Department of Health and Human Services

Public Health Service

National Institutes of Health

National Cancer Institute

National Cancer Advisory Board

Summary of Meeting
February 4-6, 1985
Building 31
National Institutes of Health
Bethesda, Maryland

Amended to include the entire approved "Resolution on Smokeless Tobacco" --Attached.

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

Minutes of Meeting*
February 4-6, 1985

The National Cancer Advisory Board (NCAB) convened for its 53rd regular meeting at 8:30 a.m., February 4, 1985, in Building 31, National Institutes of Health (NIH), Bethesda, Maryland. Dr. David Korn, Chairman, presided.

Board Members Present

Mr. Richard A. Bloch
Dr. Roswell K. Boutwell
Dr. Victor Braren
Mrs. Helene G. Brown
Dr. Ed L. Calhoon
Dr. Tim Lee Carter
Dr. Gertrude B. Elion
Dr. Robert C. Hickey
Dr. Geza J. Jako
Dr. J. Gale Katterhagen
Dr. David Korn
Mrs. Rose Kushner
Ann Landers
Dr. LaSalle D. Leffall
Dr. Enrico Mihich
Dr. William E. Powers
Dr. Louise C. Strong

President's Cancer Panel

Dr. Armand Hammer
Dr. William P. Longmire, Jr.
Dr. John A. Montgomery

Ex Officio Members

Dr. Elizabeth Anderson, EPA
Dr. Hollis Boren, VA
Ms. Karen Deasy, CDC
Dr. Allen Heim, FDA
Dr. Lakshmi Mishra, CPSC
Dr. David Rall, NIEHS

Absent

Mrs. Angel Bradley

* 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.

Liaison Representatives

Ms. Margaret Foti, Executive Director, Temple University, School of Medicine, Philadelphia, Pennsylvania, representing the American Association for Cancer Research.

Dr. Lewis Greenwald, Program Director, Regulatory Biology, Washington, D.C., representing the National Science Foundation.

Dr. Judi Johnson, Cancer Services Coordinator at the North Memorial Medical Center, Robbinsdale, Minnesota, representing the Oncology Nursing Society.

Dr. Raymond E. Lenhard, Associate Professor of Oncology and Medicine at the Johns Hopkins Hospital, Baltimore, Maryland, representing the American Society of Clinical Oncology.

Dr. Marston Linehan, Head, Urologic Oncology Section, Surgery Branch, National Cancer Institute, Bethesda, Maryland, representing the Society of Urologic Oncology.

Dr. Edwin A. Mirand, Associate Institute Director of Administration, Roswell Park Memorial Institute, Buffalo, New York, representing the Association of the American Cancer Institutes.

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. James Robertson, Director, Human Health and Assessment Division, U.S. Department of Energy, Washington, D.C., representing the U.S. Department of Energy.

Members, Executive Committee, National Cancer Institute

Dr. Vincent T. DeVita, Jr., Director, National Cancer Institute
Dr. Richard H. Adamson, Director, Division of Cancer Etiology
Mr. Philip D. Amoruso, Associate Director for Administrative Management
Mrs. Barbara S. Bynum, Director, Division of Extramural Activities
Dr. Bruce A. Chabner, Director, Division of Cancer Treatment
Dr. Peter J. Fischinger, Associate Director, National Cancer Institute
Dr. Peter Greenwald, Director, Division of Cancer Prevention and Control
Dr. Jane E. Henney, Deputy Director, National Cancer Institute
Dr. Alan S. Rabson, Director, Division of Cancer Biology and Diagnosis
Ms. Iris Schneider, Director of Staff Operations

In addition to NCI staff members, meeting participants, and guests, a total of 12 registered members of the public attended the meeting.

I. Call to Order--Dr. David Korn

Dr. Korn, Chairman, called the meeting to order and welcomed members of the Board, the President's Cancer Panel, liaison representatives, guests, staff of the National Cancer Institute (NCI), and members of the public. He also introduced the newly appointed ex officio members of the Board.

Procedures for the conduct of Board meetings were reviewed. Members of the public who wished to express their views on any matters discussed by the Board during the meeting were invited to submit their comments in writing to the Executive Secretary of the NCAB within 10 days after the meeting. Dr. Korn emphasized the importance of having a quorum of 12 members present for each occasion when a vote is taken.

II. Future Board Meeting Dates

Future Board meeting dates were confirmed as follows: May 13-15, October 7-9, and December 2-4, 1985. The following dates were confirmed for 1986: February 3-5, October 6-8, and December 1-3; June 2-4, 1986 is scheduled for confirmation at the May 1985 meeting.

III. Consideration of NCAB Minutes of November 1984

Dr. Braren made a motion that the minutes of the November 1984 meeting of the National Cancer Advisory Board be tabled and that the minutes be modified by adding a summary of issues raised during the discussion periods following presentations. Dr. Powers seconded the motion, which the Board accepted unanimously.

IV. Report of the President's Cancer Panel--Dr. Armand Hammer

Dr. Hammer expressed the Panel's concern over disturbing press reports on the possibility of postponing funding for grants during 1985-86 and over the serious effect such reductions could have on biomedical research in general and cancer research in particular.

The Panel's 1984 meetings were devoted to studying the network of cancer centers located throughout the country. The Panel found advantages and disadvantages in all of the organizations. The Panel's main impression was positive, and the members admire the dedication and ability of those working at the centers. Many of the minority institutions are eager to increase their involvement in cancer research, treatment, and prevention programs, and NIH has announced a new grant program to support the development of research centers at minority institutions. Dr. Hammer reinforced the Panel's primary concern for the health and viability of NCI's basic research program but also emphasized the importance of supporting outreach programs that provide cancer patients with access to needed information.

For 1985, the Panel plans to change its focus somewhat by including in future agendas more reports on the state of the art in cancer research and on treatment and prevention programs. The Panel will seek to identify problems, bring them out into the open for discussion, and try to arrive at an effective solution. The Panel's first meeting is scheduled for February 25, 1985, at the Wistar Institute, Philadelphia, Pennsylvania.

Dr. Hammer invited Board members to the awarding of the Hammer Cancer Prize for 1984, to be held February 11, 1985, in Los Angeles. Recipients of the prize are Dr. Robert Gallo, NCI, and three Japanese scientists who have worked with Dr. Gallo and previously contributed to the isolating of the first human T-cell leukemia lymphoma virus known as HTLV.

V. Director's Report--Dr. Vincent T. DeVita, Jr.

Dr. DeVita announced that because budget issues were still confidential, they would be discussed in a closed session of the Planning and Budget Subcommittee on the evening of February 4.

He welcomed the new ex officio members of the Board and announced that Dr. David P. Byar will be the Acting Chief of the Biometry Branch and that the SEER program location has been changed to the Operations Research Branch under Dr. Edward Sondik.

Followup Items

(1) Regarding research on AIDS, Dr. Gallo and the French group led by Dr. Luc Montagnier have now published not only the cloning of the virus but the exact sequence of the HTLV-III and the LAV viruses. Because there is a test to diagnose the presence of an antibody to the virus and because the virus can be cultured, it is known that a population of patients at risk for AIDS may have the virus but no antibody. Thus, some blood donors may be individuals who are virus-positive and antibody-negative. The finding that a person can have the virus and not have an antibody to the virus is very important.

(2) Using heteroduplex maps, staff scientists have found that the HTLV-III virus is very closely related to a group of viruses called the VISNA viruses, which are common in sheep and belong to a family of viruses called the Lente viruses. Unfortunately, in these viruses, the envelope gene and the envelope protein change significantly enough to increase the difficulty of developing a vaccine that is effective in preventing AIDS. In addition, recent evidence shows that these viruses also affect brain cells, which has been corroborated by the clinical experience of physicians who have found that neurologic problems are very common in AIDS patients.

(3) The RFP for the supercomputer was issued on December 24, 1984, and applications are due by March 6, 1985.

(4) Ninety-nine applications for the Outstanding Investigator Grant were mailed for review in December and are due to NCI by February 8, 1985. A funding plan should be available for the Board to review and approve at the May meeting.

(5) Secretary Heckler has announced the establishment of a national panel, required by the Organ Transplant Legislation passed by Congress. Dr. Wyngaarden, Director of NIH, is the NIH representative on that panel, with Dr. Michael Friedman of the Cancer Therapy Evaluation Program, Division of Cancer Treatment, serving as our representative on a subpanel for NIH.

(6) On January 31, 1985, at a press conference, Dr. DeVita announced the commercial availability of PDQ. The private vendor will make the system available 22 hours a day from Monday through Saturday and 17 hours on Sunday.

(7) The study on the construction needs of the Nation's cancer research community, cofunded by Dr. Hammer and the American Cancer Society, is near completion and will be made available to the Board as soon as possible.

New Items

(1) NCI held the first of its regular two retreats to set priorities for FY 1986; some adjustments had to be made based on changes in the proposed budget.

(2) NCI also held its first meeting of the year to go over the forward plan for FY 1986 and FY 1987. Scientific areas rated number one priority are biological carcinogenesis and oncogene research. Another area of great promise is the biochemical characterization of the process of cancer cells invading and metastasizing, because this process may represent functions that cells had to have at one time to migrate from one site to another to establish a complete organ in a multicellular organism like the body. Also discussed were the chemoprevention trials and the application of the results of basic research in the Clinical Trials Program, which is offering many new opportunities.

(3) The Japanese have firmed up a program supporting efforts in cancer research and have signed a special agreement with NCI, whereby American scientists will spend time in Japan and Japanese scientists will work in NCI laboratories and other U.S. institutions. Mutual research projects will be supported.

(4) Dr. DeVita reported on NCI's discussions with the FDA regarding the issue of health risk messages on food labels. Discussions were held with the Federal Trade Commission and with the Department of Agriculture at a meeting attended by the President and members of the American Meat Institute and by the National Pork Producers Council and the Council's Executive Vice President.

Trained researchers are being pulled away from NCI's Intramural Program by the biotechnology industry and, to some extent, universities. This represents a special problem for the Institute, as does the lack of a Federal summer program this year, although NCI plans to support 39 students by using the NCI Director's Gift Fund.

Appropriations hearings should be concluded by March. The National Cancer Act will be coming up for reauthorization again this year. NCI's goal is that the Act be reauthorized as it stands, because it has been a success, it gives special emphasis to the Cancer Program, and it provides the Director of the Institute with the flexibility to move with speed when appropriate opportunities arise.

During the discussion period, the following items were addressed:

- NCI's book "Diet, Nutrition, and Cancer Prevention: A Guide to Food Choices," which contains a list of foods and their fiber content, is scheduled for release at the end of February 1985.

- Research into AIDS has involved NCI and the National Institute of Allergy and Infectious Diseases (NIAID). Because NCI had invested heavily in retrovirus research, it had the resources to pursue what appeared to be a retroviral infection. At some time, NCI's interests and expertise will merge with NIAID's, and the Institutes will assume the responsibilities appropriate to them.

- The need was stressed for maintaining an appropriate balance between support for basic research and outreach efforts to transfer information to the bedside of the cancer patient.

VI. Subcommittee on Cancer Information--Mr. Richard A. Bloch

The Subcommittee on Cancer Information met January 3, 1985, attended by the following members: Helene Brown, Edward L. Calhoon, Rose Kushner, Ann Landers, David Korn, and Richard Bloch. Mr. Bloch, Chairman, reported that this meeting focused on the Protocol Data Query (PDQ) system, and presented the subcommittee's recommendations on:

- Improving the use of the system with the goal of substantially reducing cancer mortality.

- Improving research information transfer to the doctor treating the cancer patient.

- Completing the PDQ evaluation as soon as possible.

- Promoting PDQ to the professional community and the lay public, as long as individual names are not used in the Directory file.

- Making PDQ accessible to any cancer-related professional but to patients only by order of their physicians.

- Having the Office of Cancer Communications (OCC) and the Cancer Information Service (CIS) use PDQ when appropriate and give information verbally to any caller.

- Allowing the licensee to have the right to eliminate one or more files from the data base, with the approval of NCI, and to modify the software program to make it more user-friendly, faster, easier to use, or more valuable.

- Formulating a licensee publicity plan to be approved by NCI.

- Questioning whether fees should be charged by NCI to licensees.

- Examining the advisability of offering contract modification to all vendors.

The issue of access to the PDQ generated a great deal of discussion. Concerns included:

- Whether patients should be allowed to receive PDQ printouts. If so, could they receive any element of the system, including protocols and names of recommended practitioners and institutions? The point was made that removing names and institutions would be impractical and would compromise the utility of the information.

- How the patient would obtain the information. Some felt it was undesirable for patients to tap into the system because they would not have the perspective to digest the information. The idea of a physician using a printout as an educational tool with a patient was raised. Patient-oriented publicity of PDQ might emphasize the idea that patients should ask their physicians to access the system and then discuss the information together.

- The definition of a "cancer-related professional." Discussion concerned well-meaning but inappropriate use of PDQ by nonphysician professionals. Conversely, some professionals who could make proper use of the information, such as cancer researchers, currently do not have access to PDQ. It was suggested that it might be inappropriate to exclude nurses from access because they could be a point of entry to PDQ information for both physicians and patients.

- Whether the information should be available to other data bases that serve a lay audience. Some of these data bases are currently offering inadequate or inaccurate information. Allowing this access could correct this problem but generate another: the potential for incomplete or inappropriate use of the material.

Participants were divided on the issue of OCC and CIS using PDQ and giving information verbally to any caller. Some advocated a separate PDQ for the public; arguments in favor of the concept included the ability to make high-quality, targeted information more widely known. Patient access to a PDQ system could also force physicians to use the system.

Points made to counter this proposal included the prohibitive cost of computerizing patient information and that a patient information system already exists, encompassing OCC and CIS.

CIS regional offices currently have the option of using PDQ to answer information requests, and many do use it. Some participants suggested that since the volume of CIS calls represents only half of the patients with cancer and their families that access to PDQ might reach the others. It was pointed out, however, that many nongovernment sources of cancer information may also reach this audience.

Dr. DeVita pointed out that NCI is required by statute to charge for the PDQ services. To avoid discouraging vendors from using the system, the charges are modest. Several participants cited the ambiguity of the wording in the recommendations.

Following discussion, two motions were made:

- Dr. Boutwell made a motion that the recommendations be reworded and resubmitted to the Board later in the meeting. Dr. Mihich seconded the motion. The Board approved unanimously.

- Ms. Landers made a motion that the Subcommittee on Cancer Information be given a vote of confidence. Dr. Carter seconded the motion, and the Board approved unanimously.

VII. Cancer Chemotherapy: Achievements and Prospects--Dr. Bruce A. Chabner

Dr. Chabner reviewed the history of cancer chemotherapy, pointing out the milestones that were achieved as the use of drugs to treat cancer became one of the three major therapies for malignant disease. To achieve NCI's year 2000 goal of reducing cancer mortality by 50 percent, improved treatment of micrometastases must be attained. Micrometastases are responsible for the low cure rate of cancers of the lung, colon, and pancreas. Their eradication will require systemic therapy with effective antitumor agents.

The realization that long-term survival for certain cancer patients had been achieved by chemotherapy led to the initiation of the Cancer Chemotherapy National Service Center at the National Cancer Institute in 1955, which was dedicated to the discovery and development of new drugs for treating cancer. Drug development has two arms: In the preclinical phase, candidate substances are discovered, tested, formulated, and subjected to preclinical toxicology tests; clinical testing then determines a safe dose and determines which tumors are sensitive to the drug.

Preclinical testing of drugs is conducted in animal tumor systems that are used to screen drugs for anticancer activity. Many screening systems have been developed that are useful in predicting antitumor activity in man. During the past 30 years, about 500,000 compounds were screened by the NCI, of which eight agents were ultimately found to be effective against human cancers. Many of the most common and most active anticancer agents entered the system after they were discovered by industry, and NCI's drug development program conducted further animal testing, formulation, toxicology, and clinical trials.

Of the 10,000 new compounds that are tested annually, approximately 8 are brought to clinical trials each year. Since 1971, 25 of 91 compounds that reached clinical trial have shown significant antitumor activity.

Clinical trials in cancer therapy are conducted under contract for Phase I and Phase II studies and by the Clinical Cooperative Groups, Cancer Centers, and grantees for more advanced studies. Clinical testing has resulted in an evolution of cancer chemotherapy that began with single agent therapy, proceeded to combination chemotherapy, combined modality therapy, and adjuvant chemotherapy (the use of drugs following primary surgery in patients at high risk of relapse). The development of cancer chemotherapy has resulted in a marked improvement in the prognosis of patients with disseminated malignancy. Especially notable is the increase in long-term disease-free survival time for patients with testicular cancer from 10 percent in 1973 to 70 percent in 1983. Similarly, the response rate for patients with ovarian cancer has risen from 30 percent in 1973 to 90 percent in 1983. Further improvements in the efficacy of chemotherapy are expected to be attained with the refinement of high dose chemotherapy, regional chemotherapy, the use of colony-forming assays to predict response, the use of combinations of noncross-resistant drugs, and the development of analogs of currently used agents.

A major change in the current planned drug development program is to use drug-resistant tumors in the screening system. The problem of drug resistance is a major hurdle in cancer chemotherapy: epithelial tumors such as those of the lung and gastrointestinal tract are highly resistant to anticancer drugs. A great deal of basic research is being conducted with resistant cells in an attempt to understand the mechanism of resistance and thus devise means to overcome it.

Changes are planned in the primary screening of the drug development system to use human tumor cell lines. In addition, other aspects of tumor cell biology are being carefully examined--uncontrolled cell proliferation, failure of cell differentiation, and metastasis. Each provides a biological target for drug development. In addition, a major effort is under way in the Biological Response Modifiers Program, which is aimed at the problem of immune surveillance in cancer.

In the discussion that followed Dr. Chabner's presentation, Dr. Jako made a presentation questioning the efficacy of chemotherapy and stating that NCI ought not increase the number of medical oncologists as part of meeting its goal for the year 2000. It was pointed out to Dr. Jako that the statistics he was citing to demonstrate ineffectiveness of chemotherapy were from Phase I and II trials. Staff clarified the goal of doubling the number of patients entered into clinical trials as based on involving more practicing physicians, not training additional medical oncologists. A member of the Board suggested establishing a subcommittee for innovations in chemotherapy. In addition, a task force for chemotherapy was recommended to look at the indications, benefits, cost ratios, and mortality associated with chemotherapy and to provide advice regarding manpower needs in medical oncology. It was pointed out that clinical practice of oncology is a matter of regulation by public authorities other than NCI. The overall expenditure for preclinical drug development is approximately $50 to $60 million a year. Strategies must be devised for future drug development that will justify the costs.

VIII. NCI Support for Information Dissemination

In a joint report on behalf of the American Association for Cancer Research (AACR), Dr. Isaiah Fidler, President of AACR, and Dr. Robert Handschumacher, Treasurer of AACR, urged the NCAB to consider the importance of information dissemination to a rapidly advancing scientific community. During the last 32 years, the official journal of the AACR, Cancer Research (CR), has received NCI support through an R01 grant amounting to $350,000 per year, about 22 percent of the cost. NCI can no longer provide this support through the normal mechanism of the R01 grant. Dr. DeVita commented that R01's are specifically considered to support basic research, and NIH has requested over the years the removal of projects not in the basic research category.

Officers of the AACR have met previously with Dr. DeVita and his staff to discuss the possibility of alternative mechanisms for continued National Cancer Institute support to CR. Dr. DeVita and his staff recognize the important role that the journal plays in dissemination of scientific information. AACR claims that CR has had extremely high visibility and because of the absence of page charges, provides a publication vehicle for young investigators. AACR made the point that if CR instituted page charges, NCI would end up paying the costs in research grant awards. Research grants often include support of publication costs.

Several alternative mechanisms for supporting CR have been proposed including another category of grant support for information transfer. Such a category would be open for competition to a number of journals that meet the criteria. An NCI contract to CR and to AACR was also proposed to support that part of CR encompassing public educational material, such as position papers, editorials, and perspectives. The public information portion of CR's $1.5 million total budget was estimated at approximately $150,000. Whether the Institute should have a sole source contract to support a single journal specifically for cancer research was questioned, and the importance of this issue for review by the Board was stressed.

It was proposed that part of the NCI budget be allocated for information dissemination and that this be done by NCI, for example, through the Journal of the National Cancer Institute, or by bid to ensure impartiality. Although the issue of partiality arose several times in the discussion, Dr. Fidler stressed that he is not speaking for exclusivity but rather that data must be published and disseminated, and it is essential that NCI allocate funding for information dissemination and open it up to competition.

IX. Subcommittee Reports

Cancer Control for the Year 2000--Mrs. Helene Brown

Mrs. Brown reported that the subcommittee discussed the related issues of employment and insurance discrimination against cancer patients, barriers experienced by cancer patients, and the added problem of dealing with insurance issues because of insurance regulations at the state level.

Dr. Claudia Baquet reported to the subcommittee on the NCI minority initiative, its goal of eliminating the differences in cancer incidence, mortality, and survival rates between minorities and nonminorities and on current activities addressing these concerns.

After a presentation on smokeless tobacco by Dr. Joseph Cullen of the Division of Cancer Prevention and Control (DCPC), the subcommittee commended DCPC for its work on this issue and on the employment and insurance issues. DCPC was encouraged to collect needed data in these areas, do more research, and review possible areas of interaction with other governmental agencies. The subcommittee adopted a resolution on smokeless tobacco containing several recommendations and presented these to the Board for approval. The following motion was made:

Mrs. Brown moved that the report in the whole be adopted. Dr. Hickey seconded the motion. The Board approved the motion. The Board members discussed the advisability of expanding the subcommittee's resolutions on smokeless tobacco to include a suggestion that Congress remove subsidies to the tobacco industry. Members also considered the best means of conveying these resolutions to the appropriate targets. As part of its acceptance of the report, the Board unanimously approved the following resolutions:

- The NCAB supports the actions of those agencies and organizations that have taken public positions opposing the use of smokeless tobacco on the basis of associated health risks and encourages other health agencies, school systems, sports associations, and other organizations to adopt similar positions.

- The NCAB endorses in principle and concept the Board's taking action to inform Congress of our support of removing tobacco subsidies and maintaining or increasing the levels of taxation on tobacco products. The final wording of the statement is to be worked out and reviewed by Drs. Katterhagen and Leffall before being submitted.

Organ Systems--Dr. Robert Hickey

The subcommittee reviewed the meetings held by the various organ site committees; these committees had identified the various areas of scientific interest or need of exploration for the organ sites. The activities of the Coordinating Center were briefly commented on, future meeting dates of the committee were presented, and the organ system funding for 1984 was reviewed. The members of the subcommittee individually and collectively asked that the NCI staff explore guidelines to develop the inclusion of neuro-oncology and the aero-digestive system in the program.

Dr. Hickey moved that the Board accept the report. Dr. Calhoon seconded the motion, and the Board accepted the report unanimously.

Innovations in Surgical Oncology--Dr. Ed Calhoon

The subcommittee reviewed previous meetings and activities, discussed the types of grants that would fund the surgical oncology program, and agreed that more explicit instructions should be given to institutions and surgeons about submitting grant applications.

Dr. Calhoon reported that the subcommittee discussed ways of coordinating surgical oncology with the Organ Systems Program and expressed the need for closer liaison between the practicing physicians and surgeons and NIH.

After discussion of current efforts to achieve such liaison, Dr. Korn related that he had been informed by parliamentarians that subcommittee reports need not be seconded because they are presumably conveyed as the recommendation of more than one member. He then called for a vote regarding approval, and the Board accepted the report unanimously.

Planning and Budget--Dr. Gertrude Elion

Key points of the subcommittee's report include the following:

- A rescission of $4.4 million for 1985 has been submitted to Congress in accordance with the Deficit Reduction Act; further, $1.8 million is to be returned to the U.S. Treasury.

- R01 competing grants funded by NCI in FY 1985 will be limited to 790, and all grants are to be funded at recommended levels.

- A new cancer center has been eliminated; another has been directed to be funded for 2 years with FY 1985 funds.

- For both FY 1985 and FY 1986, a paper transfer of approximately $13 million has been made between NIH Institutes, adjusting NCI's portion of the NIH management fund.

- The Administration has introduced a concept of a program level budget; NCI and all of NIH has been directed to provide 3 years' funding from the 1985 budget for a specific number of competing research grants. NCI's share is 135 of these grants, with approximately $48 million being obligated in FY 1985 for future years' use: $24 million for FY 1986 and $24 million for FY 1987. Thus, the program level for this year would represent the single year cost of all the programs funded in FY 1985. The program level for 1986 would show the second year cost of the multiyear funded grants in addition to the FY 1986 budget request. All other extramural mechanisms will be held at the same level as in 1985.

After discussion on how NCI can implement the multiyear funding requirement, on the need to contact congresspersons expressing members' concerns over these issues, and on the possibilities of compromises being worked out between the Administration and Congress, the Board unanimously accepted the report of the Budget and Planning Subcommittee.

Cancer Information--Mr. Richard A. Bloch

Mr. Bloch presented the Board with the revised statement (copy appended) approved by the subcommittee on the availability of PDQ. After the Board unanimously approved the revised statement, Mr. Bloch urged that the Institute strongly request vendors to bring out the system on their equipment and to improve it where possible. He also urged that the Institute promote publicity of the system.

The subcommittee also discussed its charter and planned its work for the year, which will include reviewing existing information programs, especially those for the public and for patients. Chairman Korn called for the Board's vote to approve the report, which the members did unanimously.

Contracts and Budget of the Office of the Director--Dr. Roswell Boutwell

The subcommittee, after exhaustive discussion, approved the concept of issuing a request for proposals to develop computer programs to provide proper data entry, storage, and retrieval required, in particular, for modern procedures of budget and personnel management and for recordkeeping for the intramural programs of the NCI.

Chairman Korn asked for a vote, and the Board approved the report unanimously.

X. New Business--Dr. David Korn

Proposed future agenda items include:

- The function and structure of study sections.
- Discussion of the cancer centers and the question of guidelines, particularly for the consortium centers.
- Discussion of the contracting process and concept review.
- Review of the budget process.
- Presentation by Dr. John Cairns, author of Cancer Science and Society.

After discussing the request made at the Monday, February 4, meeting by representatives of the American Association of Cancer Research for continued support for Cancer Research and various options for responding to that request as well as the larger issue of NCI support of cancer information transfer, Dr. Hickey made the following motion:

- That the option be open to the journal Cancer Research for partial and frugal support through an appropriate mechanism in the Office of the Director of the National Cancer Institute.

Dr. Powers seconded the motion and then amended the motion to strike the title Cancer Research, or the name of any specific journal, from the motion, so that it would refer to a mechanism for support of cancer information publications in the Director's office.

Dr. Korn then asked the Board to vote on the amended motion, as follows:

- That the Board favors a mechanism from the Director's office for frugal, careful, limited help in providing support for cancer information dissemination.

The Board accepted this motion by a vote of 8 to 5.

XI. Adjournment--Dr. David Korn

The 53rd meeting of the NCAB was adjourned at 11:35 a.m., on Wednesday, February 6, 1985.

MAY 1 0 1985

Date

David Korn, M.D.
Chairman
National Cancer Advisory Board