

THE

# CANCER LETTER

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

Vol. 5 No. 27

July 6, 1979

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Subscription \$125.00 per year

## PREVENTION TASK FORCE UNABLE TO REACH CONSENSUS ON NEW DIVISION, TRIES TO AVOID MORE DISRUPTION

The task force established by NCI Director Arthur Upton to advise him on what programs should be included in a new Div. of Cancer Prevention went a little further than that. The task force reported that it "is unable to reach a consensus about which option is more likely to be implemented effectively."

The options considered by the task force were:

- Creation of a new Div. of Cancer Prevention.
- Formation of a new program within the existing Div. of Cancer Cause & Prevention, to be headed by an associate director.
- Use of the existing Div. of Cancer Control & Rehabilitation as a nucleus for restructuring and reorienting prevention activities within NCI.

Although the 12 member task force, chaired by Robert Hoover, who  
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### In Brief

#### OBEY FEARS HANGUP ON ABORTION FUNDING WILL KILL LABOR-HEW APPROPRIATIONS BILL

DAVID OBEY, Wisconsin Democrat, arguing for his amendment to the Labor-HEW appropriations bill which would have adopted the same compromise language on abortion funding which Congress agreed to last year: "If we're not careful . . . on abortion restrictions, we probably will never get a Labor-HEW appropriations bill and will fund all year on a continuing resolution." The House voted Obey down, retaining the strict requirement that Medicare-Medicaid funding for abortions would be permitted only when the life of the mother was threatened. Another drawn out fight with the Senate looms. . . .

HAROLD RUSCH, who founded McArdle Laboratory in 1942 and headed it for 32 years, and then founded the Wisconsin Clinical Cancer Center and saw it achieve recognition as a Comprehensive Cancer Center, retired this week. His colleagues in and out of Wisconsin and his Madison friends have been honoring him with one soiree after another. He plans to write a history of cancer research. . . . CURTIS METTLIN, epidemiologist and senior researcher in the Dept. of Biological Resources at Roswell Park Memorial Institute, has been appointed director of cancer control at RPMI. He succeeds H. James Wallace, who is now in private practice in Rutland, Vt. . . .

"HOSPICE," a 26-minute documentary film produced by the National Hospice Organization, is available for rent or purchase—rent, \$25 for NHO members, \$35 for nonmembers; purchase, \$350 for the 16 mm version and \$250 for the 2/4 inch video cassette. It is aimed at creating community awareness, understanding and acceptance of the hospice movement. Order from Billy Budd Films, 235 E. 57th St., New York 10022, 212-755-3968.

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## TASK FORCE LEANS TOWARD NEW DIVISION, SAYS FIELD STUDIES SHOULD STAY WHOLE

(Continued from page 1)

heads the Environmental Studies Section of DCCP's Environmental Epidemiology Branch, was unable to reach a consensus, six of the members opted for a new division as their first choice. Five favored reorganizing prevention activities within DCCP, and only one chose reorganizing prevention within DCCR as a first choice.

Upton's charge to the task force—at least as originally presented—did not ask for opinions on whether or not a new division should be formed. Upton's announcement (*The Cancer Letter*, May 4) said he had asked Hoover "to head a task force charged with preparing for me in the next 30 days a detailed recommendation for creation of a new prevention division. I would anticipate that this plan will recommend transfer to the new prevention division of some activities now located in DCCP and DCCR."

There has been some dissatisfaction expressed by NCI staff over any reorganization which will disrupt DCCP. DCCP Director Gregory O'Connor had felt that things were just settling down in his division when Upton's new proposal was announced. O'Connor commented publicly, at the May meeting of the National Cancer Advisory Board after Upton had presented the new reorganization plans to the Board, that this would result in "continued stress and instability" in his division.

"Any continuation of instability will have a serious adverse effect on the quality of science" in the division, O'Connor said. The division had gone for a year without a permanent director, he pointed out (during that time he served as acting director, after Upton had fired James Peters). The Carcinogenesis Program also had gone through a period of being headed by acting directors, O'Connor noted. "It is essential that we maintain interaction between intramural scientists and program managers of extramural activities. I think we have been successful in carrying out that policy," O'Connor said.

O'Connor had distributed copies of his organizational chart to the Board. "This booklet may become a collector's item, as Dr. Upton has just indicated," he quipped.

The Hoover task force report seems to reflect the feeling that further reorganizing should not be at the expense of disrupting DCCP; no such concern comes through for DCCR, which most NCI staff members feel is in such a state that any reorganization will be an improvement.

The new prevention division under one alternative suggested by the task force would involve the transfer of only six to 20 professionals from DCCP, other than those from the carcinogenesis and viral oncology units which might also be included, while 20 would be transferred from the much smaller DCCR.

The group reacted unanimously to the suggestion that DCCP's Field Studies & Statistics Program might be split up, with part going to the new division. "The entire task force, as well as all intramural scientists consulted, feel that current functional units of Field Studies & Statistics (branches, sections, etc.) should not be divided from each other. The evolving strength of that program has only been achieved because it has grown into an interrelated 'critical mass', and dividing it along the lines of functional units might render it ineffective. Therefore, the two distinct alternative staffing options outlined above are the only ones considered appropriate by the task force."

Those alternatives were:

- Move the entire Field Studies & Statistics Program into the new division.
- Leave FSS with DCCP and limit epidemiology and biostatistics efforts in the new division to "the fairly narrowly defined area of applied epidemiology. This component would be relatively small initially, perhaps 15 professional positions recruited on an individual basis both from current DCCP staff interested in these areas and from outside of NCI."

The task force could not reach a consensus on which of those options would be preferable. Four voted for moving FSS to the new division, eight for the other option.

### The task force recommended as functions of the new division:

- a) Plan, direct and conduct a program of laboratory, field, and methodologic research into the prevention of cancer and screening of asymptomatic persons.
- b) Evaluate and promote research into etiology as it pertains to the possibilities of prevention, and foster needed new research.
- c) Evaluate existing research into the biology and diagnosis of cancer as it pertains to the possibilities for screening for cancer and precancerous disease among asymptomatic individuals, and foster needed new research.
- d) Conduct and evaluate programs of demonstration and education in the areas of cancer prevention and screening.
- e) Promote the timely delivery of effective measures of cancer prevention and screening to society.

"The disciplines involved would be oriented toward two distinct goals, prevention and screening," the report said. The task force stopped short of naming existing programs which would be moved into the new division, preferring instead to list the types of disciplines required and sources of staffing:

—A small group (four to five professionals) with expertise in behavioral sciences, operations research, economics and law would need to be recruited from outside NCI in order to establish and oversee programs (primarily extramural) in those areas vital to

prevention and screening not currently represented in the Institute.

—Activities in the area of demonstration, education and cancer control would be the primary responsibility of elements of DCCR that have been engaged in these activities. This group (about 20 professionals) would be placed in the new organization and augmented with additional expertise as positions (become) available. It would be able to call on the laboratory, epidemiologic and biostatistical resources of other components of the Prevention organization.

—Laboratory and clinical research related to cancer screening would be primarily an extramural activity, established and supervised by a staff of four professionals with expertise in these areas. These individuals would have to be newly recruited from outside the NCI.

—An intramural staff of epidemiologists and biostatisticians with interests in screening would conduct original research on methodology and design of screening programs, support large extramural field trials, identify high risk groups and generate and analyze operating statistics to monitor screening activities. Approximately 12 professionals would be needed, perhaps six of whom could be transferred from existing elements within NCI.

—The task force considered at length the role and staffing of a laboratory science component of a prevention initiative. The task force feels that there should be an extramural component consisting of at least the current Bioassay Program and, if resources permit, other extramural efforts specifically targeted to issues of immediate relevance to cancer prevention. The task force is divided in its assessment of the role of staffing of an intramural laboratory component of a prevention effort. Some feel that the cornerstone of any new initiative in this area should be intramural scientific laboratory staff which would conduct individual research projects and also work as an integral part of the overall NCI effort in the field of carcinogenesis and cancer prevention. Assignment of resources would be based on the interaction of two components:

- 1) Established working units, selected for scientific and methodological expertise with core resources, particularly in the laboratories.

- 2) Special projects, selected for the accomplishment of specialized research objectives of special relevance and priority and involving staff from different units functioning as a team. This laboratory component might eventually encompass 300 positions and the appropriate laboratory, equipment and associated support. Initially, 60-70 of these positions and their associated support might come from current elements within the chemical carcinogenesis and viral oncology programs.

Others on the task force feel that unless there are substantially new resources (positions, animal space, equipment, etc.) available to supplement current

efforts at the very onset of such a new initiative, no current intramural laboratory elements should be re-assigned. Under such circumstances, they feel that such reassignment of investigators would only serve to fragment existing efforts in this area.

In its discussion of these two positions, the task force identified a third alternative for the role of intramural laboratories—an initially small intramural laboratory component with a commitment to growth. Staff would be recruited from among current NCI staff interested in these areas of research. The task force was unable to reach consensus on which of these three options is preferable, but eight voted for a small component with commitment to growth, two for no intramural lab and one for a large component staffed initially with substantial elements currently in DCCP.

**The task force concluded that any new initiative in cancer prevention within NCI would have to address a number of specific needs:**

- a) NCI needs an integrated prevention-oriented program capable of coordinating activities within the institute.

- b) NCI needs articulate and knowledgeable leadership in the area of prevention. Such leadership should identify the numerous prevention-oriented activities in the institute, make these well known, and describe the limits as well as the potential for cancer prevention activities in the immediate future.

- c) NCI needs to broaden its efforts oriented toward the prevention of cancer. Such an orientation or emphasis in the early stages of some etiologic research could result in defining the scientific bases for preventive measures.

- d) NCI needs to develop a focus for applied prevention research (i.e., application of existing knowledge). For both primary prevention and screening, this means using the results of basic research and disease-oriented developmental research and determining whether or not intervention with these findings in human populations results in a reduction in morbidity or mortality or both.

- e) NCI needs greater efforts to promote effective intervention and screening measures in society.

- f) NCI needs a focus for interacting with regulatory agencies, not in order to function as a service organization, but rather to function as a responsible research institution.

“Based on its perception of NCI’s needs in the area of cancer prevention, the task force has identified three possible organizational options for meeting these needs,” the report said. “The options listed below present only the perceived advantages of the adoption of any particular recommendation, since advantages of one option become the potential disadvantages of another.

- Formation of a New Program Area and Appointment of an Associate Director within DCCP.



—Would be least disruptive of existing work; would preserve critical masses of scientists.

—Would need fewer new resources (e.g., additional administrative support).

—Would be least likely to result in competition for staff, space and money.

—Would promote intramural communication between basic etiologic research and prevention workers.

—Would integrate control and scientific research activities of the institute.

- **Creation of a New Division of Prevention.**

—Would make it easier to orient personnel and activities that would be transferred into the new division.

—Would make it easier to develop a critical mass of scientists with an orientation toward prevention.

—Would create an independent organizational and leadership focal point for prevention activities which would have appreciable bureaucratic, political and scientific influence.

—Would be better suited to compete for new resources, given recent congressional and departmental interest in prevention.

—Would give new vitality to the solution of problems identified with existing organizational structures.

—Would create new linkages between the activities for control and the basis for science.

- **Use of DCCR as a Nucleus for Restructuring and Reorienting Prevention Activities within NCI.**

—Would concentrate the institute's activities in demonstration, education, and control in one organizational locus.

—Would provide an established line of communication for the demonstration and application of new knowledge in prevention if Cancer Centers Program were transferred to DCCR.

—Would build on a nucleus of established prevention activity.

## **OBEY SAYS CONTROL CUTS WOULD NOT BE MADE FROM COMMUNITY PROGRAMS**

The House in a 15 hour session last week approved the Labor-HEW appropriations FY 1980 bill, which retained the \$961 million approved for NCI by the Appropriations Committee. An amendment offered by Congressman Joseph Early (D.-Mass.) to add \$47 million to the NIH appropriation, including \$9 million for NCI, was defeated by a vote of 228-178.

Congressman Claude Pepper (D.-Fla.), who had said after hearings held by his Select Committee on Aging that he would offer an amendment adding \$20 million for support of research on biological response modifiers, decided instead to negotiate with Appropriations Committee members on that issue. Pepper indicated that committee leaders agreed the \$20 million would be added when the bill goes to conference with the Senate.

The Senate HEW Appropriations Subcommittee has recommended \$1 billion for NCI. The full committee markup will be held sometime between July 15 and the end of the month. With Congress scheduled to take a month vacation during August, it is possible the bill will not reach the Senate floor before September.

The bill provides funding for the fiscal year which starts Oct. 1. A difficult conference between the two houses is anticipated on the abortion issue, and it seems likely now that HEW will have to operate for a while at least on a continuing resolution. This probably would establish spending, until a final bill is passed, at the lowest of the House and Senate levels.

Chairman William Natcher of the House HEW Appropriations Subcommittee commented in opening debate that the bill called for \$961.158 million for NCI. "This is an increase of \$24.2 million over the amount requested (by the Administration—NCI had originally requested more than \$1 billion) and \$24.089 million over the comparable 1979 appropriation. Of the increase over the budget request, \$18.2 million is for new grants and competing renewals for investigator initiated research projects," Natcher said.

Robert Michel (R.-Ill.), the ranking minority member of the HEW Appropriations Subcommittee, commented that the budget increase for NIH "was necessary because the budget would have sharply reduced below the 1979 level the number of new grants that could have been funded.

"The increase will allow us to try to stabilize the new and competing renewal grants at about 5,000 and thus avoid the great fluctuations that cause considerable uncertainty and disruption in the research community," Michel said. "Many scientists have told us that the one thing they would appreciate most of all is stability. If we can stick to the 5,000 figure in future years, the actual cost increases will be less than this year.

"I think it is important that we establish a sound basis on which to fund health research other than on which interest group lobbies the hardest, because I do not think we can realistically or effectively pick and choose among diseases. They all need cures, those without organized lobbies as well as those with.

"The amount in the bill will fund a total of about 16,450 research grants (including noncompeting renewals), at an average priority level of about 212. This will result in about 30% of approved competing applications being funded."

Congressman David Obey (D.-Wisc.), apparently stung by criticism over his action in the committee to transfer \$17 million from cancer control and construction to chemical testing, took the floor to explain.

"I would like to take a few minutes to speak on the funding provided in this bill by the committee for the Cancer Institute because I think there is a great deal of unnecessary apprehension out in the country

in some quarters about what we actually did to the National Cancer Institute budget," Obey said.

"Despite all the confusion the facts are simply these: We made additions to the Institute totalling over \$41 million and we made cuts of \$17 million. The \$17 million in cuts came from two programs; one, construction at NCI for which the institute requested \$16 million, and cancer control for which the institute requested \$69 million.

"Now, consistent with the committee policy and the policy taken this spring by the full House on the child health building [the money for which was voted down in a supplemental appropriations bill], we decided to hold down spending on construction in order to more fully fund research. Therefore, we cut the request for construction increases in half by \$8 million.

"In cancer control we had two problems which I personally raised before the subcommittee. First was that we were attempting to treat all institutes at NIH the same in terms of their ability to fund the highest quality grant applications. Yet the budget submitted for cancer control would have permitted the funding of grants at paylines that were going to be unfunded in cancer treatment or in the treatment of virtually all other diseases.

"We did not think that was fair, we did not think that was scientifically wise, so we reduced the budget for cancer control grants from \$20 million requested to \$16.3 million. That gave us some additional money to offset the sizeable increase that we provided for grants for cancer treatment and for other areas of cancer research. It put cancer control on the same footing as everybody else within NCI and within NIH at a payline of around 212.

"The other area where we had a problem with the requested cancer control budget was in some of the individual contract projects which that program had generated.

"For instance, we have spent over \$20 million over the years to provide Pap smears for indigent and low income women under the cancer control program.

"Now I think that women ought to get Pap smears and I think that virtually all physicians believe the same. However, the fact is that 78% of the women who receive tests under this contract were eligible for Medicaid. The average cost of providing Pap smears under Medicaid was \$10 but the cancer control program charged the U.S. government \$15 apiece. That is simply not justifiable.

"Then there is the \$2.4 million we have spent over a two year period for another contract involving vinyl chloride workers. I think most of the members of the House know about my deep concern in the issue of worker health. I have spent an awful lot of time on it and I have bugged a lot of my colleagues on the committee about it.

"What happened to those vinyl chloride workers

was a monumental tragedy. I would love to do something to help them.

"You should look at what some of NCI's own appointed experts said about that \$2.4 million contract. This is what the reviewers said:

"This is a dangerous program that should be terminated as soon as possible. . . . This is not the fault of the contractors but can be dropped directly into the lap of the funding organization."

"Another contract on asbestos workers at Tyler, Tex., resulted in similar review. Despite that, the Cancer Control Program has insisted on a new contract in Tyler and is requesting money for that in this year's budget. \$47 million has been used for screening for breast cancer. It was done in such a way as to expose women at risk to harmful radiation. Some observers actually believe that the control program effort may have caused more cancer than it prevented. I do not know. I am not a scientist, but that is what some scientists believe; reputable scientists, good ones.

"In addition, some very preliminary findings on a survey conducted for my office at NCI indicated that approximately 10% of the contracts signed by the Cancer Control Program were recommended for termination before they were completed by that program's own outside reviewers. It is not just the opinion of this committee that a lot of these contracts are junk, it is the judgment of the control program's own appointed experts. Altogether we are spending about \$33 million on these individual contract projects.

"We thought we could cut the projects back by about \$5.3 million simply by improving efficiency and improving their selection of projects.

"There is one other area in which the Cancer Control Program is involved which is the funding for community cancer centers. These centers are working at the local level to improve the quality of treatment provided to cancer victims. Unlike some other efforts within the Cancer Control Program, they are helpful efforts which address real problems in the care and treatment of cancer victims. Their annual budget is \$16 million. They can be distinguished from other programs in cancer control in a number of respects. One is that when abuse and mismanagement of cancer control contracting operations were discussed before our subcommittee, they were not mentioned once. Yet, the Cancer Institute is now proposing, according to some reports, to take not only the entire cut in cancer control from these centers but also a portion of the proposed cuts in the Cancer Institute construction fund. That is absurd.

"The Senate responded to it by stipulating in their report, community cancer centers not be cut, and I would agree with what the Senate language has provided in this instance. I would suspect the chairman and the committee members would also, and I would encourage the House conferees to accept the Senate

language when we go to conference to insure that no cut is made in community cancer centers.

"I would like to say a further word on the Cancer Institute budget and the NIH budget generally. The budget which was submitted to the House contained no funds at all for testing additional chemicals suspected of causing cancer. There are roughly 10,000 chemicals in our every day environmental and well over 90% of them have never been systematically and scientifically tested in a way that documents clearly whether or not they cause cancer.

"Five hundred to 1,000 new chemicals go into major production each year. The Cancer Institute budget of \$930 million included no funds to test an additional single chemical to determine if it is cancer causing. Furthermore, 70 of the 195 chemicals now on test would, under that \$930 million NCI budget request, have to be stopped. The 50,000 test animals would have to be sacrificed and no results would be obtained.

"That is the kind of priority we are getting in our zero based budget from NIH, from HEW and from good old OMB. That is just lousy judgment.

"Under the budget recommendations as sent to us under some institutions, as few as 14% of the approved grants could have been funded under that budget. At another institute, an almost completed \$70 million building would stand virtually unusable and idle because the budget contained no request for desks, for labs, for benches, for utilities, or for management or maintenance personnel. This situation has to change. . . . I believe we have a right to expect a far better and more realistic budget from the Administration and OMB," Obey concluded.

Early argued in support of his amendment that the committee bill would decrease support of investigator initiated research grants by \$36.8 million from 1979. He said approved grants that are funded would drop from 42% in 1979 to 33% in 1980 with the level in the committee bill. "My amendment does not even get us to what we had last year. My amendment would merely allow NIH to fund 37% of the approved grants. . . . In the National Cancer Institute for 1979, 826 approved grants were funded at a cost of \$99 million. This year in the committee bill only 651 approved grants would be funded with the \$77 million available. My amendment would increase that number to 714, which would only be 34% of the approved grants in NCI (Early's figures apparently referred to approved competing grants).

Pepper and Congressman Jack Brinkley (D.-Ga.) supported the amendment, particularly the request for more money for NCI. But Natcher and Obey disputed Early's figures, with Obey commenting that the total number of grants NIH will support would increase from 15,200 to 16,450.

"In addition, even more important than the dollar amount," Obey said, "is the philosophy behind the committee approach. We believe that what we should

do is fund the best science at every institute on the basis of what scientific judgments are, rather than funding science on the basis of what Mary Lasker or Jennifer Jones or dozens of other fine and informed citizens feel is the best priority. We do not feel we should allocate money on the basis of who has the most muscle; we feel we should allocate money on the basis of where the best science is. That is the most important thing we can do to attack all disease."

## 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.*

## SOURCES SOUGHT N01-CP-95623-72

**Title:** *Assessment of environmental health risks relating to cancer*

**Deadline:** *Soon as possible for submission of resumes; no later than July 13*

NCI is interested in obtaining the services of a private scientific organization for the purpose of suggesting topics for and convening conferences/meetings of specialists from academia, government and industry to discuss urgent issues of assessing environmental health risks from substances suspected of initiating or promoting the induction of cancer. The goal of this project is to focus attention of the public on priorities in managing environmental health risks.

Responding organizations should have staff experienced in planning and administering conferences of this type and have facilities to convene up to 30 scientists for each conference and should, in addition to conference rooms, provide on-site housing and food service facilities. Also, the capability should exist for recording during these meetings and transcribing, editing and publishing them in formal reports. Reports will be reviewed by NCI staff prior to publication and distribution.

Interested organizations should submit topics for six such conferences/meetings together with a resume of experience, capabilities and facilities. In addition, organizations must be willing to share cost of this project with the government by contributing \$75,000 of their own funds for fiscal year 1979.

**Contract Specialist:** Jackie Matthews  
Carcinogenesis  
301-427-8771

**RFP N01-CP-95627-70**

**Title:** *Support for the preparation of annual reports on environmental carcinogens*

**Deadline:** *Aug. 1*

The objectives of this effort are to identify, gather, collate, and summarize existing data and information on the nature of human exposure and number of persons exposed to specified carcinogens, as well as to provide other information related to the regulatory status of carcinogens.

These data will be utilized to comply with Public Law 95-622 which requires the Secretary, HEW to publish Annual Reports containing specific information relative to environmental carcinogens. Offerors should demonstrate an awareness of the issues which prompted Congress to require Annual Reports.

An incrementally funded three-year contract is anticipated.

**Contract Specialist:** Lynn Greenfield  
Carcinogenesis  
301-427-8764

**SOURCES SOUGHT N01-CP-95622-72**

**Title:** *Studies related to the protection against environmental mutagens and carcinogens*

**Deadline:** *Soon as possible for submission of resumes; no later than July 13*

NCI is interested in collaborating with a scientific organization with proper staffing and structure for, as well as prior experience in, developing specific position papers and holding conferences. The general theme will be to identify and promote scientific principles and to project guidelines, suitable for national and international utilization, that could aid in preventing or minimizing deleterious effects in man due to the interaction of chemicals with genetic material. This goal would require interaction of chemicals between the broad areas of environmental mutagenesis, carcinogenesis and genetic toxicology.

Approaches to this goal would include, but not be limited to:

- A. Developing and/or screening assays to identify mutagens.
- B. Studying relationships or correlations between mutagenicity and carcinogenicity.
- C. Preparing registries or suitable regulatory principles.
- D. Developing and/or evaluating methods of risk assessment for proven mutagens.
- E. Considering epidemiological approaches to the possible consequences of exposure to environmental agents.

This effort will require the assembling of a series of scientific panels, from a core of 20 to 30 individuals, that will address each of the above mentioned areas in depth as well as others that may emerge during the deliberations. Because of the detailed and difficult technologies involved, and the expectation that the sciences developed will eventually impact upon the

regulatory actions of many nations, it is mandatory that the scientists assembled have unique and unquestioned expertise in their respective fields and that they represent the widest possible spectrum of international authority.

It is anticipated that the bulk of the panel's work will be coordinated and accomplished by mail. A general session of all the participants should be held yearly with perhaps an interim meeting of a small steering committee to maintain continuity and adjust policy. Participating scientists should not expect honorariums, but will receive travel and reasonable per diem expenses.

Interested organizations must be willing to share the cost of this project with the government by contributing \$100,000 of their own funds for fiscal year 1979 and \$100,000 for fiscal year 1980.

**Contract Specialist:** Jackie Matthews  
Carcinogenesis  
301-427-8771

**RFP N01-CO-95468-09**

**Title:** *Computer support for cancer information dissemination*

**Deadline:** *Approximately Sept. 1*

NCI is requesting proposals for a computer support contract which will provide services related to cancer information dissemination for the International Cancer Research Data Bank (ICRDB) Program.

The organization selected must demonstrate a high level of competence and extensive experience in the creation, revision, updating, and searching of magnetic tapes containing bibliographic information (citations and abstracts). Experience in the use of tapes to provide selection dissemination of information services to groups and individuals would also be desirable.

The staffing for this project must include skilled managers and programmers as well as biomedically trained individuals who can interact on a peer basis with subject specialists who prepare profiles for searching the data bases as part of the service.

The organization selected must also be experienced in the creation and revision of bibliographic data from magnetic tapes that drive photocomposition devices (such as Videocomp) used to prepare camera ready copy of technical monographs. Experience should also include projects involving the rearrangement of records that will appear in a monograph with the addition of section headings and the automatic preparation of KWIC, author, and other types of indexes.

No government owned computers will be made available for this contract. Existing programs are written in PL/1. Future programs will also be written in PL/1 unless otherwise agreed to. All programs and full documentation of same developed under this contract shall be delivered to the government either at the conclusion of the contract or at other intervals

specified by the government's representative.

In addition to the prime requirements just listed, the organization must demonstrate capabilities related to the following types of services related to processing of bibliographic data on magnetic tapes which will also be required by this contract: converting tapes from other NCI contractors to the input format required by the National Library of Medicine; updating and correcting errors on existing tapes; maintaining and easily correcting mailing addresses in a computerized file; keyboarding of abstracts to produce bibliographic records on magnetic tape; and developing new (or modifying existing) computer programs for use in processing and correcting errors on input data tapes before they are added to the existing data bases.

A pre-proposal bidder's conference will be held Aug. 9, 1979 at NIH Building 31, Room 6, beginning at 9 a.m. Questions should be submitted to the contracting officer at least two days prior to the conference.

**Contracting Officer:** Gloria Dahl  
Office of Director Section  
301-427-7984

#### **NCI CONTRACT AWARDS**

**Title:** Radiologic physics center, extensions

**Contractors:** Univ. of Wisconsin, \$76,327, and Univ. of Washington, \$64,774.

**Title:** Technical writing and telephone answering services in response to cancer-related inquiries, extension

**Contractor:** Biospherics Inc., \$87,824.

**Title:** Breast Cancer Detection Demonstration Project, extension

**Contractor:** Medical College of Wisconsin, \$139,991.

**Title:** Epidemiology of primary liver cancer in selected counties of Texas

**Contractor:** Univ. of Texas Health Science Center at Houston, \$171,662.

**Title:** Epidemiology of hepatoma in relation to environmental factors and to other liver diseases

**Contractor:** Univ. of Washington School of Public Health, \$63,170.

**Title:** Epidemiology & geographic pathology of cancer, continuation

**Contractor:** Louisiana State Univ. Medical Center, \$395,022.

**Title:** Propagation & seroepidemiology of EB virus, continuation

**Contractor:** Children's Hospital of Philadelphia, \$150,230.

**Title:** Antigenicity of precancer lesions in animal models, continuation

**Contractor:** Ohio State Univ., \$78,925.

**Title:** Immunization with BCG and allogeneic renal cancer cell in patients with renal cell cancer, continuation

**Contractor:** Sloan-Kettering Institute, \$257,468.

**Title:** Immunoprevention of malignant solid tumors in animals

**Contractor:** Univ. of Pennsylvania (Hershey), \$110,822.

**Title:** Cell mediated reactivity of normal individuals to human tumor associated antigens

**Contractor:** Vanderbilt Medical School, \$77,331.

**Title:** In vitro augmentation of cell mediated cytotoxicity

**Contractor:** Sloan-Kettering Institute, \$100,683.

**Title:** Evaluation of immunotherapy with tumor preparations in man (active specific immunotherapy)

**Contractor:** Sloan-Kettering Institute, \$140,633.

**Title:** BCG immunotherapy in patients with recurrent superficial bladder cancer, continuation

**Contractor:** Sloan-Kettering Institute, \$84,552.

**Title:** Adjuvant tumor specific active immunotherapy of squamous cell carcinoma of the lung, continuation

**Contractor:** Health Research Inc., \$93,121.

**Title:** Development of assays for new tumor-associated antigens, continuation

**Contractor:** Sloan-Kettering Institute, \$64,114.

**Title:** Genetic control of susceptibility to cancer

**Contractor:** Univ. of North Carolina, \$82,731.

**Title:** Induction of colon tumors in guinea pigs, continuation

**Contractor:** Cornell Univ., \$148,790.

**Title:** Modulating factors in epithelial carcinogenesis

**Contractor:** IIT Research Institute, \$499,210.

**Title:** Development of new methods of single cell separation, continuation

**Contractor:** Block Engineering, \$152,043.

**Title:** Estrogen-progestin effects on breast in neonatal period, continuation

**Contractor:** Univ. of California (Santa Cruz), \$95,000.

**Title:** Maintenance and development of inbred and congenic resistant mouse strains, continuation

**Contractor:** Litton Bionetics, \$63,497.

#### **The Cancer Letter** \_ Editor Jerry D. Boyd

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