

THE

CANCER LETTER

P.O. BOX 2370 RESTON, VIRGINIA TELEPHONE 703-620-4646

PRESIDENT'S BUDGET WOULD PERMIT NCI FUNDING OF ONLY 23.2% OF APPROVED TRADITIONAL GRANTS

The President's budget proposals for the 1980 fiscal year, released this week, came out as previously reported (*The Cancer Letter*, Jan. 12) for NCI—\$937 million, nearly identical to NCI's appropriation for FY 1979. That would be less than a stand still budget, if Congress does not increase that figure in the final appropriations bill. NCI staff pay raises and other inflation pressures would remove in effect \$75-90 million in research from the Cancer Program, as measured in 1978 dollars—unless

(Continued to page 2)

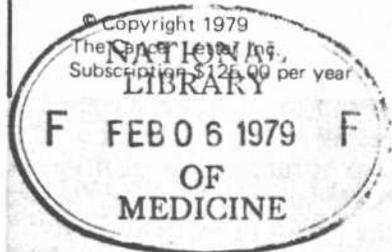
In Brief

KENNEDY'S OVERSIGHT HEARINGS WILL INCLUDE CANCER PROGRAM, IMPORTANT TO ACT RENEWAL

SEN. KENNEDY'S Health Subcommittee will conduct extensive oversight hearings on biomedical research, with particular attention to the National Cancer Program, later this year. This could be extremely important to the program's future, with the National Cancer Act coming up for renewal again next year. . . . **APRIL ISSUE** of the *Journal of NCI* will be dedicated to Wilhelm Hueper, pioneer in research on occupational cancer who died last month. Hueper, 84, retired in 1964 after 16 years with NCI. His studies established the relationship between a variety of occupational exposures and cancer incidence and is credited with helping establish the consensus that most human cancers are associated with environmental factors. . . . **ROBERT WOOLRIDGE**, program director for research grants in the Diagnostic Research Program of NCI's Div. of Cancer Biology & Diagnosis, has retired after 32 years of government service. He joined NCI in 1972. . . . **TOP NAMES** in the environmental carcinogenesis field will participate in a symposium, "Academic Review of the Environmental Determinants of Cancer Relevant to Prevention" Feb. 28-March 2 in New York. They'll attempt to present assessments of what is known about the causes of the major cancers, what is not known but can be learned with a reasonable commitment to research, and what individuals and society can do now to help prevent cancer. Registration \$100. Contact Harry Demopolis, New York Univ., 550 First Ave., NYC 10016, 212-684-2299. . . . **NATIONAL CONFERENCE** on meeting the challenge of cancer among black Americans is scheduled Feb. 15-17 in Washington D.C. at the Capitol Hilton. Sponsored by ACS, the conference will deal with the rising incidence and death rate from several forms of cancer among blacks. LaSalle Leffall Jr., ACS president and Howard Univ. surgery chairman, will give the keynote address. . . . **FLORIDA CANCER** investigators will present papers on their work at the second annual Cancer Research Seminar Feb. 17, sponsored by the ACS Florida Div. at the Univ. of South Florida in Tampa. The division received a National Honor Citation for the 1978 seminar. No registration fee.

Vol. 5 No. 4

Jan. 26, 1979



**Maguire Backs
Cancer Program
But Insists On
New Emphasis
For Prevention**

. . . Page 4

**Clearinghouse
Stays In Business**

. . . Page 3

**Preyer Supported
For Chairmanship**

. . . Page 3

**ACCC Annual Meeting
To Study Organizing
Community Care**

. . . Page 4

**NCI Advisory Group,
Other Cancer Meetings**

. . . Page 5

RFPs Available

. . . Page 6

Contract Awards

. . . Page 6

CUTS IN RESEARCH CONTRACTS PROVIDE LITTLE ADDITIONAL MONEY FOR GRANTS

(Continued from page 1)

the "austerity" budget accomplishes its purpose and brings inflation under control.

The President's request for NCI would be devastating in the area which the scientific community generally agrees needs the most support—investigator initiated, grant supported research. The budget would permit the funding of only 23.2% of approved competing R01 grants. That would be the lowest percentage of funding for traditional grants since the National Cancer Act was passed in 1971, and possibly the lowest in NCI's history.

By contrast, NCI paid 44.8% of approved competing R01 grants in 1978, and expects to pay at least 40% in 1979. The 1979 percentage probably will get up to 45%.

The 23.2% estimate would permit funding grants with priority scores of 205 or more. In 1978, the pay level was at scores of 244, and in 1979, with 45% of approved grants funded, it would be 245.

The prospect of paying only 23% of competing traditional grants can be attributed partially to the higher level of funding the two previous years. The 1,562 research grants that are in their second and third years and thus do not have to be competed will take up \$219,444,000 of NCI's 1980 budget (those figures include program projects as well as traditional R01s but do not include the task forces, centers support, training, cooperative groups or construction grants). That amounts to \$46 million more than non-competing traditional and program project grants required in the current, 1979, fiscal year. The competing, both new and renewal, grants in those two categories will be cut to a total of \$58.3 million (\$35.3 million for renewal, \$23 million for new), down from a total of \$98.5 million in 1979.

In the preliminary budget NCI submitted to the White House for FY 1980, NCI had requested a total of \$1.055 billion, which would have included \$333.5 million for R01 and program project grants, \$41 million more than in the President's budget. That would enable NCI to maintain the funding of competing R01s at the 40-45% level, the goal asked for by Director Arthur Upton and the National Cancer Advisory Board.

The notion that Upton's reorganization, including phasing out as many research contracts as possible and moving that money into grants, would actually result in a big increase in grant funds may turn out to be an illusion.

In 1980 budget with the White House imposed limit of \$937 million, NCI has shown a reduction of \$10 million in research contracts. Of that \$10 million, \$6 million was used to cover increased costs of the institute's intramural program and housekeeping obligations to NIH. Most of the increases will be

necessary to pay for the annual government pay raises.

The remaining \$4 million was moved to research grants. Another \$2 million was taken from the construction program (\$1 million from construction grants, \$1 million from contracts), and added to research grants. That made the total for R01 and program project grants, noncompeting and competing, \$282.8 million, \$6 million more than the amount those two categories will get this year.

The construction budget total recommended for 1980 is \$15.9 million, down \$2 million from 1979. However, those figures include construction contracts, most of which go for continuing renovation and improvements at Frederick Cancer Research Center, and NCI's share of NIH on-campus construction.

Construction grants for 1979 will total about \$12 million, and the proposed cut would trim that to \$11 million in 1980. That is one figure that could be subject to change, especially if Congress comes up with more money. The survey of construction needs reported last week to the NCAB would require NCI to commit \$25 million a year for five years if those needs are to be met.

Most NCI programs would be funded at levels identical to 1979 spending; here are some exceptions in addition to those noted above, as broken down by budget mechanism:

- Training—individual awards. Noncompeting, \$2.4 million, up from \$1.9 million. Competing, \$695,000, down from \$1.1 million.
- Training—institutional awards. Noncompeting, \$8.9 million, down from \$16.1 million. Competing, \$8.4 million, up from \$985,000.
- Research contracts—\$225.8 million, down from \$235.9 million.
- Intramural research—\$103.6 million, up from \$100.2 million.
- Cancer control—\$69.6 million, down from \$69.7 million.

Programs which would be funded at levels identical to 1979, as shown in the breakdown by budget mechanism, include:

- Centers exploratory grants, \$300,000; core grants, \$63 million.
- Research career program, \$4.3 million.
- Task forces, \$17.3 million.
- Clinical education programs, \$10.9 million.
- Cooperative groups, \$31.5 million.
- Scientific evaluation, \$2.4 million.
- Conference grants, \$822,000.
- Centralized cancer patient data system, \$1.8 million.

There were some shifts in the budgets for various activities, as shown in the chart following. Some figures here may not appear consistent with those in the breakdown by mechanism. Centers support, for

instance, is shown below as \$67.9 million, \$4.6 million more than the total for exploratory and core centers. The figure for centers includes the patient data system and some other activities.

The amount shown below for cancer control does not represent a cut in the budget for the Div. of Cancer Control & Rehabilitation but rather that \$600,000 of DCCR's budget earmarked for rehabilitation research is shown in the treatment research category.

Budget Authority by Activity

	1979	1980
Cause & Prevention		
Research	\$253.5 million	\$254.5 million
Detection & Diagnosis	59.8	60.
Treatment Research	291.	292.
Cancer Biology	142.	142.
Cancer Centers		
Support	67.8	68.
Research Manpower		
Development	36.7	37.1
Construction	17.9	15.9
Cancer Control	67.	66.4

Another look at the proposed budget comparing it with 1979 spending can be seen in the research programs summary. Note the \$5 million cut in the budget for viral oncology, as NCI continues to reduce its support for that program. Most, if not all, of that cut will come from virology contracts.

In listing the budget for the politically sensitive nutrition research area, NCI showed the amounts supporting the clearly delineated nutrition research program and then added (in parenthesis) the totals

Research Programs Summary

	1979	1980
Research Programs:		
Epidemiology	\$ 42.9 million	\$ 43.5 million
Carcinogenesis		
(Phys. & Chem.)	117.3	120.1
Viral Oncology	106.4	101.4
Nutrition	14.1	16.1
(Total Nutrition Research)	(26.8)	(30.7)
Tumor Biology	78.3	79.6
Immunology	89.6	89.1
Diagnostic Research	32.6	32.7
Preclinical Treatment Research	123.	123.1
Clinical Treatment Research	137.7	138.
Rehabilitation Research	5.6	6.
Resource Development	122.5	121.
Cancer Control	67.	66.4

going to related nutrition research in carcinogenesis, tumor biology, epidemiology, rehabilitation and other program areas.

The President's budget shows an estimated total for NCI in FY 1979 as \$936.677 million instead of the \$937.1 million actually appropriated by Congress. Since the fiscal year does not end until next Sept. 30, there is still some guesswork on what the exact final obligation will be. However, by showing the lower figure, the White House was able to show a total of \$936.958 million for NCI's 1980 budget and claim it is an increase of \$281,000 over 1979 although it is really \$200,000 less than voted by Congress.

The President's request for all of NIH is \$3.1 billion, \$17 million under the 1979 estimate. Most of the institutes received small increases, with a \$1 million cut being suffered by Allergy & Infectious Diseases and lesser reductions in the Aging and Neurological Diseases institutes. The overall NIH reduction was achieved with a \$27.7 million cut in buildings and facilities costs, leaving only \$3.3 million in that category.

PAGANO OBJECTS TO CALLING PREYER CONSERVATIVE, BACKS HIM FOR CHAIRMAN

Joseph Pagano, director of the Cancer Research Center at the Univ. of North Carolina, took issue with the description in *The Cancer Letter* of Congressman Richardson Preyer (D.-N.C.) as a "conservative." Pagano responded:

"I think that the reference in your Jan. 12 issue to Mr. Preyer as a 'conservative' is somewhat misleading. He is a moderate. He has high intelligence, good judgment and a good deal of courage as shown by his liberal politics in North Carolina some years ago on crucial issues. I have far less concern about a conflict of interest in a man of his character than I do about the cryptic conflicts that riddle the Congress. Mr. Preyer would be a superb chairman of the Health Subcommittee and my guess is that the constituency represented by the subscribers to *The Cancer Letter* would do well to support his selection as chairman."

The House was in the process of organizing its committees this week. Selection of subcommittee chairmen could be completed by the end of next week.

CLEARINGHOUSE — AT LEAST TWO THIRDS OF IT — WILL CONTINUE THROUGH 1979

The Clearinghouse on Environmental Carcinogens will continue in business at least through 1979, despite the transfer of operating responsibilities for NCI's Carcinogenesis Testing Program to the new National Toxicology Program.

The Clearinghouse was organized three years ago at the instigation of then NCI Director Frank Rauscher, who felt he and the Carcinogenesis Testing Program needed advice on the chemical selection, evaluation of results and design of tests, with the emphasis on data evaluation and risk assessment. The

transfer of NTP left the future of the Clearinghouse in doubt.

A memo from James Sontag, assistant to Div. of Cancer Cause & Prevention Director Gregory O'Connor, to Upton and others explains the need for continuing the meetings of the Clearinghouse Chemical Selection and Data Evaluation/Risk Assessment Subgroups (the Experimental Design Subgroup will not be active):

"Although primary responsibility for selecting and testing chemicals now resides with the National Toxicology Program, the National Cancer Institute will continue to review chemicals of interest and nominate them to the NTP. As a result, NCI will maintain its chemical selection mechanism, including peer review by the Clearinghouse Chemical Selection Subgroup. The subgroup will thus continue to meet bimonthly during 1979. . . .

"At the December meeting of the Clearinghouse Data Evaluation/Risk Assessment Subgroup, the last of the 'backlog' reports were reviewed. Additional reports, however, will still have to be prepared and reviewed on bioassay studies terminated after the 'backlog' cutoff date. Since these studies have been conducted under the aegis of the NCI, Dr. O'Connor would like the institute to continue to be responsible for their peer review until an acceptable alternative mechanism is operational. Thus, the Data Evaluation/Risk Assessment Subgroup will continue to function for the purpose of providing a peer review of bioassay reports. The subgroup probably will not meet more than three or four times during the year, because of the diminished volume of reports."

COMMUNITY ORGANIZATION ON AGENDA FOR FIFTH ANNUAL MEETING OF ACCC

"Organizing the Community for Effective Cancer Care" will be one of the general session topics at the fifth annual meeting of the Assn. of Community Cancer Centers March 9-11 in Washington D.C.

ACCC's growth has forced the organization to move its annual meeting to the more spacious quarters of the Shoreham-Americana Hotel.

The community organization session, with ACCC President John Nelson presiding, will include reports by representatives of three NCI funded clinical oncology programs and one that is operating without federal support. The three receiving NCI funds are at Methodist Hospital, Indianapolis, headed by William Dugan; Ada/Shawnee, Okla., reported on by Larry Cartmell, chief of pathology at Valley View Hospital; and Grand Rapids, Mich., reported on by administrative director Thomas Tucker.

The Community Oncology Program in Daytona Beach will be discussed by Herbert Kerman.

A second general session, following a luncheon address by NCI Director Arthur Upton, will include updates on current cancer issues, with Robert Frelick presiding. State funding for cancer control will

be discussed by David Goldenberg, who will describe the Kentucky approach and Dugan, who will talk about the Indiana approach.

Technology transfer in the community will be discussed by Edward Moorhead of Grand Rapids and John Durant, director of the Univ. of Alabama Comprehensive Cancer Center.

An oncology unit update will be presented by Charles Cobau, Toledo, ACCC president elect.

The cancer control satellite program of the Clinical Cooperative Groups will be discussed by Robert O'Bryan, Henry Ford Hospital, Detroit, and James Borst, principal investigator for the Southwest Oncology Group satellite at Grand Rapids.

Seven workshops have been scheduled for portions of the Saturday and Sunday sessions:

- The planning process in community cancer programs—Abraham Brickner, Cleveland; Donal Buell, program director for medical oncology-community activities, NCI's Div. of Cancer Control & Rehabilitation; Rajeshwar Prasad, Long Island Cancer Council.

- Patient management guidelines—Cobau, Moorhead, Donna Minnick, Indianapolis; Erica Jansen, Evansville.

- Systems for rehabilitation and continuing care—Goldenberg; Virginia Jones, Cleveland; Sharon Klein, Detroit.

- The oncology nurse in a community cancer center—Kathleen Thaney, Indianapolis; Linda Pool, Grand Rapids; Laurie Hagen, Walla Walla.

- Administration and regulation of community cancer programs—David Johnson, Evansville; Sewell Milliken, Ohio Dept. of Health; Lilly Engstrom, CDP Associates.

- Hospice and palliative care—William Elliott, Indianapolis; Dottie Wilson, Royal Victoria Hospital, Canada; Judith Patton, Columbus.

- Clinical sessions—One or two concurrent paper presentation sessions may be scheduled depending upon selections by the review committee; John Yarbrow, presiding.

The meeting will open March 9 with a congressional briefing by Nelson, legislative committee chairman Bob Clarke and ACCC executive director Lee Mortenson. Congressional visitations will take up the rest of the day. Policy committee meetings that evening will include panel discussions on ACCC legislative initiatives and on ACCC directions related to the future of community cancer care.

CONGRESSMAN BACKS PROGRAM, BUT SAYS NCI MUST INCREASE PREVENTION EFFORT

Congressman Andrew Maguire, the New Jersey Democrat whose amendments to the National Cancer Act were seen by some as a threat to the Cancer Program, became the first member of Congress to participate in a meeting of the National Cancer Advisory Board last week. The impression he left with Board members and other observers was that not only is he

not hostile to the Program, he is one of its strongest supporters.

Maguire first made it clear that his amendments, which mandated an increased emphasis on prevention, were not to be ignored.

"I believe the passage of the amendments . . . reflected a feeling in Congress that the National Cancer Institute has tended to neglect the original concern of Congress with achieving, as rapidly as possible, some beneficial impact on public health. All of us understand the vital long-range importance of basic research into cell processes and we would not presume to judge how the dollars allocated to this research should be spent. But the decision as to whether some proportion of the considerable budget given to NCI shall be allocated for preventive programs with a combination of more immediate applicability and very promising long-term impact is a matter of public policy. It is that issue which Congress has addressed in these amendments."

Maguire insisted this should not be interpreted as an unfriendly approach.

"There is one point here which needs to be stressed. These amendments were proposed and passed in Congress by those of us who are essentially supportive of the work of the institute. In a period of increasingly austere budgets, there are many in Congress who now look at NCI's share of the NIH budget as disproportionately large, particularly in light of the discrepancy between the original expectations in 1971 and actual accomplishments. While I, and the many who worked with me on this legislation, believe that we and you need to look together at priorities within the institute, we do not believe that severe overall cutbacks in institute programs would be wise, and we would vigorously oppose them. I believe that whatever our particular differences, we must work as cooperatively as possible with each other if the public interest is to be served."

Board member Morris Schrier pointed out that any new projects required by Congress would have to be funded at the expense of existing ones, unless Congress appropriates more money for NCI. "I hope we can call on you for help," Schrier said.

"Mr. Schrier indicated that some of us may be calling on you when it gets around to budget time," Board Chairman Jonathan Rhoads commented.

"I heard that," Maguire said, smiling.

Maguire explained the basis for the amendment which calls for "an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens" and the amendment requiring that cancer centers include basic and clinical research and training in prevention.

"Congress has thus determined that research focused on prevention is to be a mandatory, rather than an optional, part of the National Cancer Institute's programs," Maguire said. "The addition of this re-

quirement to the National Cancer Act reflects the feeling in Congress that the institute has not given adequate priority to such programs in the past. The committee report on the bill recognized and commended the fact that the institute, under Dr. Upton, was 'taking administrative steps to reverse its previously inadequate attention to the prevention of cancer caused by environmental, occupational and other sources.' Nonetheless, the report concluded that Congress felt that progress in this area was still not satisfactory, and that statutory emphasis on research into environmental carcinogenesis is essential to underscore its concerns."

Additional comments by Maguire and the response of NCAB members will be reported next week in The Cancer Letter.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR FEBRUARY, MARCH

Breast Cancer Task Force—Feb. 7, NIH Bldg 31 Rm 10, 8:45 a.m., open.

Committee on Cytology Automation—Feb. 8-9, NIH Bldg 31 Rm 8, open 8:30 a.m.—5 p.m. both days except for approximately 12 20-minute periods.

Cancer Control & Rehabilitation Advisory Committee—Feb. 8, NIH Bldg 31 Rm 7, 9 a.m., open.

Treatment of Gynecologic Malignancies by the Generalist—Feb. 8, Roswell Park continuing education in oncology.

Conference on Pain, Discomfort & Humanitarian Care—Feb. 15-16, NIH Clinical Center Masur Auditorium, 9 a.m. both days, open.

National Conference on Meeting the Challenge of Cancer Among Black Americans—Feb. 15-17, Capitol Hilton, Washington D.C.

Second Annual Cancer Research Seminar—Feb. 17, Univ. of South Florida, Tampa.

Prostatic Cancer Review Committee—Feb. 20, NIH Bldg 31 Rm 8, open 8—8:30 a.m.

Clinical Cancer Education Committee—Feb. 21-22, NIH Bldg 31 Rm 10 open Feb. 21 8:30—9:30 a.m.

Cancer Control Merit Review Committee—Feb. 23, Blair Bldg conference room, 9 a.m., open except for 30 minutes each in morning and afternoon sessions.

Clinical Cancer Investigation Review Committee—Feb. 26-27, NIH Bldg 31 Rm 6, open Feb. 26, 9 a.m.—noon.

Symposium on Fundamental Cancer Research—Radiation Biology in Cancer Research—Feb. 27-March 2, Shamrock Hilton, Houston.

Academic Review of the Environmental Determinants of Cancer Relevant to Prevention—Feb. 28-March 2, Waldorf Astoria Hotel, New York City.

Second Annual Gateway Cancer Symposium—March 1-2, Disney World. Contact George Hudson, ACS Orange County (Fla.), 305-843-8680.

Large Bowel Cancer Project Review Committee—March 2-3, M.D. Anderson Hospital, Houston, open March 2, 3 p.m.—5:30 p.m.

18th Annual Conference on Detection & Treatment of Breast Cancer—March 5-8, Atlanta.

Cancer Control Grant Review Committee—March 5-6, NIH Bldg 31 Rm 8, open March 5, 8—9 a.m.

Tumor Immunology Contract Review Committee—March 5-6, NIH Bldg 31 Rm 9, open March 8, 9—9:30 a.m.

Cancer Special Programs Advisory Committee—March 8-9, NIH Bldg 31 Rm 10, open March 8, 9—10 a.m.

Re-evaluation of Multimodal Treatment of Melanoma—March 8, Roswell Park continuing education in oncology.

Social Marketing Strategies for Cancer Communication—March 8-9, Univ. of Maryland, College Park, sponsored by the College of Business & Management and NCI. Contact Rose Mary Romano, NCI, OCC, Bethesda, Md. 20014; 301-496-6792. Registration, \$150.

President's Cancer Panel—March 9, NIH Bldg 31 Rm 8, 9:30 a.m., open.
Assn. of Community Cancer Centers Annual Meeting—March 9-11, Washington D.C. Shoreham Americana Hotel.
Bladder Cancer Project Review Committee— March 12-13, NIH Bldg 31 Rm 8, open March 12, 8:30 a.m.—3 p.m.
Cancer Centers Support Grant Review Committee— March 15-16, NIH Bldg 31 Rm 6, open March 15, 8:30—10 a.m.
Biometry & Epidemiology Contract Review Committee—March 16, Federal Bldg, Bethesda, Rm 6C01, open 8:30—9 a.m.
5th Annual Symposium on Diagnosis & Treatment of Neoplastic Diseases— March 22-23, Johns Hopkins Univ.
14th San Francisco Cancer Symposium—Body Image, Self Esteem & Sexuality in Cancer Patients—March 23-24, Hyatt on Union Square Hotel, sponsored by West Coast Cancer Foundation.
Div. of Cancer Treatment Board of Scientific Counselors— March 26-28, NIH Bldg 31 Rm 10, open 8:30 a.m.—adjournment each day except 6:30 p.m.—9:30 p.m. March 27. The open portions March 26 and 27 will consist of the review of clinical trials.
Cancer Control Merit Review Committee—March 26, NIH Bldg 31 Rm 9, open 8:30 a.m.—5 p.m. except for one 30 minute period each in morning and afternoon sessions.
Clearinghouse on Environmental Carcinogens Chemical Selection Subgroup—March 26, Landow Rm A, 9 a.m., open.
Workshop on "Pain: Guidelines for Assessment & Pain Relief Methods"—March 27-28, New Haven, Conn. Registration \$50. Contact Pain Workshop, 850 Howard Ave., New Haven, 06519, 203-436-8712.
Second International Conference on Adjuvant Therapy of Cancer— March 28-31, Univ. of Arizona, Tucson.
Clinical Trials Contract Review Committee—March 28, NIH Bldg 31 Rm 7, open 9—9:30 a.m.
Symposium on Cancer and the Macrophage—March 29-30, Univ. of North Carolina.
Cancer Control Intervention Program Review Committee—March 29-30, Landow Rm A, open March 29, 8:30—9 a.m.
Cancer Control Grant Review Committee—March 29-30, NIH Bldg 31 Rm 4, open March 29, 8 p.m.—11 p.m.

NCI CONTRACT AWARDS

Title: Research on spontaneous and virus induced neoplastic transformation, continuation
Contractor: Meloy Laboratories, \$83,335.

Title: Support services for molecular studies of cancer, continuation
Contractor: Meloy Laboratories, \$57,143.

Title: Immunological and biochemical studies of mammalian viral oncology, continuation
Contractor: Meloy Laboratories, \$83,413.

Title: Biosynthesis of oncornavirus proteins in mouse and human cells, continuation
Contractor: Univ. of Texas System Cancer Center, \$76,480.

Title: Demonstration of tumor specific transplantation antigens in animal and human tumors with micro-cytotoxicity assay, continuation
Contractor: Fred Hutchinson Cancer Research Center, \$33,140.

Title: Breast Cancer Detection Demonstration Project, renewal
Contractor: Albert Einstein Medical Center, Philadelphia, \$189,668.

Title: Role of saccharin in bladder cancer, continuation
Contractor: Emory Univ., \$72,284.

Title: Large scale tissue culture virus production for cancer research
Contractor: Pfizer Inc., \$1,750,000.

Title: Isolation and characterization of T lymphoma cells and normal cell receptors for thymotropic murine oncornaviruses
Contractor: Stanford Univ., \$333,400.

Title: Operation and utilization of population based cancer registry, continuation
Contractor: Univ. of New Mexico, \$1,268,795.

Title: Cancer mortality studies, continuation
Contractor: Univ. of Minnesota, \$105,201.

RFPs 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, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Address requests to the contract officer or specialist named, NCI Research Contracts Branch, the appropriate section, as follows:

Biology & Diagnosis Section and Viral Oncology & Field Studies Section—Landow Building, Bethesda, Md. 20014; Control & Rehabilitation Section, Carcinogenesis Section, Treatment Section, Office of the Director Section—Blair Building, Silver Spring, Md. 20910.

Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NO1-CO-95448-09

Title: Preparation and updating of clinical protocol summaries

Deadline: Approximately March 25

NCI is requesting proposals for a new procurement consisting of four main activities: (1) the collection of new clinical protocols and the preparation of summaries; (2) the preparation of a compilation of protocol summaries on an annual basis; (3) the preparation of an updated, online computer file of these protocol summaries currently housed at the National Library of Medicine, Bethesda, Md. and known as CLINPROT; and (4) the updating of protocol summaries already in the file.

At the present time, these activities are divided between two existing procurements. One pertains primarily to immunotherapy protocols, the other primarily to chemotherapy protocols. Within one month of the award of this contract the successful offeror will receive from the two current contractors the file of existing protocol summaries, either as computer tape or hard copy, all protocol documents from completed summaries and also all protocol documents for which summaries have yet to be prepared.

The offeror's project director must have at least an MS degree in a biomedical area and current experience in clinical oncology. The offeror must have access to translators experienced in translating clinical-biomedical documents in German, French, Spa-

nish and Italian. The senior analyst should have at least a BS degree in a biomedical area with a minimum of three years experience as an abstractor or editor of biomedical/clinical literature.

Because of the weekly and biweekly meetings necessary with the project officer, and fast turnaround time for certain deliverables, preference will be given to offerors within a 50 mile radius of the Washington D.C. area. If, however, an offeror outside the prescribed area believes it can meet the specific requirements and remain within the competitive range, all consideration will be given to its proposal.

Contract Specialist: Gloria Dahl
Control & Rehabilitation
301-427-7984

RFP 210-79-0042-0000

Title: *Carcinogenicity of metal selenides*

Deadline: *Approximately March 15*

Determining the carcinogenicity of cadmium sulfoselenide, iron selenide, cadmium selenide (cdSe), cadmium sulfide (CdS), selenium disulfide (SeS₂), and colloidal red selenium after intratracheal administration.

Contracting Officer
National Institute for Occupational Safety & Health
5600 Fishers Lane, Room 8-29
Rockville, Md. 20857

RFP NO1-CP-95607-69

Title: *Resource to support the chemical, economic and biological information needs of the Div. of Cancer Cause & Prevention, NCI, and to provide chemical process, production and economic information as support to the International Agency for Research on Cancer*

Deadline: *March 16*

This RFP is to establish a resource contract to support the process of establishing and maintaining a mechanism for nominating chemical substances for possible inclusion into the Carcinogenesis Research Program of the DCCP and the HEW National Toxicology Program. In this information process, other tasks will be performed, such as preparation of class studies for nomination of chemicals, position papers on mechanisms involved in nomination processes and special studies on environmental carcinogens that are identified, classified and evaluated as they relate to environmental media and exposure categories such as air, water, diet, drugs and occupational exposures.

NCI also provides support to IARC through a variety of funding mechanisms for research and support on problems in epidemiology and carcinogenesis. One of the products of this support is the monograph series titled, "IARC Monograph on the Evaluation of Carcinogenic Risk of Chemicals to Man."

This RFP further establishes a resource contract to provide data packages for each of the one-to-four yearly meetings of the IARC, held in Lyon, France. Data and information need to be assembled for individual chemicals or particular classes of compounds being reviewed from nations around the world but especially from the United States, East and West Europe and Japan.

Contract Specialist: Linda Waring
Carcinogenesis
301-427-7574

SOURCES SOUGHT

Title: *Handbooks on radiation protection*

Deadline for resumes: *Feb 9*

NCI proposes to contract with the National Council on Radiation Protection and Measurements to develop two handbooks—one on basic radiation protection criteria and the other in the area of radiation protection in mammography. Other organizations or groups having capabilities to develop the materials required are also requested to apply.

Ionizing radiation is recognized as a carcinogenic agent to which man must almost inevitably be exposed. It is therefore essential that carefully developed radiation protection measures be available to minimize that exposure and thereby minimize the induction of cancer and other effects. The complexity of the subject and the continuing development of new ideas and approaches based on evolving research make it essentially impossible for individuals using radiation or radiation-producing devices to develop, unaided, the understanding necessary to evoke appropriate radiation control measures. Necessary and useful application of radiation, therefore, depends on availability of guidance prepared by experts in matters of radiation protection.

NCI seeks to minimize the potential induction of cancer and other effects attributable to exposure to ionizing radiation by providing guidance to medical practitioners and the public. The guidance must be based on comprehensive understanding of (1) the radiobiological basis of our knowledge of radiation effects and (2) the results of studies of those instances where humans have been exposed to radiation. The NCI seeks to develop reports treating the following topics: Radiobiological aspects of basic radiation protection criteria and Mammography.

The contractor will be required to develop two documents—one on mammography and the other on basic radiation criteria. The mammography document has as its goal a report providing guidance to those who perform mammography or who calibrate and monitor mammographic equipment.

The mammography document should include information on the physical aspects of mammography, equipment type and absorbed dose determinations, measurements and techniques involved, methods for improving image quality and suitable parameters for

obtaining the best image quality with minimal absorbed dose. The document should serve as a reference for physicians, physicists, and technicians involved in x-ray mammography.

Another document developing basic radiation criteria for public health strategies must be developed. It should discuss such factors as aspects of low dose carcinogenesis, risks from low dose radiation, and measures for reducing dose to the public from various sources of ionizing radiation. The report should cover the radiobiology of carcinogenesis, both theoretical considerations relevant to specifications of dose response curve and experimental evidence describing the relationship between radiation exposure and carcinogenesis.

Organizations desiring to be considered must meet the following criteria:

1. They must be nationally recognized in the field of radiation protection and must have access to and support of the radiological and health community.
2. They must have access to nationally recognized experts in the fields of radiation biology, radiology, health and medical physics, and epidemiology.
3. They must have a demonstrated record in the development of radiation protection documents and submit examples of such.

Interested organizations and groups should provide information on the above, and a brief description of their organization and curriculum vitae if there are individuals involved. Also included should be a list of similar projects.

This is not a request for proposals. Responses should not include cost or pricing information. Concise responses directed specifically to the points mentioned above are requested. Eight copies are required.

The institute will evaluate all responses. An RFP will be sent to qualified respondents. Unqualified organizations will be notified in order to save them the expense and effort of submitting proposals. It should be noted, however, that this procedure does not preclude any organization from requesting an RFP and submitting a proposal.

Contracting Officer: James Cavanaugh
Control & Rehabilitation
301-427-8221

SOURCES SOUGHT

Title: *Course on lung cancer and asbestos-related pulmonary diseases for chest physicians and chest surgeons*

Deadline for resumes: Feb. 20

NCI proposes to enter into sole source negotiations

with the American College of Chest Physicians for the development of a course on lung cancer and asbestos-related pulmonary diseases. The purpose of the course is to assist chest physicians in improving their capabilities in the diagnosis and management of asbestos-related disease, with special emphasis on lung cancer. The ACCP is at present the principal source of professional education materials in the field of pulmonary disease.

The scope of work for the proposed course will include: 1) selection of a faculty; 2) development and selection of material, including stereoscopic slides which emphasize major clinical aspects; 3) preparation of the publication which will include the etiology, epidemiology, pathology, diagnosis and treatment of asbestos-related pulmonary diseases; 4) self assessment wherein physicians will be required to answer questions which cover the publication and slide material; 5) preliminary testing of the program by a sample group; 6) evaluation and revision of the course material and 7) the development of a plan for correcting deficiencies defined by self assessment and 8) examinations making provisions for AMA credit for the course.

Organizations desiring to be considered must meet the following criteria:

1. They must be nationally recognized in the field of lung disease and must have access to and support of the majority of the chest surgeons and chest physicians in the country.
2. They must have access to nationally recognized experts in the fields of lung disease and of the etiology, epidemiology, pathology, diagnosis and treatment of cancer.
3. They must have a demonstrated record in the development of correspondence courses aimed at the professional community.

Interested organizations and groups should provide information (five copies) on the above, and a brief description of their organization and curriculum vitae of individuals involved. Also included should be a list of similar projects.

This is not a request for proposal. Responses should not include cost or pricing information. Concise responses directed specifically to the points mentioned above are requested.

NCI will evaluate all responses. An RFP will be sent to qualified respondents. Unqualified organizations will be notified in order to save them the expense and effort of submitting proposals.

Contracting Officer: D.M. Keefer
Control & Rehabilitation
301-427-7984

The Cancer Letter _ Editor Jerry D. Boyd

Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Violators risk criminal penalties and \$50,000 damages.