meeting Dates

Congress Leans Toward Stronger Cancer Act, More Independence For NCI, Withholding Prohibition

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prevented withholding of any health funds, and was in force last year when the Administration attempted to cut out more than a half billion dollars in health spending voted by Congress. Section 601 was the basis of the successful lawsuits that eventually forced the President to release the money.

Section 601 expires this year, however, and Kennedy's group wanted to be certain that the cancer program, at least, will get all the money Congress appropriates. Efforts will be made to extend the provision to all health programs as other authorization bills move through Congress this year.

Rep. Rogers' House Health Subcommittee dealt with two problems that have vexed NCI and worried the scientific community:

—Added a provision requiring the NCI director to tell Congress each year how many employees he needs to get the job done, opening the way for Congressional action to override position ceilings imposed by the Administration.

—Added an entire section spelling out peer review requirements for all of NIH and for the Mental Health, Alcohol Abuse and Drug Abuse institutes.

The section would require peer review for research contracts as well as grants "in a manner consistent with the system for scientific peer review applicable to applications for grants for biomedical and behavioral research." It would limit the membership of government employees on review groups to no more than 25%.

This is Congress' answer to threats last year by the Office of Management & Budget to reduce or kill the NIH peer review of grant applications. Outspoken support of peer review by Asst. Secretary for Health, Edwards had already forced OMB to abandon the effort, and Edwards reiterated that support last week in a speech to NIH staff members (see story elsewhere in this issue).

The House subcommittee also took care of a threat by HEW to cut back on NCI's information services. Secretary Weinberger had ordered cutbacks in public information programs throughout HEW (except in his own office). NCI's information staff handles vast numbers of queries from the public and practitioners dealing with cancer diagnosis and treatment, in addition to producing increasing numbers of inhouse documents, press releases, and other efforts required by the growing cancer program. The subcommittee inserted a provision permitting the NCI director to provide an information program at his discretion, by contract if he deems it advisable.

The House bill went along with the requests of the National Cancer Advisory Board: authorizing \$750 million, \$830 million, and \$985 million for the next

three years; striking the limit of 15 on the number of comprehensive centers to be established around the U.S.; and increasing from 50 to 100 the number of consultants the director may hire.

Both subcommittees reported the marked up bills to their parent committees, which are expected to act on them this week.

Edwards' NIH Pep Talk Sounded Like An Attack On The Cancer Program, But He Says It Wasn't

Charles Edwards, the federal government's top health official, has been obviously unenthusiastic about certain aspects of the organization of cancer research in the year he has been HEW assistant secretary for health. It is not surprising, then, that his Feb. 21 pep talk to NIH scientists sounded to some like another attack on NCI and the National Cancer Act.

Edwards said among other things that:

—There are "pressures to establish research programs that are not based on careful scientific assessments but on determinations that may have no relationship whatsoever to the state of scientific knowledge or the potential for significant advances."

—"If the Executive Branch and the Congress—to say nothing of the pressure groups outside the government—insisted that these funds be channeled into a particular categorical area NIH was obliged to accept these decisions, no matter what their scientific merit."

Following as it did Edwards' complaints about NCI's special status accorded by the National Cancer Act, it is not surprising that these statements were interpreted by some in the cancer program as further evidence of his hostility.

Not so, Edwards insists.

A spokesman for the assistant secretary explained that the statements quoted above, although they do resemble more than a little criticisms leveled at the cancer program by many of its opponents, were intended to include all efforts to promote biomedical research by disease categories. He specifically mentioned the unsuccessful attempts to establish National Institute for Kidney Disease and all-out development of an artificial heart, and the successful move to split out the National Eye Institute from the National Institute of Neurological Diseases & Stroke.

Edwards is not opposed to the cancer program, his spokesman said. Neither does he question the high priority accorded cancer research; and he is not challenging any specific element of the program, the spokesman claims.

In fact, Edwards believes that development of the National Cancer Program Plan by the nation's leading cancer scientists fits exactly into his philosophy, that scientists should be making the decisions on "which fields of research are ripe for exploitation and which are not," the spokesman said.

Edwards does feel that NIH should present a balanced program, and that cancer research should not be expanded at the expense of other NIH efforts. NCI staff and their outside advisers agree unanimously with that; Edwards' argument in that regard would be more with the Office of Management and Budget and his boss, Secretary Weinberger, than with the cancer forces. It was OMB and Weinberger who attempted to slash the budgets of all institutes except NCI and Heart & Lung in 1973 and 1974.

Edwards spoke at NIH in an attempt to revive sagging morale as reflected in the parting shots by former deputy directors John Sherman and Robert Berliner when they resigned during the past year, and by former Director Robert Marston, when he was fired.

One promise calculated to improve morale that Edwards made was that the Administration would restore about 200 of the 700 positions cut from NIH during the past three years.

Benno Schmidt, chairman of the President's Cancer Panel, had previously extracted a commitment from OMB that NCI would get at least 109 new positions this year. When asked if that 109 would come out of the 200 mentioned by Edwards, his spokesman responded that he did not know, and then added:

"That's just the kind of interference he was talking about. That kind of decision should not be made outside NIH or HEW."

The fact is that NCI Director Rauscher has fought within HEW for more than a year to get the new positions he feels are absolutely necessary to adequately staff the growing program. It was when those efforts failed that Schmidt went to work and did exactly what Congress had intended in establishing the Panel—he called the attention of the President (in this case, the President's designee, OMB) to a problem that was impeding cancer research progress.

RFP'S AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer or Contract Specialist for copies of the RFP. Some listings will show the phone number of the Contract Specialist, who will respond to questions about the RFP. Contract Sections for the Cause & Prevention and Biology & Diagnosis Divisions are located at: NCI, Landow Bldg, NIH, Bethesda, Md. 20014; for the Treatment and Control Divisions at NCI, Blair Bldg., 8300 Colesville Rd., Silver Spring, Md. 20910. All requests for copies of RFPs should cite the RFP number. The deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NCI-CN-45072-04

Title: *Oncology nursing programs in community hospitals*

Deadline: *April 15, 1974*

This RFP has been previously published. Since

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then, the following conditions have been added:

—Stipends for students will not be supported by the Cancer Control Program.

—More than one contract may be awarded under this procurement.

—The contract may include funds for the development of necessary teaching materials and training aids within the limitations contained in the applicable government regulations.

—Construction costs, office equipment and patient care will not be supported by CCP.

The present serious need for greater numbers of well trained personnel to provide specialized nursing care for cancer patients must be overcome. Current efforts to improve cancer care are directed toward cancer centers, medical centers, community hospitals, extended care facilities and other health agencies where nursing services are needed by cancer patients. This program will enlist the assistance of specially qualified nurses to train other nurses in cancer care at the undergraduate, inservice and continuing education levels.

The quality of nursing services at the community level is highly important since the majority of cancer patients are cared for in community hospitals. Nevertheless, experience in other federal programs indicates that the provision of continuing education opportunities for nursing personnel in community hospitals may be difficult. Inadequate budgets and staffing constraints may prohibit extended absences for educational purposes. Furthermore, nursing personnel often have home responsibilities which limit their ability to take advantage of continuing education activities in distant settings.

For these reasons, programs to upgrade and expand the skills of nurses at the community level must be designed to meet the special needs and characteristics of different communities. What is needed, therefore, are continuing education programs which relate specifically to: (1) nursing service needs of cancer patients in community settings; (2) ongoing continuing education and inservice activities; (3) personnel policies prevailing in selected communities relative to continuing education provisions for nurses; (4) available consultation services and other resources in the cancer field.

The objective of this procurement is to support the development of easily accessible inservice and continuing education programs based in community hospitals which will be directed toward members of the nursing profession and their supportive personnel employed in the various institutions, organizations and agencies providing cancer care services in those communities. The objectives of these programs broadly stated would include: (a) increase knowledge and understanding of cancer in all of its aspects—prevention, detection, treatment and rehabilitation; (b) augment existing skills and practices in cancer care and (c) pro-

mote new methods, approaches, and techniques consistent with the latest cancer and related research findings.

This procurement is not intended to provide funds for community hospitals to support ongoing inservice education programs. It is intended to provide funds to selected hospitals, which, with the endorsement of their community, will serve as a focal point in that community and adjacent communities for the provision of continuing education opportunities in cancer care for the nurse population. It is also intended to provide the sponsoring hospitals with the capabilities of strengthening and expanding ongoing programs for their own staff. This RFP precludes the use of funds for long-term training such as that leading to a master's degree. The period of performance of this contract will be three years.

In order to qualify for consideration, a community hospital must provide evidence of :

—Strong support for this educational program from other hospitals, nursing schools, and other kinds of agencies in the same geographic area that would use or otherwise benefit from the training program.

—A minimum of 300 beds.

—An organized nursing service consistent with the standards of the Joint Commission for the Accreditation of Hospitals.

—A yearly census of cancer patients sufficiently high in numbers and varied as to cancer sites, to provide clinical experience in the most commonly occurring cancers.

—Both inpatient and outpatient services and linkages with a community facility such as a nursing home so that experience can include primary, acute and extended care.

—Teaching programs for cancer patients and their families.

—An orientation program for new employees.

—A cancer program and tumor clinic approved by the American College of Surgeons.

—An active nursing audit committee.

—An ongoing inservice education program for nursing personnel with an educational director appropriately qualified to direct such a program.

—A minimum of two physicians in different specialties who through postgraduate courses, self-study or specialized experience have become especially qualified to treat cancer patients.

—A faculty responsible for affiliating student nurses (professional or practical) receiving clinical experience in the hospital which is supportive of the proposed continuing and inservice education program.

Contract Specialist: Patricia A. Eigler
301-427-7984

Contracting Officer: Hugh E. Mahanes Jr.
Cancer Control

RFP NCI-CP-T-43316-57

Title: *Evaluation of the acceptability to smokers of candidate less-hazardous cigarettes*

Deadline: *March 29, 1974*

This will be a contract to (1) identify criteria for cigarette acceptance;(2) determine which of these criteria can be reliably evaluated and the methods to do so;(3) develop protocols for a routine evaluation service based on these criteria and methods; and(4) demonstrate the validity of the protocols by a test of approximately 10 cigarettes to be supplied by the Smoking & Health Program.

RFP NCI-CP-T-43315-57

Title: *Inhalation bioassay of cigarette smoke in dogs*

Deadline: *March 29, 1974*

The contractor will test the effect of nicotine in pulmonary and cardiovascular pathology and develop an animal model to measure carcinogenic and other adverse health effects from cigarette smoke.

RFP NCI-CP-T-43313-57

Title: *Clinical trials of pharmacological approaches in smoking withdrawal*

Deadline: *March 29, 1974*

The contractor will conduct clinical trials to test whether or not nicotine agonists, nicotine antagonists, and/or counseling will produce a change in the patient's smoking habits.

RFP NCI-CP-T-43312-57

Title: *Metabolic studies on tobacco smoke constituents*

Deadline: *March 29, 1974*

The contractor will conduct studies to determine the metabolic mechanism and associated kinetics of four known toxic components of cigarette smoke (carbon monoxide, hydrogen cyanide, nitrogen dioxide, and nicotine) in suitable animal models.

RFP NCI-CP-T-43310-57

Title: *Respiratory impairment in beagles exposed to cigarette smoke*

Deadline: *March 29, 1974*

The contractor will establish whether the succession of acute bronchitis to chronic bronchitis to emphysema are sufficiently linked for one to be the predictor of the next. In addition, this project wished to establish the beagles as a bioassay model which can be used to test the relative potential of experimental cigarettes to initiate bronchitis and/or emphysema.

RFP NCI-CP-T-43309-57

Title: *Standardization of aryl hydrocarbon hydroxylase assay as a screening method to determine smoking hazards in man*

Deadline: *March 29, 1974*

The contractor will determine the role of enzymatic metabolism in chemical carcinogenesis to help to

identify individual smokers who have a high risk of of pulmonary neoplasia.

RFP NCI-CP-T-43308-57

Title: *Screening less hazardous cigarettes-acute bronchitis as an indicator*

Deadline: *March 29, 1974*

The contractor will develop a bioassay screening test applicable directly to man to evaluate specific smoke components from NCI supplied cigarettes.

Contract Specialist: Anna M. Beattie
(for all above) Cause & Prevention
301-496-1781

RFP NCI-CN-45063-04

Title: *Oncology nursing programs in medical centers*

Deadline: *April 5, 1974*

(This RFP was previously listed with a deadline of March 18)

The Cancer Control Program is soliciting proposals for the development and implementation of comprehensive programs to upgrade and supplement the education of nurses in specialized techniques and practices used in the care of cancer patients. Offerors must have the necessary clinical facilities, patient loads, and teaching staff to provide the most appropriate clinical experiences in the latest and best nursing care for patients with a wide variety of cancers in various stages. Subsequent improvements in the quality of cancer patient care as a result of the learning experiences must be demonstrated.

Contracting Officer: Hugh E. Mahanes Jr.
Cancer Control

RFP NCI-CP-VO-43339-65

Title: *Data processing support for a research project*

Deadline: *April 8, 1974*

Data forms and clinical specimens gathered from research institutions in several areas of the country are submitted to central labs where all records are maintained and lab tests are conducted. The research project concerns clinical data on patients and the results of immunological and clinical assays. The contractor will be required to develop and maintain appropriate computer programs, procedures, and forms for data conversion, storage, editing, computation and retrieval. The contractor will also be responsible for monitoring all operational work including the clerical activities at the labs, and the data entry and computer processing work and maintain the magnetic tape or disk library.

It is estimated that the first year's level of effort will be approximately two programmer/analysts. Thereafter, the level of effort will be approximately one man year for each year the project continues. At least one of the two programmer/analysts must have educational background or experience in biological science and lab procedures. Computer processing will

be done on NIH equipment. In order to effectively perform these functions, the contractor must maintain an office approximately one-half hour commuting time from the NIH campus.

Contract Specialist: Sydney Jones
Cause & Prevention

RFP NCI-CP-VO-43333-65

Title: *Immunological assays for DNA and RNA viruses (The synopsis of this RFP was published in the Cancer Newsletter Feb. 22)*

Deadline: *April 8, 1974*

RNA and DNA viruses have been implicated as possible etiological agents in a number of animal and human neoplasms. Evidence for the existence of oncogenic C type, B type and herpes viruses has been derived from seroepidemiological, biochemical and biological studies suggesting an association between these viruses and specific malignant diseases. Recently immunological methods have been developed for the detection of viruses and viral-associated antigens in animal systems. NCI is seeking a support facility that can utilize and/or develop serological and cell-mediated immunity assays to identify and characterize antigens in malignant material infected with DNA and RNA tumor viruses.

Although much of the human neoplastic cells and tissue will be supplied by NCI and satellite contract facilities, the support facility should be capable of establishing, maintaining and culturing animal material for comparative immunological studies. This support laboratory is necessary to provide basic immunological information that will aid in the prevention and control of human tumors with a viral etiology.

Objective of these studies is to employ cellular and humoral immunological techniques to detect and characterize tumor viruses and viral antigens in animal and human neoplastic material, and to identify immune reactions in animals and humans. Emphasis will be placed on human studies.

The contractor shall use current and/or develop new immunological assays for the detection and characterization of RNA and DNA viruses in humans and animals; correlate the results of the cellular immunity assays to serological assays; and establish and maintain animal tumor tissue for comparative immunologic studies with human material.

Standard lab facilities and equipment for virological, immunological and tissue culture investigations should be available. The facility should be equipped for handling agents of potential biological hazard to humans. Closeness to NIH is highly desirable.

Contract Specialist: Sydney M. Jones
301-496-1781
Contracting Officer: W.L. Caulfield
Cause & Prevention

MEETINGS

NCI advisory group meetings frequently are closed, usually for review of contract and grant applications. Time scheduled as open will be shown with each listing, but these sometimes are changed.

Ad Hoc Advisory Group on Epidemiology, NIH
March 11, closed.

Cancer Control Treatment & Rehabilitation Review Committee, NIH Bldg. 31, conference room 3,
March 11 open 8:30 a.m.-9:30, closed March 12.

Breast Cancer Epidemiology Committee, March 12,
closed.

Breast Cancer Treatment Committee, NIH Landow
Bldg room C418, March 12, open 9 a.m.-11.

Diagnostic Radiology Committee, NIH Bldg. 31
conference room 7, March 13, 9 a.m., open.

Committee on Cancer Immunology, March 13,
closed.

Subcommittee on Diagnosis & Treatment, NIH
Bldg 31, conference room 8, March 17, open 3 p.m.-
3:30.

Subcommittee on Carcinogenesis & Prevention,
NIH Bldg 31 conference room 7, March 17, open 3
p.m.-3:30.

Subcommittee on Centers, Bethesda Holiday Inn,
Montgomery room, March 17, open 7:30 p.m.-8.

National Cancer Advisory Board, NIH Bldg 31,
conference room 6, March 18-20, closed March 19,
9 a.m.-12, open rest of the time.

Tumor Virus Detection Working Group, NIH Bldg.
31, conference room 2, March 20, open 9 a.m.-9:30.

Committee on Cancer Immunotherapy, March 21-
22, closed.

Cancer Treatment Advisory Committee, NIH Bldg
31, conference room 2, March 22, 9 a.m., open.

Breast Cancer Experimental Biology Committee,
NIH Bldg 31, conference room 3, March 22, open
from 2:30 p.m.

Cancer Control Education Review Committee, NIH
Bldg 31, conference room 3, March 25, open 8:30
a.m.-10:30.

Breast Cancer Diagnosis Committee, NIH Bldg 31,
conference room 2, March 27, open 1 p.m.-3.

American Assn. for Cancer Research annual meet-
ing, Houston, Rice Hotel, March 28-30.

Colon Rectum Cancer Advisory Committee, Hous-
ton, Shamrock-Hilton Venetian Room, March 30-31,
open March 31, 9 a.m.-12.

Committee on Immunobiology, March 31, April
1,2, closed.

President's Cancer Panel, NIH Bldg 31, conference
room 3, April 2, 9:30 a.m., open.

Diagnostic Research Advisory Group, NIH Bldg 31,
conference room 7, April 4 & 5, open April 4
9 a.m.-11.

Cytology Automation Committee, NIH Bldg 31,
conference room 3, open 9 a.m.-10.

SOLE SOURCE

Proposals are listed here for information purposes only. RFPs are not available.

Title: Coordinating committee—Cancer Control
Program radiologic physics centers

Contractor: American Assn. of Physicists in Medicine

Title: Study the etiology of medulloblastoma

Contractor: Children's Hospital Research Founda-
tion, Cincinnati

Title: Synthesis of cancer chemotherapy compounds

Contractor: Starks Associates Inc., Buffalo

Title: Administrative and technical support services

Contractor: Automation Industries Inc., Vitro Lab-
oratories Division, Silver Spring, Md.
(continuation)

Title: Use of lymphoma cells in vitro and in host-
mediated bioassays as a potential prescreen
for chemical carcinogens

Contractor: Arthur D. Little, Inc. (continuation)

Title: Study of mortality from cancer and other
causes among men who served as X-ray
technicians in the U.S. Army in World War
II (by the Food & Drug Administration)

Contractor: National Academy of Sciences

Title: "Can Dial"—cancer public information system

Contractor: Roswell Park Memorial Institute, Health
Research Inc., Buffalo, for evaluation of this
system

CONTRACT AWARDS

Title: Administrative and technical support services

Contractor: Automation Industries Inc., Vitro Labs
Div, Silver Spring, Md. \$166,300

Title: Production center for inbred and hybrid ro-
dents

Contractor: Simonsen Laboratories Inc., Gilroy,
Calif., \$178,738

Title: Breast cancer detection demonstration project

Contractor: Samuel Merritt Hospital, Oakland, Calif.,
\$142,007

Title: Study for research, development, evaluation,
and screening of new antitumor drugs

Contractor: Bristol-Myers, Syracuse, N.Y.
\$221,000

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