National Institutes of Health

National Cancer Institute

NATIONAL CANCER ADVISORY BOARD

Minutes of Meeting

May 18-20, 1981
Building 31
NIH Campus
Bethesda, Maryland

Department of Health and Human Services
Public Health Service
National Institutes of Health
National Cancer Advisory Board

Minutes of Meeting*
May 18-20, 1981

The National Cancer Advisory Board was convened for its 39th regular meeting at 8:30 a.m., May 18, 1981, in Conference Room 6, Building 31C, National Institutes of Health, Bethesda, Maryland. Dr. Henry C. Pitot, Chairman, presided.

Board Members Present
Dr. Ames
Dr. Amos
Dr. Henderson
Dr. Hickey
Dr. Katterhagen
Mrs. Kushner
Dr. Leffall
Dr. Pitot
Dr. Powers
Dr. Rowley
Mr. Schrier
Dr. Seitz
Dr. Selikoff
Dr. Shubik
Dr. Wogan

Ex Officio Members
Dr. Hollis Boren, VA
Dr. Gary Flamm, FDA
Dr. Richard E. Marland, EPA
Dr. Alan Mochelle, NIOSH
Dr. F. Kash Mostofi, DOD
Dr. David Rall, NIEHS

Representatives of the
President's Cancer Panel
Dr. Amos
Dr. Fisher

Board Members Absent
Ann Landers
Mrs. Lombardi
Mr. Samuels

Liaison Representatives

Dr. Hugh R.K. Barber, Director, Department of Obstetrics and Gynecology, Lenox Hill Hospital, New York, New York, representing the Society of Gynecologic Oncologists.

Mr. Alan Davis, Vice President for Governmental Relations, American Cancer Society, New York, New York.

Dr. Virgil Loeb, Jr., Professor of Clinical Medicine, Washington University, St. Louis, Missouri, representing the American Association for Cancer Research and the American Society of Clinical Oncology, Inc.

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* For the record, it is noted that members absented themselves from the meeting when discussing applications: (a) from their respective institutions, or (b) in which conflict of interest might occur. This procedure does not apply to "en bloc" actions.

Dr. John F. Potter, Director, Lombardi Cancer Center, Georgetown University, Washington, D.C., representing the Society of Oncology, Inc., and the American College of Surgeons.

Dr. J.W. Thiessen, representing Dr. Charles W. Edington, Acting Director, Office of Health and Environmental Research, Department of Energy, Washington, D.C.

Members, Executive Committee, National Cancer Institute

Dr. Vincent T. DeVita, Jr., Director, National Cancer Institute
Dr. Richard Adamson, Acting Director, Division of Cancer Cause and Prevention
Mr. Philip D. Amoruso, Executive Officer, NCI
Mr. Louis M. Carrese, Associate Director for Program Planning and Analysis, OD
Dr. Jane Henney, Special Assistant for Clinical Affairs, DCT
Dr. Bayard H. Morrison III, Assistant Director, NCI
Dr. Gregory O'Conor, Associate Director, Office of International Affairs, OD
Dr. Saul Schepartz, Acting Director, Division of Cancer Treatment
Dr. William D. Terry, Acting Director, Division of Resources, Centers, and Community Activities
Dr. Richard A. Tjalma, Assistant Director, NCI
Dr. William A. Walter, Acting Director, Division of Extramural Activities
Mr. Paul Van Nevel, Associate Director for Cancer Communications

In addition to staff, participants, and invited guests, twenty-four registered members of the public attended this meeting.

I. Call to Order and Opening Remarks--Dr. Henry C. Pitot

After calling the meeting to order and welcoming Board members, members of the President's Cancer Panel, liaison representatives, guests, and observers, Dr. Pitot welcomed members of the public. He announced that persons wishing to express their views regarding any item discussed during the open sessions could do so by submitting a written statement to the Executive Secretary of the Board within 10 days after the close of the meeting. Any statement by members of the public will receive careful consideration.

After briefly reviewing the procedure for conduct of meetings, Dr. Pitot asked Board members to review the minutes of the November meeting.

Future NCAB meeting dates have been confirmed for the next year as follows:

October 5-7, 1981	Monday, Tuesday, Wednesday
November 30-December 2, 1981 (Program Review)	Monday, Tuesday, Wednesday
February 1-3, 1982	Monday, Tuesday, Wednesday
May 17-19, 1982	Monday, Tuesday, Wednesday

The President's Cancer Panel Report was postponed until the October meeting.

II. Report of the Director, NCI--Dr. Vincent T. DeVita, Jr.

Dr. DeVita reported on the following items:

Staffing. Over 40 candidates for three Division Director positions have been interviewed, and recommendations have been made to the HHS Secretary for each post and will be announced after the Secretary's review. Hiring for personnel areas in general is still frozen.

Budget. NCI has been operating under a continuing resolution by Congress of $1.1 billion, subject to President Reagan's proposed recision of $25,386,000. The Appropriations Committees in the Senate and House of Representatives have completed their actions on the President's proposed revisions for 1981 and have approved NCI budget recisions of $14,264,000 and $7,730,000, respectively. NCI is waiting for results of congressional conferences to see what the exact Institute budget will be for FY 1981. The National Research Service Award budget in particular was subject to reductions, with coverage for indirect costs and institutional allowances eliminated from NRSA grants. The Congress thus far has refused to go along with reductions, proposed by the Reagan administration, in the total number of NRSA research trainees.

R01 grants were funded at or above the 193 priority score; P01 grants were funded at 195 or above in 1981. NCI will commit funds for an additional P30 (core) grant in 1982. The markup for 1982 has not been scheduled, pending the final recision for 1981. NCI's 1982 request is $1,025,946,000. The NCI bypass budget is being prepared for 1982, with the NCAB's Subcommittee on Planning and Budget assisting the Office of Director (OD) staff by preparing "general principles" for developing the budget. The National Toxicology Program (NTP) will be included in the 1983 budget; however, by that time the program may have been transferred to NIEHS. If the NTP transfer to NIEHS is approved by

the HHS Secretary, the revised NCI budget will show a drop in the "prevention" category. The transfer of prevention program dollars may require considerable explanation.

NCI Staffing and Space Changes. Dr. Jerry Rice's laboratory in the Perinatal Carcinogenesis Section and Dr. Umberto Saffioti's Laboratory of Experimental Pathology will move to the Frederick campus. Dr. George Todaro's Viral Carcinogenesis Laboratory has already moved to Frederick.

Legislative Issues/New Programs/New Drugs. NCI is operating a low-level radiation program, pending future organization under a comprehensive radiation research program. As a starting point, a low-level radiation branch, established under the Office of the Director, is being planned. A request to establish the branch has been sent to the NIH Director.

Congressman Waxman's Subcommittee on Health and the Environment of the House Committee on Energy and Commerce is examining the possibility that NIH can support research on orphan drugs and a toxicology protocol on drugs that result in low profits for the pharmaceutical industry. Cancer drugs are considered orphan drugs because of the relatively small market for them. There is misinformation surrounding the new toxicology protocol, and the Board might want to review the subject in detail at the next NCAB meeting.

Hearings are being conducted by Congressman Gore's Subcommittee on Investigations and Oversight of the House Committee on Science and Technology regarding FDA allegations that NCI has been remiss in reporting the toxicity of methyl CCNU in human testing. The memorandum of understanding between the FDA and NCI has been interpreted differently with regard to clinical trials, and the two institutions are meeting now to redefine the responsibilities and clarify the interpretation of the agreement.

Contracts. At the Georgetown University Cancer Center dedication, HHS Secretary Schweiker announced his approval of NCI's request to establish the Biologic Response Modifier Program. The Frederick contract will sustain a 29 percent reduction when it is recompeted. It will be split into three components: science, administration, and animal facilities. A 4-bed hospital facility for Phase I testing of biologicals at Frederick will be established; however, the 40-bed hospital facility in Baltimore will be phased out, leaving a net reduction of 36 NCI-supported intramural beds.

A new Request for Proposal (RFP) format is proposed and has been submitted to the NCAB for review and suggestions.

The NCAB will hold its first concept review, meeting as a "Board of Scientific Counselors" for the Office of the Director, NCI, over lunch on Tuesday, May 19.

The Director of the International Agency for Research on Cancer (IARC), Dr. Higginson, will resign as of January 1982. Anyone interested in applying for the post should write to the Director General of the World Health Organization by July 31, 1981, and include a curriculum vitae and a bibliography. The IARC Governing Council will meet in October to elect a new Director. The IARC is a multinational organization concerned with worldwide cancer epidemiology.

Payment to NCAB Members. The Board discussed the methods of reimbursement for their travel expenditures. Mr. Amoruso, the Executive Officer of NCI, stated that it takes approximately 52 days from the time of each Board meeting for Board members to be reimbursed. He asked for the assistance of Board members in promptly reporting travel information to NCI. Possibilities for streamlining the voucher process were considered, e.g., presigning the travel voucher instead of returning each voucher to a Board member after it has been prepared by the travel clerk to reflect allowable travel costs. Dr. DeVita and Mr. Amoruso will keep the Board informed on improvements in the process.

Press Coverage. The public is concerned with the issue that "everything causes cancer." This has resulted in the growth of NCI-supported epidemiology studies. It is difficult to keep one study in focus while the results of another are being determined. There is considerable interest nationwide in a recent news release indicating the influence of coffee consumption on carcinogenesis of the pancreas. NCI made no official statements to the press on this, preferring to await the results of further studies.

Another item of interest was the laetrile clinical trial results. NCI recently tested amygdalin, even though its priority based on NCI animal studies did not warrant such a trial, to find that laetrile had no effect on tumor growth or promotion. Patients under study were asked to participate in a second study, but each patient declined due to the lack of chemotherapeutic value in the first laetrile trial. The study cost $400,000. Laetrile was not recommended to be taken as part of a daily diet because of cyanide traces found in the body. The laetrile controversy still presents a problem to NCI; however, NCI did not set a precedent for laetrile research. Twenty-three states have legalized the use of laetrile, and many states are still considering legalization.

Ten-Year Report on the National Cancer Program--Mr. Paul Van Nevel. Mr. Van Nevel reported on the input that the Office of Cancer Communications (OCC) has received from the NCAB Activities and Agenda Subcommittee at a meeting on April 23 and from individual Board members. The final piece of the ten-year report--the foreword--has been circulated, and the OCC has corrected the text. Dr. Amos had commented at the last Board meeting that minorities were not adequately represented photographically. Mr. Van Nevel went through the photographs and found that 25 percent of the photos depicted minorities; however, sometimes this fact was obscured because only a hand or an arm was shown. The OCC staff is going through the 3,000 photos taken for the book to select more obvious examples of minorities participating in cancer programs and services. The report, entitled Decade of Discovery: Advances in Cancer Research, 1970-1980, is scheduled to go to press in late May or early June. Copies of the report will be delivered two or three months later.

Congressional Investigation--Dr. Philippe Shubik. Dr. Shubik, who has been the subject of a Congressional investigation regarding the use of Federal monies, spoke about the investigation, recommending the NCAB set up "rules of conduct" for Board participants. This would require Board members to reveal to Congress each year their associations, total income, and responsibilities. Dr. Shubik remarked that Board members are unaware of what grants and contracts have been awarded to other Board members and that they could unknowingly be

trapped in a conflict of interest. Dr. Amos thought it would have been appropriate during the Congressional investigation for the Board to have written a letter to Congress in support of Dr. Shubik.

III. Presentation on NCI Contracting Procedures--Dr. Vincent T. DeVita, Jr.

This was the third and final presentation of a series on the contracting process. The contract has sometimes proved to be the best instrument to start something that leads to a grant program in basic research. Cooperative agreements were discussed. They differ from grants in that projects are initiated by NIH but the investigators continue with work they are now doing. They differ from contracts in that contracts are procurement of work on projects initiated and detailed by NIH. The first cooperative agreement for the clinical trials program will soon be reviewed by the Grants Review Branch, DEA.

Two factors have made the business management of contracts more difficult than for grants: (1) the socioeconomic objectives of the United States that enter into the award of contracts; and (2) the increasing workload required by Federal regulations, which requires a growing number of highly trained staff. Various tasks involved in the pre-award, negotiation, and administration processes for NCI staff were identified in a handout.

The administrative difficulties of contracts outlined by Dr. DeVita include the fact that (1) project officers tend to deal with contracts the same way as they do grants, while they need to maintain a firmer hand over contract deadlines and deliverables; (2) a number of procurements are justified as noncompetitive procurements for the sake of convenience; and (3) a contractor does not guarantee a product, except for equipment or hardware contracts, but rather an idea, and it is difficult to monitor or guarantee that the government gets exactly what it contracted for in terms of ideas.

Early difficulties in NCI's management of contracts are reflected in the deficiencies identified by GAO audits. These have included the lack of communication between project officers and contract officers, informal or ineffective contract monitoring, insufficient contractor reporting, and incomplete review of contractor reports by project officers. Other items listed as deficient were the result of insufficient follow-up procedures by both project officers and contract officers.

The last three years demonstrate NCI's reduced emphasis on the contract mechanism. In 1980, there were 1,285 active contracts, 93 NCI-authorized personnel for budgeting contracts, and $267 million obligated. In contrast, in 1977, NCI funded 1,566 contracts using 98 personnel and obligating $278 million.

Actions taken to standardize the review process and the business management of contracts were as follows: In June 1980, an internal surveillance team in the Research Contracts Branch was established to monitor and assist specialists in contract administration. In July, the entire Research Contracts Branch moved to the Blair Building and was thus united. In August, a uniform Institute-wide review for contracts by the Boards of Scientific Counselors was begun.

A chart that will be available at each Board of Scientific Counselors and OD meeting was displayed. The chart listed the criteria for concept review judgments, namely that (1) the decisions should be consistent with missions and

objectives of the Division; (2) the Board should find scientific merit in the purpose, scope, and objectives of each concept; (3) there should be sufficient NCI resources (funds, staff support, etc.) available to carry out the project; (4) the proposed length of contract should reflect the level of effort required by the eventual contractor; (5) the contract should be appropriately classified by the resource or research and competitive or non-competitive procurement categories; (6) the Board of Scientific Counselors should evaluate the contract priority of each idea according to Division and total resources; and (7) the Board should look at the possibility of project support using a grant rather than a contract.

In September, the contracting guidelines for project officers, contract officers, and principal investigators were published. In December, this series of talks was begun, and since then a procedure to link NCAB oversight and the activities of the Boards of Scientific Counselors was established and will be operational at the November program review. In February 1981, the new Division of Extramural Activities was established, and in April 1981, the OD designated a Chief Project Officer position to monitor the work of several project officers.

All grant- and contract-related business functions formerly managed by the divisions in the Executive Office have been consolidated. Daily OD staff meetings are conducted for the purpose of advising the Director on how to implement policy and the conduct of day-to-day business. As the scientific decision-making apparatus of the Institute, the Executive Committee, which includes the Division Directors, meets weekly to discuss policy. Under business management, Administrative Officers report to Division Directors and the information flow continues to the Executive Officer. The administrative branches represented include Financial Management, Contracts Management, Management Policy, and Personnel Management. At present, the Grants Administration Branch and the Grants Financial Data Analysis Branch, located in the Division of Extramural Activities (DEA), are not represented.

Recent discussions have centered on the relative merits of incorporating all business management under the DEA or under the OD. In the latter case, the business management side of the Institute would be supervised directly by the Executive Officer of NCI.

In response to a question, Dr. DeVita explained that a Request for Application (RFA) applies to a set-aside of monies by a division for a specific area that requires more research.

The Director's report concluded with a follow-up on the contract for an epidemiology study on atomic bomb fallout in the Western United States, discussed at the February Board meeting. It was decided to publish a program announcement to see if other people were interested in applying for it. A number of applications were received, and an RFP has been issued. It will be a competitive process.

IV. Foreign Research Support--Dr. Joseph Saunders

A booklet recently prepared by the Office of International Affairs was distributed. This described the mechanisms through which the U.S. Government supports research work abroad. An example of NIH-supported international

research is collaborative work with the International Agency for Research on Cancer and the Pan American Health Organization done under contract. Such interagency arrangements will vary from full to 50 percent funding by NCI. The Office of International Affairs also coordinates grant support for numerous scientists and institutes of scientists. Support of international research by NCI has historically made up 1 percent or less of the NCI budget. Other funds for cancer research abroad have been available through Public Law 480 funds, but India is the only country that continues to have some P.L. 480 funds. The P.L. 480 funds may be replaced by joint funds from the Department of State, where U.S. dollars would be matched by local funds for specific projects.

The Fogarty International Center has prepared an Overview of NIH-Supported International Research that is awaiting approval by the NIH Director before distribution.

Information was not available on the number of grant applications that are received, approved, and funded abroad. There is no reciprocity for American scientists, i.e., Americans cannot compete for foreign research grants; however, Americans are eligible for fellowships from three European sources.

V. Human Protein Index--Dr. Norman Anderson (Argonne Laboratories)

Dr. Anderson presented a new research opportunity. On the premise that the hypothesis "Cancer appears to be a disease of gene expression" is correct, the logical place to look for a diagnostic tool is in the proteins specific to each cell line. Previously it has not been possible to map the proteins found in different cell types in normal and disease states.

A new technique for detecting the 3,000 to 6,000 proteins found in each cell line and determining a standard set of evolutionary and demographically stable proteins has now been developed. Disease-specific proteins in urea and in electrophoresis patterns (examples given were acute mononucleosis and diabetes) have been identified and will be followed with studies of background mutation phenotypes and of proteins present or missing from leukemia cell lines.

The Argonne Laboratories research has potential for widespread diagnostic applications in cancer research and treatment. Within five years the cost per diagnostic test could run as low as $10; present costs average $100 per run. Overall costs for a comprehensive cancer diagnostic research program could be as much as $40 million, beginning with a proposal for $48,000 for leukemia studies. Interagency coordination, and ultimately private industrial development, might provide the best framework for expansion.

VI. Status of NCI Construction Program--Dr. Donald G. Fox

The purpose of the construction program is to provide additional and/or safe facilities at extramural cancer research centers. Funding for this program is budgeted at $1 million for both FY 1981 and FY 1982, down from $10 million in FY 1980 and $12 million in FY 1979 and FY 1978.

Approximately 46 percent of the funds allocated to date have supported construction of cancer research and laboratory space. Other NCI construction funds have been spent in clinical care and research facilities containing over

500 beds, other basic research facilities, and a small proportion of other research and clinical support areas. Until 1977, NCI provided up to 75 percent of the eligible costs for a given project, with the institution providing the remaining funds through non-Federal sources. Since 1977, the matching fund provision has been at 50:50. The result of NCI funding in the years before 1977 was that for every NCI dollar, the institution derived a dollar from non-Federal sources. In the past five years, the leveraging effect of each NCI dollar has enabled the funded institutions to obtain two to three dollars from the private sector for their construction projects.

The drop in construction funds available in FY 1981 has meant that only nine percent of the approved applications can be funded. A total of $10 million in approved construction grants went unfunded in FY 1981 in contrast to FY 1980, where $10 million worth of approved projects were funded and only $4 million approved but not funded. A 1979 survey of construction needs among U.S. institutions revealed that these institutions anticipated a need for $150 million in NCI funds over a six-year period. Due to the limited resources of the construction program in the last two years, little progress has been made in meeting these needs.

Construction money buys a safe research environment and also supports projects within every cancer research program area. The continued inability to fund meritorious projects will result in fewer construction project applications.

The NCAB was cognizant of the construction funding issue and its long-range implications; however, they could not reach consensus on a particular plan of action during the open session. Dr. Pitot remarked that the result of unmet institution needs will be not just a matter of working in aging facilities, but the added possibility that the facilities will be deemed unfit for use.

The Board discussed several possible methods of increasing construction program funds. Mr. Schrier suggested that the NCAB push for special appropriations from Congress, as was done in the past when the Office of Management and Budget slashed construction funds. Another action would be to ensure that C06 funding is given a priority and money set aside in the existing budget process. Dr. DeVita and Dr. Amos suggested that the NCAB get more evidence to back up the assertion that there are facility needs. NCI could hire an independent surveyor for the task and/or hold workshops with institution representatives to discuss needs with the NCAB directly. In the meantime, Dr. DeVita proposed that NCI could use unallocated funds at the end of each fiscal year to boost the level of construction program funds.

VII. Organ Site Program--Dr. Robert C. Hickey

The Subcommittee strongly endorses the Organ Site Program, believing that the need today is even greater than at its inception, and therefore requests a return to the pre-recision level budget for the Program. The Subcommittee recommended that an external review committee examine each Organ Site Program, as well as the entire program and recommend continuation or termination. The Subcommittee further requested that the Board approve plans for an additional program to cover upper respiratory lung disease.

Dr. Rowley objected to the expansion of the Organ Site Program. She suggested that if the Program wished to include another site, it should rotate those organ sites which receive special review and appropriations each year. She saw this as fitting within the original intent of setting up the Program, i.e., as a method of stimulating research within an understudied area.

Dr. Amos stated his support for an outside review of the Organ Site Program which he saw as a way of checking the stability and usefulness of the Program. Dr. Terry, however, questioned the criteria on which to judge the Organ Site Program and asked about the range of possible outcomes of such a review process.

After further discussion, the Board approved the Organ Site Subcommittee report, with Dr. Rowley dissenting.

VIII. Nutrition

No report was given.

IX. Planning and Budget--Mr. Louis Carrese

The Planning and Budget Subcommittee met to discuss NCI priorities and funding trends. The Subcommittee, after beginning to look at the implications of a "flat" budget, made the following recommendations to the Board: (1) the NCAB should continue to review both low-growth and flat budgets; (2) NCI can use the "bypass budget" to present incremental increases for high-priority programs; and (3) the NCAB should decide funding priorities for NCI program areas in the future by using a survey of the Subcommittee and ultimately the entire Board. Board members can be surveyed by mail, and this can be useful in the budget process.

The report was approved by the Board, and Dr. Pitot suggested that the process of prioritizing by mail could commence immediately, before the end of the fiscal year. The NCAB will not be polled as a group until the next budget period; the Subcommittee will handle the first round.

X. Activities and Agenda--Dr. Harold Amos

At the Subcommittee meeting on April 22, the possibility of having regional NCAB meetings and the necessity of having an NCAB policy to screen Board presentations were discussed.

Mrs. Kushner asked how the Board could invite someone to make a presentation without appearing to endorse his or her research, even if it was of widespread interest, e.g., Dr. Anderson's presentation on the Human Protein Index. Dr. Pitot believed that the Board should consider inviting any person who might assist the NCI Director in making decisions or the NCAB in carrying out its mission. There was general agreement with Dr. Pitot's suggestion, with the additional comment from one participant that the NCI staff and individual Board members could make recommendations to the Subcommittee and the Subcommittee would make the final decision.

XI. Office of the Director Subcommittee--Dr. Robert C. Hickey

The Subcommittee had met for the first time, with Dr. DeVita and OD staff presenting four contracts for approval. All of the contracts were approved under the "concept review" procedures adopted by the Subcommittee.

This process came under question by some Board members. It was felt that the "oversight and appeals" role of the NCAB was compromised by the participation of some Board members in the Subcommittee. Dr. DeVita defended the review, stating that the review was useful for his work and that the Board participation was appropriate, if only to increase members' awareness of the "big picture." Dr. DeVita felt that it was wise to use an existing committee instead of forming a new one within NCI staff.

XII. Adjournment

The meeting was adjourned at 10:37 a.m., May 20, 1981.

Date

Henry C. Pitot, M.D., Ph.D.
Chairman
National Cancer Advisory Board