D E P A R T M E N T O F H E A L T H A N D

H U M A N S E R V I C E S

National Institutes of Health
National Cancer Institute

NATIONAL CANCER ADVISORY BOARD

Minutes of Meeting
May 19-21, 1980

Place: Conference Room 10
Building 31C
National Institutes of Health
Bethesda, Maryland 20205

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

Minutes of Meeting1/
May 19-21, 1980

The National Cancer Advisory Board was convened for its 34th regular meeting at 8:30 a.m., May 19, 1980, in Conference Room 10, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Henry C. Pitot, Chairman presided.

Board Members Present:

Dr. Bruce N. Ames
Dr. Harold Amos
Dr. Maureen M. Henderson
Dr. Robert C. Hickey
Dr. J. Gale Katterhagen
Mrs. Rose Kushner
Mrs. Vincent Lombardi
Dr. Joseph H. Ogura
Dr. Henry C. Pitot
Dr. William E. Powers
Dr. Janet D. Rowley
Mr. Sheldon W. Samuels
Mr. Morris M. Schrier
Dr. Frederick Seitz
Dr. Irving J. Selikoff
Dr. Philippe Shubik
Dr. William W. Shingleton
Dr. Gerald N. Wogan

Ex Officio Members:

Dr. Donald S. Fredrickson, Director, NIH
Dr. Marguerite T. Hays, represented Dr. Donald L. Custis, VA
Dr. Richard E. Marland, represented Mr. Douglas Costle, EPA
Dr. Victor Alexander, represented Secretary Ray Marshall, LABOR
Dr. David P. Rall, NIEHS
Dr. Joseph McLaughlin, represented Ms. Susan B. King, CPSC
Dr. Anthony Robbins, NIOSH
Dr. Denis J. Prager, represented Dr. Frank Press, OSTP

1/ For the record, it is noted that members absent 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.

Representatives of the President's Cancer Panel:

Dr. Joshua Lederberg, Chairman
Dr. Bernard Fisher

Liaison Representatives:

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

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

Dr. Virgil Loeb, Jr., Professor of Clinical Medicine, Washington University, St. Louis, Missouri, representing the American Society of Clinical Oncology.

Dr. John R. Nelson, representing the Association of Community Cancer Centers, Jacksonville, Florida.

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

Speakers, Guests, and Observers:

Dr. Richard Griesemer, Head of the Carcinogenesis Testing Program, NCI,
Dr. Ronald Hart, Director, National Center for Toxicological Research, Pine Bluff, Arkansas,
Dr. J.A. Moore, Deputy Director, National Institute for Occupational Safety and Health.

Members, Executive Committee, National Cancer Institute:

Dr. Vincent T. DeVita, Acting Director, National Cancer Program
Mr. Calvin B. Baldwin, Associate Director, Administration Management, OD
Mr. Louis M. Carrese, Associate Director for Program Planning and Analysis, OD
Dr. Diane J. Fink, Assistant Director, OD
Dr. Thomas J. King, Director, Division of Cancer Research Resources and Centers
Dr. Robert W. Miller, Associate Director for International Affairs, OD
Dr. Bayard H. Morrison, III, Assistant Director, NCI
Dr. Gregory T. O'Conor, Director, Division of Cancer Cause and Prevention
Dr. Alan S. Rabson, Director, Division of Cancer Biology and Diagnosis
Dr. William A. Terry, Acting Associate Director for Cancer Centers Program, OD
Dr. Richard E. Tjalma, Assistant Director, NCI
Mr. Paul A. Van Nevel, Associate Director for Cancer Communications

Staff, National Cancer Institute:

Dr. Margaret H. Edwards, Chief, Manpower Branch, DCRRC
Dr. Mary A. Fink, Special Assistant for Special Projects, DCRRC
Dr. Donald Fox, Chief, Research Facilities Branch, DCRRC
Dr. John R. Heller, Special Consultant for International Programs, OD
Dr. David L. Joftes, Chief, Review and Referral Branch, DCRRC
Dr. Barney C. Lepovetsky, Chief, Training Branch, DCRRC
Mr. R.M. Namovicz, Management Policy Officer, OAM
Dr. Vincent T. Oliverio, Associate Director for Developmental Therapeutics, DCT
Dr. Samuel Price, Assistant Director, DCRRC
Dr. Saul A. Schepartz, Acting Director, DCT
Dr. William A. Walter, Deputy Director, DCRRC

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

I. CALL TO ORDER AND OPENING REMARKS - Dr. Henry C. Pitot

Dr. Pitot called the meeting to order and welcomed Board members; members of the President's Cancer Panel; liaison representatives; guests and observers. He introduced and welcomed new members of the Board, who were appointed by the President on May 14, 1980: Dr. Robert C. Hickey, Professor of Surgery, University of Texas System Cancer Center, Houston, Texas; Dr. Joseph Gale Katterhagen, Director of Oncology, Department of Oncology, Tacoma General Hospital, Tacoma, Washington; and, Mrs. Rose Kushner, Writer/Consumer Interest, Kensington, Maryland. He also announced that Dr. William E. Powers had been reappointed to the Board. Two additional members, also appointed on May 14, 1980, were unable to attend this meeting. They are: Mrs. Eppie Lederer, Field Newspaper Syndicate, Chicago Sun Times Building, Chicago, Illinois; and, Dr. LaSalle D. Leffall, Professor and Chairman, Department of Surgery, Howard University Hospital, Washington, D.C.

Dr. Pitot also welcomed members of the public and announced that anyone wishing to express his or her views regarding any items being discussed during the open session could do so by submitting written statements to the Executive Secretary of the Board within ten days after the meeting. Any statements by members of the public will receive careful consideration.

II. CONSIDERATION OF MINUTES OF THE BOARD

The minutes of the January 21-23, 1980 meeting of the Board were approved as written.

III. FUTURE BOARD MEETING DATES

1980

October 6-8
November 17-19 (Program Review)

1981

February 2-4
May 18-20
October 5-7
November 3-December 2 (Program Review)

IV. REPORT, CHAIRMAN, PRESIDENT'S CANCER PANEL - Dr. Joshua Lederberg

Dr. Lederberg said the main items he wished to discuss were the procedural steps that could assist the Panel, the Board, and the country in getting a clear understanding of exactly where we stand with respect to the dimensions of the problems of cancer and the kinds of progress that have been achieved.

Two important elements are involved. One, would be a careful review of the efficacy of innovative approaches to the management of cancer at all levels. This is prevention, management (which includes therapies directed to cure), and therapeutic approaches directed to mitigating the impact which cancer can have on individuals. Second, the enormous degree of controversy with respect to the trends in cancer incidence reflecting presumed elements of deterioration in the environment, some aspects of which are undeniably a major factor in carcinogenesis.

Dr. Lederberg said that these matters deserve a sharper, professional confrontation. To this end, he suggested that it might be desirable to mount one or a number of scientific conferences dedicated to having an open, professional, scientific confrontation on these matters to try to get more information on the record in a form that is available to public inquiry and critical examination. He said it would be very important to get the interest of the Board in such a development and try to get something closer to a consensus, not about what the solutions are, but about what the detail of the controversy is and what the issues are about on which there is a valid disagreement.

A second initiative that the Panel is concerned about are the sources of the deterioration of morale and effectiveness of creative investigators brought about by the overall system of grants policy and the way in which it is administered. The basic issue is to find ways to encourage betting on people of demonstrated performance, of clear-cut creative capability, rather than on the projects they had predefined. Dr. Lederberg said

he would ask the Acting Director, NCI, to designate a staff officer to investigate those options in grants management that are realistically available in the overall grants program, and to prepare a staff paper for the review of the Panel and the Board for the selection of those options of policy which are more appropriate to a more efficient direction of the program.

V. REPORT OF THE ACTING DIRECTOR, NCI - Dr. Vincent T. DeVita, Jr.

Dr. DeVita welcomed the new members of the Board and thanked the retiring members for the many contributions they have made to the National Cancer Program. He announced that Dr. Pitot had been reappointed by the President to another two-year term as Chairman of the Board. Dr. DeVita reported on the following items:

External EEO Public Advisory Committee -- This Committee will concentrate its efforts on increasing the number of women and minorities in the Summer Employment Program, Clinical Associates Program, and managerial and policy positions within the NCI.

International Agreement -- A Memorandum of Understanding has been signed with the People's Republic of China for cooperative research in science and technology relating to cancer.

NCI Reorganization -- The final phase of the reorganization is now awaiting Departmental approval. NCI has proposed that the existing Division of Cancer Control and Rehabilitation be abolished and a new Division of Resources, Centers, and Community Activities be established. This Division would incorporate the cancer control, centers, training and education, construction, and organ site programs and will enable greater coordination and integration of these activities.

Saccharin -- In July 1979, the Congress imposed a moratorium on a proposed ban on the use of saccharin as a food additive so that more information could be collected. A vote from the Congress is expected soon which will show whether or not any impact was made from studies that were performed by NCI which indicate from animal findings that saccharin must be viewed as a carcinogen in humans.

Biological Response Modifiers Program -- The Institute is recruiting for a Director of the Program. Contracts have been signed to purchase interferon for clinical trials and it is anticipated that the Program will be initiated by the end of the year.

NCI Budget --

1980	(Estimates--in Thousands) 1981	1982
$1,000,802	$1,007,800	$1,192,000

Legislation -- Authorization for the National Cancer Program will expire on September 30, 1980. The two bills pending congressional action which would reauthorize the program are summarized:

KENNEDY BILL - The Health Science Promotion Act of 1979 (S.988)

This bill would provide an indefinite authorization; that is, such sums as necessary. There are no expiration dates on this legislation. The bill has cleared the full committee.

WAXMAN BILL - The Health Research Act of 1980 (HR 7036)

This bill provides definite authorizations for three years only. The bill has cleared the full committee.

	Research	Control	Centers	Total
1980 (current)	$927,000,000	$103,000,000	---	$1,030,000,000
1981	1,074,000,000	80,500,000	$90,000,000	1,244,500,000
1982	1,220,000,000	91,500,000	108,000,000	1,419,500,000
1983	1,376,000,000	103,000,000	130,000,000	1,609,000,000

There is a provision to provide an automatic fourth year authorization at a 15 percent increase should the Congress fail to act on a reauthorization.

Restricts the use of appropriations under Section 301, the general research authority of the Secretary to research outside of NIH.

Frederick Cancer Research Center (FCRC) -- In conjunction with the Board site visit to FCRC on May 20, Dr. DeVita said that the contract for operation of FCRC needs to be prepared for recompetition this summer. He distributed a paper outlining options for the future operation of FCRC and asked the Board to consider these options and submit comments after the site visit had been completed. From 1972 to the present, FCRC has been a Government Owned-Contractor Operated (GO-CO) facility staffed primarily with contractor personnel with a small number of NCI intramural scientists and administrative staff located at the facility. Since NIH and NCI have decided that the long-term (5-10 years) objective for FCRC is to gradually transform the facility from a contractor to a Federal operation, discussion of options for the future operation of the facility are concerned primarily with two issues:

- selecting the type of contracting approach to be used, i.e., single vs. multiple, and

- establishing the mix of management vs. program responsibilities for the contractor and the Federal staff during the transition period.

These options presented to the Board for consideration were:

- OPTION I - Termination of the GO-CO Contract

- OPTION II - Continue Single Contractor Operation with Gradual Phase-out of all Contractor Responsibilities

- OPTION III - Continue Single Contractor to Phase-out of all Contractor Responsibilities--Retain Support Contract

- OPTIONS IVA AND IVB - Continue GO-CO with Multiple Contracts of six and three (contracts)

National Toxicology Program (NTP) -- It is proposed that the NTP component supported by the NCI be transferred to the National Institute of Environmental Health Sciences on a permanent basis. This would be a transfer of $45.6 million and 80 positions from NCI to NIEHS. The main reason for doing this is managerial. Dr. DeVita asked for approval by the Board before any further steps were taken. The Board agreed with the decision.

Laetrile -- NCI is ready to implement the policy decision made to proceed with clinical tests of laboratory trials with Laetrile.

NCI Staff Changes --

- Mrs. Marianne S. Wagner has been appointed as Personnel Officer, NCI

- Mrs. Maxine I. Richardson has been appointed the EEO Coordinator, NCI

- Mr. Tim Kearns is now Chief of the Management Policy Branch, NCI

- Dr. Joseph F. Saunders is Associate Director for International Affairs

- Dr. Samuel Price, Assistant Director, Division of Cancer Research Resources and Centers will retire in May 1980

- Mrs. Marjorie F. Early, Recording Secretary for the Board and Committee Management Officer, NCI, will retire in August 1980

VI. NATIONAL TOXICOLOGY PROGRAM (NTP) - Dr. David P. Rall
Dr. Richard Griesemer
Dr. J.A. Moore
Dr. Ronald Hart
Dr. Anthony Robbins

Dr. David P. Rall, Director, National Institute of Environmental Sciences, Research Triangle Park, North Carolina, and also Director of the National Toxicology Program, described the origin of the NTP and some advances and improvements that have been made in the program since it was established on November 15, 1978.

The function of the National Toxicology Program is to pull together, coordinate, and make as rational as possible the previously diverse efforts at toxicological testing, test development, and test validation within the Public Health Service. There are four major efforts going on within the Program:

- the bioassay program of the National Cancer Institute;
- the environmental mutagenesis testing program in the National Institute of Environmental Health Sciences;
- the program to develop methods more relevant to regulatory needs in the National Center for Toxicological Research;
- the research program to understand the hazards of chemicals in the workplace in the National Institute for Occupational Safety and Health.

The NTP has an Executive Committee, which is the primary advisory committee to the Program. It is composed of research agencies and regulatory agencies. Representing the research agencies are the Directors of the National Institutes of Health, the National Cancer Institute, the National Institute of Environmental Health Sciences, the National Institute for Occupational Safety and Health, and the Commissioner of the Food and Drug Administration. Representing the regulatory agencies are the Administrators of the Environmental Protection Agency and the Occupational Safety and Health Administration of the Department of Labor, and the Chairman of the Consumer Product Safety Commission.

At the beginning of each fiscal year, an annual plan for the NTP will be published which will spell out in detail the chemicals to be tested, how they are to be tested, what sort of test development activities will be undertaken, what research opportunities there are in this broad field, and what the needs are. The plan will also include a list detailing all the relevant toxicology research and testing going on within the Public Health Service.

There is also a Board of Scientific Counselors within the NTP. The Board, which has held two meetings, is looking initially to three important areas (1) the best way to select chemicals for testing; (2) the mechanism of reviewing the technical reports; and, (3) automatic data processing needs of the NTP.

Dr. Rall reported on the various areas in which the NTP has made a difference. He said that protocols for standard toxicity studies have been broadened, capabilities to study between 15 and 20 chemicals per year for chemical disposition have been developed, an environmental mutagencity test development program in NIEHS is now functioning and is being integrated with NCI's short-term test development, and renal and neurobehavioral toxicology studies are being integrated into the general testing program of NIEHS.

The NTP is initiating a "testing-need study" with the National Academy of Sciences. Dr. Rall said there are approximately 50,000 chemical compounds in commercial production of which perhaps 25 are produced in amounts of over a million pounds a year. He said there is much concern that there are a lot of chemicals untested but hard numbers are non-existent. The NAS will try to develop methods to look at random samples of these 50,000 chemicals to determine what the opportunity for human exposure is and to what extent these chemicals have been adequately tested. The results of this study will give the NTP baseline information as to what the scope of the problem is of untested chemicals. As the Toxic Substances Control Act (TOSCA) and the Resource Conservation Recovery Act become implemented and as the NTP develops, Dr. Rall said we will be able to see who is responsible for what the future needs will be.

Reporting on the activities if their contributing agency to the NTP were:

Dr. Richard Griesemer, Head of the Carcinogenesis Testing Program, National Cancer Institute,

Dr. J.A. Moore, Deputy Director, National Institute for Occupational Safety and Health,

Dr. Ronald Hart, Director, National Center for Toxicological Research, Pine Bluff, Arkansas, and,

Dr. Anthony Robbins, Director, National Institute for Occupational Safety and Health.

VII. CANCER CENTER SUPPORT GUIDELINES - Dr. William Terry

Dr. Terry is the Acting Associate Director for the Cancer Centers Program. He reported on the current status of the revision of the Cancer Center Support Grants (CORE GRANTS) which are grants that provide a mechanism for supporting those elements in a cancer center that are required for planning, development, evaluation, administration and maintenance of an active

unified cancer center. They provide support for various activities such as salaries of professional staff, administration costs, centralized shared resources, shared services, shared equipment and developmental projects research. They are investigator-initiated and peer reviewed.

Dr. Terry discussed the various problems which led to the conclusion that a revision of guidelines was necessary. It is hoped to modify the guidelines in such a way as to limit the financial liability in certain categories so as to be able to retain a reasonable number of core grants to a reasonable number of centers distributed across the country. NCI staff have met with center directors to seek their advice and suggestions. Out of these meetings a draft of revised guidelines was generated some months ago. A number of principles were used in attempting to generate that draft:

- attempt to shift from the core grant to the individual R01 and P01 grants those costs that can be paid on these grants, thereby reserving the core budget for those costs that can not be paid on the individual grant,

- attempt to relate the size of the core grant to the actual amount of cancer-related effort that is occurring in institutions that would receive the core grant,

- attempt to clarify ambiguities that exist in the current guidelines, and

- where possible, increase stability in the cancer centers by adding some elements into the guidelines.

The draft revision was circulated to 24 selected cancer centers for comments and suggested alternatives, as well as a clear statement of the financial impact on the centers were the guidelines to be put in effect. A draft of the guidelines was also given to representatives from the Association of Cancer Institutes, for their comments.

Dr. Terry emphasized that the centers program is a very important element in the National Cancer Program. He said core grants have been vital in development of certain centers and are very important in increasing the efficiency and effectiveness of research activities at some centers. At the same time, he said, budgetary restrictions make it necessary to modify the guidelines to make sure that in this modification broad-based cancer centers programs are sustained.

The Board expressed concern that they should be more involved in the revision-making of these guidelines. They asked that the revisions be mailed to them together with any statements made by the center directors and the Association of Cancer Institutes. Further, they unanimously approved a motion that the Board Subcommittee on Centers work with staff on the revision of the guidelines and report to the Board at its October 1980 meeting.

VIII. REPORT OF THE SUBCOMMITTEE ON ENVIRONMENTAL CARCINOGENESIS - Dr. Bruce N. Ames for Dr. Gerald N. Wogan, Chairman

Dr. Ames reported on the activities of the Subcommittee meeting which was held on May 18, 1980.

The Subcommittee heard a report by Mr. Emmett Barkley, Director of the NIH Office of Research Safety, on the latest draft Guidelines for the Laboratory Use of Chemical Carcinogens. The purpose of the guidelines is to provide a set of safeguards to protect workers using chemical carcinogens in laboratories within the Department of Health and Human Services. Major areas covered in the guidelines are health surveillance, employee education, and laboratory-practices/engineering controls.

The second item of discussion was the transfer of the NCI component of the National Toxicology Program to the National Institute of Environmental Health Sciences. Such a transfer would eliminate operational and administrative problems created by multiple agencies having a simultaneous management responsibility. It also would reduce the difficulty of recruiting professional-level staff, by doing away with the uncertainties related to the geographical and administrative location of the program. Finally, the transfer would simplify the definition of fiscal budgets and program costs. NCI will continue to be involved in the testing activities through the NTP Executive Committee, NTP Board of Scientific Counselors, and operational committees.

The Subcommittee endorsed the transfer of the NCI Carcinogenesis Testing Program to NIEHS and recommended that the Board concur with the endorsement.

The Board accepted the report of the Subcommittee, thereby concurring with the transfer of the NCI component of the NTP to the NIEHS. The Board also wished to go on record as supporting Dr. DeVita's proposal to transfer the funds of this component to the NIEHS. The vote on this recommendation was 13-2.

IX. REPORT OF THE SUBCOMMITTEE ON PLANNING AND BUDGET - Dr. Frederick Seitz, Chairman

Dr. Seitz reported on the annual meeting of the Subcommittee with the NCI Executive Committee which was held on May 9, 1980.

Dr. DeVita reviewed the 1982 Preliminary Budget and noted that it was based on the FY 1980 and 1981 levels contained in the original 1981 Budget to the Congress. Since this is the NCI by-pass budget, the impact of a possible recession or amended 1981 budget had not been included. In general, the FY '82 figures reflect a 12% inflation and a 5% program growth.

Summary of 1982 Submission
(in thousands)

Funds

1980	1981	Increase	1982
$1,000,802	$1,007,800	$184,200	$1,192,000

Positions

1980	1981	Increase	1982
2,058	2,065	173	2,238

Specific aspects of the FY 1982 budget were summarized with comparisons to other budget years.

(a) Of the funds going off campus, the percentage breakdown by mechanisms is as follows:

	1980	1981	1982
Grants	64.5%	65.1%	67.4%
Contracts	31.8	31.7	29.9
Interagency Agreements	3.7	3.2	2.7
TOTAL	100.0%	100.0%	100.0%

(b) Research Project Grants (R01, P01, R23). As of October 1980, raw scores will be used.

R01	1980	1981	1982
- % Funded	33%	30%	40%
- Priority Score (Raw)	215	203	227
- # of Competing Grants	640	664	920
P01			
- % Funded	53%	33%	67%
- Priority Score (Raw)	212	193	220
- # of Competing Grants	39	27	66

(c) Research Projects

	1978	1979	1980	1981	1982
- # of Competing Grants	886	901	733	729	1,044
- Total # of Grants	2,281	2,398	2,489	2,486	2,699
- % Funded	40	41	35	31	41
- Priority Score (Raw)	230	225	210	200	225

(d) NTP Levels

	(in thousands) 1980	1981	1982
Budgeted Amounts	$45,623	$65,623	$70,000
# of New Chemicals put into test	75	100	100

With the proposed rescission, the NTP would enter a total of approximately 80 chemicals into test during 1980 and 1981.

(e) Construction - These figures are in line with the recommendations of the Subcommittee on Construction.

	(in thousands) 1980	1981	1982
Grants	$11,000	$1,000	$21,000
Contracts	4,000	2,000	6,000
TOTAL	$15,000	$3,000	$27,000

(f) Contracts

	(in thousands) 1980	% Total	1981	% Total	1982	% Total
Research	$71,594	29.7%	$65,360	26.8%	$72,482	27.2%
Resource	147,016	60.9	158,182	65.0	173,228	64.9
Interagency Agreements	22,603	9.4	19,885	8.2	21,203	7.9
	$241,213	100.0%	$243,427	100.0%	$266,913	100.0%

(g) Low-Level Radiation - Funds have been included for expansion of this effort in 1982 of a $5 million increase to a $17.4 million level in 1981.

Budget tables were reviewed in a variety of formats including:

- rescission
- amended budget
- by thrust
- by research program
- by mechanism
- by NCI Division

Dr. DeVita noted that the NCI had achieved (and exceeded) the goal set by the NCAB in 1974 to increase the investigator-initiated research group by 1% per year for three years.

Dr. Amos noted that training funds were being reduced and requested that a full discussion of this issue be scheduled for the NCAB (the NCI training programs are scheduled to be reviewed at the October meeting).

Dr. DeVita noted that the NCI is supportive of the proposition to transfer its chemical carcinogenesis testing program to NIEHS.

At the conclusion of the budget reviews, the Subcommittee passed the following motion:

> "The Subcommittee on Planning and Budget recommends that the NCI should be able to maintain the maximum amount of flexibility regarding the process of budget formulation to best be able to reflect current scientific and economic conditions. Therefore, the Subcommittee expresses its opposition to the identification of specific line items in the budget."

The Board accepted the report of the subcommittee, thereby concurring with the motion included in the report.

X. VISIT TO FREDERICK CANCER RESEARCH CENTER

On May 20, the Board site visited the Frederick Cancer Research Center in Frederick, Maryland. The history of the Center, its operations and future plans were discussed at the business meeting. Tour selections of the laboratories included the:

- cancer biology program
- cancer metastasis and treatment laboratory
- biological carcinogenesis program
- biological markers program
- chemical carcinogenesis program
- environmental control and research laboratory.

The NCAB discussed the issue of whether the Frederick contract should be recompeted separately or as a single unit. The discussion also included the issue of whether NCI should go in the direction of decreasing the contract-supported facility in favor of increasing NCI presence at Frederick.

In order to look into the questions more thoroughly, Dr. Pitot appointed a subcommittee to look into the options. The subcommittee consists of Mr. Samuels, Chairman, Mr. Schrier, Dr. Amos, and Dr. Rowley.

XI. OTHER BUSINESS

The Board approved the following resolution:

> In recognition of her exemplary service to the National Cancer Advisory Board and the National Cancer Institute, the National Cancer Advisory Board wishes to express its sincere appreciation to Mrs. Marjorie F. Early, for her devoted and dedicated endeavors which have contributed immeasurably to the effectiveness of this Board. Mrs. Early's great efficiency lies behind whatever order there is in these proceedings. We wish Mrs. Early the very best in her retirement and in whatever future endeavors she may pursue.

The contributions of Dr. Samuel Price, Assistant Director to Dr. King, were also recognized by a motion of appreciation by the Board. Dr. Price is retiring from Government service in May 1980.

XII. CLOSED SESSION (May 21, 8:00 a.m. - 12:50 p.m.)

The Board discussed and evaluated individual pending new, supplemental, and renewal grant applications, and concurred in the recommendations of the initial peer review groups, except as otherwise noted on the official file copy of the minutes.

XIII. ADJOURNMENT

The meeting of the Board was adjourned at 12:50 p.m., May 21, 1980.

May 19, 8:30 a.m. - 3:15 p.m.
May 20, 8:00 a.m. - 4:30 p.m.
May 21, 8:00 a.m. - 12:50 p.m.

I certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Date

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

Prepared by:

Mrs. Marjorie F. Early
Recording Secretary
National Cancer Advisory Board

NATIONAL CANCER ADVISORY BOARD

CHAIRMAN

Dr. Henry C. Pitot 1982
Director, McArdle Laboratory for
Cancer Research
University of Wisconsin
Madison, Wisconsin 53706

Dr. Bruce N. Ames 1982
Professor of Biochemistry
Department of Biochemistry
University of California
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Dr. Harold Amos 1982
Professor, Department of
Microbiology & Molecular Genetics
Harvard Medical School
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Dr. Maureen M. Henderson 1984
Associate Vice President for
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Dr. Robert C. Hickey 1986
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University of Texas School of
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Dr. Joseph Gale Katterhagen 1986
Director of Oncology
Department of Oncology
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Tacoma, Washington 98405

Mrs. Rose Kushner 1986
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9607 Kingston Road
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Mrs. Eppie Lederer 1986
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Chicago, Illinois 60611

Dr. LaSalle D. Leffall 1986
Professor and Chairman
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Mrs. Vincent Lombardi 1982
550 South Ocean Boulevard
Manalapan, Florida 33462

Dr. William E. Powers 1986
Chairman
Department of Radiation Therapy
Harper Grace Hospital
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Detroit, Michigan 48201

Dr. Janet D. Rowley 1984
Professor
Department of Medicine
School of Medicine
University of Chicago
Chicago, Illinois 60637

Mr. Sheldon W. Samuels 1984
Director, Health, Safety & Environment
Industrial Union Department, AFL-CIO
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Washington, D.C. 20006

Mr. Morris M. Schrier 1984
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445 Park Avenue
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Dr. Frederick Seitz 1982
President Emeritus
The Rockefeller University
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Dr. Irving J. Selikoff 1984
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Laboratory
Department of Community Medicine
Mount Sinai School of Medicine
The City University of New York
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Dr. Philippe Shubik 1982
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Federal Republic of Germany
(8/1/79 - 6/30/80)

Dr. Gerald N. Wogan 1984
Professor of Toxicology
Dept. of Nutrition & Food Science
Massachusetts Institute of Technology
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Cambridge, Massachusetts 02139

Ex Officio Members

Dr. John H. Moxley, III
Assistant Secretary of Defense
(Health Affairs)
Department of Defense
Washington, D.C. 20301

Dr. Frank Press
Director, Office of Science
and Technology Policy
The White House
Washington, D.C. 20500

Mr. Douglas Costle
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Ms. Susan B. King
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