

# THE **CANCER** LETTER

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## **MORE RFPs FOR SMOKING/HEALTH PROJECTS PLANNED FOR RELEASE AS SUBCONTRACTS FOR ENVIRO CONTROL**

About 15 new RFPs for projects in NCI's smoking and health program will be announced late this month or early in April. They will be the first new contracts—actually, subcontracts—to be awarded through the prime contractor, Enviro Control Inc. of Rockville, Md., selected by the Div. of Cancer Cause & Prevention to manage tobacco-related contracts.

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### *In Brief*

#### **FORD TO GO ALONG WITH COOPER AS HEALTH CHIEF, FREDRICKSON AS NIH DIRECTOR, W.H. SOURCES SAY**

CANCER CONTROL RFPs that will go out in fiscal 1976 may have longer response times. Diane Fink, director of NCI's Div. of Cancer Control & Rehabilitation, said she hopes most RFPs will be on the street in July and August, which would permit stretching out response time, allow more thorough preparation of proposals. . . . **TED COOPER**, near-unanimous choice of scientists as Asst. Secretary for Health, will get the job as predicted here (*The Cancer Letter*, Feb. 7), according to White House sources. His nomination may go to the Senate this week; there'll be no problem getting Senate confirmation. . . . **DONALD FREDRICKSON**, president of the Institute of Medicine of the National Academy of Sciences and former colleague of Cooper's at the National Heart & Lung Institute, will be Cooper's choice as director of NIH, and President Ford is expected to go along. . . . **NIH HAS** called attention to its regulations concerning transportation of hazardous materials, including radioactive substances and etiological agents of disease. Airline pilots have threatened to ban such shipments if the regulations are not followed and claim the regulations are frequently ignored. The Government Printing Office, Washington D.C. 20402, has a book spelling out the requirements, for \$5.60. Ask for Code of Federal Regulations 49, Transportation, Parts 100-199, revised Oct. 1, 1973. . . . **CONSORTIUM** led by Yale that is developing a comprehensive cancer center in Connecticut is sponsoring a "Cancer Control Planning Assembly" March 20 in New Haven. The agenda includes descriptions of the consortium's cancer control programs and workshops on prevention, detection/diagnosis/pretreatment evaluation, treatment/rehabilitation/continuing care, medical oncology/hematology, pediatrics, and introduction to grant preparation. The last one, which will include discussion of NCI RFP and contract procedures, "is designed for individuals who will have a major role in writing a proposal and have little experience with this task," according to the program brochure. The consortium will sponsor a grant writing workshop next month. Contact Henry Madel, Yale Comprehensive Cancer Center, 333 Cedar St., New Haven 06510, 203-436-0517.

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## WYNDER CLAIMS "FIRST TRIUMPH," CALLS FOR MORE CARDIOPULMONARY RESEARCH

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Enviro Control will assume responsibility for the 20 existing smoking contracts in addition to the new ones. All such contractors will become Enviro Control subcontractors.

NCI awarded a smoking program support contract to Enviro Control two years ago. That contract had been advertised as one which could lead to designation as prime contractor, a process which will be completed when NCI and Enviro Control sign the formal agreement later this month.

Enviro Control's prime contract calls for a fee incentive, much like the contract Litton Bionetics has for operation of the Frederick Cancer Research Center. A maximum fee will be established each year, with Enviro Control receiving a percentage of that figure depending on NCI's evaluation of the firm's performance.

Ted Hayward will be in charge of the program for Enviro Control. NCI project officer is Thomas Owen, and Dennis Dougherty of the carcinogenesis contract section will be responsible for contract administration.

Cause & Prevention awarded another prime contract last year, to Tracor Jitco for carcinogenesis bioassay operations.

Competitive subcontracts handled by prime contractors, including the 15 new ones coming up, must be advertised as any other NCI contract (details of the RFP availability and summaries will appear in *The Cancer Letter*.) Proposers will contact the prime contractor instead of NCI, however, and all dealings will be with the prime contractor.

The new RFPs will include projects in cardiovascular and respiratory research, dosimetry, evaluation of individuals at risk, epidemiological studies, and studies involving the relationship of smoking and other factors—diet, race, etc.—and their involvement in disease.

NCI's smoking and health program for the first time will receive substantial support from the National Heart & Lung Institute. NHLI will contribute from \$500,000 to \$1 million to the cardiovascular and respiratory research efforts.

"We're going to have a lot more prime contracts," one NCI executive said. "With the freeze on positions, we just don't have enough contract personnel to handle all our work directly. Even without that problem, I would rather work through a prime contractor. They can get the work out faster, with fewer people. They can do a job with five people that would require 15 if we did it here.

"That's not to say there aren't many hard-working government employees. But they aren't under the same pressures to produce as they would be out in the private sector. Out there, they work harder or

figure out a better way to do a job instead of hiring more people. We bureaucrats all have a little empire builder in us.

"Don't quote me, or my colleagues would have my head."

Other projects supported by contracts in the smoking program include efforts to develop less hazardous cigarettes, research on carcinogens and promoters in tobacco smoke, development of a lung pellet implantation technique for testing smoke condensate tumorigenicity, and development of non-invasive dosimetry methods for lab rodents.

The program also supports research on the aryl hydrocarbon hydroxylase system as a screening test for individuals at high risk. At a recent meeting of the Tobacco Working Group, the advisory group to the smoking and health program, Richard Kouri of Microbiological Associates and Dr. Cantrell of North Texas State Univ. reported on their AHH studies.

NCI remains confident that AHH research will result in a near-foolproof test for lung cancer susceptibility.

Another note of confidence in progress against lung cancer was sounded by Ernest Wynder, president of the American Health Foundation who was one of the first and most respected investigators in the field of tobacco smoke's effect on health.

"I wouldn't want to go on national television and say this," Wynder told the Tobacco Working Group, "but I will make a prediction. I think we will find that people who smoke 20 cigarettes or less a day, cigarettes with 15 milligrams of tar or less, will have minimal risk of cancer."

Wynder said the reduction in tar content from over 40 mg that was in the average 1950 cigarette to the present average of about 26 mg, along with improved filters, probably has been responsible for the stability of the lung cancer rate among the age groups who have not smoked the more hazardous products.

"It's our first major triumph," Wynder said.

He cautioned, however, that "it is theoretically possible to produce a cigarette that will cause fewer cancers but more coronaries . . . it would be irresponsible in developing less hazardous cigarettes to be concerned only with cancer. We've got to do more work in the cardiovascular area and in emphysema."

The often-expressed fear of many NCI staff members and advisors is that removing the carcinogenic properties of cigarettes could encourage smokers to increase their smoking, adding to risks of other diseases.

"In coronary-arterial disease, we're not sure if nicotine is the culprit or carbon monoxide is," Wynder said. "It's possible nicotine is related to the sudden death caused by coronaries, and carbon monoxide is responsible for arterial disease."

Wynder said he was "disturbed by how little work has been done on the relationship of components of

tobacco smoke to emphysema and chronic bronchitis."

Tobacco is not the worst villain in the etiology of heart disease, according to Wynder. "I consider cholesterol the key risk factor," he said. "In populations whose diets include low cholesterol intake, they can smoke as much as they wish without increasing their risk of coronary disease."

### **WORLD CONFERENCE TO TACKLE SMOKING PROBLEM, DISCUSS RESEARCH, ACTION**

More emphasis on smoking research could follow the announcement this week by the Federal Trade Commission that Americans smoked more cigarettes in 1974 than ever—602 billion, up 3% from 1973.

FTC asked Congress to amend the warning label required by law on cigarette packages. The label now says, "Warning: The Surgeon General has determined that cigarette smoking is dangerous to health." FTC suggested the warning should read:

"Cigarette smoking is dangerous to health and may cause death from cancer, coronary heart disease, chronic bronchitis, pulmonary emphysema and other diseases."

If Congress goes along with the suggestion, it probably will drop attribution of the warning to the surgeon general, since the United States no longer has one. The surgeon general traditionally had been the head of the Public Health Service, which includes NIH and other HEW health operations. However, when the position of Asst. Secretary for Health was created, both Congress and the Executive Branch intended that the real power be wielded by the new office. The surgeon general's job was not abolished, but he was left with little to do. When the last surgeon general, Jesse Steinfeld, left government, President Nixon didn't both to get a replacement.

Steinfeld is now chief of medical service at the Long Beach, Calif., Veterans Administration Hospital and professor of medicine at the Univ. of California (Irvine). He will deliver the opening address at the third World Conference on Smoking and Health, scheduled for New York City June 2-5.

The conference is sponsored by the American Cancer Society and NCI. Most of the world's leading scientists in the field of smoking and health research will participate.

Steinfeld will chair a session on consequences of smoking, with separate presentations on cancer, pulmonary disease, cardiovascular disease, pregnancy, the passive smoker, and benefits of stopping. Individual sessions on each of those categories will further explore the subjects.

Wynder will chair a general session on modifying the risk to the smoker, with sessions on relative risks of cigarette-related disease by type of cigarette smoked, the physiochemical nature of cigarette smoke, methods for reduction of tar and nicotine levels, reduction of tar and nicotine levels in different

countries over the last two decades, less harmful ways of smoking related to cigar/pipe smoking, inhalation, etc.

William Griffiths will chair the general session on education on smoking, with sessions on mass media, programs for adults, programs for school-age children, and programs for health professionals.

Keith Ball, of England, will chair the general session on cessation activities. This will include panels on behavior therapy, pharmacologic intervention, public education, physical intervention, and the difficulty of giving up smoking.

A general session, chaired by George Godber, of England, will deal with governmental and social action. It will include a survey of legislative action by governments around the world, a survey of educational programs in Europe, and discussion of anti-smoking programs in a variety of countries.

A general session, chaired by T. Tottie, of Sweden, will go into special approaches to control of smoking—phasing out tobacco; pricing out tobacco, and prohibition of advertising.

A general session, organizing for action, will be chaired by G. Rosemond. A final session, recommendations on governmental and social action, will be chaired by Godber, of England.

### **COOPERATIVE GROUPS, NCI TO DISCUSS DUPLICATION PROBLEMS AT CONFERENCE**

Overlap and duplication between the Cooperative Clinical Trials Program and other clinical trials carried on or supported by various elements of NCI will be the main concern of a conference at NCI May 22-24.

Cooperative Clinical Trials Group chairmen and others involved in the program will meet with NCI executives who are responsible for other clinical trials. The Cancer Treatment, Biology & Diagnosis and Control & Rehabilitation divisions either conduct intramural clinical research or support some types of extramural clinical programs.

CCTG chairmen will receive next week lists of questions from the conference planning committee dealing with problems that will be aired. Their responses will be developed into a paper which will form the basis for conference workshop discussions.

The tentative agenda for the conference calls for presentations by division directors Thomas King, Vincent DeVita, Diane Fink and Alan Rabson, and others whose programs touch on clinical research.

One workshop will go into the organization and operation of the Cooperative Clinical Trial Groups, including the number, categorization and finances of groups; characteristics of a cooperative group and its members; and intergroup studies.

Another workshop will discuss data standardization, accumulation, processing and analysis. The third workshop will develop the topics of education, communication and service, and quality control.

## HOUSE DISALLOWS NCI RECISION ASKED BY FORD; RELEASE OF 1975 FUNDS NEAR

The agonizing process involved in wringing the 1975 fiscal year appropriation for NCI out of the White House and Congress is nearly over.

The House Monday voted 371-17 for a bill which approved some of President Ford's recision requests, slicing some money out of funds already voted by Congress, but leaving intact the full \$691 million approved for NCI. The House defeated an attempt by Robert Michel (R-Ill.) to put back into the bill some cuts Ford had asked for NIH and other health programs. The Appropriations Committee had sent a bill to the floor that refused to make any of the reductions asked for NIH.

The Senate will act now (if it hasn't done so by press time), taking up a bill which also refuses to go along with any NIH reductions.

Action by Congress is important only so far as those cuts it agrees with are concerned, and for the disposition of deferrals (as opposed to recisions). Deferrals are asked on spending the President seeks to delay; recisions are aimed at spending he wants to eliminate entirely. If Congress fails to act on deferrals, they go into effect automatically. If Congress fails to act on recisions within 45 days after they are asked, they are denied automatically.

According to the General Accounting Office, which is a congressional agency, the 45 days on the President's recision request expired March 1. Diehards at the Office of Management & Budget, an agency of the White House, refused to accept that interpretation of the law and asked the Dept. of Justice for a ruling. OMB contends the count down started Jan. 30, the day the President sent his recision message to Congress.

GAO based its findings on the fact that the President signed the regular HEW appropriations bill Dec. 7. The law requires the Executive Branch to start disbursing appropriated funds within 30 days after the President signs the bill. Failure to do so constitutes a recision request, so the 45-day countdown should have started Jan. 7, GAO said, except that Congress was not in session. The law says the 45 days have to be "legislative days", so the county really started Jan. 14 when Congress reconvened.

It may take the Supreme Court to unravel that one. Meantime, NCI still cannot release grant or contract awards until (a) Congress completes action on the recision bill, or (b) OMB reluctantly acknowledges that the 45 days have expired, around March 15 starting from the Jan. 30 date, depending on whether or not weekends and holidays are counted.

## DIET & NUTRITION WORKSHOP PLANNED TO REVIEW THE FIELD MARCH 26 AT NCI

First public discussion of NCI's new diet and nutrition program is planned for March 26 when a workshop will review the state of the art in the relationship of nutrition to cancer therapy and rehabilitation of cancer patients.

The meeting will be held in NIH Bldg 31, Room 11A10, starting at 8:30 a.m. It will be open to the public.

Participants will include nutritionists, surgeons and clinicians. Members of the new Diet, Nutrition and Cancer Program Advisory Committee also may be present, although their appointments may not have been made official by then.

## CONTRACT AWARDS

**Title:** Coordinated research and development program in cancer chemotherapy

**Contractor:** Arthur D. Little, \$420,044.

**Title:** Development of active antitumor agents from national sources

**Contractor:** Univ. of Illinois, \$103,805.

**Title:** Conduct oncogenic studies of RNA tumor viruses in experimental systems.

**Contractor:** UCLA, \$31,323.

**Title:** Inelastic laser light scattering studies on nucleic acids, nucleoproteins and viruses

**Contractor:** Michigan Cancer Foundation, \$226,340.

**Title:** Expression of the RNA tumor virus genome in malignant cells

**Contractor:** Duke Univ., \$406,790.

**Title:** Demonstration of benefits of early identification of psychosocial problems and early intervention toward rehabilitation of cancer patients

**Contractor:** Univ. of Iowa, \$593,579.

## SOLE SOURCE NEGOTIATIONS

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

**Title:** Preclinical canine bone marrow transplantation and immunotherapy studies

**Contractor:** Hazleton Laboratories, Vienna, Va.

**Title:** Perform mixed leukocyte cultures

**Contractor:** Hazleton Laboratories.

**Title:** Drug distribution and inventory system

**Contractor:** Value Engineering Co.

## The Cancer Letter — Editor JERRY D. BOYD

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