1976

10.02 Association of American Cancer Institutes (AACI) - Correspondence, 1976

Office of the President
The University of Texas MD Anderson Cancer Center

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Correspondence

1976 10.2
MEMORANDUM

TO:        AACI Membership Committee members
FROM:      Murray M. Copeland, M.D., Chairman
SUBJECT:   Attached EXHIBIT I

Please find attached EXHIBIT I which should be included in your copy of the Chairman's Report of the AACI Membership Committee meeting of November 29, 1976, held in Chicago.

Murray M. Copeland, M.D.

MMC/bs

Dr. David Carr
Dr. John Ultmann
Dr. Alvin Mauer
Dr. Marvin Rich
Dr. Edwin Mirand
November 24, 1976

Dr. Murray M. Copeland, Vice President
University Cancer Foundation
University of Texas System Cancer Center
Texas Medical Center
Houston, Texas 77025

Dear Murray:

It will be impossible for me to attend the Membership Committee meeting of the AACI to be held in Chicago next Monday, November 27, 1976.

In view of this, I would like you to act in my behalf. You may consider this letter as my proxy for you to vote for me on the various applications to be considered for membership in the Association.

Sincerely yours,

Edwin A. Mirand
Associate Institute Director
and Professor, R.P.M.I.;
Secretary-Treasurer, A.A.C.I.

EAM:co
December 22, 1976

Dr. E. A. Mirand  
Secretary-Treasurer  
Association of American Cancer Institutes  
Roswell Park Memorial Institute  
666 Elm  
Buffalo, New York 14263

Dear Doctor Mirand:

Please find enclosed Check No. 079134 in the amount of $956.45. This amount represents an overpayment to M. D. Anderson for the following charges on AACI matters.

Art Work

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alteration of AACI Task 12 brochure</td>
<td>$7.00</td>
</tr>
<tr>
<td>Alteration plus one table for Task 12 brochure</td>
<td>11.10</td>
</tr>
<tr>
<td>Layout and production - CO-OP</td>
<td>722.25</td>
</tr>
</tbody>
</table>

Reproduction

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 8 brochure - 65 copies</td>
<td>104.52</td>
</tr>
<tr>
<td>Task 12 brochure - 105 copies</td>
<td>99.38</td>
</tr>
<tr>
<td>Alteration of cover and letter strip</td>
<td>11.70</td>
</tr>
<tr>
<td>new dates - Task 12</td>
<td></td>
</tr>
</tbody>
</table>

$956.45

The above charges were previously paid to M. D. Anderson by the Association of American Cancer Institutes on August 26, 1976, Check No. 64, at which time we believed they would not be covered by Contract JRB No. 2-800-00-275.

Sincerely yours,

R. Lee Clark, M. D.  
President

cc: Dr. Albert Owens  
Mr. Donald Putney
<table>
<thead>
<tr>
<th>DELIVERY DATE</th>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>ACCOUNT TITLE</th>
<th>ACCOUNT NO.</th>
<th>CTL</th>
<th>P.O. NO.</th>
<th>P.O. AMOUNT</th>
<th>OBJ</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>AACI FD MISC EXPENSES</td>
<td>188 86</td>
<td>745</td>
<td>90</td>
<td>956.45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RETURN CHECK TO OFFICE OF THE PRESIDENT.

CASH DISCOUNT _____ %

CERTIFICATION

I, ___________________________ do hereby certify that I am ___________________________ (TITLE OF PERSON CERTIFYING)

and that I am duly authorized to make this certification for and on behalf of ___________________________ (NAME OF PAYEE COMPANY/CLAIMANT)

I further certify that the attached invoice is correct and that it corresponds in every particular with the supplies and/or services contracted for. I further certify that the account is true, correct, and unpaid.

署名

Agency Approval: 

DATE APPROVED FOR PAYMENT: 12/22/76

NAME: ___________________________ BUSINESS MANAGER

NAME: ___________________________

PRICES ABOVE ARE APPROVED

By: ___________________________ BOARD OF CONTROL

2. FOR RETURN WITH CHECK TO VENDOR
MEMORANDUM

To: THE BUSINESS MANAGER

This will authorize the following expenditure of funds for the purpose designated:

FUND 188386

PAYEE Mr. Patrick Leon

AMOUNT $242.00

PURPOSE Reimbursement for May 18, 1976 Travel for AACI

SEND CHECK TO Office of the President

R. LEE CLARK, M.D.

PRESIDENT
DATE December 9, 1976

MEMORANDUM

TO: THE BUSINESS MANAGER

THIS WILL AUTHORIZE THE FOLLOWING EXPENDITURE OF FUNDS FOR THE PURPOSE DESIGNATED:

FUND 18836 AACI Fund for Misc. Exp.

PAYEE Dr. E. A. Mirand,

AMOUNT $956.45

PURPOSE Reimbursement for overpayment on charges for AACI business

SEND CHECK TO Office of the President

R. LEE CLARK, M.D.

PRESIDENT
November 10, 1976

The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas

Attention: Dr. R. Lee Clark, M. D., President

Subject: M. D. Anderson Invoice Dated April 27, 1976
JRB No. 2-800-00-275

Dear Dr. Clark:

This is to advise you that we have been authorized by the Institute for Cancer Research (AACI) to make payment of costs incurred by M. D. Anderson Hospital and Tumor Institute in the total amount of $1,198.45. A copy of this authorization is attached for your information.

I have instructed our accounting office to issue a check accordingly.

Please do not hesitate to contact the undersigned at (703) 821-4741 or Mr. Donald H. Putney of ICR at (215) 342-1000 if you should have any questions regarding this payment.

Very truly yours,

Raymond L. Rollins
Director of Contracts

cc: Mr. Donald H. Putney, ICR

Attachment
Mr. John Weiss  
President  
JRB Associates, Inc.  
1651 Old Meadow Road  
McLean, Virginia 22101

Subject: Basic Ordering Agreement #2-800-000-275  
(ICR Contract #254)

Dear Mr. Weiss:

You are authorized to reimburse the M. D. Anderson Hospital and Tumor Institute for services as follows: (see letter dated April 27, 1976 to Dr. George Jay, JRB Associates, from R. Lee Clark, M.D., President, University of Texas System Cancer Center).

<table>
<thead>
<tr>
<th>Art Work</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alteration of AACI Task 12 brochure</td>
<td></td>
<td>$7.00</td>
</tr>
<tr>
<td>Alteration plus one table for Task 12 brochure</td>
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<tr>
<td>Layout and production - CO-OP</td>
<td></td>
<td>722.25</td>
</tr>
</tbody>
</table>

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<td>Task 8 brochure - 65 copies</td>
<td></td>
<td>104.52</td>
</tr>
<tr>
<td>Task 12 brochure - 105 copies</td>
<td></td>
<td>99.88</td>
</tr>
<tr>
<td>Alteration of cover and letter strip new dates - Task 12</td>
<td></td>
<td>11.70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter dated May 18, 1976</td>
<td></td>
<td>242.00</td>
</tr>
</tbody>
</table>

**Total: $1,198.45**

Note that the $2765.25 requested for printing and binding of 1000 copies of CO-OP has been disallowed by the Contract Office, NCI.
August 30, 1976

Office of the President

Reimbursement Funds from the Association of American Cancer Institutes

Attached is check number 64 in the amount of $3,721.70 from the Association of American Cancer Institutes. This amount is to be credited to the following accounts: (detailed charges attached).

Office of the President $956.45
AACI Misc. Expense Fund 2765.25
#188386 $3721.70

Thank you.

(Mrs.) JoAnne Hale
Administrative Assistant to R. Lee Clark, M.D.

Attachments

cc: Mr. E. R. Gilley
August 26, 1976

Dr. R. Lee Clark, President
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77030

Dear Lee:

Please find enclosed a check of $3,721.70 to cover the art work, publication and mailing for the booklet on the 12 Tasks. Mrs. Hale advised me that the documentation to support this amount is forthcoming. Also, this amount has been authorized for payment to you by Dr. Al Owens in a telephone conversation with him yesterday, explaining that these expenses were disallowed from the AACI/NCI contract.

Sincerely yours,

Ed Mirand
Associate Institute Director
and Professor, R.P.M.I.;
Secretary-Treasurer, A.A.C.I.

EAM:co
Enclosure
<table>
<thead>
<tr>
<th>ASSOCIATION OF AMERICAN CANCER INSTITUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay to the Order of M. D. Anderson Hospital and Tumor Institute</td>
</tr>
<tr>
<td>Three Thousand Seven Hundred Twenty-One and 70/100</td>
</tr>
<tr>
<td>MAIN-HIGH OFFICE MARINE MIDLAND</td>
</tr>
<tr>
<td>Art work, publication, and mailing - booklet on 12 Tasks</td>
</tr>
<tr>
<td>August 26 10-2 220</td>
</tr>
<tr>
<td>Edwin O. Thurmard</td>
</tr>
<tr>
<td>Sect. Treas.</td>
</tr>
</tbody>
</table>
August 26, 1976

Dr. E. A. Mirand
Secretary-Treasurer
Association of American Cancer Institutes
Roswell Park Memorial Institute
666 Elm
Buffalo, New York 14203

Dear Doctor Mirand:

Please find attached correspondence regarding the cost for updating the brochure entitled "A Plan for Cooperative Action Among Cancer Institutes (CO-OP)", along with charges involved regarding Task 8 and 12 of the Plan.

We have been notified that NCI disallowed these charges as the Contract did not provide for the printing of the brochure and a request for prior approval was not made.

Upon the request of Dr. Albert Owens and yourself, we are enclosing copies of the charges incurred so that the AACI can reimburse M. D. Anderson Hospital and Tumor Institute in the amount of $3721.70.

Thank you for your assistance in this matter.

Sincerely yours,

R. Lee Clark, M. D.
President

RLC:jh
cc: Dr. Albert Owens
TO:  Dr. Albert H. Owens  
President, AACI  

RE: Contract Modification  
NCI Contract #N01-CO-45056  

Modification #7 (Enclosure A) extended the expiration date of subject contract to September 30, 1976 but did not provide for the transfer of funds as requested in my letter of May 11 to Mr. Richard L. Sherbert (Enclosure B).

On Tuesday, August 17, a meeting was held with Ms. Patricia Ann Eigler, Contract Representative, to determine the NCI's position regarding this request. In order to facilitate the meeting, an analysis (Enclosure C) was presented to show the availability of funds and to summarize the request for fund transfer. Briefly, this shows that as of June 30, 1976, $29,188.50 is available and that the request for fund transfer amounted to $22,585.00.

The request for the $22,585.00 transfer is summarized in the letter to me from Mr. Raymond L. Rollins in which he requested additional funding in the amount of $19,585.00 determined as follows:

\[
\begin{align*}
M. D. Anderson & \quad 4,022 \\
Task 10 - Dr. Zubrod & \quad 1,500 \\
Program Coordination by JRB & \quad 14,063 \\
& \quad \text{(Newsletter, Memphis Conference, Travel, & Misc.)} \\
\hline
\quad & \quad 19,585 \\
\end{align*}
\]

The amount of the increase in the JRB contract has been the subject of much discussion, since a principal source for the transfer required $4,022 to meet the 1975 funds allocation for COOP. The $4,022 includes travel for Dr. M. D. Anderson, Inc., to COOP which had been delayed but will now be paid.

The request called for reimbursement for the increase.
of the increase seemed to be associated with the cost of holding the Memphis meeting. An analysis of those costs amounting to $8,933.22 is enclosed as Enclosure D.

The second portion of the fund transfer request was to return $3000 under Task 1 which will provide funding for that Task through September 30.

In the review of the request the NCI disallowed the request of M. D. Anderson for printing costs of the brochure entitled "A Plan for Cooperative Action Among Cancer Institutes (CO-OP) in the amount of $3,721.70 (Enclosure E). This decision was made on the basis that the contract did not specifically provide for the printing of the brochure and the absence of a request for prior approval (contract modification).

Otherwise, the request was approved and a modification to that effect is going forward.

Please let me know your comments.

Sincerely yours,

[Signature]

H. D. Putney

lmc.

cc: Dr. William W. Shingleton
    Dr. Edwin A. Miranda
    Dr. C. Gordon Zubrod
    Dr. R. Lee Clark
    Mr. Patrick A. Leon
The purpose of this modification is to extend the Contract for three months on a no-cost basis. The above numbered contract is hereby changed as reflected on the attached page 2.

The contract amount is unchanged.

The expiration date is changed to September 30, 1976.
THE GOVERNMENT AND THE CONTRACTOR MUTUALLY AGREE WITH THE FOLLOWING:

Article III, Period of Performance, is hereby amended to read as follows:

"Performance of this contract shall begin on June 5, 1974 and shall not extend beyond September 30, 1976, unless the period is extended by an amendment of the contract."
May 11, 1976

Mr. Richard L. Sherbert  
National Cancer Institute  
Building 21, Room 11A33  
Bethesda, Maryland 20014

Subject: Association of American Cancer Institutes (AACI)  
N01-CO-45056  
Modification #7 (Proposed)

Dear Dick:

The purpose of this letter is to request approval for the rebudgeting of funds as a contract modification without increase of cost for the referenced contract.

The reason for the rebudgeting is to provide funds for the continuation of activities by the AACI for the period of time approved by Modification #5 dated December 31, 1975. That modification extended the period of the contract to June 30, 1976.

An analysis of grant expenditures as of March 31, 1976 is provided below:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Amount</th>
<th>Expense</th>
<th>Balance</th>
<th>Obligations</th>
<th>Available</th>
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<tr>
<td>JRB Associates (Coordinator)</td>
<td>86,973</td>
<td>74,886</td>
<td>12,087</td>
<td>12,087</td>
<td>$ --</td>
</tr>
<tr>
<td>Roswell Park (Task 1)</td>
<td>37,000</td>
<td>15,577</td>
<td>21,473</td>
<td>3,000</td>
<td>18,473</td>
</tr>
<tr>
<td>M.D. Anderson (Tasks 3, 4, &amp; 5)</td>
<td>38,530</td>
<td>24,545</td>
<td>13,985</td>
<td>1,985</td>
<td>12,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$162,503</strong></td>
<td><strong>$114,958</strong></td>
<td><strong>$47,545</strong></td>
<td><strong>$17,072</strong></td>
<td><strong>$30,473</strong></td>
</tr>
</tbody>
</table>
The activities for which the rebudgeting is being requested are summarized as follows:

**Task 1 - Roswell Park Memorial Institute**

$3000 is shown as an obligation, leaving a balance of $18,473. Mr. Goehle's letter is enclosed (Enclosure A). In it, he describes the need for continuing the work through June 30.

**Coordinator - JRB Associates**

The proposed rebudgeting is to provide funds to continue their coordinating functions for the AACI program, namely, publication of the Newsletter, support for the upcoming AACI meeting in Bethesda, Maryland on June 6-8, 1976, recapitulation of expenses for the Memphis meeting of the AACI, and additional planning for Dr. Zubrod's Task. This information is recapped in Mr. Rollin's letter and budget which is enclosed as Enclosure B.

I trust that you will find this request in order and that approval will be forthcoming to allow this Institute, as fiscal agent for the AACI, to appropriately amend the subcontract with the institutions involved in these matters.

Please let me know if more information is needed.

Sincerely yours,

[Signature]

lmw.

cc: Dr. Albert H. Owens
    Dr. Edwin A. Miranda
Mr. H. Donald Putney  
Fox Chase Cancer Center  
7701 Burholme Avenue  
Philadelphia, Pennsylvania 19111

Subject: Contract Support for Task #1

Dear Don:

I am enclosing a proposed budget request for the two year period ending June 30, 1978. The intent is to ask for N.C.I. support of three significant out of pocket costs, only: (1) preparation of profiles, (2) travel expense and (3) telephone expense. It is assumed that member institutions will continue to contribute the time of their personnel, the use of their facilities, the expenses of correspondence and other miscellaneous expense, without reimbursement.

The requirements are based upon the projection that 36 institutions will have been profiled by January 1977 and that an additional 24 institutions will have been profiled by July 1978. The Secretary-Treasurer, Dr. Mirand, projects a membership of 70 institutions by July 1978; however, I am estimating that not more than 60 will have been profiled.

I have not included the cost of a person to do the work of drawing-out information from the profiles for the N.C.I. study which you mentioned at the meeting. If N.C.I. wishes to support this effort, I assume you will determine an appropriate amount to request based upon the information desired.
I should now like to suggest that the balance in the current contract, approximately $19,900, be used as follows:

Estimated Committee travel expenses  
for the meeting and visitation up to June 30, 1976  
$ 3,000

Transfer from our Task for support of other A.A.C.I. activities including the June 1976 meeting  
10,000

Carry-over for the period July through December 1976  
6,900

Total  
$19,900

I propose, further, that the carry-over of $6,900 be made an extension of the sub-contract to Roswell Park for the remainder of the period when Task #1 will be centered here. Part of that balance will be used during July for the expenses of updating the profiles and preparing the additional profiles of new institutions. The remaining requirement will depend entirely upon the response to my recent additional offer of advisory assistance through visitation by members of the Committee. I expect something less than the full $6,900 to be required.

By continuing the current contract here through December, you would then be in a position to sub-contract with Johns Hopkins for the full amount of the budget request for the period ending June 30, 1978.

I hope you find all of this satisfactory and wish to thank you again for your good efforts on behalf of our Task.

Very sincerely,

Robert W. Goehle
Chairman

RWG:mmm
Enc.

cc: Mr. Harrington
ASSOCIATION OF AMERICAN CANCER INSTITUTES

A.A.C.I. Task #1
Budget Estimate, Two Year Period Ending June 30, 1978

1. Preparation of profiles (annual update or initial preparation for new institutions)

   a. Average cost per volume containing 12 profiles

      Clerical and typing
      40 hours @ $3.60 (current Manpower rate) = $ 144

      Printing and binding
      100 copies of a 77 page, spiral bound volume 300

      Mail expense (3rd class)
      50 copies @ $.50 (3rd class mail in sets of 4 volumes) (Remaining 50 copies to be distributed at meetings) 25

      Total cost per volume $ 469 (say 470)

   b. Projected number of volumes

      By July 1977, 4 volumes @ $470 $ 1,880
      By July 1978, 5 volumes @ $470 2,350

      Total preparation cost, two years 4,230

2. Travel expense

   a. Task Force meetings (2 per year)

      4 meetings, at average of 6 members traveling to each meeting = 24 trips @ $300. average cost = 7,200
b. Visiting new institutions to give advisory assistance

24 new institutions expected to be profiled in two year period. Based upon previous experience, about one-half will wish to be visited. 12 visits by a two man team = 24 trips @ $300. = 7,200

3. Telephone expense

150 long distance calls @ $4.50 average = 675

Total budget request $19,305
May 5, 1976

Mr. H. Donald Putney  
Vice President and Treasurer  
The Institute for Cancer Research  
7701 Burholme Avenue  
Philadelphia, Pennsylvania 19111

Subject: Basic Ordering Agreement dated June 6, 1974  
JRB No. 2-800-71-770-41

Dear Mr. Putney:

In confirmation of our discussions earlier this week, enclosed is our revised price breakdown for continued support of the Institute through June 30, 1976.

Our estimate includes support for the Bethesda conference scheduled for June and an issue of the Newsletter, as well as additional support required for the Memphis conference, the M. D. Anderson update of the Comprehensive Plan, and an additional planning meeting for Dr. Zubrod's Task Force.

If this proposal is acceptable, please provide written authorization for JRB to undertake this effort as Modification No. 4 to the Basic Ordering Agreement.

Please do not hesitate to contact the undersigned or Dr. George Jay at (703) 790-9560 if you should have any questions concerning this proposal or if you should require further information. I would be happy to forward a copy to Mr. Sherbert at NCI, if you so desire.

Very truly yours,

Raymond L. Rollins  
Director of Contracts

Enclosures

RLR/SLb
### DETAIL DESCRIPTION OF COST ELEMENTS

**1. DIRECT MATERIAL (Itemize on Exhibit A)**

- **Purchased Parts**
- **Subcontracted Items**
  - M. D. Anderson Institute: $4,022
- **Other**
  - (1) Raw Material
  - (2) Your Standard Commercial Items
  - (3) Intersubdivision Transfers (or other than cost)

**TOTAL DIRECT MATERIAL:** $4,022 Ex. A

**2. MATERIAL OVERHEAD**

- **Rate:** %

**3. DIRECT LABOR (Specify)**

- **Scientist (Jay):**
  - Estimated Hours: 80
  - Rate/Hour: 15.58
  - Est Cost ($): 1246
- **Conference Manager (Baker):**
  - Estimated Hours: 130
  - Rate/Hour: 7.00
  - Est Cost ($): 910
- **Conference Admin. (Sudduth):**
  - Estimated Hours: 165
  - Rate/Hour: 5.05
  - Est Cost ($): 833

**TOTAL DIRECT LABOR:** $2,989

**4. LABOR OVERHEAD (Specify Department or Cost Center)**

- **Fringe Benefits:**
  - O.M. Rate: 30%
  - Est Cost ($): 897
- **Overhead:**
  - O.M. Rate: 60%
  - Est Cost ($): 1793

**TOTAL LABOR OVERHEAD:** $2,690

**5. SPECIAL TESTING (Including field work at Government installations)**

**TOTAL SPECIAL TESTING:** NONE

**6. SPECIAL EQUIPMENT (If direct charge) (Itemize on Exhibit A)**

**7. TRAVEL (If direct charge) (Give details on attached schedule)**

- **Transportation:**
- **Per Diem of Subsistence:**

**TOTAL TRAVEL:** $1,669

**8. CONSULTANTS (Identify purpose rate)**

**TOTAL CONSULTANTS:** NONE

**9. OTHER DIRECT COSTS (Itemize on Exhibit A)**

- **Total Direct Cost and Overhead:** $4,890 Ex. A
- **General and Administrative Expense (Rate 9.5% of cost element No. 10):** $1,545
- **Royalties:** NONE

**TOTAL ESTIMATED COST:** $17,805

**14. FEE OR PROFIT:** $1,730

**TOTAL ESTIMATED COST AND FEES OR PROFIT:** $19,535
<table>
<thead>
<tr>
<th>COST EL NO.</th>
<th>ITEM DESCRIPTION</th>
<th>EST COST ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b.</td>
<td>M. D. Anderson Hospital and Tumor Institute</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Update of Comprehensive Plan Brochure</td>
<td>$3,722</td>
</tr>
<tr>
<td></td>
<td>Additional Support Services</td>
<td>$4,022</td>
</tr>
<tr>
<td>7.</td>
<td>Transportation - Memphis Conference</td>
<td>$1,269</td>
</tr>
<tr>
<td></td>
<td>Local Travel - JRB Staff - Bethesda Conference</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Registration Fees - JRB Staff - Bethesda Conf.</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,669</td>
</tr>
<tr>
<td>9.</td>
<td>Telephone, Postage, Delivery - Memphis and Bethesda Conference</td>
<td>$1,230</td>
</tr>
<tr>
<td></td>
<td>Equipment Rental, Name Tags, Expendable Supplies</td>
<td>2,160</td>
</tr>
<tr>
<td></td>
<td>Composition, Duplication - Newsletter</td>
<td>1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$4,890</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF REVIEWING OFFICE AND INDIVIDUAL: Elmo Lundgren, DCAA
4297 Pacific Highway, San Diego, Ca. 92110
(714) 454-1025

OPTIONAL FORM 60 (10-71)
**Contract N01-C0-45056**  
**AACI Expenditure Analysis**  
**As of June 30, 1976**

<table>
<thead>
<tr>
<th>Task</th>
<th>Institution</th>
<th>Amount</th>
<th>Expended to Date</th>
<th>Balance</th>
<th>Obligations</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>254</td>
<td>JRB Associates</td>
<td>$86,973.00</td>
<td>$74,886.00</td>
<td>$12,087.00</td>
<td>$12,087.00</td>
<td>$12,087.00</td>
</tr>
<tr>
<td>255</td>
<td>M. D. Anderson</td>
<td>$38,530.00</td>
<td>$24,955.36</td>
<td>$13,574.64</td>
<td>$---</td>
<td>$13,574.64</td>
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<tr>
<td>256</td>
<td>Roswell Park</td>
<td>$37,000.00</td>
<td>$18,386.14</td>
<td>$18,613.86</td>
<td>$3,000.00</td>
<td>$15,613.86</td>
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<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$162,503.00</strong></td>
<td><strong>$118,227.50</strong></td>
<td><strong>$44,275.50</strong></td>
<td><strong>$15,087.00</strong></td>
<td><strong>$29,188.50</strong></td>
</tr>
</tbody>
</table>
June 22, 1976

Mr. H. Donald Putney  
Vice President and Treasurer  
The Institute of Cancer Research  
7701 Burholme Avenue  
Philadelphia, Pennsylvania 19111

Subject: Basic Ordering Agreement dated June 6, 1974  
(Estimated Cost Breakdown for Memphis AACI Meeting)

Dear Don:

The attached exhibit is an estimated cost breakdown of the Memphis meeting. The breakdown was reconstructed from notes, records, and recollections. As I've indicated before, our accounting system for the AACI support project does not track by sub-tasks.

During our effort to develop the breakdown, we discovered two discrepancies. Twenty hours of clerical time that I allocated to the Memphis meeting support sub-tasks should have been allocated to the June newsletter. The associated cost for this is $199.14 including direct cost, overhead, and G & A; therefore, the newsletter estimated cost should be about $2,000. Additionally, a refund to a member who has paid his registration but did not attend the meeting was incorrectly taken from the contract account rather than the registration fee pool account. This error (approximately $50.00) has been corrected.

Please contact me if you have any further questions.

Very truly yours,

John P. Weis  
President

Attachments  
JPW:kag
## EXHIBIT
### ESTIMATED BREAKDOWN
### OF MEMPHIS AACI MEETING SUPPORT SERVICES

#### A. PRE CONFERENCE SUPPORT

<table>
<thead>
<tr>
<th>Labor</th>
<th>HOURS</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graphics Conference Group (Jan Baker, Mary Jo Sudduth)</td>
<td>211.5</td>
<td>$1,319.46</td>
</tr>
<tr>
<td>Project Coordination/Administration (Greg Lewis, George Jay, Jim)</td>
<td>28</td>
<td>427.96</td>
</tr>
<tr>
<td>Secretarial/Clerical</td>
<td>24</td>
<td>111.91</td>
</tr>
</tbody>
</table>

**TOTAL:** $263.5 $1,859.33

### Other Direct Charges

- **Long Distance Telephone Charges**
  - (Participants, Site Personnel, AACI Officers and Vendors)
  - $576.58

- **Postage (Communications with Participants, Sites, AACI Officers, and Vendors)**
  - $415.39

- **Reproduction In-House (JRB Xerox) - Agendas, Membership Lists, Reports Distributed at Meetings, and Misc. Items**
  - $567.42

- **Reproduction Outside (Vendors)**
  - 135 Name Tags
  - $152.88

- **Employee Travel (Local)**
  - $21.75

- **Misc. Conference Materials Expense**
  - $77.64

**SUBTOTAL:** $1,811.66
Services

Site selection (hotel, hotel facilities only), correspondence with Sites (Institution and hotel facilities), correspondence with AACI key officers relative to Site and Site activities (Dr. Clark, Dr. Marand, Dr. Mauer), Site telephone coordination (St. Jude and hotel), relative to management and activities, banquet arrangements, equipment rental arrangements, graphics support, arrange for name tags (prepare list, arrange with vendor, produce, proof, etc.), prepare draft invitation letter, coordinate review of draft letter with JRB project office and AACI officers, revise letter, prepare about 150 invitation letters with appropriate addresses (including envelopes), and proof, telephone coordination with approximately 110 persons (over 150 separate telephone conversations), coordinate travel plans (develop arrival/departure schedules for over 100 participants), coordinate with hotel the participant schedules, prepare rooming list for hotel, prepare and reproduce membership list, prepare and reproduce agenda, JRB project office coordination/management (G. Lewis, G. Jay), misc. secretarial/clerical support.

B. ON-SITE SUPPORT PHASE

<table>
<thead>
<tr>
<th>Labor</th>
<th>HOURS</th>
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<tbody>
<tr>
<td>Conference Group (Jan Baker, Mary Jo Sudduth)</td>
<td>72</td>
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<tr>
<td>Project Coordination/Management (George Jay)</td>
<td>22</td>
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**SUBTOTAL:** 94 $ 768.69

Other Direct Charges

<table>
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<tr>
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<th>COST</th>
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<tr>
<td>Employee Travel Expenses (J. Baker, Mary Jo Sudduth, G. Jay)</td>
<td>$ 723.46</td>
</tr>
<tr>
<td>Bus Rental (Local Travel for AACI Members)</td>
<td>$ 204.00</td>
</tr>
<tr>
<td>Conference Expenses (JRB Staff Registration Fee and Misc. Expenses)</td>
<td>$ 156.87</td>
</tr>
</tbody>
</table>

**SUBTOTAL:** $1,084.33

Services

Site inspection, general arrangements and interaction with Site personnel, set up rooms, handle registration, maintain conference control center, plan meal functions, plan and coordinate local transportation, typing, xerography, supervise message center and generally coordinate activities.
C. POST CONFERENCE SUPPORT

Labor

Conference Group (Jan Baker, Mary Jo Sudduth) 20 $116.60

Other Direct Charges

Long Distance Telephone (AACI Officers, Members) $21.80

Postage (Distribution of Documents to Members Offices, Misc. Correspondence) $30.80

SUBTOTAL: $52.60

Services

Prepare list of attendees, process vendor bills, process registration checks, prepare conference report and files, post conference communications with site personnel; AACI members; and JRE Project Office, and other misc. "clean-up" tasks.

SUMMARY COST

Total Labor - 377.5 hours $2,744.62
Fringe (30%) and Overhead - (65% through 1/31/76 2,601.56
60% from 2/1/76)

ODC 2,948.59

General and Administrative
(7.5% through 1/31/76, 9.5% from 2/1/76) 638.45

TOTAL ESTIMATED COST: $8,933.22
Dr. George Jay
JRB Associates, Inc.
1652 Old Meadow Road
McLean, Virginia 22101

Dear Doctor Jay:

In Modification #3 to the basic contract NO1-CO-45056 provisions were made for the updating of the Comprehensive Plan. This has been completed and listed below are the charges incurred by M.D. Anderson Hospital and Tumor Institute for services rendered for production of this brochure. Also listed are charges involved regarding Task 8 and 12 of the Plan.

**ART WORK**
- Alteration of AACI Task 12 brochure: $7.00
- Alteration plus one table for Task 12 brochure: 11.10
- Lay out and Production - CO-OP: 722.25

**PRINTING**
- Task 8 brochure - 65 copies: 104.52
- Task 12 brochure - 105 copies: 99.88
- Alteration of cover and letter strip new dates - Task 12: 11.70
- Printing and binding of 1000 copies of CO-OP: 2765.25

We would appreciate your sending a check made payable to the M. D. Anderson Hospital and Tumor Institute in the amount of $3721.70 to cover the above charges. We are attaching copies of these charges for your information and files.

If you have any questions please do not hesitate to contact me.

Sincerely yours,

R. Lee Clark, M. D.
President

Enclosures
cc: Mr. H. Donald Putney
Dr. E. A. Mirand
Dr. Albert Owens

THE UNIVERSITY OF TEXAS SYLVESTER CANCER CENTER
Texas Medical Center
Houston, Texas 77030

April 27, 1976
Manon: I am getting concerned about our printing bill now. I talked with Mr. Putney today who is holding the bills and awaiting funding from NCI. He did not indicate that they would be receiving the funds anytime soon. He said NCI has been holding up re printing regulations - we did not have prior clearance with them. He XXX said Mr. Sherbert was working on it but as yet they have not heard anything. I mentioned to Mr. Putney that Dr. Mirand had told me earlier that if we had any problems getting the funds from JRB (which is where I thought the funds would be coming from - not NCI) that he, Dr. Mirand, would send me a check for the amount. Mr. Putney asked that I not contact Dr. Mirand as yet. He hoped to hear something (good or bad) within a week. I explained that I wasn't trying to rush things but that we did show an overdraft and our business office wanted it handled before August 31. He said he understood as they were $16,000 over the amount given to them. Guess I'll just hold tight, but I was so sure there would be no problems because correspondence I had stated that funds were already allocated to JRB for the printing of the Plan. ??

7-16-76

JH:
It doesn't seem there is much you/or I could do-
esp. with Putney asking that Mirand not be contacted

Unless PL might know something more, suggest we see if Putney does hear "within a week". If no word by end of July, I believe any further move should be cleared with RLC.
I really don't know what the significance of having payment here by 8-31-76 -- i.e., I don't know if it is all that earthshaking or not. When ERG returns we could see what he says.

ml

Talked with Mr. Putney today, he is expecting a call from NCI today or tomorrow and he will let us know. Funds are available but need clearance to release them.

jh
8/12
May 18, 1976

The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas 77030

Attention: Dr. R. Lee Clark, M. D.

Subject: Invoice dated April 27, 1976

Gentlemen:

This is to acknowledge receipt of the subject invoice in the amount of $3,721.70 and to advise you that it is being processed for payment.

Please do not hesitate to contact the undersigned at (703) 790-9560 if you should have any questions regarding this matter.

Very truly yours,

Raymond L. Rollins
Director of Contracts

RLR/slb

6/21 - Called RB for status of refund. They will call soon back.

6/21 - Mr. Rollins Secretary called - this invoice has gone to Mr. Putney awaiting funds from VA. They will let us know as soon as funds received. Plan to get closure on this and our deal must be credited before the audit. -- 7/16: spoke to Mr. Putney - he wasn't pleased.
April 27, 1976

Dr. George Jay
JRB Associates, Inc.
1652 Old Meadow Road
McLean, Virginia 22101

Dear Doctor Jay:

In Modification #3 to the basic contract NO1-CO-45056 provisions were made for the updating of the Comprehensive Plan. This has been completed and listed below are the charges incurred by M.D. Anderson Hospital and Tumor Institute for services rendered for production of this brochure. Also listed are charges involved regarding Task 8 and 12 of the Plan.

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- Printing and binding of 1000 copies of CO-OP: 2765.25

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If you have any questions please do not hesitate to contact me.

Sincerely yours,

R. Lee Clark, M. D.
President

Enclosures

cc: Mr. H. Donald Putney
    Dr. E. A. Mirand
    Dr. Albert Owens

bc: Mr. Patrick Leon
# Request for Printing

**The University of Texas System Cancer Center**

**Request for Printing**

Failure to fill out completely may delay your work.

<table>
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<th>Building</th>
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<th>Extension No.</th>
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<td>405</td>
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Department or grant to be charged:

Account No.

No. Copies | Name of Form
---|---
| C-02 |

Person placing order: [Signature]

Approved - Department Head

**Composition Instructions**

- PSF No.: [Blank]
- New Form
- Old Form
- Revision of Old Form
- Replacing Old Form
- To be Permanent Form
- Submit Proof

**Printing Instructions**

- Color Ink: [Blank]
- Color Stock: [Blank]
- Type: [Blank]
- Finished Size: [Blank] "W" x [Blank] "L"
- Print: [Blank] One Side [Blank] Two Sides
- Stock furnished by dept.

**Bindery Instructions**

- [Blank] Collate
- [Blank] Staple
- [Blank] Fold
- [Blank] Perforate
- [Blank] Score
- [Blank] Round Corner
- [Blank] Drill [Blank] Holes
- [Blank] Pad [Blank] To [Blank] Pad/SET

**Special Instructions**

- Print Shop: [Blank]
- Distribution: [Blank]

**Delivery Required By**

NOTE: Do Not Use: "Rush or as Soon as Possible" State TIME and DATE Delivery Required.

**For Print Shop Use Only**

- Request No.: 762852
- Date Recd.: [Blank]

Total Charge: $[Blank]

Requesting Department Copy

Approved
Interoffice Memorandum

TO: Ms. Jo Ann Hale
Office of the President

FROM: Gero von le Fort
Medical Communication

SUBJECT: Charges for Camera Art and Binding

Art production charges for the publication of "Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Institutes."

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DATE: March 8, 1976
THE UNIVERSITY OF TEXAS SYSTEM CANCER CENTER

REQUEST FOR PRINTING

FAILURE TO FILL OUT COMPLETELY MAY DELAY YOUR WORK.

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NOTE: Please attach sample copy.

PERSON PLACING ORDER

APPROVED - DEPARTMENT HEAD

COMPOSITION INSTRUCTIONS

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PRINT: ONE SIDE  TWO SIDES

STOCK FURNISHED BY DEPT.

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SPECIAL INSTRUCTIONS

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DELIVERY REQUIRED BY

NOTE: Do Not Use - Rock or as Soon as Possible
State TIME and DATE Deliveries Required

FOR PRINT SHOP USE ONLY

REQUEST NO.

DATE REC'D.

NOTE

DO NOT REMOVE THIS COPY. THIS IS A REFERENCE COPY FOR RECORDS AND WILL BE RETURNED WHEN ORDER HAS BEEN FURNISHED.

WHEN INQUIRING ABOUT THIS REQUEST, PLEASE REFER TO THIS NUMBER WHEN CALLING THE PRINT SHOP.

RECEIPT OF THIS REFERENCE COPY DOES NOT INDEED THAT YOUR WORK HAS BEEN COMPLETED. YOU WILL RECEIVE ANOTHER COPY OF THIS REQUEST SHOWING CHANGES WHEN YOUR WORK HAS BEEN COMPLETED AND DELIVERED.

APPROVED

REFERENCE COPY - REQUESTING DEPARTMENT
THE UNIVERSITY OF TEXAS SYSTEM CANCER CENTER

REQUEST FOR PRINTING

FAILURE TO FILL OUT COMPLETELY MAY DELAY YOUR WORK.

DATE 2-2-70 INSTITUTION MD A
BUILDING Prudential ROOM PR 840
EXTENSION NO. 3012
DEPARTMENT OR GRANT TO BE CHARGED

NO. COPIES NAME OF FORM

100 Letter

NOTE: Please attach sample copy.

PERSON PLACING ORDER

APPROVED - DEPARTMENT HEAD

COMPOSITION INSTRUCTIONS

PSF NO. ____________

[ ] NEW FORM
[ ] OLD FORM
[ ] REVISION OF OLD FORM
[ ] REPLACING OLD FORM
[ ] TO BE PERMANENT FORM
[ ] SUBMIT PROOF

PRINTING INSTRUCTIONS

COLOR INK: ____________
COLOR STOCK: ____________

TYPE: [ ] BOND [ ] UT BOND [ ] BOOK
[ ] CARBONLESS [ ] ENVELOPE
[ ] COVER [ ] INDEX
[ ] OTHER: ____________

FINISHED SIZE: _____"W X _____"L.
PRINT: [ ] ONE SIDE [ ] TWO SIDES
[ ] STOCK FURNISHED BY DEPT.

BINDERY INSTRUCTIONS

[ ] COLLATE
[ ] STAPLE
[ ] FOLD
[ ] PERFORATE
[ ] SCORE
[ ] ROUND CORNER
[ ] DRILL (______ HOLES)
[ ] PAD (______ TO A PAD/SET)
[ ] BIND: [ ] PLASTIC [ ] PERFECT [ ] SIGNATURE

SPECIAL INSTRUCTIONS

PRINT SHOP

DISTRIBUTION

DELIVERY REQUIRED BY

NOTE: Do not use "Rush or as Soon as Possible"
State TIME and DATE Delivery Required.

FOR PRINT SHOP USE ONLY

REQUEST NO. 762296

DATE REC'D: ____________

APPROVED

REFERENCE COPY - REQUESTING DEPARTMENT
REQUEST FOR PRINTING

FAILURE TO FILL OUT COMPLETELY MAY DELAY YOUR WORK.

DATE: 1-27-76

INSTITUTION: [Blank]

BUILDING: [Blank]

ROOM: PB 840

EXTENSION NO.: [Blank]

DEPARTMENT OR GRANT TO BE CHARGED: [Blank]

ACCOUNT NO.: [Blank]

NO. COPIES: 100

NAME OF FORM: [Blank] AAE1 TASK AREA #12

NOTE: Please attach sample copy.

PERSON PLACING ORDER: [Blank] Report

APPROVED - DEPARTMENT HEAD: [Blank] E. Fort

COMPOSITION INSTRUCTIONS

PSF NO.: [Blank]

[ ] NEW FORM
[ ] OLD FORM
[ ] REVISION OF OLD FORM
[ ] REPLACING OLD FORM
[ ] TO BE PERMANENT FORM
[ ] SUBMIT PROOF

PRINTING INSTRUCTIONS

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COLOR: [Blank]

STOCK: [Blank]


[ ] CARBONLESS [ ] ENVELOPE

[ ] COVER [ ] INDEX

[ ] OTHER

FINISHED SIZE: [Blank] "W X [Blank] "L.

PRINT: [ ] ONE SIDE [ ] TWO SIDES

[ ] STOCK FURNISHED BY DEPT.

BINDERY INSTRUCTIONS

[ ] COLLATE
[ ] STAPLE
[ ] FOLD
[ ] PERFORATE
[ ] SCORE
[ ] ROUND CORNER
[ ] DRILL (____ holes)

[ ] PAD (____ TO A PAD/SET)

[ ] BIND: [ ] PLASTIC [ ] PERFECT [ ] SIGNATURE

SPECIAL INSTRUCTIONS

PRINT SHOP

[Blank]

DISTRIBUTION

[Blank]

DELIVERY REQUIRED BY

NOTE: Do Not Use “Rush or as Soon as Possible” State TIME and DATE Delivery Required

FOR PRINT SHOP USE ONLY

REQUEST NO.: 762211

DATE RECD.: [Blank]

TOTAL CHARGE: $98.88

APPROVED

REQUESTING DEPARTMENT COPY
### Request for Printing

**Failure to fill out completely may delay your work.**

**Date:** 1-27-76

**Institution:**

**Building:**

**Room:** BR 640

**Extension No.:** 3o12

**Department or Grant to be Charged:**

**Account No.:**

**No. Copies:** 100

**Name of Form:**

**Person Placing Order:**

**Approved - Department Head:**

### Composition Instructions

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<th>One Side</th>
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<th>Stock Furnished by Dept.</th>
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### Bindery Instructions

- Collate
- Staple
- Fold
- Perforate
- Score
- Round Corner
- Drill (holes)
- Pad (to a pad/set)
- Bind: Plastic
- Perfect
- Signature

### Special Instructions

**Print Shop**

**Distribution**

**Delivery Required By**

**Note:** Do not use `Rush or as soon as possible`

State TIME and DATE Delivery Required

### For Print Shop Use Only

**Request No.:** 762211

**Date Rec'd.:**

**Total Charge:** $ 92.88

**Requesting Department Copy**

**Approved**
Description of Work
Aet. of AACI #12 Brochure

Art. of AACI #12 Brochure

For publication lecture title subject

TO BE COMPLETED BY DEPT. OF MEDICAL COMMUNICATIONS

ART Date Required 2-2

PHOTO LAB Date Required

Material Time/hr.

NO Photo

Total

TV FILM PRODUCTION Date Required

AUDIO-VISUAL LIBRARY Date Required

Material Time/hr.

100

Inspected: Rec'd: Date:

Inspected: Rec'd: Date:
**Description of Work**

- **Action**: Alteration + 1 Table for AACI Task Area #12
- **Publication**: Brochure - 105 to be printed

**For publication**

- **Lecture**
- **Title/Subject**

---

**TO BE COMPLETED BY DEPT. OF MEDICAL COMMUNICATIONS**

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<th>PHOTO LAB</th>
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**SLIDES PRINTS**

- **Provided**
- **Needed**

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**Total Charges**: $11.10

**Work Number**: 760301

**Date Received**: 1-27-76

**Date Delivered**: 1-27-76

**Authorised signature**: L. F. Fort Jr. for P. Leon

**Room No.**: PR 840

**Phone Extension**: 3012
Dear Doctor Jay:

In Modification # 3 to the basic contract NO1-CO-45056 provisions were made for the updating of the Comprehensive Plan. This has been completed and listed below are changes incurred by M. D. Anderson Hospital and Tumor Institute for services rendered for production of this brochure. Also listed are charges involved regarding Task 8 and 12 of the Plan.

**ART WORK**

<table>
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<td>Alteration of AACI # 12 Brochure</td>
<td>$7.00</td>
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<tr>
<td>Alteration plus one table for Task 12 brochure</td>
<td>$11.10</td>
</tr>
<tr>
<td>Lay out and Production - CO-OP</td>
<td>$722.25</td>
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**PRINTING**

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<td>Task 8 Brochure - 65 copies</td>
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<tr>
<td>Task 12 Brochure 105 copies</td>
<td>$99.88</td>
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<tr>
<td>Alteration of Cover &amp; Letter Strip (new dates) Task 12</td>
<td>$11.70</td>
</tr>
<tr>
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<td>$2765.25</td>
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<td><strong>TOTAL</strong></td>
<td>$3721.70</td>
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We would appreciate your sending a check made payable to the M. D. Anderson Hospital and Tumor Institute in the amount of $3721.70 to cover the above charges.

We are attaching copies of these charges for your information and files.

I you have any questions please do not hesitate to contact me.

RLC

cc: H. Donald Putney
    Dr. E. A. Mirand
July 24, 1975

Mr. H. Donald Putney
Vice President and Treasurer
The Institute for Cancer Research
7701 Burholme Avenue
Philadelphia, Pennsylvania 19111

Dear Mr. Putney:

Modification No. 3 to the basic contract (copy attached) was for the purpose "to update the Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Institutes" in the amount of $24,973. It further provided that the expiration date should be extended to December 31, 1975. In order to accomplish these objectives, the Institute for Cancer Research was authorized to increase the sub-contract with JRB Associates, Inc. for $62,000 to $86,973.

Accordingly, Section III, "Period of Performance" of the Basic Ordering Agreement between The Institute for Cancer Research and JRB Associates, Inc. is hereby revised to reflect the following:

"The services of the CONTRACTOR shall commence with the effective date of this Contract and the issuance of a task order, and shall be completed on December 31, 1975, unless extended by mutual agreement of the parties hereto. Task orders issued hereunder shall set forth the specific schedules of performance for each task."

Also, Article IV, "Payment," Section C, should be amended to read as follows:

"... the total estimated cost of this Agreement is $81,337, the Fixed Fee is $5,636, and the total estimated Cost-Plus-Fixed-Fee is $86,973."
Further, the following paragraph should replace Article V, "Progress Report:"

"The CONTRACTOR shall submit a progress report bi-monthly to the SPONSOR. This report shall contain a description of activities conducted by the CONTRACTOR, a discussion of problem areas affecting the completion of tasks, and a description of activities to be conducted the succeeding months. The CONTRACTOR shall deliver five (5) copies of the Final Report which is to be due on December 31, 1975. The Final Report shall contain the final updated recommended changes to the Comprehensive Plan."

Please notify your acceptance of these modifications by signing the original of this letter and returning same to this office. One copy is provided for your files.

Sincerely,

[Signature]

Gregory W. Lewis
Vice President

GWL:sfr

Enclosures

ACCEPTED BY: [Signature]

DATE: 8/31/75
I talked with Doctor Mirand this morning to get AACI charges. I explained that I thought the contract funds with JRB but it was my understanding of funds. Doctor Mirand explained that his at $12,000 at the end of March, with Dr. Jay on this. Also he mentioned that take care of the June meeting (Newsletter also)

Doctor Mirand requested that I send the bills in the CO-OP to JRB Associates and if there was any we would get our money as he had the funds (sub)

I have broken down the charges as follows:

JRB ASSOCIATES

Art Work

Alteration of AACI #12 Brochure
Alteration plus one table for
Task 12 Brochure
Lay out and Production - CO-OP

Printing

Task 8 Brochure 65 copies
Task 12 Brochure 105 copies
Alteration of Cover & Letter-Strip
new dates - Task 12
Printing 1000 copies of CO-OP

DR. E. A. MIRAND

Art Work and Printing

AACI Administration Form
AACI Stationery
Account # 188396 Overdraft
Survey of Cancer Control Projects
- of AACI Members

Doctor Mirand asked that I send the charges for in the amount of $32.70 to Doctor Hickey as his cover those charges. I will do this.

Also, I explained to Doctor Mirand that we were charges and would like to have additional money to so state in a letter (with HLC's signature of

Johanne
4/20
I talked with Doctor Mirand this morning to get some direction on these AACI charges. I explained that I thought the CO-OP was to come from contract funds with JRB but it was my understanding that they were out of funds. Doctor Mirand explained that his account record showed JRB with a balance of $12,000 at the end of March, 1976. He has had discussions with Dr. Jay on this. Also he mentioned that JRB was asking for $8000 to take care of the June meeting (Newsletter also included in this amount).

Doctor Mirand requested that I send the bills relating to Task 8, 12, and the CO-OP to JRB Associates and if there was any difficulty to rest assured we would get our money as he had the funds (said he had $33,000 in his 'kitty')

I have broken down the charges as follows:

**JRB ASSOCIATES**

**Art Work**

Alteration of AACI # 12 Brochure $ 7.00  
Alteration plus one table for  
Task 12 Brochure 11.10  
Lay out and Production - CO-OP 722.25

**Printing**

Task 8 Brochure 65 copies 104.52  
Task 12 Brochure 105 copies 99.88  
Alteration of Cover & Letter-Strip  
new dates - Task 12 11.70  
Printing 1000 copies of CO-OP 2765.25  
$3721.70

**DR. E. A. MIRAND**

**Art Work and Printing**

AACI Administration Form $51.95  
AACI Stationary 87.03  
Account # 188386 Overdraft 146.44  
Survey of Cancer Control Projects  
of AACI Members 12.60  
$298.02

Doctor Mirand asked that I send the charges for the Proposal Covers CCCPDS in the amount of $32.70 to Doctor Hickey as his Task 3, 4, & 5 funds were to cover those charges. I will do this.

Also, I explained to Doctor Mirand that we were continuing to have mailing charges and would like to have additional money for Account # 188386, he said to so state in a letter (with RLC's signature of course).

JoAnne  
4/20
### Layout and Production of COMPREHENSIVE PLAN FOR DEVELOPING COOPERATIVE ACTION AND COMMON PRACTICES AMONG CANCER INSTITUTES

**Date Required**: 1-8

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**Total**: 624

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**For publication**

**lecture**

**title subject**

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**ART**  
**Date Required**: 1-8

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**PHOTO LAB**

---

**TV FILM PRODUCTION**

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**AUDIO-VISUAL LIBRARY**

---
Date: 12-10

Dept. Office of the President by P.A. Leon

Fund to be charged: LeFort UICC 12-10

Authorized signature: ___________

Room No.: PR 840 Phone Extension: 3012

Description of Work:
Cover for Comprehensive Plan for Cancer Institutes

1. Cover, Art

2. LO

For publication: lecture: title: subject:

To be completed by Dept. of Medical Communications

ART  Date Required: 12-19

PHOTO LAB  Date Required:

Material  Time hr.

Total: 47.45

TV FILM PRODUCTION PROJECTION

Date Required: 12-19

Audio-Visual Library  Date Required:

Material  Time hr.

Total

Inspected:  Rec'd:  Date:  Inspected:  Rec'd:  Date:

Stock No. 140054-11
**Overtime charges for binding of "A PLAN FOR COOPERATIVE ACTION AMONG CANCER INSTITUTES (CO-OP)" publication.**

**Date Requested:** 2-11-76  
**Dept:** Office of the President by P. Leon

**Fund to be charged:**  
**Authorized signature:** J. Test for P. Leon

**Room No.:** PR 840  
**Phone Extension:** 3012

**Total Charges:** $50.00

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**FOR PUBLICATION**  
**Lecture**  
**Title/Subject**

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**ART**  
**Date Required**

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**PHOTO LAB**

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**TV FILM PRODUCTION**

**Date Required**

**AUDIO-VISUAL LIBRARY**

**Date Required**

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**Please return green copy for your record.**
Mr. Ken Weaver

(Mrs.) JoAnne Hale
Office of the President

March 10, 1976

Dear Ken:

Attached is a print request for printing of the document "A Plan for Cooperative Action Among Cancer Institutes (CO-OP)" which you have already done for Mr. Leon. We would appreciate your completing the form as needed and then sending me a copy with the charges. I need these charges for AACI reporting.

Thank you.

Jo Anne
I talked with Gero LeFort this morning about the various AACI charges as I am not sure about the one attached which just reads "Proposal Covers". I told Gero that since we had to send these billings to the various sources for reimbursement that we would appreciate them being more explicit on what the charges are for and the name of the item. I also told him that PL was in a meeting at the moment but that I would let him know also, and inform PL's secretary. Gero said that he has signed the work orders as a favor but has repeatedly told PL that he did not have the authority to sign them and for PL to please send the signed work request along with the work. Also Gero asked me to tell him he could not sign them and he would tell Mr. Leon he had orders not to sign. Of course, I could not do this - but I did assure him that we would tell PL and LD.

I have talked with Linda and she said PL does not send material to the print shop through her. She said she wasn't even aware of the Environmental Science Park charges because he did it direct. (this is odd as when he talked to me about a girl for him he specifically stated that he wanted someone to take care of all those type of things).

Also, Linda said that PL would NOT be doing any more work for AACI since Dr. Owens is President. I explained to her that RLC was still responsible for the 12 task areas and that he may give PL projects. I ask that she be sure that any work orders be completely filled out - should PL give her one.

JoAnne
4/20

*Excerpts from a different document:

Date: 4/28

Handwritten note:

"Gero left a note saying that not sure if it was the right spot. - No copy kept."
### Medical Communications

**Date:** 10/27/75  
**Dept & Requested by:**  
**Institution:**
- NDAH  
- GSBS  
- SPH  
- Other  
**Room No.:**  
**Phone Extension:** 2012  
**Rec'd by:**  
**Date Delivered:**  
**Work Number:** 10-27-75-404  
**Total Charges:** $32.70  

**Description of Work:** Two Proposal Covers

**For publication:**  
**lecture:**  
**title/subject:**

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**To be completed by Dept. of Medical Communications**

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**Date:**

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**R8**

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<td>762296 - $11.70</td>
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First Shop Charges

- NPCI Administration Forms $25.00
- Contract #11 Document $104.52
- Contract #12 Document $111.58
- NPCI Report $51.00
- NPCI Stationary $24.53

Total: $317.98

Art Work

- Contract #12 Printer's Tank in Cost Layout 1 12.60
- Hickey - Hospital Orders 1/24 - 00000000 32.70
- Alteration of NPCI Admin Form 26.60
- Design and Cable for Contract #12 Brochure 18.10
- Alteration of NPCI Stationary 10.50

Total: $149.30

Drawings of CO-OP - Con-Weight AC 1 746.44

Total: $996.75

Total: $3,487.50
May - 6 - 9

Fri -

1st or 2nd Row

Center - Orch.

-1st or 2nd

- $1410.38 - cash Draft

17.90

Center Stairs -
Marion: I am trying to get all the charges on the AACI materials printed and art work performed here to request reimbursement. I have found that a print request was never sent in for the Comprehensive Plan. I discussed with PL and he said to have print shop bill JRB. I explained that they needed a print request on what was done. He has signed the attached which indicates how many were printed (He said K. Weaver knew what all was requested). In the meantime we have received correspondence which indicates JRB has no money left in the Contract (attached) Do you need to sign this print request or who should?

Also I have received three different figures from Med Comm and Art work. I will discuss with you at your convenience if you wish.

jh
3/10

3-10-76

JH-

Suggest you attach a note to pring req. to KW explaining it is for a job he has already done for PL, and ask him if would mind completing it as needed, and sending you a copy back w/ charges -- which you need for AACI reporting.

As to the 3 figures assume MedCom's latest is it (!), but you could call if not sure.

Glad to disc. If you wish. Surely hard isn't it??

ml
1-28-76

BJK
L-PL/LD

When ordering work from Med Com, Print Shop etc. for AACI projects, please charge them to Account 188386 rather than to the Office of the President? That account consists of funds allocated to us by AACI for such purposes. Postage for AACI mailings also comes from that fund (JH keeps postage purchased from the fund).

The new booklet no doubt will cost more than the balance on hand, however Doctor Clark recently indicated to me that funds to cover its production should be obtained from the contract if possible or, if not, from AACI. (PL would you please advise JH which so that she can follow through?).

Thanks.

ml

cc: JH
JH
The top three show no fund for charges - obviously signed for PL by Lynn and Gero.

Please be sure that the correct charge is made.

Also on the last one, wrong fund.

Thanks.

Beth
2/10
1-28-76

JH

I talked with RLC re. the AACI allocation to us for costs, and attached represents what he said. If my yellow note sounds ok - let's release it and would you please have charges on AACI items attached transferred to the right account?

(If my note not ok, or if you think I have misunderstood anything let me know?).

Thanx:

ml
Per our discussion yesterday, balance of AICI Account # 188386 as of November 30, 1975 was $371.04.
We have recently received charges from Medical Communications and the Print shop on work performed for the Association of American Cancer Institutes. In previous years the procedure has been to charge the "Office of the President" for these charges. We have established an "AACI Fund for Miscellaneous Expenses #188386" account which has primarily been used for mailings. I have been remiss in explaining that this fund can and should be used for any other charges that are made in connection with the AACI.

I will notify the Business Office to reimburse the "Office of the President" account from Account # 188386 for previous charges, and please use the AACI account number for future work requested. Thank you.

JoAnne Hale
December 9, 1976

Dr. R. Lee Clark
President
The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas 77030

Dear Lee:

Thank you for your letter of December 3. I also enjoyed our meeting in Washington and a chance to discuss matters of common interest. The revised version of our handbook on cancer centres is, I'm afraid, a long way off. I am proposing to our Clinical Committee that they assume responsibility for producing a revised version and I will be suggesting the composition of the Committee which might be asked to undertake it.

About all I can promise you at this point is that as soon as it is completed I will send you a copy so that you can at least see what we're thinking about in this country.

Best regards.

Yours sincerely,

R. M. Taylor, M.D.
Executive Director

RMT/ss
December 3, 1976

Dr. R. M. Taylor  
National Cancer Institutes of Cancer  
77 Bloor Street West - Suite 401  
Toronto, Ontario M5S 2V7  
CANADA

Dear Bob:

It was nice seeing you recently. I thoroughly enjoyed my discussions with you and congratulations on your improved state.

I would like to review a copy of your revised version of the Handbook on Cancer Centers as it is very helpful to see the viewpoint of the Canadians which are always eminently practical.

Sincerely yours,

R. Lee Clark, M. D.  
President

RLC/jw
November 9, 1976

Dr. R. Lee Clark
President
University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas  77030
U.S.A.

Dear Lee:

Thank you very much for having arranged that your secretary send me a copy of the handbook for developing a Comprehensive Cancer Center.

Although I doubt if we will produce a document which is as comprehensive as the one that you have forwarded, I have asked the appropriate Committee of the National Cancer Institute of Canada to consider revising a much shorter report that we produced some years ago and which I feel is now obsolete. This handbook will be very helpful.

Best regards.

Yours sincerely,

R. M. Taylor, M.D.
Executive Director

RMT/ss
October 26, 1976

Dr. R. M. Taylor
National Cancer Institutes
of Cancer
Suite 401
77 Bloor Street West
Toronto M5S 2V7 Ontario
CANADA

Dear Doctor Taylor

In reference to Doctor Warwick's letter to you dated October 14, 1976, regarding the Handbook for Developing A Comprehensive Cancer Center, please find enclosed a copy of the document.

Thank you.

Sincerely,

Angie Gutierrez
Secretary to
R. Lee Clark, M.D.

Enclosure
Dr. R. M. Taylor
National Cancer Institute of Cancer
Suite 401
77 Bloor Street West
Toronto M5S 2V7 Ontario
CANADA

Dear Bob,

Thank you very much for your letter of 20 September concerning the Manual on Comprehensive Cancer Centres. Dr. Clark and his staff have prepared a new draft which was presented at the CICA meeting in Houston at the end of September. CICA Members will send their comments to this office and on this basis a new draft will be produced. When finalized and approved by the whole Committee it is planned that the document be published. I don't have a spare copy of the latest version but I am sure that Dr. Clark will arrange to have one sent to you.

I was pleased to hear from John that you are feeling much better.

Best wishes.

Yours sincerely,

Dr. G. P. Warwick

GPW/28
cc: Dr. R. Lee Clark
December 3, 1976

Dr. Edwin A. Mirand
Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14263

Dear Ed:

Recently a few of us became aware of your father's death.

Please know that all of us wish to express our sincere sympathies to you at this time. Unfortunately, we know little of your father and his life and therefore we cannot offer you particularly appropriate sentiments. However, we do know you and the very special commitment you have made to the AACI over the years and can imagine the relationships which must bind you to your parents.

Again, please accept our sympathy.

Sincerely,

[Signature]

Albert H. Owens, Jr., M.D.
President

AHO:rar

BOARD OF DIRECTORS

R. Lee Clark, M.D., Chairman
Houston, Texas

Edward J. Beattie, Jr., M.D.
New York, New York

Murray M. Copeland, M.D.
Houston, Texas

Lewis L. Correll, M.D.
Camden, New Jersey

Charles A. Evans, M.D.

G. Bowman Hammond, M.D.
Los Angeles, California

Henry C. Peters, M.D.
Madison, Wisconsin
November 12, 1976

Board of Directors
Task Directors

Gentlemen:

Yesterday Don Putney, David Siegel and I met with Richard Sherbert, Bayard Morrison, Pat Eigler and Jerry Cohen of the NCI to discuss the implementation of our contract proposal for developing cooperative action and common practices among cancer institutes. Bill Shingleton and Ed Mirand were to have attended, but they could not.

You will recall that this proposal was submitted on July 22, 1976. NCI Staff has conducted a review of the proposal. A copy of their critique (enclosed) was given to us today.

Dick Sherbert led the meeting. He indicated that the NCI wished to support this contract activity and be more involved than in the past. Specific NCI Staff members are identified who will serve or co-project officers for specific tasks.

Dick Sherbert gave us copies of the reviewers' critique. He indicated that each of the project proposals lacked specific description of the methodologies to be useful. Further, there was a general criticism of the problem statements in that they appeared superficial and simple and not substantive.

In brief, Projects 2 (Director Management) and 4 (Patient Guidelines) were disapproved. Project 7 (Cancer literature and Retrieval Systems) was approved essentially as proposed.

The NCI has requested that the remaining projects be modified. In general, they are requesting that a detailed plan of work be developed with the NCI co-project officers during the first phase of contract operations so that the ensuing activities can more closely fulfill NCI needs. For the most part, a 1 year period of funding is proposed.
It was proposed that the contract be a cost reimbursement rather than a fixed price contract. The proposed budget reductions are as follows: Project 1 to $20,000, Project 3 to $97,000, Project 5 to $20,000, Project 6 to $20,000 and Project 7 to $22,087.

Considerable discussion arose over Project 8 (Project Coordination and Fiscal Agent). Mr. Cohen took emphatic exception to the request for partial salary for Don Putney and to the request for full indirect costs. This matter needs further clarification.

At the end of the meeting Don Putney and I accepted the responsibility for informing the AACI members concerned and for formulating the amendments and revisions to the contract proposal which seem appropriate. We are to complete this submission by December 1. The NCI representatives indicated that further negotiations could be concluded around December 5 and the contract funded by December 15.

You will get a more detailed set of minutes when they are prepared. Don Putney will be contacting the Task Directors by telephone. Your best thoughts and advice are needed.

Sincerely,

Albert H. Owens, Jr., M.D.
President

cc: Dr. R.L. Clark
    Dr. E.A. Mirand
    Mr. R.L. Sherbert
Critique of Contract Proposal

"Implementation of a Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Centers"

Submitted by the AACI in Response to

Background:

This proposal was an outgrowth of an unsolicited proposal initially submitted to the NCI by the AACI in 1973. That proposal consisted of twelve tasks covering various aspects of administrative, scientific and information management within cancer centers. At that time it was judged that most of the tasks lacked specific descriptions of products and methodology. However, the NCI proceeded to fund one task - development of administrative and fiscal profiles of selected centers, Contract No. NOI-CD-45056, awarded June 5, 1974. In addition one other task was funded by the ICRDB to review and abstract current scientific articles.

In January, 1975 the NCI agreed to modify the existing contract with the AACI to permit more detailed planning for other tasks within the "Comprehensive Plan". In addition, tasks 3, 4, and 5 were pulled out and combined in a single effort, initially under the sponsorship of the ICRDB, to develop a common patient data set and to foster establishment of epidemiological/statistical units in each Comprehensive Cancer Center.

Seven task groups were established by the AACI to further develop their initial proposals. The work of five groups are represented in the proposal under review as projects 2, 3, 4, 5, and 6. The sixth group was named to develop what is project 7 in this Proposal but that group never actually became functional. Finally, the seventh group was established to develop plans in the area of cancer education in centers. This group developed a proposal which seemed to duplicate, in part, a similar project being conducted under contract with the Association of American Cancer Education. This proposal was subsequently withdrawn by the AACI.

The RFP for the proposal under review was developed primarily from the material produced by the task groups under the current AACI contract. In addition, project 1 represents a continuation and extension of current activities to produce administrative and fiscal profiles of cancer centers. Project 7 represents a formalization of a proposal originally presented to the AACI at its meeting in June, 1975.

Because of the substantial differences in the technical content of each of the projects, the review process involved two stages. At the first stage each project was reviewed by a subcommittee consisting of NIH staff with special technical competence in the subject matter area covered by the project and/or staff from the NCI organizational element with greatest interest in the subject matter of the project. The second stage consisted of a final technical review and evaluation by a committee consisting of the chairman of each of the subcommittees together with a representative of the NCI Cancer Centers Program. The results of that review are the subject of this report. The reports of each of the subcommittees are incorporated as attachments to this report.
1. Project 1 - Fiscal and Administrative Profiles -

This proposal represents a continuation of current data collection activities. Members of the committee felt that the data which has been collected is of limited use to the NCI because of some significant gaps in the data - a number of data elements are not provided for some centers. In addition there is a lack of clarity concerning whether the data are institution-wide or cancer center-specific. It was agreed that the NCI had not participated actively enough with the AACI in this activity. It was also clear that this activity had fostered increased communications among cancer centers.

It was also noted that the NCI Cancer Centers Program has developed and is field testing a questionnaire to assist in evaluating the program. There are significant areas of overlap and duplication between the two efforts, however, the latter is more detailed than is the current AACI effort. This effort by the Centers Program is also more clearly center specific rather than institution wide.

The committee felt that if this project is to continue unchanged, the emphasis of this project should be on filling in the gaps that exist in the current data rather than expanding the data collection to cover new institutions. In addition the committee felt that the current AACI effort and the proposed Cancer Centers Program effort should be combined because: a) a proliferation of surveys can only lead to resentment in cancer centers, b) the AACI effort is already on-going and apparently acceptable to centers, c) broadening the contents of the AACI effort will better satisfy NCI needs, d) the AACI as a voluntary association of cancer centers can collect the data with minimal resentment, e) a single data collection effort will reduce problems of OMB survey clearance.

As a result of these discussions it will be necessary for the AACI Director for Project 1 to work very closely with the NCI Cancer Centers Program staff in revising the AACI data collection instrument. Approval of the revised instrument by CCP staff will be necessary. It is recognized that combining the two efforts will result in a major redirection of the current AACI activity.

The review committee instructed the negotiators to proceed with project one for one year at a cost of $20,000 subject to further cost negotiations based on project modifications. Emphasis on the project should be on broadening the data collection effort to incorporate data needs of the Cancer Centers Program.

2. Project 2 - Data Processing -

The subcommittee review recommended approval of Project 2 with strong reservations. The recommendation to approve was based on the subcommittee judgment that the proposal was literally responsive to the RFP. However, the subcommittee judged that the RFP itself was deficient in that it failed to adequately state the nature of the problem which the NCI wanted addressed.
The final review committee concurred in this assessment of the RFP and the proposal.

Specifically:

The RFP asked the wrong questions. The proposal responded to the RFP but the result of the proposal will be a catalogue of what is or what is being developed for data processing in centers. A more pertinent question is "what is really needed in centers"? This is more appropriate since what is in centers may not be what is best, most efficient, or most effective.

The proposal fails to specify how the results of this project will enhance coordination and cooperation in centers. This could be achieved, for example, by assessing what methodologies and technologies could be shared, or whether common databanks or program libraries are realistic. The proposal provides no insights into these issues.

The proposal indicates that the project will encompass both research applications and management applications of data processing. However, the AACI project team, while consisting of experts in research applications, does not indicate any competence in administrative applications.

Finally, the description of methodology is vague and incomplete. There is no indication of the criteria to be used for analysis. It was felt that overall the weaknesses in the proposal were too great to permit correction through a simple restatement, reworking, or addition to the proposal.

The committee recognized the need to improve and expand utilization of automatic data processing in cancer centers. It was suggested that a new effort be made jointly between NCI and AACI to define the issues better and to determine a course of action.

Therefore, the review committee disapproved the proposal for Project 2 because, although literally responsive to the RFP, the proposal is incomplete, lacking in detail, and reflects deficiencies in understanding the problem. The Committee recommended that the NCI and AACI initiate an intensive collaborative effort, utilizing outside experts as needed, to develop a better definition and understanding of the problem and to design an approach to deal with the problem.

3. Project 3 - Management and Organization -

The committee believes that the goals of this project are laudable and that the products with the exception of the directory of consultants ought to be developed. However, the nature of the products are such as to imply a need for periodic update. The NCI should not commit itself or be committed to funding updates. This task should be considered as a start up project where future updates should be funded by AACI. As in the case of most other project descriptions in the proposal, this project lacks specificity in approaches and methodology. For example, there is no specific information concerning the definition or content of the various chapter
headings in the Handbook nor is the relationship between the handbook and the seminars well established.

The committee was also concerned about the relationship between Project 3 and Project 8 since the proposed staffing is identical.

In the absence of more definitive statement of methodology and approach the committee concurred with the judgment of the review subcommittee that the project could be accomplished within one year at a reduced budget level and that before work is authorized more detail should be provided concerning methodology as detailed in the subcommittee report. The committee concluded that in the absence of more definitive information concerning the utility of the Directory of Consultants to both the NCI and the AACI the Directory should be eliminated from this project. Finally and positions of editor/writer and clerk typist were deemed unnecessary and travel costs were judged excessive.

Therefore, the committee approved Project 3 for one year at a level of $97,000 subject to receipt of more detailed information on methodology and approach prior to authorization to proceed and elimination of the Directory of Consultants.

4. Project 4 - Patient Management -

The subcommittee reported, and the committee concurred, that the basic concept for this project has merit. The proposed products - a patient management handbook and patient management seminars would be useful to both NCI and AACI.

However, the description of methodology and approach is very poor. The sample of questions are simplistic in form and would probably result in no new knowledge. The elemental generalized nature of these questions indicates a lack of understanding, in depth, of the nature of the problem.

The committee agreed that the scope for the approach to the solution is too narrow. There is no indication that a review of literature will be made. Much literature on patient management systems exist. There is no indication that the project will tap the experiences of centers for other chronic diseases besides cancer.

Criteria for analyzing the data or for evaluating effectiveness of management systems are not provided nor is there any indication of who will define the criteria or what their qualifications are.

The committee concurred in this evaluation of the deficiencies of the proposal.

Therefore, because the methods and procedures are inadequately stated the committee voted to disapprove this project. The committee recommend that since the objectives of the proposal are laudable, the AACI should clarify the approach and define in much greater detail the steps needed to achieve these objectives. NCI staff should actively participate in such an effort.
5. Project 5 - Clinical Research Management -

The establishment of a clinical research committee as a standing committee of the AACI is a laudable goal. The issues are to what degree should the NCI support this committee and what needs of the NCI could be achieved through NCI support of this committee.

The committee agrees that a number of statutory and regulatory requirements and administrative practices exercise significant influence, both positive and negative, on the conduct of clinical research. The committee agrees that it is important both to assess the impact of these requirements on clinical research in cancer centers and to assist centers to meet these requirements most effectively and efficiently. However, the proposal provides only two examples of topics for the meeting: an assessment of informed consent regulations and regionalization of clinical cancer research. The committee believes that it understands the objective of the first topic but the proposal provides no explanation or definition for the second topic.

In addition to the lack of specificity on clinical research topics for the proposed meetings, the proposal fails to specify how interested professional and lay groups will be indentified; or appropriate federal officials concerned with legal issues to be considered e.g. human subjects regulations; what their degree of participation will be; and what the agendas will be for the meetings. The proposal suggests that two workshops will be conducted each year but no detail is provided as to the goals and objectives of the workshops, participants and audience, or methods for conducting workshops.

In spite of this lack of detail, the committee continues to feel that an assessment of the impact of specific laws, regulations and administrative practices on clinical research will be useful to both the NCI and cancer centers. Approval was recommended for the concept of project five with the following limitations: a one year award, a reduced budget, NCI support for no more than three meetings in the year, clear definition of a topic for a meeting, development of a specific agenda, and prior NCI review and approval of the topic and the agenda for each meeting. It was further suggested that two of the meetings should preferably immediately precede or coincide with regularly scheduled AACI meetings to reduce travel costs. No support for workshops should be provided at this time but separate proposals for workshops will be considered in the future if justified by the progress made under this project.

6. Project 6 - Cancer Control

The committee agreed that obtaining abstracts of control activities in cancer centers would be useful to the DCCR in pulling together in a single document all control activities in centers to assist in DCCR planning and evaluation. Likewise, such a catalogue would be useful to Center Directors to provide them with data on what is going on in other centers.

It was agreed that abundant data is readily available to the NCI on NCI-supported control activities. What is not so readily available is information on non-NCI funded projects.
The technical proposal in certain respects is too elaborate and in other respects lacks sufficient detail. It is too elaborate in the broad scope of the approach. Since sufficient data exists on NCI-supported projects and what is lacking is data on non-NCI funded projects, the committee believes that this information can be collected simply through letters requesting the information supplemented by telephone calls rather than through development and administration of an elaborate survey. The proposal is especially deficient in providing details on how the AACI would develop minimum requirements for a control program in centers. No detail is given on how the data will be evaluated to permit development of a minimal program. Evaluation criteria are not defined, thereby, preventing the committee from determining whether or not the approach could result in definition of a minimal control program.

The committee, therefore, recommended that the workscope be reduced to collection of data on current control projects in centers and joint development of a catalogue of control projects. The specific data to be collected will be determined jointly by the AACI and the DCCR, NCI after award of the contract.

The committee agrees that ultimately definition of a minimal control program will be useful both to NCI and cancer centers. However, since criteria for determining such a minimum program do not exist, the committee recommends as an alternative that the AACI consider establishing a standing cancer control committee. This committee could utilize the catalogue which will result from this project as an input for assessing control projects. The committee could meet just before the semi-annual AACI meetings. This could prove useful in two ways: first, reducing travel costs, since many of the participants would normally attend Association meetings and, second, provide a greater opportunity for participation by members who will be coming to the regular Association meeting. The sharing of experiences in this type of meeting is more likely to result in identification of control projects which have a high probability of success in all centers rather than trying to develop criteria for assessing projects.

Because of the workscope, the committee believes the project can be completed in one year be limited to collecting data on control projects but without, at this time, defining a minimal control program; and recommends eliminating the planning specialist, programmer, computer time, questionnaire development and review.

7. Project 7 - Cancer Literature and Retrieval System

Dr. O’Conor stated that the objectives of Project 7 would provide support for the ICRDB. As in other projects the subcommittee criticized the lack of detail in approach and methodology. The committee concurred in this criticism.

In spite of this criticism the committee felt that the project was worthy of support provided that it was conducted under close monitoring and in collaboration with the ICRDB staff.

The Committee questioned the need for a full time secretary and recommended
reduction in secretarial time and an increase in the time for the program analyst on the assumption that Dr. McGovern's time would be limited. However, the rôle and function of the program analyst should be described in more detail.

8. Project 8 - Project Coordination and Fiscal Agent

The objectives of Project 8 are to coordinate the various tasks authorized by contract between the AACI and the NCI and to serve as fiscal agent for the contract. The committee concluded that these activities constituted functions which are normally funded through overhead charges. In addition to the proposal costs for Project 8, each of the other projects includes an overhead rate. Consequently, there is a resultant duplication of overhead charges.

Therefore it was recommended that Project 8 not be separately funded but that an appropriate overhead rate be developed and applied to the contract as a whole and that appropriate functions described in Project 8 be supported through overhead funds.
November 4, 1976

Dr. G. Denman Hammond
Associate Dean and Director
Los Angeles County-University
of Southern California
Cancer Center
2025 Zonal Avenue
Los Angeles, California 90033

Dear Dennie:

I understand that you wish to resign from your responsibility as the AACI's liaison representative to the ACCC.

Please accept our thanks for the work you have done. I don't know how you manage it all.

At the Board of Directors meeting in Houston we acknowledged your service with our appreciation. Further, we have asked John Yarbro to succeed you as our liaison representative to ACCC.

Again many thanks.

Sincerely,

Albert H. Owens, Jr., M.D.
President

AHO:rar

cc: Dr. R.L. Clark
    Dr. E.A. Mirand
    Dr. W.W. Shingleton
Dr. John Yarbro  
Ellis Fischel State Cancer Hospital  
115 Business Loop, 70 West  
Columbia, Missouri 65201

Dear John:

You may know that Dennie Hammond has tendered his resignation as AACI's Liaison Representative to ACCC.

At our recent meeting in Houston, the Board of Directors asked that I invite you to serve in the role of liaison representative, succeeding Dennie. We hope that you will be able to serve in this capacity. We would like to maintain as effective a liaison with the ACCC as we possibly can.

Please drop me a note and I will inform the Board members and Gale Katterhagen of your response.

Sincerely,

Albert H. Owens, Jr., M.D.  
President

cc: Dr. E. Lee Clark  
Dr. A.M. Mirand  
Dr. W.M. Shingleton

November 4, 1976
November 4, 1976

Mrs. Jean F. Heston
Research Associate
Connecticut Cancer Epidemiology Program
30 College Street
New Haven, Connecticut 06510

Dear Mrs. Heston:

Please find enclosed a copy of "A Plan for Cooperative Action Among Cancer Institutes" (CO-OP) per your request on letter dated November 1, 1976.

Sincerely yours,

Angie Gutierrez
Secretary to R. Lee Clark, M.D.
Dr. R. Lee Clark  
Association of American Cancer Institutes  
M.D. Anderson Hospital and Tumor Institute  
Houston, Texas 77025

Dear Dr. Clark:

We would like to obtain a copy of the "Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes."

Thank you.

Sincerely yours,

[Signature]

Mrs. Jean F. Heston  
Research Associate
October 26, 1976

George V. Coleman, M.D.
110 Lockwood Street
Providence, R.I. 02903

Dear Doctor Coleman:

In response to your letter of October 18th, please find enclosed a copy of the document entitled, COMPREHENSIVE PLAN FOR DEVELOPING COOPERATIVE ACTION AND COMMON PRACTICES AMONG CANCER INSTITUTES.

Sincerely yours,

Angie Gutierrez
Secretary to
R. Lee Clark, M.D.

Enclosure

cc: Dr. E. A. Mirand
October 18, 1976

R. Lee Clark, M.D., President
Association of American Cancer Institutes
M. D. Anderson Hospital and Tumor Institute
Houston, Texas, Texas 77025

Dear Sir:

I am writing to request a copy of the document entitled, COMPREHENSIVE PLAN FOR DEVELOPING COOPERATIVE ACTION AND COMMON PRACTICES AMONG CANCER INSTITUTES.

Sincerely,

George V. Coleman, M.D.

GVC/cam
October 26, 1976

Sydney E. Salmon, M.D.
Professor of Medicine and
Director, Cancer Center Division
The University of Arizona
Arizona Medical Center
Tucson, Arizona 85724

Dear Doctor Salmon:

We appreciate your interest in receiving material on the Association of American Cancer Institutes and we are sending you a copy of the Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Institutes. We are forwarding your letter to Dr. E. A. Mirand, Secretary - Treasurer of the Association, for additional information regarding membership.

Sincerely,

R. Lee Clark, M.D.
President

RLC:ag

Enclosure

c: Dr. E. A. Mirand
October 19, 1976

R. Lee Clark, M.D.
President
Association of American Cancer Institutes
M.D. Anderson Hospital and Tumor Institute
Houston, Texas 77025

Dear Dr. Clark:

Having recently been designated a Cancer Center by the Arizona Board of Regents, the University of Arizona would appreciate greatly receiving a copy of the Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes and a copy of the membership list of the AACI. We would also like to be placed on the mailing list for future publications if one exists.

We would like to thank you in advance for your cooperation in this matter and look forward to future communication with you.

Sincerely yours,

Sydney E. Salmon
Sydney E. Salmon, M.D.
Professor of Medicine and Director, Cancer Center Division
Dear Dr. Clark!

I would very thankful to have

the AACI comprehensive Plan and
the AACI Membership list

depending to the announcement in the UICC Bulletin August 1976.

Yours sincerely

[Signature]

(Prof. Dr. K. Musshoff)
September 14, 1976

Prof. Dr. K. Musshoff
Abteilung Strahlentherapie
78 Freiburg im Breisgau
Hugstetter Straße 55

Dear Doctor Musshoff:

In response to your letter dated September 2, 1976, please find enclosed the AACI Comprehensive Plan. I have paper clipped the pages in which the AACI Membership list appears.

Best regards.

Sincerely,

Angie Gutierrez
Secretary to R. Lee Clark, M.D.
President
MEMORANDUM TO THE FILE

August 30, 1976

I talked with Mrs. Joanne Hale of Dr. Clark’s office this date re a call she had from Dr. Mirand who indicated that “several members of the Board of Directors of the AACI” might make a trip to Galveston while they are here in Houston and would she get a reading as to whether or not Dr. Clark thought this was advisable or whether he had talked with Dr. Levin. I advised that I did not quite know what he was suggesting, but that an on-site visit was to be made by the AACI on behalf of the Membership Committee to determine the status of the University of Texas Cancer Center at Galveston. I further indicated that I would talk with Dr. Mirand.

I have talked with Dr. Mirand this date and find that indeed he does have in mind a site visit on October 4, 1976, and wondered whether or not Dr. Levin and Dr. Clark had talked with reference to some affiliated arrangement between Dr. Levin’s program and that of MDAH. I advised Dr. Mirand that I did not know of such a possible arrangement and that it seemed to me that the appropriate thing to do would be to call Dr. Levin and arrange an on-site visit in Galveston on October 4 with Dr. Shingleton and Dr. Talbot participating. He was quite agreeable to do this and will proceed with the plan.

Murray M. Copeland, M.D.

cc: Mrs. Joanne Hale

FURTHER TO THE RECORD

September 7, 1976

I talked with Dr. Ed Mirand this date. He indicated he was having great trouble arranging a site visit at Galveston. Dr. Talbot will be on vacation and Dr. Shingleton is not anxious to make the visit and to date nobody has been obtained.

He has not yet received my letter concerning a site visit to Yale Comprehensive Cancer Center.

Murray M. Copeland, M.D.
MEMO TO:  Dr. Al Owens  
Dr. Lee Clark

FROM: Ed Mirand

SUBJECT: Minutes of Regional Cancer Control Directors

August 20, 1976

I am enclosing some interesting minutes from the meeting of the Directors of Cancer Control. Note that Guy Robbins was Chairman of this meeting held on July 21, 1976.

What is interesting are the recommendations on page 8. The people there strongly recommend that they not become part of Task 12 of the AACI, that they form a liaison with ACCC and the ACS, and the group should be identified as the Association of Cancer Control Program Directors.

I need not express my concern, I think, other than to say that some of our own colleagues are not supporting the activities of AACI.
PRELIMINARY MINUTES OF THE MEETING OF REGIONAL (CANCER CONTROL) DIRECTORS OF COMPREHENSIVE AND OTHER CANCER CENTERS AND NCI PERSONNEL.

O'Hare Hilton -- July 21, 1976

This meeting of cancer control personnel was organized by Dr.'s. Paul Tracy of Wisconsin, Jack Healy of Florida and Guy Robbins of Memorial-Sloan Kettering.

Dr. Guy Robbins, Chairman, suggested that the format of the meeting be: (1) to define problems, (2) to discuss the structure of the Division of Cancer Control and Rehabilitation in order to improve their program and (3) perhaps, to discuss old obstacles, such as major cancer centers and the university’s relations with the practicing physician.

The Chairman defined potential areas of discussion as follows: (1) the core office, (2) planning and evaluation, (3) professional and public education in a multidisciplinary sense, (4) intervention programs, (5) support services, (6) communication, (7) epidemiology, and (8) specific evaluation.

THE FRED HUTCHINSON CANCER RESEARCH CENTER (John R. Hartmann, M.D.)

1. DESCRIPTION: The Fred Hutchinson Cancer Research Center is primarily a research unit with 20 beds but functions also as a coordinating center, utilizing every possible resource in the Pacific Northwest. Their charge extends from Missoula, Montana to Nome, Alaska, over 2,500 miles, and encompasses approximately 6 million people. The Center has both an intramural research unit and an extramural program. Dr. Donal Sparkman, recently Director of the Washington-Alaska Regional Program, is currently Associate Director for Cancer Control. With close association with the American Cancer Society, the Extramural Council, composed of over 200 members, mainly physicians, has developed 23 committees to determine intervention areas. The general activities of the Center appear to be in a three-tier function: (1) academic with tertiary care, (2) activities in large community hospitals with primary and secondary care, and (3) activities in the smaller communities which may be described as primary care.

2. ACTIVITIES: Current and recent activities are primarily directed toward analysis of problem areas. The SEER Program involving the Puget Sound area and its association with the Oregon Tumor Registry is developing a database. A program in Social Epidemiology has studied over 200 patients with colorectal cancer to determine delay, costs, follow-up and outcome. This program makes it possible to study activities of the private practice sector and also those of an HMO, Group Health of Puget Sound. In addition, studies in epidemiology are primarily directed toward iatrogenic causes and in rehabilitation, toward psychosocial problems.

3. PROBLEMS: Time did not permit further discussion of activities or specific problems.

FLORIDA COMPREHENSIVE CANCER CENTER (Dr. Jack Healy)

1. DESCRIPTION: Florida has developed a cancer control coordinating committee which is primarily directed toward the recognition, diagnosis, treatment, and education of the cancer problem. The state has been divided into nine areas in order to develop local activities.
1. DESCRIPTION: In the development of the Illinois Cancer Council, all seven medical schools appear to be able to communicate better relating their activities to the cancer problem. The ICC is primarily a coordinating organization utilizing expertise in different areas in each institution. For example, rehabilitation will be done at Northwestern, which has a large institute in this area.

2. PROBLEMS: Seven medical schools in Chicago with two auxiliary campuses and four other branches of the University of Illinois pose a difficult problem to develop a state-wide cancer program. Similarly, in some areas of the state watershed, referrals go to St. Louis in the south and occur from Indiana and areas of Wisconsin in the north. A clinic should be based more on the specialty of hospital rather than a specific location of hospital.

MAYO COMPREHENSIVE CANCER CENTER (Dr. David Carr)

1. DESCRIPTION: The Mayo has had an active cancer control program for many years. However, recently they have developed a Department of Oncology which is not an autonomous center, but interdigitates with all of the activities of the clinic. They currently have 6-12 active (or in planning) programs and are directing their activities primarily toward public and professional education.

2. PROBLEMS: Unstable funding. Large size of territory to be covered, but with the development of state cancer councils, this may be manageable.

JOHNS HOPKINS (Dr. Philip Waalkes)

1. DESCRIPTION: The Department of Medicine has proved to be the nucleus for the development of a comprehensive cancer center in which joint appointments are made within the cancer center and the specific departments. The charge of the Hopkins group is to cover the state of Maryland and to provide all patients with optimal care.

2. ACTIVITIES: Their activities involve community physicians in key hospitals in order to provide optimal treatment to the patient. They have also developed local cancer councils in conjunction with the American Cancer Society, local health department, local medical societies and hospital administrators from these local groups have come the Maryland Cancer Coordinating Council made up of similar components. They are fortunate in having a very active School of Public Health which provides them with excellent consultation.

MEMORIAL-Sloan Kettering Institute (Dr. Guy Robbins)

1. DESCRIPTION: Dr. Robbins emphasized the development of organized medical records involving a checklist and the development of discharge summaries by non-M.D. professionals. This has allowed a coordinated, unified type of record to be available to some eight participating hospitals. [Dr. Tracy of Wisconsin indicated that new reporting forms were being developed in the USA Area 2 (Milwaukee).]
ALABAMA COMPREHENSIVE CANCER CENTER (Dr. Sam White)

1. DESCRIPTION: Dr. White emphasized the rural aspects of the state of Alabama, but indicated a current involvement of over 100 volunteer agencies who have developed a state council, primarily under the aegis of the Public Health Department. There are quarterly meetings to evaluate the cancer control program. This council involves not only professionals but labor, the University of Southern Alabama and other interested parties. They are developing six statewide tumor clinics with the hopes of providing optimal care locally. A physics-radiotherapy monitoring program has been under way. A medical information by telephone program (MIST) has proved to be worthwhile; OB GYN nurse practitioners are being trained, colposcopy clinics are being developed. They are working with the extension service of Auburn University in order to develop rural programs to identify high-risk groups. They have recently engaged a health economist in an attempt to determine cost effectiveness of various programs.

2. PROBLEMS: Their concern is primarily that of unstable, short-term funding in the cancer control program.

WISCONSIN COMPREHENSIVE CANCER CENTER (Dr. Paul Tracy)

1. DESCRIPTION: With the development of the Department of Human Oncology, clinical oncology has been emphasized more recently at the University of Wisconsin. A multidisciplinary cancer control council involving insurance companies among others, is advisory to the Governor's Health Task Force. With the development of HSA's they will anticipate further feedback. Intervention program committees have been established.

2. PROBLEMS: Dr. Tracy felt, at times, that he was "working in a vacuum"—is not aware of what other cancer centers are doing.

UNIVERSITY OF SOUTHERN CALIFORNIA CANCER CENTER (Dr. Robert McKenna)

1. DESCRIPTION: Dr. McKenna described the large charge to this center involving some 12 million people in southern California. They have developed a good relationship with UCLA. Primary activities are to develop American College of Surgeons approved tumor registries involving practicing physicians. A problem appears to be in the further training of tumor registrars in the 20 approved hospitals. Additional programs as tutorial consultants for the practicing physician are underway.

2. PROBLEMS: Recruitment of capable people. Poor communication with the community physicians. Fragmented rehabilitation program. Study of the cost effectiveness of cancer screening. Relationship with medical societies. Ethnic groups so diverse. Medical society more concerned with malpractice, etc.

Dr. Robbins described the MSKCC's program in which funding is available to train and partially support record-keeping in various associated hospitals. Partial funding is also available for the development of cancer nursing courses in these hospitals.

HOWARD-GEORGETOWN (Dr. Jack White)

1. DESCRIPTION: Dr. White described separate administration of the two institutions though they are combined in a comprehensive cancer center. Howard is developing a cancer coordinating council which involves the Public Health Department of the District of Columbia, American Cancer Society cooperation, insurance companies
and hospital area councils. Similarly, a Department of Oncology with joint appointments in other departments has been developed at Howard.

2. PROBLEMS: Development of a cancer center has raised difficulty primarily with the Department of Medicine, though the Oncology Unit is seeking cooperation across the university spectrum involving the School of Engineering, etc. In addition, unstable funding, difficulty in recruitment and difficulty in communication with the Medical Society and the possible disturbance of referral patterns were mentioned.

OHIO STATE (Dr. David Yohn)

1. DESCRIPTION: Dr. Yohn described the development of a cancer control program with affiliation of 70 hospitals, ten of which were out-of-state. They have developed a statewide two-way telephone hook-up and telephone consultations once a week with the individual hospitals during the noon hour. Some two-way television programs are available. In addition, there are travelling tumor conferences from the Ohio State unit. They provide x-ray consultations and apparently have a charge to act as a comprehensive center not only for Ohio, but for areas of Kentucky and western Pennsylvania.

2. PROBLEMS: Lack of access to planning funds.

FOX CHASE (Dr. Paul Engstrom)

1. DESCRIPTION: Fox Chase's Cancer Control Program places primary emphasis upon certain developing associations with the community physicians and hospitals.

2. PROBLEMS: Joint designation with the University of Pennsylvania. Area designation is too large and overlaps with other cancer centers. Difficulties in communication, short-term funding for 2-3 years only, difficulty in coordination of cancer control problems with funding of other institutions within their area, for instance, in Allentown, difficulty in establishing activities with cooperative chemotherapy groups which now have cancer control funds and with state health departments who are funded for screening for cervical cancer.

Dr. Robbins described the Physician Recognition Award of the American Medical Association and indicated the HSCC reviews affiliated hospital programs and thus has some influence over the development of cancer control programs in the institutions.

SIDNEY Farber Cancer Center (Dr. Charles Neave)

1. DESCRIPTION: Dr. Charles Neave described a cancer management system in which free-standing community hospitals have developed a consortium for cancer control, 11 of which are in the Springfield area and 8 of which are in the Bangor, Maine area. Through theegis of the SFCC, the consortium has obtained planning funds to develop programs for which they may themselves get funded in the future.

2. PROBLEMS: How to relate to HSA's, PSRO's, a state-wide council involving four medical schools, the health department, and the American College of Surgeons.

DELWARE (Dr. Tom Black)

1. DESCRIPTION: In 1973, a cancer network was developed to provide cancer services to the state of Delaware and some surrounding areas. Formal affiliations have
been developed for all hospitals with state representation. An American Cancer Society service network in public education has also been established. The unique nature of the representation from ICI (US), Hercules (Adria Company) and DuPont under the cancer council were mentioned.

2. PROGRAM: The state law mandates that tumor registries should be developed in all hospitals. They wish to develop a research network related primarily to clinical research and are working to upgrade care in colorectal and lung cancer and wish to develop a rehabilitation network.

NEW MEXICO (Dr. Larry Callan)

1. PROBLEMS: Multi-ethnicity of population, 17% Indian, 53% Mexican. Town versus gown. National Health Service, Indian Health Service has to be brought into the Center activities. A New Mexico Health Coalition has been developed including the American Cancer Society and the State Health Department. The state has been divided into seven planning districts. The New Mexico Medical Society is developing a committee to define referral patterns. A resources task force has been established. A SEER program is active in the state. Affiliations are being developed in various hospitals in the Los Alamos research unit.

YALE COMPREHENSIVE CANCER CENTER (Dr. Elton Cihowy)

1. DESCRIPTION: The Yale Center was established in 1974 within the Medical School and involves both basic and clinical research and a regional activities board. The latter is made up of a consortium from Yale, the State Health Department, the American Cancer Society, medical societies, hospital association, University of Connecticut Medical School. They have a full-time evaluator and a unique minority-group coordinator.

U.C.L.A. (Dr. Joe Callen)

1. DESCRIPTION: Dr. Callen emphasized the good cooperation with the USC Cancer Center. The Director of the UCLA Center answers only to the Vice Chancellor. The Center now is made up of over 200 members. They are also involved in the Los Angeles Community-Based Cancer Control Program. Their programs will emphasize prevention with the development of a cancer prevention and diagnosis center, primarily for national planning, and a rehabilitation unit in conjunction with the large neuropsychiatric unit at UCLA and programs in epidemiology.

ROSWELL PARK (Dr. Gerald Battersby)

1. DESCRIPTION: The Cancer Control Unit of Roswell Park currently consists of three people who are developing Institute activities related to community programs. They work closely with the American Cancer Society. A regional advisory board has been developed with current emphasis on nursing education. They wish to develop new tumor boards and registries and a network for medical oncology, surgical oncology, radiotherapy and now rehabilitation. Roswell Park is heavily involved in various education programs.

DUKE (Dr. Donald Miller)

1. DESCRIPTION: The Duke area encompasses not only North Carolina, but southern Virginia, parts of West Virginia, eastern Tennessee and northerm South Carolina. A North Carolina task force on cancer has been developed. A cancer information
center for the entire state is currently active. Their breast cancer detection clinic is functioning well. They have an education program for public health nurses. A cancer rehabilitation resource book has been developed. An industrial screening project, psychosocial rehabilitation and communication with the three medical schools in the state are underway.

2. PROBLEMS: Evaluation and no funding for this. They need a rehab coordinator. There are conflicts between the various clinical groups with too much emphasis currently on treatment with diminished emphasis on screening and rehabilitation. They feel that there is a need for further communication between the regional directors and perhaps the development of a cancer control journal.

TEXAS (Dr. Robert Miller)

1. DESCRIPTION: Their cancer control program focuses mainly on rural communities, hoping to develop programs with local advice. They are also developing programs for two months or more residency for family physicians, nurses and a three-day dental cancer diagnosis program, programs of head and neck cancer detection for nurses, inventory of cancer control resources and the development of a pediatric consortium in the state of Texas.

CHICAGO (Dr. John Ultmann)

1. DESCRIPTION: Dr. Ultmann indicated that Chicago was a member of the Illinois Cancer Council but is primarily a research university and is developing research programs in cancer control. Forty faculty are involved in 10 projects: (1) study referral patterns, cost, transportation problems in surrounding communities, (2) how tumor registries in the Illinois Cancer Council will interdigitate with SEER programs, (3) the study of personality profiles to determine why people get check ups and why others do not, (4) why stop-smoking clinics don't work, (5) modification of behavior of students through their laboratory high school, (6) programs for visiting nurses, (7) what happens to those patients who get Pap smears, (8) development of motivation for self-help groups, (9) combined social service, psychiatric and divinity school support for patients, (10) the study of indigent and suburban continuing care-hospital plans. Their annual report is available on request. Feel we can learn from their approach to problems which is primarily a look at behavior/attitudes & how they influence (cancer detection success).

2. PROBLEMS: Primarily that of short-term funding and working with the many diverse governmental agencies in the D.C. area - all with different goals, problems, and approaches.

Dr. Robbins summarized the following problem areas in cancer control as developed by the previous speakers:

1. Planning and evaluation
2. Recruitment of people
3. Referral patterns in relation to medical schools
4. Reimbursement
5. The development of RFP and grant programs
6. Local needs
7. Medical records and the education of tumor registrars
8. Cost effectiveness
9. Established associations
10. Communities that refuse federal support
11. Fear of change
12. Definition of geographic areas
13. Feedback to the National Cancer Institute
14. Coordination with other groups
15. Town and gown problems
16. Ethnic groups
17. Poor communication
18. Competition between cooperative groups and centers
19. Development of a clearinghouse for cancer control activities
20. Influence priorities within DCCR

Mr. Greg Lewis, Acting Director for Community Programs, distributed a pamphlet of guidelines for Cancer Control activities and discussed the projected budget for 1977. Although $77 million is authorized for the Cancer Control Program, the NCI guess is that an appropriation of approximately $63 million will be awarded with a projected 6-7% growth per year through early 1980. Currently, there are commitments for $59 million which means that only $14 million will be available for new programs. These funds will go mainly for grants with few RFP's. Problems involved are funding of grants with a priority cut off or the allocation of small amounts of funds to everybody. The activities under Dr's. Ison and Bird will be allotted approximately $15-20 million. These include the community-based cancer control program, outreach grants and information areas. Intervention programs such as the breast cancer detection clinic, head and neck program, etc. will take up to $40-45 million. He strongly suggested that the centers attempt to raise local funds for cancer control programs. He indicated that the Social and Vocational Rehabilitation Program, Maternal and Child Health and others within the Federal Government are members of inter-agency committee. Emphasis for cancer control funding will be brought to these agencies.

Dr. Wallace responded to questions about cancer control funding for the cooperative groups and indicated that within them lies a great deal of expertise. Cooperation with the cancer centers should be evident. He indicated that the prototype demonstration leukemia-lymphoma programs will be reduced to four from the currently funded seven. He indicated the need for recruitment at the NCI of medical, surgical and radiotherapy oncologists who could be funded under the Intergovernmental Personnel Act, so that someone could take a sabbatical to work in the cancer control area for the NCI. He noted that around January 1977 a major planning conference on future programs in cancer control is being discussed. Dr. Bird discussed the current CIS (Cancer Information System) and distributed guidelines which were developed by several participants at a recent meeting at Johns Hopkins. He pointed out that the information programs' contracts will be phased into the outreach development grants and that they will require a justification to the review committees. Again, the need for evaluation of these programs will be stressed. The question of legal liability and a proposed National Advisory Board in the Hopkins guidelines was presented but no definite conclusions were reached.

The need for evaluation of programs was thoroughly discussed by Dr. Larry Fallan who suggested that we all require a "diagnostic management tool". We need to develop specific objective (what and why), to define numbers and processes (who, when and how) and at times to have supplementary criteria. Surveys have become too complicated, but it may be possible to utilize self-administered questionnaires. Mr. Lewis indicated that the Division will now combine the currently separate planning and evaluation units into one under Mr. Jack McShuliska.
is recognized to be very expensive. Dr. Naevé suggested that we develop evaluation models for both short and long-term evaluation. Dr. Lorso from the Education Unit of DCCR commented that there is no need to prove that everything is good.

Some discussion of the Health Services Area occurred shortly after lunch with varying opinions indicating that one should take a positive attitude towards possible development of serious problems.

Near the conclusion of the meeting the following recommendations were suggested:

1. The meeting was productive. We should develop a consortium with the sharing of ideas and programs.

2. We should not become part of Task 12 of the AAC1 but may act as a sounding board for problems in cancer control and possibly develop guidelines.

3. Liaison with the ACCC, the cooperative clinical groups, and the American Cancer Society should be encouraged.

4. In the future, specific programs limited to a few areas should be presented.

5. The group formerly wished to be identified as the Association of Cancer Control Program Directors.

6. A list of specific problems should be forwarded to the ACCC and the NCI.

7. A newsletter and minutes of these meetings should be widely distributed.

8. Possibly in the future the group may be able to help set priorities for DCCR.

9. We should recognize that certain interested organizations could be invited to future meetings to discuss mutual problems.

The meeting was adjourned at approximately 3 P.M.

Respectfully submitted,

John R. Hartmann, M.D.
TO: AACI Task Directors  
RE: Contract #N01-CO-65334-04  
August 19, 1976

Previously you received a copy of the AACI proposal for "Implementation of a Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Institutes." In it were described the respective tasks (projects) to be undertaken by the designated lead institutions.

The proposal is now undergoing review by the NCI and it is expected that the NCI Initial Review will be completed by Friday, September 3 and the Final Review completed by Wednesday, September 15.

This will mean that the negotiations for the award (providing the proposal is satisfactorily reviewed) will have to be accomplished between September 15 and October 1 in order that the contract can be activated by October 1, the proposed activation date.

As stated in the proposal, the operational format is to have the work directed by a Task Director under the aegis of a lead institution. In order to accomplish this, a contract will be entered into between the Fox Chase Cancer Center and the respective lead institution for the conduct of work as described in the proposal or as modified by the negotiations.

In anticipation of this situation, we at Fox Chase, as the Fiscal Agent and Program Coordinator, are proceeding to draft proposed subcontracts for each of the respective tasks.

To this end, I should like to take this opportunity to introduce Mr. David W. Siegel who will assist me in the management of the AACI program. We have hired him as a special consultant to the Fox Chase Cancer Center in anticipation of the contract award.

Dave was formerly an Associate Vice President for Administration at the Health Sciences Division of Temple University. He is now preparing a first (rough) draft of the respective contracts which will be sent to each of you for your preliminary review as soon as possible.
This procedure should facilitate the formal acceptance of the final draft - which can only be prepared when the results of the negotiations are known.

Please let me know if you need further information about this procedure.

Sincerely yours,

H. D. Putney

Distribution:
Mr. Robert W. Goehle
Mr. Richard L. Harrington
Dr. Stuart O. Zimmerman
Dr. C. Stratton Hall
Dr. C. Gordon Zubrod
Dr. John P. McGovern
Dr. Guy F. Robbins
Dr. Albert H. Owens
Dr. William W. Shingleton
Dr. Edwin A. Mirand
Dr. R. Lee Clark
Mr. Patrick A. Leon
Dr. Timothy R. Talbot
Mr. Richard L. Sherbert (NCI)
July 30, 1976

R. Lee Clark, M.D.
President
University of Texas
System Cancer Center
Texas Medical Center
Houston, Texas 77030

Dear Lee:

Thanks for your letter of July the 20th and for a copy of Steve Carter's proposal. It certainly is of great interest and I agree it does provide a possible model for what several Comprehensive Centers could do. This of course is the subject of the Task 10 committee might take up but it is also of broader interests to the whole membership. We have not as yet, been able to obtain money for any additional meetings of the Task 10 committee but Don Putney and I and others have been working on the renewal of the contract as you know. As soon as we have some money, I will have a meeting of the Task 10 Committee and will certainly broach this subject to them to get their views about it.

I don't believe I'm on the Board of Directors of the AACI. However, I think this is a very important matter and it may well be the vehicle by which Comprehensive centers could begin to influence cooperative groups activities in the very substantial way. It would of course be extremely valuable if we could have a Task 10 meeting before October the 1st so as to assess the feelings of a number of the Centers.

With warm regards,

C. Gordon Zubrod, M.D.
Professor and Chairman

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J. D. Anderson Hospital
RECEIVED
Office of the President
May 5, 1949
THE UNIVERSITY OF TEXAS
July 20, 1976

CONFIDENTIAL

Dr. C. Gordon Zubrod
Director
Comprehensive Cancer Center for the State of Florida
University of Miami
P. O. Box 520875
Miami, Florida 33152

Dear Gordon:

Enclosed is a copy of Stephen Carter's proposed program which I thought would be of interest to you. I hope that we will be able to have a similar program or some logical variation between the comprehensive cancer centers. Let me know if I can help you in any way.

We are hosting a meeting of the AACI Board of Directors in Houston on October 1, perhaps we could discuss any ideas that you have at that time. We will dedicate our new facility on October 2, and will send you an invitation.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
cc: Dr. Al Owens
Dr. E. A. Miranda
June 21, 1976

Albert Owens, M.D.
Johns Hopkins Hospital
601 N. Broadway
Baltimore, Maryland 21205

Dear Al,

I am sorry that I was not able to attend the last meeting of AACI. Unfortunately my furniture was arriving from Bethesda at exactly the same time. I understand that the question of clinical trials in the Centers was discussed. I feel this is a very important issue. In taking over as Director of the Northern California Cancer Program (NCCP), I am giving highest priority to Clinical Trials development. We are organizing a Clinical Trials group which will be called the Northern California Oncology Group (NCOG). This group will have four major attributes: 1) Restriction to the regional area encompassed by NCCP; 2) Equal input from all therapeutic modalities; 3) Disease orientation; and 4) Community outreach.

The organization of the NCOG will be as follows:

Coordinating Chairman:  
Stephen K. Carter, M.D. (NCCP)

Statistician:  
Byron Brown, Ph.D. (Stanford)

Co-Chairman: Radiation Oncology  
Theodore Phillips, M.D. (UC-San Francisco)

Co-Chairman: Surgical Oncology:  
Charles Wilson, M.D. (UC-San Francisco)

Co-Chairman: Medical Oncology:  
Jerry Lewis, M.D. (UC-Davis)

Co-Chairman: Pediatric Oncology:  
Jordan Wilbur, M.D. (Stanford)

Co-Chairman: Pathology:  
Ronald Dorfman, M.D. (Stanford)

Involved in this activity besides the three major universities will be Mt. Zion Hospital, the Kaiser Hospitals of the NCCP area, and some of the military hospitals in the NCCP area. The group has broken up into a series of disease-oriented committees which are busy developing protocols. A list of the committees to date and their membership are attached.

We feel that this is one approach to the question of how to approach the question of clinical trials in the Centers. It is clearly not applicable for every center or every region, but it does have many potential advantages.

I would be interested in discussing this further with you and at some future time bringing it to the AACI and Task 10.

Sincerely,

Stephen K. Carter, M.D.
Director

SKC:bjb
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Mt. Zion Hospital
P.O. Box 7921
San Francisco, CA 94120

R.L. Scott Doggett, M.D.
Radiation Oncology Center
5271 F Street
Sacramento, CA 95819

Sarah S. Donaldson, M.D.
Stanford University
Medical Center A095
Stanford, CA 94305

Karen K. Fu, M.D.
360 Moffitt Hospital
University of California
San Francisco, CA 94143

Zvi Fuks, M.D.
Division of Radiotherapy
Stanford A089
Stanford, CA 94305

Elia Glatstein, M.D.
Stanford University
Medical Center A093
Stanford, CA 94305

Don R. Coffinet, M.D.
Stanford University
Medical Center
Stanford, CA 94305

Jerold P. Green, M.D.
900 Hyde Street
San Francisco, CA 94109

Gerald E. Hanks, M.D.
Radiation Oncology Center
Sacramento, CA 95819

William C. Johnson, M.D.
Peninsula Hospital
1783 El Camino Real
Burlingame, CA 94010

Joseph R. Kraut, M.D.
O'Connor Hospital
2105 Forest Avenue
San Jose, CA 95128

Lawrence W. Margolis, M.D.
330 Moffitt Hospital
University of California
San Francisco, CA 94143

Roger D. Miercott, M.D.
Radiotherapy Department
Washoe Medical Center
77 Pringle Way
Reno, Nevada 89502

Dix R. Morgan, M.D.
Fresno Community Hospital
P.O. Box 1232
Fresno, CA 93721

Antolin Raventos, M.D.
Dept. of Radiology
University of California
Davis, CA 95616

Alan F. Schroeder, M.D.
Creekside Medical Plaza
95 Montgomery Dr. #118
Santa Rosa, CA 95404

Glenn E. Sheline, M.D.
330 Moffitt Hospital
University of California
San Francisco, CA 94143

Jerome M. Vaeth, M.D.
St. Mary's Hospital
450 Stanyan Street
San Francisco, CA 94117

William M. Wara, M.D.
330 Moffitt Hospital
University of CA
San Francisco, CA 94143
NORTHERN CALIFORNIA ONCOLOGY GROUP - Chemotherapy Committee

Chairman: Jerry Lewis, M.D.
Section of Hematology/Oncology
4301 X Street
Sacramento, CA 95817

Michael Friedman, M.D.
Cancer Rehabilitation Inst.
University of California
San Francisco, CA 94143

Victor Levin, M.D.
Dept. of Neurosurgery
University of California
San Francisco, CA 94143

John Daniels, M.D.
Oncology Department S025
Stanford Medical Center
Stanford, CA 94305

Frank Stockdale, M.D.
Oncology Department S025
Stanford Medical Center
Stanford, CA 94305

Herman Schwartz, M.D.
Kaiser Foundation Hospital
2200 O'Farrell St.
San Francisco, CA 94115

Ivan Silverberg, M.D.
45 Castro St. 9225
San Francisco, CA 94114

Saul Rosenberg, M.D.
Oncology Dept. S025
Stanford Medical Center
Stanford, CA 94305

Ralph Reynolds, M.D.
USAF Medical Center
Hematology/Oncology Service
Travis Air Force Base, CA 94535

Richard Cohen, M.D.
Mt. Zion Hospital & Med. Ctr.
P.O. Box 7921
San Francisco, CA 94120

Maj. Glenn Justice, M.D.
Letterman Hospital
Presidio of San Francisco,
California 94129
July 27, 1976

Board of Directors
Task Directors

Gentlemen:

Don Putney has completed preparation of the AACI contract proposal and delivered it to the NCI on July 23. A copy of the text and budgets is enclosed for your review. Our purpose is to keep everyone fully informed.

Doubtless there are errors. Please inform Don of all corrections.

We anticipate negotiating this contract sometime during August. Our expected funding date is October 1. Please tell Don if you have any comments concerning these matters.

Sincerely,

[Signature]

Albert H. Owens, Jr., M.D.
President

AHO:rar

Enclosure
July 14, 1976

Walter C. MacKenzie, M.D.
Executive Director
Provincial Cancer Hospitals Board
11560 University Avenue
Edmonton, Alberta, Canada

Dear Walter:

I was most happy to learn that your organization is interested in applying for membership into the Association of American Cancer Institutes. I am asking Dr. E.A. Mirand, Secretary-Treasurer of the Association, to forward to you application forms along with other pertinent information about the organization. I regret that I overlooked sending your request at the time I received your letter.

I hope we have the opportunity to seeing you again in the near future.

Sincerely,

R. Lee Clark, M.D.
President

cc: Dr. E.A. Mirand
May 28, 1976

Dr. R. Lee Clark  
President  
University of Texas System  
Cancer Center  
Texas Medical Center  
Houston, Texas 77030

Dear Lee,

Following receipt of your letter of May 4th referable to the Association of American Cancer Institutes, I have discussed this matter with my colleagues and we are unanimously agreed that it would be of immense benefit to our organization, the Provincial Cancer Hospitals Board to seek membership in the Association.

The brochure which describes the trial task areas that are in the process of being implemented certainly made it look like a very attractive proposition from our standpoint and I do hope that we will qualify for membership.

Would you be good enough to ask your secretary to send us application forms or give us instruction about who we should write referable to membership and what the proper procedure is in this regard.

I am sorry that we did not meet in Toronto, I was unable to be there and I also missed the Travel Club due to local commitments and I understand you did as well. However, hopefully our paths will cross in the not too distant future.

Our love to Bert and of course our best to you as always.

Sincerely,

[Signature]

Walter C. MacKenzie, M.D.  
Executive Director  
PROVINCIAL CANCER HOSPITALS BOARD
May 13, 1976

Dr. R. Lee Clark
President
M. D. Anderson Hospital
The University of Texas System Cancer Center
Texas Medical Center
Houston, Texas 77025
U. S. A.

Dear Lee,

Thank you for your letter which I received today with the information referable to the Association of American Cancer Institutes. This should prove to be of great interest to our group and I will discuss it with the local people here - firstly on the basis of becoming corresponding members for the time being until we learn more about it and then perhaps setting up an affiliation group in Canada.

On perhaps a more personal note, may I tell you how very much I appreciate the hospitality that you provided to the Alberta group who visited Houston recently. I have not met with them since they returned but have talked to them on the phone and they were most impressed with the value of the visit from their standpoint and with the wonderful hospitality provided by yourself, Dr. Hickey, Miss Goff and everyone concerned and I do want you to know that I am particularly grateful to you all for the care provided for these people.

Like you, I had to miss the Travel Club but do hope our paths will cross in the not too distant future. With best wishes to Bert and of course our best to you always.

Sincerely,

Walter C. MacKenzie, M.D.
Executive Director
PROVINCIAL CANCER HOSPITALS BOARD

WCMacK/bh

P.S. Our group thought your letter, and presentation here the highlights of the trip with
May 4, 1976

Walter C. MacKenzie, M.D.
Alberta University Hospital
Edmonton, Alberta
Canada

Dear Walter:

I am very sorry that I was unable to meet with you on your past visit to our institution as there are so many things about the philosophy of the oncology program that I would like to share with you. I have just returned from a luncheon and discussions with the group from your institution who are presently visiting our facilities and certainly enjoyed their exchange. It appears that you have a tremendous opportunity to do something outstanding in the way of cancer care for the province of Alberta.

I am sending you documents regarding the Association of American Cancer Institutes (AACI) for your consideration. The brochure gives a brief history of the AACI and the document "A Plan For Cooperative Action Among Cancer Institutes (CO-OP)" describes 12 task areas that are in the process of being implemented which will establish a base line for the exchange of data, fellowships, faculty, etc. I was president of this organization last year. The AACI has been instrumental in helping organizations in a number of countries or continents get started and at the present time are helping the Latin American countries form a Latin American Association of Cancer Institutes. Perhaps you would like to form an association in Canada either independently or associated with our organization.

I am sorry that I will not be able to see you in Philadelphia at the Surgeons' Travel Club. The University of Texas System Board of Regents has scheduled a special meeting on May 14 with preliminary studies prior to that meeting and some special sessions to follow. It is very important that I attend this meeting because we are letting additional contracts for our remodeling and food processing plant which will require some input from me. Perhaps I will see you at the UICC meetings in Toronto towards the end of the week. This meeting is hosted by National Cancer Institute of Canada.
Let me know if we can provide any additional information for your own program and let us plan to get together in the not too distant future. Give my best to your dear wife.

Sincerely,

R. Lee Clark, M.D.
President

Enclosures: Brochure

0-0P
July 13, 1976

Dr. R. Lee Clark  
University of Texas System  
Cancer Center  
M.D. Anderson Hospital and  
Tumor Institute  
Texas Medical Center  
Houston, Texas 77030

Dear Lee:

Thank you very much for spending so much time with me on the telephone yesterday. Don Putney and I were working on the AACI contract proposal and I believe we are nearly finished. I spoke with Stuart Zimmerman after we talked and he promised to have his updated proposal within twenty-four to forty-eight hours. At this point this is our only major outstanding contract component.

We edited the Literature and Information System Task to some extent and we indicated that Dr. John McGovern would be the Project Manager and that Anderson would be the lead institution. In calling Dave Carr about Task B, and in talking with Stratton Hill, Don Putney and I learned that the committee had elected Stratton Hill as their leader. Accordingly we have written the new project proposal with Hill as leader.

We spoke about a number of other things concerning the AACI. As I make progress in these matters I shall keep you informed.

I hope you are having a good summer.

Sincerely,

Albert H. Owens, Jr., M.D.  
President

cc: Mr. Donald Putney
TO: Ms. A. Gutierrez, Secretary to Dr. R. Lee Clark.

FROM: Dr. G.P. Warwick, Executive Secretary CICA

SUBJECT: Additional copies of "A Plan for Cooperative Action Among Cancer Institutes" produced by the A.A.C.I.

This is to advise you that the additional shipment of these documents has arrived safely. Thank you for arranging their despatch.

GFW/AG
June 29, 1976

Mr. Jonathan N. Swett  
Tribrook Group, Inc.  
1100 Jorie Boulevard  
Oak Brook, Illinois  60521

Dear Mr. Swett:

Thank you for your letter of May 7, 1976. The planning of a Comprehensive Pediatric Oncology Center in the Southeast sounds like a very interesting program. Drs. Gordon Zubrod, Oleg Selawry, and John Healey of the Comprehensive Cancer Center in Miami are certainly the ones to contact for anything in cancer care in that area. We are working with them on a number of joint projects in the Association of American Cancer Institutes. At the appropriate time in your planning activities where our participation can be of help we will be available.

Sincerely,

R. Lee Clark, M.D.  
President

RLC:ag

bc: Dr. Gordon Zubrod
May 7, 1976

R. Lee Clark, M.D.
President
The University of Texas
System Cancer Center
M.D. Anderson Hospital and
Tumor Institute
6723 Bertner Avenue
Houston, Texas 77025

Dear Dr. Clark:

Dr. Gerald Murphy, Director of Roswell Park Memorial Institute, has written to you on my behalf.

A client of ours in Miami has engaged TriBrook Group, Inc. to perform a feasibility study for establishing a major program, endowed by a new foundation, in catastrophic pediatric oncological and hematological diseases, to be located in the Southeast and to serve that region, the Caribbean, and Latin America.

Drs. Gordon Zubrod, Oleg Selawry, and John Healey of the Comprehensive Cancer Center for the State of Florida are co-chairmen of a voluntary medical advisory committee of the foundation which is still in process of formation by our client. Dr. Sergio DeLamerens, Director of Hematology and Oncology at Variety Children's Hospital, Miami, is chairman. The name of the foundation is Our Lady of Lourdes Pediatric Foundation for Hematology and Oncology.

To date, in the course of the study, I have spoken with Drs. Margaret Sullivan and Grant Taylor in Houston, as well as Drs. John Durant, Alvin Mauer, Gerald Murphy, and Lois Murphy in other programs.

I hope that as the study progresses further, I might visit you in Houston to learn how best to organize such a venture and how to minimize the risks of its turning out only "average". As soon as our more immediate plans become clear, I will call you in hopes of finding a convenient time when we might meet. Thank you, in advance, for your assistance.

Sincerely yours,

Jonathan N. Swett
Dr. R. Lee Clark  
M.D. Anderson Hospital & Tumor Institute  
University of Texas at Houston  
6723 Bertner Avenue  
Houston, Texas 77025

VIA AIR MAIL

Dear Lee,

I'd like to introduce to you, Mr. Jonathan N. Swett of the Tribrook Group, Inc. A large foundation is planning on a Comprehensive Pediatric Oncology Center in the Southeast. They need advice and they need some very practical comments. Although I have met with them, and I know they have met with a number of people, I could think of no one more qualified to respond to some of the particular questions they would like to anonymously place. If at all possible, please give him your attention.

Sincerely yours,

[Signature]

Gerald F. Murphy, M.D., D.Sc.  
Secretary General

GPM: db
June 21, 1976

Dr. David L. Wishart
Chairman, Communications Committee
Association of Community Cancer Centers
Ensign and Lilly Road
Olympia, Wa. 98506

Dear Dr. Wishart:

Please accept my thanks for the copy of the ACCC Delegate Manual which you sent to the AACI. It seems to be a most comprehensive compendium and it is bound to be useful to those responsible for developing community cancer programs.

The AACI met in Bethesda over a week ago. Jim O'Donovan represented the ACCC very well, as usual. It is always a delight to have him participate. Dennis Hammond tells me that he is having some difficulty in serving as the AACI representative to the ACCC because of his very heavy schedule. I gather several other AACI members have participated, however.

Again, many thanks for the manual.

Sincerely,

[Signature]

Albert H. Owens, Jr., M.D.
President

cc: Dr. Ed Mirand
    Dr. Lee Clark
June 8, 1976

R. Lee Clark, M.D.
President
The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas 77030

Dear Dr. Clark:

Thank you for your kind letter of June 2. Unfortunately, the delay of my furniture arrival from Bethesda until June 6 prevented my planned attendance at the AACI meeting of June 7-8. Please be assured of my attendance at future meetings.

Sincerely,

Stephen K. Carter, M.D.
Director,
Northern California Cancer Program

SKC:ced
June 2, 1976

Dr. Stephen K. Carter
Director
Northern California Cancer Program
770 Welch Road, Suite 190
Palo Alto, California 94304

Dear Steve:

Congratulations on your new appointment which I know will be a very challenging one. A rewarding part of the activity will be the opportunity to really make an outstanding contribution. For a long while the NCCP has needed the kind of direction that you can supply to its efforts.

I am delighted to hear that you wish to participate in the activities of the AACI and will look forward to your continued association. I particularly hope we can do something with Task 10 as so far it has been languishing, not because the interest isn't there, but because we have had somewhat of an indifferent reception of the program to date.

Best of luck on your new assignment.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:In
May 19, 1976

Dr. R. Lee Clark
M.D. Anderson Hospital and
Tumor Institute
6723 Bertner Avenue
Houston, Texas 77025

Dear Dr. Clark:

As you may have heard, I will be leaving the National Cancer Institute as of June 1 to take up the position of Director of the Northern California Cancer Program (NCCP). The NCCP is planning to submit an application to the AACI, and I would like to take an active role in this organization, which plays such a critically important role, as a spokesman for the centers. I would like to continue my membership on Task 10 and would be available for any other tasks in which you think I could be helpful. On June 1 my new address will be:

Director, Northern California Cancer Program
770 Welch Road, Suite 190
Palo Alto, California 94304

Sincerely yours,

Stephen K. Carter, M.D.
Deputy Director
Division of Cancer Treatment
Interoffice Memorandum

TO: R.L.C.                      DATE: May 3, 1976
FROM: P.A.L.

SUBJECT: AACI

This is a report on my meeting with Owens, Putney, and Sherbert on April 28, at the NCI.

Sherbert announced that the NCI will issue a noncompetitive RFP (about May 15th) asking the AACI to submit a proposal for these AACI tasks:

Task 1 - Administrative and Fiscal Profiles
Task 2 - Data Processing
Task 6 - Organization
Task 7 - Literature (will not be specifically noted in the RFP but a proposal will be favorably received)
Task 8 - Patient Management and Planning Techniques
Task 10 - Clinical Research
Task 12 - Cancer Control

Task #11 (Education) has been turned down. Sherbert says he will give us written reasons.

Owens will indicate a response time to the RFP. I estimate 45 days.

The NCI will treat this program as a service contract thereby avoiding the peer review process required for research proposals and contracts. A special in-house review committee will be set up to review the proposal. Probably including Fink, DeVita, Morrison, Sherbert and others.

Either Bud Morrison or Sherbert will be the NCI project officer for the contract. Better the latter.

A two-year contract will be awarded about 1 October if all goes well.
Sherbert says the NCI doesn't care where we do the work, Washington or elsewhere -- a breakthrough. With this understanding I would make every effort to perform the work in the Bethesda area and not in Philadelphia.

Accessibility of this working office is important. Everyone goes to Washington, whereas Fox Chase is almost in accessible. If you can get George Jay to dismiss the idea that he should help establish AACI policy, he can do the job as well as Putney.

Whoever is heading the AACI's working office should be readily available to the President, Board of Directors, and the heads of the cancer centers. This can only happen if the office is in Washington.

S.C.L.
February 18, 1976

Dear Dr. Clark,

Thank you so much for sending me the booklet entitled, “A Plan for Cooperative Action Among Cancer Institutes.” I know I will find it very useful and I plan to read it on the plane tomorrow as I wing my way to California to speak for the Cancer Society there.

I don’t believe I told you how much I gained from my visit to M.D. Anderson Hospital. It was a true education and Dr. Moreton was more than gracious to me. I only hope I can return to continue the visit.

I do hope all is going well for you and that our paths will cross very soon.

Sincerely,

Marvell Bayh

Dr. R. Lee Clark  
President  
University of Texas Systems Cancer Center  
M.D. Anderson Hospital and Tumor Institute  
Texas Medical Center  
6723 Bertner  
Houston, TX 77030
May 25, 1976

R. Lee Clark, M.D.
President
The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas 77030

Dear Dr. Clark:

Thank you for your thoughtful letter regarding the expansion of the "Dial Access System" through the Association of American Cancer Institutes.

I really think that this is a crucial part of the cancer control effort, and that the public must be able to get, through their general practitioners and medical institutions, the very best and latest methods of care in a manner such as this telephone system.

I greatly enjoyed the opportunity to meet with you on your last trip to Washington, and look forward to further discussions on how we may work together to better the odds against cancer.

Thank you again for your letter.

Warm regards.

Sincerely,

Claiborne Pell
May 19, 1976

The Honorable Claiborne Pell
United States Senate
325 Russell Senate Office Building
Washington, D. C. 20510

Dear Senator Pell:

It was indeed a pleasure to talk with you last week in Washington, D. C. Of course, you know that I always enjoy the chance to visit with you.

Hopefully, you have had a chance to review the document A Plan for Cooperative Action Among Cancer Institutes (CO-OP) of the Association of American Cancer Institutes (AACI) which I sent to you last month. You will be interested to know that we are planning to expand our "Dial Access System" with the AACI, thus increasing the 32,000 calls we received during the last two years from 17 southeastern states participating in the program. The "Dial Access System" provides health professionals, via a toll-free telephone line, with the most recent medical data available on various aspects of cancer. Explanatory materials - a booklet and a recent magazine article on the "Dial Access System" - are attached. Also, additional information on the AACI is enclosed for your information.

Your interest in and support of the National Cancer Program is appreciated.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
May 5, 1976

Dr. R. Lee Clark, President
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025

Dear Dr. Clark:

In response to your letter of April 27, I am enclosing two checks. One check in the amount of $302.42 is for artwork and printing, and has been made payable to M. D. Anderson Hospital. The other check for $300.00 has been made payable to you and is to cover the cost of mailing of the AACI CO-OP.

Sincerely yours,

Ed Miranda
Associate Institute Director
and Professor:
Secretary-Treasurer, A.A.C.I.

---

Dr. R. Lee Clark

Three Hundred and 00/100

MAIN HIGH OFFICE
MARINE MIDLAND
TRUST COMPANY OF WESTERN NEW YORK
BUFFALO, N.Y.

Mailing costs of CO-OP,
(letter dated 4/27/76)

Edwin A. Miranda
Accounting Department

Office of the President

Reimbursement Funds from the Association of American Cancer Institutes

Attached is check number 54 in the amount of $302.42, from the Association of American Cancer Institutes. This amount is to be credited to the following accounts: (detailed charges attached).

| Office of the President | $124.28 |
| AACI Misc. Expense Fund | $178.14 |
| # 188386 | $302.42 |

Thank you.

(Mrs.) JoAnne Hale
Administrative Assistant to
R. Lee Clark, M. D.

Attachments

cc: Mr. E. R. Gilley
April 27, 1976

Dr. E. A. Mirand
Secretary-Treasurer
Association of American Cancer Institutes
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14263

Dear Doctor Mirand:

We have forwarded to JRB Associates the charges incurred by M. D. Anderson for preparing the brochure CO-OP, along with charges for brochures on Task 8 and 12. As you requested, we are forwarding to you various charges pertaining to AACI matters which our institution has incurred. These are listed below:

**ART WORK AND PRINTING**

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We have mailed 50 copies of the CO-OP to you as you requested. We are still receiving requests from various individuals for this brochure which has created mailing expenses. As you will note in the above charges we currently have an overdraft in the AACI account which was set up here at M. D. Anderson for AACI mailings. We would appreciate an additional sum of $300 to cover future mailings of the CO-OP. As expressed before we will keep you apprised of the status of this account.

Sincerely yours,

R. Lee Clark, M.D.
President

Enclosures

cc: Dr. Albert Owens

bc: Mr. Patrick Leon
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<table>
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**REQUEST FOR PRINTING**

**DATE:** 2-17  
**INSTITUTION:**  
**BUILDING:**  
**ROOM:** PR 840  
**EXTENSION NO.:**  
**DEPARTMENT OR GRANT, TO BE CHARGED:** Office of President  
**ACCOUNT NO.:**  
**NO. COPIES:** 700  
**NAME OF FORM:** AACI Stationery  
**NOTE:** Please attach sample copy.

**PERSON PLACING ORDER:** Le Fort  
**APPROVED - DEPARTMENT HEAD:** Le Fort for P. Leon

<table>
<thead>
<tr>
<th>COMPOSITION INSTRUCTIONS</th>
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<th>BINDERY INSTRUCTIONS</th>
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<td>□ CARBONLESS □ ENVELOPE</td>
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**SPECIAL INSTRUCTIONS**

**PRINT SHOP**

- 500 to S-205, 600 to S-206
- 200 to PR 840

**DISTRIBUTION**

**DELIVERY REQUIRED BY**

- NOTE: Do Not Use: Rush or as Soon as Possible
- State Time and DATE Delivery Required

**FOR PRINT SHOP USE ONLY**

- REQUEST NO.: 762527
- DATE RECD.: 

**TOTAL CHARGE:** $44.83

**REQUESTING DEPARTMENT COPY**
**Medical Communications**

Date: 3-10

**Dept.: Office of the President** by P. Leon

**Fund to be charged:**

**Authorized signature:** LeFront Telephone 3-10

**Room No.: PR 845** Phone Extension 3012

**Description of Work**

Activation of AACI

Stationery

Print request attached

---

**To be completed by Dept. of Medical Communications**

**ART**

Date Required: 3-12

**Photo Lab**

No pictures

---

**TV Film Production/Projection**

---

**Audio-Visual Library**

---
**Medical Communications**

**Date:** 2-10

**Dept.:** Office of the President

**by:** P. Leon

**Institution:** MD Anderson

**Fund to be charged:**

**Authorized signature:** Text Memo 2-6

**Room No.:** PR 840

**Phone Extension:** 3012

**Total Charges:** $10.50

**Description of Work:**

Alteration of AACI Stationary

---

**ART**

**Date required:** 2-13

**PHOTO LAB**

**Date required:**

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**Total:** 10.50

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**TV FILM PRODUCTION**

**Date required:**

**AUDIO-VISUAL LIBRARY**

**Date required:**

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</table>

**Total:**

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Please retain green copy for your record.
MAILING INSTRUCTION FORM

Date: April 14, 1976

To: Mail Room

Request that the accompanying Envelopes containing Brochures be shipped.

To: Ms. Helen L. Clayton
United Cancer Council
Indianapolis, Indiana 46202

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

SIGNATURE: [Signature]
DEPARTMENT: AACI Fund for Mis. Exp. # 189386

(FOR MAIL ROOM USE ONLY)

Charges: $______
Insured No.: ______
Date Received: ______
Date Shipped: ______

THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

REQUEST FOR PRINTING

FAILURE TO FILL OUT COMPLETELY MAY DELAY PRODUCTION

DATE: ______
INSTITUTION: ______
BUILDING: ______
ROOM: ______

DEPARTMENT OR GRANT TO BE CHARGED: ______
NO. COPIES: ______
NAME OF FORM: ______

PERSON PLACING ORDER: ______
APPROVED BY: ______

COMPOSITION INSTRUCTIONS

☐ NEW FORM
☐ OLD FORM
☐ REVISION OF OLD FORM
☐ REPLACING OLD FORM
☐ TO BE PERMANENT FORM
☐ SUBMIT PROOF

PRINTING INSTRUCTIONS

☐ COLOR:
☐ STOCK:

☐ TYPE:
☐ BOND UT BOND ☐ BOOK
☐ CARBONLESS ☐ ENVELOPE
☐ COVER ☐ INDEX
☐ OTHER:

FINISHED SIZE: ______ (W X ______ L)

PRINT: ☐ ONE SIDE ☐ TWO SIDES
☐ STOCK FURNISHED BY DEPT.

SPECIAL INSTRUCTIONS

DELIVERY REQUIRED BY: ______
NOTE: Do not use Rush or as soon as possible dates.

REQUESTING DEPARTMENT COPY

REQUESTING DEPARTMENT COPY

TOTAL CHARGE: $______
### Request for Printing

**THE UNIVERSITY OF TEXAS SYSTEM CANCER CENTER**

**REQUEST FOR PRINTING**

**FAILURE TO FILL OUT COMPLETELY MAY DELAY YOUR WORK.**

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<td>100</td>
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**NOTE:** Please attach sample copy.

**PERSON PLACING ORDER**

**APPROVED - DEPARTMENT HEAD**

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**FINISHED SIZE:** 8 1/2" W X 11 3/4" L.

**PRINT:** ONE SIDE

**STOCK FURNISHED BY DEPT.**

### SPECIAL INSTRUCTIONS

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**DELIVERY REQUIRED BY**

**NOTE:** Do Not Use “Rush or as Soon as Possible.”
State TIME and DATE Deliveries Required.

**FOR PRINT SHOP USE ONLY**

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**TOTAL CHARGE: $______**

**REQUESTING DEPARTMENT COPY**
medical communications

Date: 11-5
Institution: MDAH
Authorized signature: S. Lee
Fund to be charged: 
Room No.: 
Phone Extension: 

Description of Work

Alteration of AACI Administration Form

For publication lecture title/subject

TO BE COMPLETED BY DEPT. OF MEDICAL COMMUNICATIONS

ART

Date Required: 11-7

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Total: 

Authorized signature: S. Lee

PHOTO LAB

Date Required: 

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Total: 

Inspected: 
Rec'd.: 
Date: 

INSPECTION

TV FILM PRODUCTION

Date Required: 

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Total: 

Inspected: 
Rec'd.: 
Date: 

AUDIO-VISUAL LIBRARY

Date Required: 

<table>
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Total: 

Inspected: 
Rec'd.: 
Date: 

Please retain original for your record.
Mailing Instruction Form

Date 4/9/76

To: Mail Room

Request that the accompanying Box _____ containing Box, Carton, Letter, etc., valued at $_______ be shipped

To: Dr. Albert Owens

332 Carnegie Building

Baltimore, Maryland 21205

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

Signature: [Signature]

Department: AACI - Account #14936

(FOR MAIL ROOM USE ONLY)

335

Charges: AACI-188386 Insured: HT

Date Received: ________ Date Shipped: 4/9/76
medical communications

Date: 11-4
Dept: Office of the President

Institution:

Fund to be charged:

Authorized signature: J. T. Holt Memo 11-3-75

Room No.: PR 40
Phone Extension: 3012

Description of Work:
Camera Art for Cover
Survey Cancer Control Projects of AACI Members
Send xerox to Mr. Leon

For publication:
lecture:
title/subject:

TO BE COMPLETED BY DEPT. OF MEDICAL COMMUNICATIONS

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Material | Time/hr. | Material | Time/hr.
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Xerox

TV FILM PRODUCTION

Date Required: [ ]

AUDIO-VISUAL LIBRARY

Date Required: [ ]

Material | Time/hr.
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Please return green copy for your record.
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**Request for Printing**

**Failure to fill out completely may delay your work.**

**Date:** 3-10-76  **Institution:** MDA  **Building:** Presidential  **Room:** Ph 240  **Extension No.:** 3012

**Department or Grant to be charged:** Association of American Cancer Institutes  **Account No.:** 198386

**No. Copies:** 800  **Name of Form:** AACI Stationery  **NOTE:** Please attach sample copy.

**Person placing order:** Mr. Patrick Leon  **Approved - Department Head:**

### Composition Instructions

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<td>☐ REPLACING OLD FORM</td>
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<tr>
<td>☐ TO BE PERMANENT FORM</td>
<td>☐ SUBMIT PROOF</td>
</tr>
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### Printing Instructions

| Color Ink | ☐ ☐ ☐ ☐ ☐ |
| Color Stock | ☐ ☐ ☐ ☐ ☐ |
| Type | ☐ BOND ☐ UT BOND ☐ BOOK |
| ☐ CARBONLESS ☐ Envelope |
| ☐ COVER ☐ INDEX |
| ☐ OTHER ☐ ☐ |

**Finished Size:** ☐ "W X ☐ "L  **PRINT:** ☐ ONE SIDE ☐ TWO SIDES

☐ STOCK FURNISHED BY DEPT.

### Bindery Instructions

| ☐ COLLATE | ☐ STAPLE |
| ☐ FOLD | ☐ PERFORATE |
| ☐ SCORE | ☐ ROUND CORNER |
| ☐ DRILL (____ Holes) | ☐ PAD (____ TO A PAD/SET) |
| ☐ BIND: ☐ PLASTIC ☐ PERFECT ☐ SIGNATURE |

---

**SPECIAL INSTRUCTIONS**

**PRINT SHOP**

**DISTRIBUTION**

---

**Delivery Required By**

**NOTE:** Do Not Use "Rush or as Soon as Possible" State TIME and DATE Delivered Required

---

**FOR PRINT SHOP USE ONLY**

**REQUEST NO.:** 762921  **DATE RECD.:**

**APPROVED**

---

**REFERENCE COPY - REQUESTING DEPARTMENT**
Dear Doctor Mirand:

We have forwarded to JRB Associates the charges incurred by M. D. Anderson for preparing the brochure CO-OP, along with charges for brochures on Task 8 and 12. As you requested we are forwarding to you various charges pertaining to AACI matters which our institution has incurred. These are listed below:

**ART WORK AND PRINTING**

- AACI Administration Form: $51.95
- AACI Stationary (with Dr. Owens as President & New Bd. of Dir.): $91.43
- Survey of Cancer Control Projects of AACI members: $12.60
- Account # 188386 Overdraft (see attached): $146.44
- **Total**: $302.42

We have mailed 50 copies of the CO-OP to you as you requested. We are still receiving requests from various individuals for this brochure which has created mailing expenses. As you will note in the above charges we currently have an overdraft in the AACI account which was set up here at M. D. Anderson for AACI mailings. We would appreciate an additional sum of $300 to cover future mailings of the CO-OP, along with other AAGI materials. As expressed before we will keep you aprised of the status of this account.

SY

RLC
May 3, 1976

Mr. Richard L. Sherbert
Office of Administrative Management
National Cancer Institute
Building 31, Room 11A33
Bethesda, Maryland 20014

Dear Dick:

It was a pleasure for Don Putney, Pat Leon and me to meet with you Wednesday (April 28). All your careful, hard work made our agenda flow very smoothly, and we appreciate your help.

We shall be able to give a good report to the AACI Directors on May 5. Among the items stemming from our Wednesday meeting are:

1. Our present basic contract is now extended through June 30. I shall write for an extension through September 30 in order to complete further work on Task 1 and probably Task 10. There is a balance of approximately $20,000, so that no additional funds will be necessary.

2. Arrangements are nearly completed to transfer about $8,600 to JRB for their work through June 30. JRB is delinquent with progress reports, etc., and Don Putney is working with George Jay to resolve all aspects of this business.

3. The preliminary work is well underway to start a new 2-year contract to implement the several "Task areas" of cooperative action among AACI members by October 1. A single contract will cover all the Tasks and their coordination. A basic "ordering agreement" mechanism will be used so that new activities can be phased in when appropriate.

4. We reviewed the Task proposals which had been submitted separately over the past several months. All will be incorporated in the new basic contract mentioned above except Task 11 (Education), which is not approved in its present form.
Mr. Richard L. Sherbert

May 3, 1976

We spoke about many detailed aspects of this work, but I believe these are the main matters which the Board of Directors should hear about. Again, many thanks for your help.

Sincerely,

Albert H. Owens, Jr., M.D.
President

AHO:ip

cc: Dr. R. Lee Clark
    Mr. H. Donald Putney
    Mr. Patrick A. Leon
    Dr. E. A. Miranda
Interoffice Memorandum

TO: R.L.C.  
FROM: P.A.L.

DATE: May 3, 1976

SUBJECT: AACI

This is a report on my meeting with Owens, Putney, and Sherbert on April 28, at the NCI.

Sherbert announced that the NCI will issue a noncompetitive RFP (about May 15th) asking the AACI to submit a proposal for these AACI tasks:

- Task 1 - Administrative and Fiscal Profiles
- Task 2 - Data Processing
- Task 6 - Organization
- Task 7 - Literature (will not be specifically noted in the RFP but a proposal will be favorably received)
- Task 8 - Patient Management and Planning Techniques
- Task 10 - Clinical Research
- Task 12 - Cancer Control

Task #11 (Education) has been turned down. Sherbert says he will give us written reasons.

Owens will indicate a response time to the RFP. I estimate 45 days.

The NCI will treat this program as a service contract thereby avoiding the peer review process required for research proposals and contracts. A special in-house review committee will be setup to review the proposal. Probably including Fink, DeVita, Morrison, Sherbert and others.

Either Bud Morrison or Sherbert will be the NCI project officer for the contract. Better the latter.

A two-year contract will be awarded about 1 October if all goes well.
Sherbert says the NCI doesn't care where we do the work, Washington or elsewhere -- a breakthrough. With this understanding I would make every effort to perform the work in the Bethesda area and not in Philadelphia.

Accessibility of this working office is important. Everyone goes to Washington, whereas Fox Chase is almost inaccessible. If you can get George Jay to dismiss the idea that he should help establish AACI policy, he can do the job as well as Putney.

Whoever is heading the AACI's working office should be readily available to the President, Board of Directors, and the heads of the cancer centers. This can only happen if the office is in Washington.

S.C.L.
MEMBERSHIP LIST

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institutes

Albert Einstein College of Medicine
Cancer Research Center
1300 Morris Park Avenue
Bronx, New York 10461

American Health Foundation
Naylor Dana Institute for Disease Prevention
Valhalla, New York 10595

Cancer Research Center
Business Loop 70 and Garth Avenue
Columbia, Missouri 65201

Clinica Oncologica "Andres Grillasca"
de la Asociacion Para la Lucha
Contra el Cancer
Centro Medico de Ponce
Apartado 1324
Ponce, Puerto Rico 00731

Columbia University, College of
Physicians and Surgeons
Cancer Research Center
630 West 168th Street
New York, New York 10032

Representatives

Dr. Harry Eagle, Director
(Ph.: 212, 430-2302)

Dr. Matthew D. Scharff, Chairman
Department of Cell Biology
(Ph.: 212, 430-2815)

Dr. Jerard Hurwitz, Chairman
Dept. of Developmental Biology & Cancer
(Ph.: 212, 430-3127)

Dr. Ernst L. Wynder, President
(Ph.: 212, 489-8700)

Dr. John H. Weisburger
Vice President for Research

Dr. John S. Spratt, Jr., Director
(Ph.: 314, 443-3103, Ext. 274)

Dr. Francis R. Watson
Assoc. Director for Research Planning
and Director, Dept. of Biomathematics
(Ph.: 314, 443-3103, Ext. 251)

Ms. Maxine Woodward, Business Manager
(Ph.: 314, 443-3103, Ext. 275)

Dr. Hamlet Hazim, Executive Director
(Ph.: 809, 843-0800)

Dr. Jose N. Correa
Chief of Radiotherapy Department

Dr. William Bracer
Chief of Surgery Department

Dr. Paul A. Marks, Director
(Ph.: 212, 579-4139)

Dr. Richard A. Rifkind, Co-Director
(Ph.: 212, 579-3807)

Mr. James S. Quirk
Deputy Director for Administration
(Ph.: 212, 579-6904)
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<tr>
<td>Comprehensive Cancer Center for the State of Florida</td>
<td>Dr. C. Gordon Zubrod, Director</td>
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<tr>
<td>University of Miami</td>
<td>(Ph.: 305, 547-6096)</td>
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<tr>
<td>P. O. Box 520875</td>
<td>Mr. Michael Siegel, Executive Officer</td>
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<tr>
<td>Miami, Florida 33152</td>
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<tr>
<td>Duke Comprehensive Cancer Center</td>
<td>Dr. Wm. W. Shingleton, Chief &amp; Professor, Division of General Surgery, Director, Duke Comprehensive Cancer Center (Ph.: 919, 684-2282)</td>
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<tr>
<td>Duke University Medical Center</td>
<td>Dr. John Laszlo, Prof. of Medicine</td>
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<tr>
<td>Durham, North Carolina 27710</td>
<td>Duke University Medical Center (Ph.: 919, 684-5212)</td>
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<tr>
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<td>Dr. Wayne Rundles</td>
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<tr>
<td>Eppley Institute for Research in Cancer</td>
<td>Dr. Philippe Shubik, Director</td>
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<tr>
<td>University of Nebraska Medical Center</td>
<td>(Ph.: 402, 541-4238)</td>
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<tr>
<td>42nd and Dewey Avenue</td>
<td>Dr. Phillip Issenberg, Associate Director</td>
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<tr>
<td>Omaha, Nebraska 68105</td>
<td>(Ph.: 402, 541-4943)</td>
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<td>Dr. David Clayson, Deputy Director</td>
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<td>(Ph.: 402, 541-4943)</td>
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<tr>
<td>Sidney Farber Cancer Center</td>
<td>Dr. Emil Frei, III, Director</td>
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<tr>
<td>35 Binney Street</td>
<td>(Ph.: 617, 734-3698)</td>
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<tr>
<td>Boston, Massachusetts 02115</td>
<td>Dr. George E. Foley</td>
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<td></td>
<td>Director for Administration, Grants and Contracts</td>
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<td>(Ph.: 617, 566-4170)</td>
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<tr>
<td>Fels Research Institute</td>
<td>Dr. Sidney Weinhouse, Acting Director</td>
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<tr>
<td>Temple University Medical Center</td>
<td>(Ph.: 215, 221-4312)</td>
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<tr>
<td>3420 North Broad Street</td>
<td>Mr. Howard Schurr</td>
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<tr>
<td>Philadelphia, Pennsylvania 19140</td>
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<tr>
<td>Fox Chase Cancer Center</td>
<td>Dr. Timothy Talbot, Jr.</td>
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<tr>
<td>7701 Burholme Avenue</td>
<td>(Ph.: 215, 342-1000, Ext. 402)</td>
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<tr>
<td>Philadelphia, Pennsylvania 19111</td>
<td>(Alternate: Dr. Baruch S. Blumberg, Ph.: 215, 342-1000, Ext. 453)</td>
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<td>Dr. Paul J. Grotzinger</td>
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<td>(Ph.: 215, 722-1900, Ext. 300)</td>
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<td>(Alternate: Dr. Paul F. Engstrom, Ph.: 215, 722-1900, Ext. 301)</td>
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<td>Mr. H. Donald Putney</td>
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<td>(Ph.: 215, 342-1000, Ext. 406)</td>
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<td>(Alternate: Raymond T. Bickert, Ph.: 215, 722-1900, Ext. 315)</td>
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<td>Institutes</td>
<td>Representatives</td>
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<tr>
<td>Frederick Cancer Research Center</td>
<td>Dr. Robert E. Stevenson, General Manager (Ph.: 301, 663-7247)</td>
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<tr>
<td>P. O. Box B</td>
<td>Dr. Ray V. Gilden</td>
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<tr>
<td>Frederick, Maryland 21701</td>
<td>Dr. Michael G. Hanna</td>
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<td>Dr. William Lijinsky</td>
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<td>Dr. Joel Warren, Director (Ph.: 305, 587-6660)</td>
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<td>Miriam R. Sacksteder, B.S. Research Associate</td>
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<td>Dr. Sidney Fox</td>
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<td>Institute of Molecular Evolution, University of Miami</td>
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<td>Coral Gables, Florida</td>
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<tr>
<td>Leo Goodwin Institute for Cancer Research</td>
<td>Dr. I. Brodsky, Director (Ph.: 215, 448-8026)</td>
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<tr>
<td>3301 College Avenue</td>
<td>Dr. Kathryn Fuscaldo, Associate Director for Research and Administrator</td>
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<tr>
<td>Fort Lauderdale, Florida 33314</td>
<td>Dr. Luther Brady</td>
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<td>Assoc. Director for Outreach Programs</td>
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<tr>
<td>Hahnemann Medical College and Hospital Cancer Institute</td>
<td>Dr. Jack E. White, Director (Ph.: 202, 745-1406)</td>
</tr>
<tr>
<td>230 North Broad Street</td>
<td>Dr. William B. Hutchinson, President and Director (Ph.: 206, 292-2930)</td>
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<tr>
<td>Philadelphia, Pennsylvania 19102</td>
<td>Dr. Charles A. Evans (Ph.: 206, 292-2931)</td>
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<td>Dr. John R. Hartmann (Ph.: 206, 292-2468)</td>
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<tr>
<td>Howard University Cancer Research Center</td>
<td>Dr. Samuel G. Taylor, III, Director (Ph.: 312, 346-9813)</td>
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<tr>
<td>6th and Bryant Street, N. W.</td>
<td>Mr. Tom Baab, Executive Vice President</td>
</tr>
<tr>
<td>Washington, D. C. 20001</td>
<td>American Cancer Society, Illinois Division</td>
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<td>Dr. Edward Scanlon, Chairman</td>
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<td>Department of Surgery</td>
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<tr>
<td>Fred Hutchinson Cancer Research Center</td>
<td>Evanston Hospital (Ph.: 312, 346-9813)</td>
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<tr>
<td>1124 Columbia Street</td>
<td>2500 Ridge Avenue</td>
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<tr>
<td>Seattle, Washington 98104</td>
<td>Evanston, Illinois 60201</td>
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<td>Illinois Cancer Council</td>
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<tr>
<td>37 South Wabash Avenue</td>
<td></td>
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<tr>
<td>Chicago, Illinois 60603</td>
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</tbody>
</table>
Institutes

Institute for Medical Research
Copewood Street
Camden, New Jersey 08103

Johns Hopkins University Oncology Center
Johns Hopkins Medical Institutions
Baltimore, Maryland 21205

Kern Community Cancer Center
1930 Eighteenth Street
Bakersfield, California 93301

Los Angeles County - University of Southern California Cancer Center
2025 Zonal Avenue
Los Angeles, California 90033

I. Gonzalez Martinez Oncologic Hospital
University Medical Center
P. O. Box 1811
Hato Rey, Puerto Rico 00919

Representatives

Dr. Lewis L. Coriell, Director
(Ph.: 609, 966-7377)

Dr. Warren Nichols, Assistant Director

Mr. S. Robert Wilson
Director of Support Services

Dr. Albert H. Owens, Jr., Director
(Ph.: 301, 955-3300)

Dr. Raymond E. Lenhard, Jr.

Mr. Richard L. Harrington
Associate Director, Adm. Services
(Alternate: Dr. George E. Santos)

Dr. Sunril R. Lahiri, Associate Director
(Ph.: 805, 327-0988)

Dr. Donald C-S Tan, Medical Director

Dr. G. Denman Hammond
Associate Dean and Director
(Ph.: 213, 226-2008)

Dr. Richard L. O'Brien, Deputy Director
(Alternate for Dr. Hammond)

Mr. Wm. Weitekamp
Administrator for Cancer Hospital
(Ph.: 213, 226-4001)

Dr. John Hisserich
Adm. Director for Regional Activities
(Ph.: 213, 226-4043)

Dr. Robert McKenna
Director for Regional Activities
(Alternate for Dr. Hisserich)
(Ph.: 213, 226-4043)

Dr. Ramon E. Llobet, Medical Director
(Ph.: 809, 765-7070)

Miss Antonia Pizarro, Hospital Adm.

Dr. Luis Diaz Bonet, Assistant Med. Director
Institutes

Mayo Comprehensive Cancer Center
Mayo Foundation
Rochester, Minnesota 55901

Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021

Michigan Cancer Foundation
110 East Warren Avenue
Detroit, Michigan 48201

Mountain States Tumor Institute
151 East Bannock
Boise, Idaho 83702

National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20014

Representatives

Dr. Charles G. Moertel, Director
Dr. David T. Carr
(Ph.: 507, 282-2511)
Dr. Oliver H. Beahrs

Dr. Lewis Thomas, President
(Ph.: 212, 879-3000, Ext. 2086)
(Alternate: Mr. J. D. White)

Dr. Robert A. Good
Director of Research
(Alternate: Dr. C. Chester Stock)

Dr. Edward J. Beattie, Jr.
Chief Medical Officer
(Alternate: Dr. Alvin Freiman)

Dr. Michael J. Brennan, President
(Ph.: 313, 833-0710)

Dr. Marvin A. Rich, Scientific Director
(Ph.: 313, 833-0710)

John W. Pettit, Director
Administration and Finance
(Ph.: 313, 833-0710)

Dr. Charles E. Smith, Medical Director
(Ph.: 208, 345-1780)

Dr. Frank J. Rauscher, Jr., Director
(Ph.: 301, 496-5615)

Dr. Guy R. Newell, Deputy Director
(Ph.: 301, 496-3505)

Dr. Bayard H. Morrison, III
Assistant Director
(Ph.: 301, 496-3308)
Institutes

New England Deaconess Hospital,
Cancer Research Institute and
Shields Warren Radiation Laboratory
185 Pilgrim Road
Boston, Massachusetts 02215

Northwestern University Cancer Center
Ward Memorial Building
303 East Chicago Avenue
Chicago, Illinois 60611

Oak Ridge National Laboratory
Oak Ridge, Tennessee 37830

Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14263

Representatives

Dr. William V. McDermott, Jr.
Scientific Director
(Ph.: 617, 536-2255)

Dr. Nathaniel I. Berlin, Director

Dr. Robert D. Pence, Assistant Director
(Ph.: 617, 734-7000, Ext. 2007)

Miss Constance A. Langone
(Ph.: 617, 734-7000, Ext. 2407)

Dr. C. R. Richmond, Associate Director
for Biomedical and Environmental Sciences
P. O. Box X
(Ph.: 615, 483-8611, Ext. 3-1477)

Dr. John B. Storer, Director
Biology Division
P. O. Box Y
(Ph.: 615, 483-8611, Ext. 3-7135)

Dr. Gerald P. Murphy, Director
(Ph.: 716, 845-5770)

Dr. Edwin A. Miranda
Associate Institute Director
(Ph.: 716, 845-3095)

Mr. Robert W. Goehle
Fiscal Administrator
(Ph.: 716, 845-3033)
Institutes

Southern Research Institute
Kettering-Meyer Laboratory
2000 Ninth Avenue South
Birmingham, Alabama 35205

St. Jude Children's Research Hospital
332 North Lauderdale Street
Box 318
Memphis, Tennessee 38101

UCLA Cancer Center
924 Westwood Boulevard, Suite 940
Los Angeles, California 90024

University of Alabama
Comprehensive Cancer Center
University Station
Birmingham, Alabama 35294

University of California School of Medicine
Cancer Research Institute
San Francisco, California 94143

University of Chicago Cancer Research Center
950 E. 59th Street
Chicago, Illinois 60637

University of Hawaii at Manoa
Cancer Center of Hawaii
1997 East-West Road, Room 254
Honolulu, Hawaii 96822

Representatives

Dr. Howard E. Skipper
President and Director
(Ph.: 205, 323-6592, Ext. 270)

Dr. John A. Montgomery, Vice-President
(Ph.: 205, 323-6592, Ext. 300)

Dr. Alvin M. Mauer, Medical Director
(Ph.: 901, 525-8381)

Dr. Joseph Simone, Chief
Hematology-Oncology Service

Dr. Richard J. Steckel, Director

Dr. John R. Durant, Director
(Ph.: 205, 934-5077)

Dr. Stephen B. Shohet, Director
(Ph.: 415, 666-1293)

Dr. Lois B. Epstein
(Ph.: 415, 666-3057)

Dr. John C. Klock
(Ph.: 415, 666-4407)

Dr. John E. Ultmann, Director
(Ph.: 312, 947-6386)

Dr. Leon O. Jacobson, Director
Franklin McLean Memorial Research Inst.
(Ph.: 312, 947-5007)

Dr. Lawrence H. Piette, Executive Director
(Ph.: 808, 948-7173 or 948-7246)

Dr. Noboru Oishi, Director
Clinical Science Unit
(Ph.: 808, 538-9011, Ext. 511)

Dr. Tomio Hirohata, Director
Epidemiology and Demography Unit
(Ph.: 808, 947-3571 or 948-7385)
Institutes

University of Louisville Cancer Center
Health Sciences Center
Walnut and Preston Streets
Louisville, Kentucky 40201

University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025 77030

University of Wisconsin Clinical Cancer Center/
McArdle Laboratory for Cancer Research
1300 University Avenue
Madison, Wisconsin 53706

Wistar Institute
36th Street at Spruce
Philadelphia, Pennsylvania 19104

Worcester Foundation for Experimental Biology
222 Maple Avenue
Shrewsbury, Massachusetts 01545

Representatives

Dr. Condict Moore, Director

Dr. Charles E. Kupchella
Associate Director for Administration
and Planning

Dr. R. Lee Clark, President
(Ph.: 713, 792-3000)

Dr. Robert C. Hickey, Director
(Ph.: 713, 792-3200)

Dr. Murray M. Copeland, Vice-President
University Cancer Foundation
(Ph.: 713, 792-3025)

Dr. Harold P. Rusch, Director
(Ph.: 608, 263-2553)

Dr. Robert O. Johnson, Director
Division of Clinical Oncology
(Ph.: 608, 262-1626)

Dr. Henry C. Pitot, Director
McArdle Laboratory for Cancer Research
(Ph.: 608, 262-2177)

Dr. Hilary Koprowski, Director
(Ph.: 215, 387-6700)

Dr. Leonard Warren
(Ph.: 215, 243-8036)

Dr. Lionel Manson
(Ph.: 215, 387-6700, Ext. 394)

Dr. Mahlon B. Hoagland
President and Scientific Director
(Ph.: 617, 842-8921)

Dr. Federico Welsch, Executive Director
and Vice-President
CORRESPONDING MEMBERS

Institutes

Fondation Bergonie
180, rue de Saint Genes
33076 Bordeaux, Cedex, France

International Agency for Research on Cancer
World Health Organization
150, Cours Albert Thomas
69008 Lyon, France

Manitoba Cancer Treatment and Research Foundation
700 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0V9, Canada

Representatives

Professor Claude Lagarde, Director
Dr. Jean-Francois Duplan
Pr. ag. Bernard Hoerni

Dr. John Higginson, Director
Dr. C. A. Linsell, Chief
Interdisciplinary Programme & International Liaison
Dr. L. Tomatis, Chief
Unit of Chemical Carcinogenesis

Dr. L. G. Israels, Executive Director
(Ph.: 204, 786-4731)

Dr. J. M. Gillies
Director of Radiation Oncology

Dr. W. Hryniuk
Director of Medical Oncology
April 29, 1976

The Honorable Claiborne Pell
United States Senate
Russell Senate Office Building
Washington, D.C. 20510

Dear Senator Pell:

I am sending you a copy of the document "A Plan for Cooperative Action Among Cancer Institutes (CO-OP)" of the Association of American Cancer Institutes, which will delineate to you the progress on exchange of information that we have made between the cancer institutes in America. This document describes 12 task areas of which the majority are being implemented. We have increased our scope and added four groups. We will work with each of these four groups in comprising additional tasks (13, 14, 15, and 16).

Considerable progress has been made since you visited with CICA in Geneva. I believe one of the most important accomplishments in the development of the National Cancer Act has been the establishment of the International Cancer Research Data Bank (ICRDB). I am sure that Dr. Greg O'Conor is keeping you informed of the concept and growth of each facet of this program. We are going to expand Task 7, outlined in the enclosed document, to promote the development and use of the ICRDB in all of the cancer centers in the country, and to urge each cancer center to appoint a representative experienced in this field for the program. Doctor's O'Conor and Schneider are now contemplating a workshop for these representatives in the near future.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
Enclosure
cc: Dr. Gregory O'Conor

Also sent NASA/Blocker
April 13, 1976

Ms. Myra Darrow
Secretary to Dr. Richard A. Tjalma
Assistant Director
National Cancer Institute
Bethesda, Maryland 20014

Dear Myra:

Thank you very much for sending me Doctor Scolnick's report and the copies of PL 93-352. At Doctor Clark's request I am attaching a list of the AACI Board of Directors for Doctor Tjalma's information and use.

Sincerely,

Mrs. JoAnne Hale
Administrative Assistant to
R. Lee Clark, M.D.

JH:ag

Attachment
A A C I  O F F I C E R S  A N D  B O A R D  O F  D I R E C T O R S

B O A R D

R. Lee Clark, M.D.
Chairman
The University of Texas System Cancer Center
6723 Bertner Avenue
Houston, Texas  77030

Murray M. Copeland, M.D.
The University of Texas System Cancer Center
6723 Bertner Avenue
Houston, Texas  77030

Edward J. Beattie, M.D.
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York  10021

Lewis Coriell, M.D.
Institute for Medical Research
Copewood Street
Camden, New Jersey  08103

Charles Evans, M.D.
Fred Hutchinson Cancer Research Center
1102 Columbia Street
Seattle, Washington  98104

Derman Hammond, M.D.
Los Angeles County - University of Southern California Cancer Center
2025 Zonal Avenue
Los Angeles, California  90033

Henry Pitot, M.D.
University of Wisconsin Center for Health Sciences
(Wisconsin Clinical Cancer Center
McArthur Laboratories for Cancer Research)
1300 University Avenue
Madison, Wisconsin  53706

O F F I C E R S

Albert H. Owens, M.D.
President
John Hopkins University Oncology Center
332 Carnegie
Baltimore, Maryland  21205

Dr. William V. Singleton
Vice President
Duke Comprehensive Cancer Center
Duke University Medical Center
Durham, North Carolina  27710

E.A. Mirand, Ph.D.
Secretary-Treasurer
Roswell Park Memorial Institute
New York State Department of Health
686 Elm Street
Buffalo, New York  14203
ANGIE:

Please send copies of the recent Newsletter (in my office in big box) to the following:

- Board of Regents
- Board of Visitors - I sent 75 to Mr. Bush
- All Professional Staff at MDAH - (Beth said to see her re list)
- Health Science Center - Houston (RLC took 24 to Administrative Council yesterday and he said for Dotty to get the list of those who were NOT there and we should send them one). 
- All Task Committee Members - Checked with JRB and they have sent

Thank you. Would appreciate this being done at your earliest convenience.

JoAnne
2/25

Blue Memo
Jay Burton
MD

OHA - 16
Germany - 6
April 7, 1976

Mrs. JoAnne Hale
Administrative Assistant
The University of Texas System Cancer Center
Texas Medical Center
Houston, Texas 77025

Dear Mrs. Hale:

We do appreciate your sending us a copy of the AACI document "A Plan for Cooperative Action Among Cancer Institutes Co-op".

Would it be possible to purchase seven additional copies for our Executive Committee?

We do thank you!

Sincerely,

UNITED CANCER COUNCIL, INC.

Helen L. Clayton
Executive Director

HLC/c
April 1, 1976

Ms. Helen L. Clayton
Executive Director
United Cancer Council
1803 N. Meridian Street
Room 202
Indianapolis, Indiana 46202

Dear Ms. Clayton:

Please find enclosed the AACI document "A Plan for Cooperative Action Among Cancer Institutes CO-OP, which you have requested.

We appreciate your interest.

Sincerely yours,

(Mrs.) JoAnne Hale
Administrative Assistant to
R. Lee Clark, M.D.

Enclosure
TO  W. Clark
FROM  Helen Clayton

☐ FOR YOUR APPROVAL  ☐ FOR YOUR INFORMATION
☐ FOR YOUR FILES  ☐ FOR NECESSARY ACTION
☐ PLEASE RETURN  ☐ PER YOUR REQUEST
☐ PLEASE REVIEW AND COMMENT

Remarks:

Please note attached letter.

Will appreciate receiving a copy.

Thanks!

WC
Ms. Helen L. Clayton
Executive Director
United Cancer Council
1803 N. Meridian Street
Room 202
Indianapolis, Indiana 46202

Dear Ms. Clayton:

Please write to Dr. R. Lee Clark, President, University of Texas System Cancer Center, M.D. Anderson Hospital and Tumor Institute, Texas Medical Center, Houston, Texas 77025, for a copy of the Twelve Task of AACI.

I do not have copies in my office for distribution but I am sure that Dr. Clark will provide you with a free copy.

Sincerely,

[Signature]

Edwin A. Mirand
Associate Institute Director and Professor, Roswell Park; and Secretary-Treasurer, AACI
Interoffice Memorandum

TO: Dr. R. Lee Clark

FROM: Dr. Murray M. Copeland

DATE: March 2, 1976

SUBJECT:

Dear Lee:

Please find attached a letter re my appointment as a Liaison Member to the Commission on Cancer as a representative of the American Association of Cancer Institutes.

I wish to thank you personally for making this possible for I feel that I can be of great benefit to you and to our organization here by being in this capacity and in addition, can promote the AACI with the American College of Surgeons Commission on Cancer.

Sincerely,

Murray M. Copeland, M. D.
Dear Doctor Copeland:

On behalf of Dr. Harvey W. Baker, Chairman of the Commission on Cancer of the American College of Surgeons, it is my pleasure to notify you officially that, upon recommendation of Dr. R. Lee Clark, past chairman of the American Association of Cancer Institutes and approval by the Board of Regents of the American College of Surgeons, you have been appointed Liaison Member to the Commission on Cancer as a representative of the American Association of Cancer Institutes.

This appointment is retroactive to January 1, 1976 and is for a three-year term with eligibility for reappointment for an additional three years. You have been assigned to the Committee on Education chaired by Dr. Loren J. Humphrey. This committee meets yearly in October prior to the meeting of the full Commission on Cancer.

I am herewith sending you some material to bring you up-to-date on the activities of the Commission and its committees. We look forward to renew our close association with you as a representative of the AACI.

At your convenience and for our records, I would appreciate a letter of acceptance of this appointment.

Sincerely yours,

Andrew Mayer, M.D., F.A.C.S.
Assistant Director
Professional Activities (Cancer)

AM/id
encl.

cc: R. Lee Clark, M.D., F.A.C.S.
    Harvey W. Baker, M.D., F.A.C.S.
    Loren J. Humphrey, M.D., F.A.C.S.
March 31, 1976

Dr. J. J. Nickson
Director
Memphis Regional Cancer Center
21 North Dunlap
Memphis, Tennessee 38163

Dear Doctor Nickson:

Please find enclosed the AACI document "A Plan for Cooperative Action Among Cancer Institutes CO-OP," which you have requested.

We appreciate your interest.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
March 23, 1976

Ms. B. J. Kolenda
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas  77025

Dear Ms. Kolenda:

Today I received a request for a copy of the AACI "A Plan for Cooperative Action Among Cancer Institutes (CO-OP)" dated January 2, 1976 from Dr. J. J. Nickson, Director of the Memphis Regional Cancer Center. Would you please send a copy to him. His address is as follows:

Dr. J. J. Nickson, Director
Memphis Regional Cancer Center
21 North Dunlap
Memphis, Tennessee  38163

Also, if you should have any extra copies of the above, I would appreciate it very much if you could send me some.

Sincerely yours,

E. A. Mirand
Associate Institute Director
and Professor;
Secretary-Treasurer, A.A.C.I.

EAM:co
March 18, 1976

Ms. Cheri Hayes  
Research Associate  
National Research Council  
2102 Constitution Avenue  
Washington, D.C. 20418  

Dear Ms. Hayes:  

Enclosed you will find a copy of the AACI Plan for Cooperative Action that you requested in your letter to Doctor Clark dated March 11, 1976. I hope this will be of help to you in your efforts in planning the future of the Study Project on Social Research and Development.

Thank you for your interest.

Sincerely,

Angie Gutierrez  
Secretary to R. Lee Clark, M.D.
March 11, 1976

Dr. R. Lee Clark, M.D.
President
Association of American Cancer Institutes
The University of Texas System Cancer Center
Houston, Texas

Dear Dr. Clark:

On a recent visit to Sloan-Kettering in connection with my work on the Study Project on Social R&D, I met with Dr. Guy Robbins to discuss his efforts in cancer rehabilitation research and demonstration. He suggested that it might be very useful to obtain a copy of the AACI Plan for Cooperative Action.

I would greatly appreciate if you could have a copy of this document forwarded to me, along with any others that you feel may shed some light on AACI attitudes and efforts in R&D planning.

Thank you very much for your help. I will look forward to hearing from you.

Sincerely,

Cheri Hayes
Research Associate
3/9/76

Mr. Leon:

Linda told us the new AACI stationery was here. At the last AACI meeting in Memphis there were three new elected members to the Board of Directors. Doctors Spratt, Talbot and Ultmann went off the Board. Doctor Shingleton being Vice-President created a vacancy on the Board so Dr. Lewis Coriell was elected to finish out his term. Doctor Clark took Doctor Spratt's place.

(Attached is a copy of the minutes pertaining to Board membership - 1975 & 1976 meetings).

I am sorry that I did not see this letterhead before it went to the print shop. We will however still be able to use the same envelopes as last year with Doctor Clark as Chairman of the Board he will have correspondence and I believe the new ones were printed with Doctor Owens return address.

JoAnne
3/9
The chairman of the Nominating Committee, Dr. Wm. Hutchinson, was unable to attend the meeting, and Dr. Clark presided for him.

As Dr. Wm. Shingleton (Duke) had been nominated for Vice President (President Elect) this created a vacancy on the Board of Directors, making it necessary to elect three rather than 2 members. Dr. Clark presented the slate of the Nominating Committee, which was approved by acclamation. The Board Members elected are:

Dr. Lewis Coriell (to serve the 2-year unexpired term of Dr. Shingleton) (Camden, N.J.)
Dr. Charles Evans (Hutchinson Center)
Dr. Henry Pitot (McArdle)

Dr. Mirand was requested to continue as Secretary-Treasurer. It was pointed out that until the By-Laws are approved by legal counsel the status of the Secretary-Treasurer is uncertain, as the suggested change states: "The Secretary-Treasurer shall be elected at an annual meeting of the Association and may serve for three years, or until a successor is elected and has qualified." Dr. Mirand was elected by the membership by acclamation, and he will then either serve out his present term (through 1978) or for another specified term depending on the legal interpretation and approval of the amendments to the By-Laws.

Dr. B. Lee Clark reported on the Board of Directors meeting held the morning of January 28, 1976. Items discussed and conclusions drawn were:

1. The Board should have at least one additional (and possibly 2 additional) meetings each year, probably in May and September.

2. In the past, the scientific program presented by the host institution has not been given sufficient attention; it has been suggested, therefore, that the scientific program be presented on the afternoon of the first day of the meeting, the business meeting will continue on the morning of the second
ASSOCIATION OF AMERICAN CANCER INSTITUTES

Holiday Inn
Bethesda, Maryland

January 15-17, 1975

Business Meeting - January 16, 1975


Call to order

Dr. John Spratt called the meeting to order and immediately turned it over to the President of the Association for 1975, Dr. R. Lee Clark, as Dr. Spratt had to attend a meeting of the Cancer Control Advisory Board. Dr. Clark expressed the appreciation of the Association members for the progress that had been made during 1974 under the guidance of Dr. Spratt and Dr. Mirand.

Florence Reception

He also congratulated Dr. Mirand for his successful efforts in arranging the AACI/CICA meeting in Florence, Italy during the XI International Cancer Congress on October 18, 1974 and for keeping the Association in the black financially. He encouraged those members of the AACI who had pledged money to support the reception/dinner and who had not yet paid their pledge to do so immediately.

AACI Comprehensive Plan

Dr. Clark announced that additional copies of the AACI Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes had been printed and will be mailed to anyone wishing one upon receipt of a request. The plan will be revised and updated within the next couple of months and new copies will be announced when the revision is completed.

Nominating Committee Report

Dr. Talbot reported for the Nominating Committee. As President-Elect for 1974, Dr. R. Lee Clark automatically became President of the AACI at this meeting. Dr. E. A. Mirand, the Secretary-Treasurer, was elected for a three-year term and his term is scheduled to expire January 1, 1978. The Nominating Committee selected Dr. Albert Owens of Johns Hopkins for President-Elect (Vice-President) of the Association. It was also their responsibility to select 6 members of the Board of Directors, as one slot had been left vacant with the nomination of Dr. Owens for Vice-President and Dr. Brown from Columbia, Missouri is no longer a member of the AACI. Drs. Talbot and Copeland are carry-over members of the Board; Dr. John Ultmann was selected for a one-year term, Dr. Edward J. Beattie, Jr., for a two-year term, and Drs. Denman Hammond and William Shingleton
for three-year terms. Dr. John Spratt, as the immediate past-President will replace Dr. Harold Rusch, the previous President of AACI. Dr. Talbot stated that the By-Laws approved in June 1974 were used as the official instrument for carrying out their assignment. There was a list of 18 members of the AACI from which the committee had to choose. As there were no nominations from the floor and there was no discussion of the nominated members, the nominees were voted into office by the membership unanimously. Dr. Talbot suggested that the Board be called into session at some time during this meeting to make the group official. Dr. Clark declared his intention as President to encourage the Board to be more active this year than it has been in the past.

Dr. Clark then reviewed the role the AACI had played in the creation of the Committee for International Collaborative Activities (CICA) of the UICC. He called upon Dr. Gregory O'Conor to give a report on CICA activities as they relate to the implementation of the International Cancer Research Data Bank (ICRDB) of the NCI.

Dr. O'Conor indicated that the AACI resolution proposing a UICC commission for cancer centers and institutes worldwide was very timely, as it tied in with the National Cancer Plan and the intent to establish an international program, particularly through the establishment of an ICRDB. There is an active worldwide interest in collaborative activities among cancer centers and institutes. The creation of CICA aims at two main functions: (1) as a liaison instrument to promote collaboration among cancer centers throughout the world and (2) to assist the NCI to activate its international program, especially the ICRDB. So far, some of the programs of the CICA/NCI/AACI are: creation of a preliminary edition of an International Director of Specialized Cancer Research and Treatment Centers - this stimulated interest so much that a more complete version is to be published and should be ready by the Fall of this year (1975); establishment of contacts with individuals to provide information for the on-line cancer information service of the NCI operated through the National Library of Medicine; a subcommittee to devise and promote an international cancer nomenclature for classification, staging, and end-results reporting; cooperation with the World Health Organization to collect clinical data on cancer, which will tie in with AACI Tasks 3, 4, and 5; two workshops to bring experts together to work on specific tasks - (a) a workshop on CEA (carcinoembryonic antigen) in cooperation with WHO to establish standards and references - a published report of this workshop is available; (b) a workshop concerning animal models and human tumors, held in Budapest.

Dr. Gerald Murphy was elected Secretary-General of the UICC during the XI International Cancer Congress in Florence in October. Dr. O'Conor suggested to Dr. Murphy perhaps he could see to it that the CICA minutes of meetings are circulated to the members of the AACI, as the CICA is very anxious to have continuous worldwide input. Dr. Lee Clark is a USA representative on the CICA, also.
# COMPOSITION INSTRUCTIONS

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# BINDERY INSTRUCTIONS

- COLLATE
- STAPLE
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- PAD (TO A PAD/SET)
- BINDER
- PLASTIC
- PERFECT
- SIGNATURE

# SPECIAL INSTRUCTIONS

# FOR PRINT SHOP USE ONLY

# DISTRIBUTION

# REQUEST NO.

# DATE RECD.

# APPROVED
March 4, 1976

Dr. R. Lee Clark, President
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas  77025

Dear Dr. Clark:

In accordance with the amended By-Laws of the A.A.C.I.,
the Nominating Committee shall consist of three members appointed
by the President to serve one year, in addition to the immediate
two Past Presidents. This automatically designates you a member
of the Nominating Committee for the year 1976.

Serving with you on the Nominating Committee for 1976 will
be Dr. Gerald P. Murphy, Chairman; Dr. John Spratt, Jr. (Past
President); Dr. George Foley, and Dr. Jack White.

Sincerely yours,

G. H. Owens
Albert H. Owens, Jr., M. D.
President
Dr. E. A. Mirand  
Secretary-Treasurer, A.A.C.I.  
Roswell Park Memorial Institute  
666 Elm Street  
Buffalo, New York 14263  

March 1, 1976  

Dear Dr. Mirand:  

I appreciate your letter of February 3, 1976, relating the recent decision by the Association of American Cancer Institutes to admit the UCLA Cancer Center as a regular member in the category of a "Coordinated Cancer Center". I shall look forward to active membership in the group and to meeting with you and the other members in June.  

A source of lingering confusion is our proposed designation as a "Coordinated Cancer Center" rather than a Comprehensive Cancer Center, as requested by us and acknowledged in your letter to me of December 2, 1975. Having reviewed the instructions and guidelines for membership originally provided to us, I do not find the designation of "Coordinated Cancer Center" mentioned. I have just received the booklet entitled "A Plan for Cooperative Action Among Cancer Institutes" (January 3, 1976), in which a "Coordinated Cancer Center" is defined. This was not available to us when we applied, but I am afraid my questions regarding our designation still remain unanswered, even with this new information. The definition of a Comprehensive Cancer Institute and/or Center which was given in our instructions, were as follows: "...include a wide variety of clinical disciplines related to patient care, a broad range of research and training programs which include clinical and biologic sciences (genetics, carcinogenesis, virology, immunology, cytokine action, biomathematics, medical pharmacology, developmental therapeutics, radiation biology, surgery, animal models, etc.)"

It would be very helpful for me to know in which specific area (or areas) the Membership Committee found our Cancer Center to be lacking, in order that we might take steps to remedy deficiencies and to achieve the desired designation by the Association of American Cancer Institutes as a "Comprehensive Cancer Center". To state it another way: in what specific area or areas must the UCLA Cancer Center achieve competence, in order to raise it to the level which has been attained by those member Centers in the Association that now have Comprehensive designation?  

Again, I want to thank you and the Association for inviting us to join. I look forward to active participation in the programs of the group. Your assistance in clarifying the issues which I have raised above would be most helpful to us in strengthening our programs at the UCLA Cancer Center.  

Sincerely yours,  

Richard J. Stockel, M.D.  
Director, UCLA Cancer Center  

cc: Dr. Albert Owens, Pres. A.A.C.I.  
Dr. William Shingleton, Vice Pres. A.A.C.I.  
A.A.C.I. Board of Directors
TO: Dr. Clark

FROM: Mr. Leon
       Office of the President

MESSAGE:

Attached is a current list of people who have received the AACI Comprehensive Plan.
Sent AACI Comprehensive Plan to:

Virgie McGuffee - Dept. Epidemiology, MDA
Dr. Jonathan E. Rhoads - NCAB
Dr. Harold Amos - NCAB
Dr. William O. Baker - NCAB
Mr. Elmer H. Bobst - NCAB
Dr. Frank J. Dixon - NCAB
Dr. G. Denman Hammond - NCAB
Dr. Werner Henle - NCAB
Dr. John R. Hogness - NCAB
Mr. Donald E. Johnson, Sr. - NCAB
Mrs. Mary Lasker - NCAB
Dr. Irving M. London - NCAB
Dr. Gerald P. Murphy - NCAB
Dr. Joseph H. Ogura - NCAB
Dr. William E. Powers - NCAB
Mr. Laurance S. Rockefeller - NCAB
Dr. Philippe Shubik - NCAB
Dr. Howard E. Skipper - NCAB
Ex Officio Members
Dr. H. Guyford Stever - NCAB
Dr. John D. Chase - NCAB
Dr. James R. Cowan - NCAB
Honorable David Mathews - NCAB
Dr. Donald S. Fredrickson - NCAB
Alternates
Dr. Edward J. Burger, Jr. - NCAB
Dr. Lyndon E. Lee, Jr. - NCAB
Colonel James L. Hansen, MC USA
Executive Secretary
Dr. Richard A. Tjalma
President's Cancer Panel
Mr. Benno C. Schmidt - PCP
Dr. R. Lee Clark - PCP
Dr. Ray D. Owen - PCP
Combined Departmental Staff MDA
Amparan, Mr. Oscar L. - Administration
Anderson, Mr. David - Biology
Baldwin, Mr. E. Lynn - Medical Communications
Blumenschein, Dr. George R. - Education
Bowen, Dr. James M. - Virology
Boyd, Mr. Joe E. - Administration
Bush, Mr. John R. - Development Office
Clark, Dr. R. Lee - President
Copeland, Dr. Murray M. - VP Univ. Cancer Foundation
Cumley, Dr. Russell W. - Publications & Information
Davis, Mr. Brian W. - Administration
Derrick, Dr. William S. - Anesthesiology
Dodd, Dr. Gerald D. - Diagnostic Radiology
Flectcher, Dr. Gilbert H. - Radiotherapy
Freireich, Dr. Emil J - Developmental Therapeutics
Gillery, Mr. E. R. - Business Office
Goff, Ms. Frances E. - Special Projects
Griessner, Mr. R. A. - Physical Plant
Guiney, Dr. Vincent F. - Epidemiology
Gunn, Dr. Albert - Hospitals
Haas, Dr. Felix L. - Office of Research
Harvin, Miss Marie - Library
Hickey, Dr. Robert C. - Director
Hilkemeyer, Miss Renilda - Nursing
Hill, Dr. C. Stratton - Clinics
Howe, Dr. Clifton D. - Hospitals
Jardine, Dr. John H. - Experimental Animals
Mr. Glenn Johnson - Administration
Johnston, Ms. Lisa - Publications & Information
Kennedy, Dr. Joseph P. - Environmental Science Park
Kleifgen, Mr. Arthur F. - Anderson-Mayfair, PRS
Knotts, Dr. Glen - Publications & Information
Kolenda, Mrs. B. J. - Research Analyst, Ofc. of Pres.
Leon, Mr. Patrick A. - Asst. to the Pres.
Lowrey, Mrs. Marion - Asst. to the Pres.
McCay, Miss Joan - Publications & Information
Moreton, Dr. Robert D. - VP for Prof. & Public Affairs
Peters, Mr. John D. - Administration
Painter, Dr. Joseph T. - Medicine
Rawson, Dr. Rulon W. - Director, Extramural Program
Rutherford, Mr. Warren L. - Administration
Rutledge, Dr. Felix H. - Gynecology
Shalek, Dr. Robert - Physics
Shoff, Mr. William B. - Administration
Shullenberger, Dr. C. C. - Medicine
Smith, Dr. J. Leslie - Pathology
Sproull, Mr. Donald L. - Personnel
van Eys, Dr. Jan - Pediatrics
Villanueva, Dr. Raul - Rehabilitation
Ward, Dr. Darrel N. - Biochemistry
White, Dr. Edgar C. - Surgery
Zimmerman, Dr. Stuart O. - Biomathematics
Bodey, Gerald - Developmental Therapeutics
Arthaud, Bradley - Epidemiology
Brown, Barry - Biomathematics
Russell, William - Biomathematics
Gehan, Edmund - Biomathematics
Wallace, Sidney - Diagnostic Radiology
Bane, Catherine - Nursing
6 Copies to Ms. Joan L. Horowitz - The Fox Chase Cancer Center

NCS - Board of Directors  105
    Volunteer Officers  12
    National Paid Office Staff  4

AACI Officers  3
AACI Board of Directors  7
AACI Member Institutes (Directors)  40
All AACI Task Chairman and Committee  190
NCI - Dr. Rauscher
    Dr. Newell
    Mr. Sherbert
NCI Task Representatives  15

Curt Reimann = Executive VP - Texas NCI

CICA Mbrs. - 12
February 27, 1976

Dr. Albert Owens  
Johns Hopkins University  
   Oncology Center  
School of Medicine  
332 Carnegie Building  
Baltimore, Maryland 21205

Dear Al:

We have two tasks about ready to go to NCI in the form of contract proposals. Task 6, Organization and Task 10, Clinical Research. Both have been completely coordinated and approved by the task committee chairmen. They will be in the mail to you soon.

But to put a realistic price on each task, we must still resolve where the work will be performed. If it will be in an AACI coordinating office, we should include an overhead rate to pick up some of the cost of maintaining an office.

I expect the NCI will be ready soon to negotiate Task 11, Dr. Spratt's education task. We should be ready at that time to say where the work will be performed and who will hire the staff - Dr. Spratt, the AACI, or The University of Texas.

We look forward to your being here in late March. Until then I suggest that Mr. Leon act as the task coordinator with the specific responsibility for continuing task planning and implementation. He should also negotiate task contracts with the NCI, since he has the backup data and the rationale that went into each proposal.

Sincerely,

R. Lee Clark, M.D.  
President

RLC:11
February 24, 1976

Dr. Bernard B. Keele
Special Assistant to the Associate Director for Centers and Treatment Division of Cancer Research Resources and Centers National Cancer Institute Bethesda, Maryland 20014

Dear Bernie:

Thank you for your thoughtful comments regarding my term as president of the Association of American Cancer Institutes and our recent document A Plan for Cooperative Action Among Cancer Institutes (CO-OP). We are hopeful that during 1976 all planning of the 12 original tasks will be completed with the majority of them being implemented.

I am enclosing a copy of the CO-OP for your files. We appreciate your interest in our program.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:jh
Enclosure
R. Lee Clark, M.D.
President
The University of Texas
M.D. Anderson Hospital & Tumor Institute
6723 Bertner Avenue
Houston, Texas  77025

Dear Lee:

I have read with great interest, the recent document prepared by the Association of American Cancer Institutes, regarding the overall organization as well as the task and the progress to date. I would greatly appreciate a copy if your supply permits.

I would like to congratulate you on a superb document and a very good job which you have done as a president of the AACI.

Best regards,

Bernard B. Keele, Jr., Ph.D.
Special Assistant to the Associate Director for Centers and Treatment Division of Cancer Research Resources and Centers
February 17, 1976

Dr. Albert Owens  
Johns Hopkins University  
Oncology Center  
School of Medicine  
332 Carnegie Building  
Baltimore, Maryland 21205

Dear Doctor Owens:

This letter concerns continuing the administration of AACI business.  
With increased activity of the Association, the amount of administration  
has become significant, mostly because of the work involved with getting  
the 12 Task areas started.

We have identified all of the elements in administration and put them into  
eight categories as shown in the attachment.

THE PAST

During the past year various elements of administration have been performed  
by The University of Texas, Fox Chase, Roswell Park, and JRB Associates.

**Fox Chase** has acted as fiscal agent and contract administrator for our  
contract with the NCI and for our subcontracts with Roswell Park and JRB.

The subcontract with Roswell Park provides funds for conducting Task 1.  
The subcontract with JRB provides funds for conference support, the  
newsletter, and other miscellaneous support activity.

**Roswell Park**, through Doctor Mirand, has performed all of the normal  
functions of Secretary—Treasurer of the Association as described in the  
bylaws.
The University of Texas has:

- Prepared all of the original task descriptions
- Assisted in the final task write-ups and put them in a form for submittal to the NCI as a contract proposal
- Edited the newsletter
- Conducted liaison with the NCI and AACI members about proposals, tasks, contracts, and current status.

IRB Associates has:

- Written, typed, printed and mailed the newsletter
- Provided logistic support for conferences (hotel arrangements, conference rooms, and local transportation)
- Conducted some liaison with the NCI and AACI members; such as determining tasks and contract status.

THE FUTURE

The division of administration among the four institutions has worked successfully although not ideally. But as additional tasks are authorized we will need a central office to coordinate the overall AACI program.

We have already submitted proposals for Tasks 8, 11, and 12. In each proposal we have budgeted for a full-time analyst to assist each committee in performance of its task. It was intended that the leadership, guidance and work to complete each task will be accomplished by a task committee supported by full-time specialists and generalists; such as systems analysts and statisticians.
The question now facing us is this: Does the institution providing the task chairman hire the full-time support staff or does the AACI hire them?

Our thinking has been that the support staff will be hired by the AACI and assigned to the task committees as they need help. In this way the AACI would be developing a small group of two to four professionals with a broad understanding of AACI business, and be able to take on any of many assignments that may arise.

Of course, an alternative would be to hire a contractor to provide support to the task committees. The prime shortcoming with this approach is that we would be developing a capacity within a contractor instead of within the AACI.

The NCI says we may have a contract for Task 11 sometime in April. If so we should have made a decision by then on how we are going to go with future management and implementation of the tasks. Actually, we should be making that decision now so that the AACI or Doctor Spratt, who is Task 11 Chairman, can identify the individual who will support his committee. The individual could be a member of Doctor Spratt's present staff. He says that one is not available, however, and that he will need to hire a new employee, as would AACI. Therefore, it is not too soon to make our decision.

Another alternative is to have the coordination and support of tasks continue here in Houston.

RECOMMENDATION ON IMPLEMENTING TASK 11, et al

On balance here is what I recommend for your consideration:

1. AACI hire an individual to support Task 11

2. Put him in the FASEB building in Bethesda without fanfare.
(3) There is some slack in our Task 11 proposal. The individual who supports that Task can also take on some additional coordination of AACT administrative work. Phase-in this kind of work as much as his time will allow.

(4) Minimum cost of the FASEB office for one year is approximately $9,000.00, but the cost can probably be covered by adding an overhead to our proposals. If not, we have enough money in the AACT treasury to pay for the first year's cost. In that time, we can make other arrangements for the future.

(5) Be open with NCI by telling them we need a place to perform the work.

(6) Add other tasks as they are approved.

ALTERNATIVE RECOMMENDATION ON IMPLEMENTING TASK 11, et al

An alternative approach is to have the coordinating office located at The University of Texas with Mr. Leon acting as the program coordinator. In this case we would hire whatever skills are necessary to support the task committees. We would bear the overhead cost with direct labor cost and out-of-pocket coming from funds provided under each task contract.

This approach would work but I don't strongly recommend it. The prime shortcoming is that the members of the AACT might resent our continued dominance in the management of the tasks.

We could, of course, ask a contractor to support each task committee. But if we do this it will be easy not to make any changes later on and I believe all evidence indicates that it will be to our ultimate and significant advantage if we were to set up a central coordinating office.
CONCLUSION

If we really believe that a central office will ultimately be to the greatest benefit of the AACI, NCI and the national program then we should proceed now with setting it up—not by formal establishment of an AACI office but by providing work space in the Washington, D.C. area for people assigned to work on each task. I believe we can succeed in gaining Doctor Rauscher's acceptance of this low-key approach.

FUTURE ASSIGNMENTS FOR JRB

Right now JRB is providing two services: the writing and distribution of the newsletter, and help in setting up AACI meetings twice a year. For each meeting we pay JRB approximately $3,000.00.

My own view is that they be allowed to continue for another year with what they have been doing and perhaps provide you other direct support in day-to-day management, except for task implementation.

The newsletter should ultimately be printed and distributed by the AACI program coordinator. The original intention was to engage JRB as an interim measure and phase them out as the AACI capability increased.

CONTRACT STATUS

We have one contract with the NCI. The contract was intended to provide funding for the following:

- The planning effort necessary to prepare proposals for Tasks 1 through 12
- Implementation of Task 1
- Support provided by JRB.
The funds on this contract are depleted except for some monies left that have been obligated for continuing work on Task 1 (Mr. Goehle at Roswell Park).

All other tasks are to be funded by the NCI under new contracts. The existing contract expires on June 30, 1976. I see no reason for requesting additional funds under this contract except for that required for JRB.

DECISIONS NEEDED

Here are the decisions that I suggest be made very soon. The first of course is of most importance.

1. Decide how to implement the AACI tasks:
   - By the AACI hiring a staff, or
   - By The University of Texas hiring a staff, or
   - By each task chairman hiring a staff.

2. Decide how future AACI conferences should be supported:
   - By contractor (JRB), or
   - By the host institution.

3. Decide who will write and distribute the AACI newsletter:
   - A contractor, or
   - An AACI office, or
   - Johns Hopkins
Dr. Albert Owens  
February 17, 1976  
Page 7

* * * * * * * * * * *

Until final resolution of these matters we will continue to provide the AACI with support in the planning and preparation of proposals for each task. No matter how you decide to conduct AACI business you have my support.

My secretary will soon contact your office to set up a time when we can discuss elements of this letter. First by phone, and later by a meeting if you desire.

Sincerely,

R. Lee Clark, M.D.  
President

RLC:dl  
Enclosure
MINIMUM AACI OFFICE COSTS (1 YR)

Rent $2,550

Fiscal Agent 3,000

Furniture 2,700

Miscellaneous 750

Total $9,000

Assumptions

Direct labor, phone, travel and reproduction will be paid by a contract for each AACI task.
## TASKS

### I. PLANNING
- **Identify New Tasks**
  - Recommend
  - Review and Approve
  - Appoint Task Committees
    - Each task will be performed by committees made up of members from AACI institutions. Appointments will be made on the basis of expertise, individual interest and geographic location.
  - Prepare Plans for Each Task
    1. A task plan should contain these parts: objective, description of work to achieve the objective, schedule, and budget.
    2. The steps to prepare a plan in final form should include:
       - Prepare a Draft Plan
       - Review & Comment
       - Prepare a Final Plan
       - Approve
    3. Each plan will form the basis for:
       - A proposal to the NCI for implementing the plan, or
       - The plan will become the scope of work for an RFP to be issued by the NCI.

### II. AACI CONTRACTS WITH NCI
- **Submit Proposals to the NCI**
  - Write Proposal
  - Review, Approve
  - Sign Proposal
  - Follow Up
- **Negotiate Contracts with NCI**
  - Negotiate
  - Approve and Sign Contract

### III. CONTRACTS WITH AACI MEMBERS
- **Review Proposals**
- **Write and Negotiate Contracts**
- **Approve Contractual Arrangements**

### IV. TASK IMPLEMENTATION
- **Authorize Start Work**
- **Direct and Perform the Task**
- **Provide Experts to Assist Task Committees**
- **Monitor Work in Progress**
- **Prepare Reports to AACI Management**
  - Review, Approve, and Sign Reports to NCI
  - Reproduce
  - Submit Progress Reports to NCI
  - Submit Final Reports to NCI

### V. CONTRACT ADMINISTRATION (Contracts with the NCI)
- **Modifications to Contracts**
  - Prepare
  - Approve
  - Submit
  - Negotiate
  - Sign
- **Progress Reports**
  - Prepare
  - Approve
  - Sign
  - Submit
  - Fiscal
    - Prepare Budget
    - Monitor Expenditures
    - Prepare Fiscal Reports to NCI
    - Submit Reports to NCI

### VI. NEWSLETTER
- **Provide News Items**
- **Prepare Draft Newsletter**
  - Review & Comment
  - Prepare Final
  - Print & Distribute

### VII. AACI ANNUAL & SPECIAL MEETINGS
- **Notify Members as to Time and Place**
- **Prepare Agenda**
- **Arrange for Meeting (Room and Support Services)**
- **Record Minutes**
- **Preside**

### VIII. FISCAL
- **Collect, Safeguard, and Disburse Funds**
  - Contract Funds
    - Collect
    - Hold and Account for
    - Disburse
    - Approve
January 16, 1976

TO: All AACI Members

FROM: R. Lee Clark, M.D., President

We have updated the AACI plan describing the task areas and given it a new title: A Plan for Cooperative Action Among Cancer Institutes. Also a short title, CO-OP, for easier reference.

The revised document will be distributed on January 27, when you register for the AACI meeting in Memphis. Any one not there will receive the plan by mail.

Attached is a resolution for your consideration in advance of the meeting.

RLC: ag
George Jay, Ph.D.
JRB Associates, Inc.
1651 Old Meadow Road
McLean, Virginia 22101

Dear Doctor Jay:

This confirms my understanding of our telephone conversation on January 14.

The amount of none obligated funds remaining on the JRB/ICR contract is approximately $3,600. Current obligations include: cost for the AACI Newsletter, support of the Memphis meeting, and arrangements for Doctor Zubrods Task 10 meeting.

The University of Texas System Cancer Center anticipates billing JRB for graphics and printing work for the AACI's Comprehensive Plan that is now in final revision and printing.

JRB has agreed to distribute the AACI Plan to attendees at the Memphis meeting, keeping a record of the recipients.

The contract between the AACI and the NCI expired on December 31, 1975. Though the AACI did not formally request the NCI to extend the contract, we understand from Ms. Schwartz of the NCI that the contract will be extended until June, 1976. A modification to the contract is forthcoming with no other action required on the part of the AACI.

The contract between JRB and ICR will also be extended to provide coverage for JRB expenditures after December 31.

Sincerely,

Patrick A. Leon
Assistant to the President

cc: Dr. R. L. Clark
Dr. H. Donald Putney
PROPOSED SLATE SUBMITTED BY THE
AACI NOMINATING COMMITTEE

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President and Director
Charles A. Evans, M.D., Ph.D.
Vice President
Mr. David C. Lyczette
Secretary-Treasurer

Mr. Lawrence M. Arnold
Harvey W. Baker, M.D.
Thomas Carlile, M.D.
Mr. William W. Christoffersen
C. Spencer Clark, Ph.D.
Mr. Edmund Donohoe
William S. Fletcher, M.D.
J. Thomas Grayston, M.D.
John R. Hartmann, M.D.
Mr. Kay D. Jones
Mr. John Larson
Allan W. Lobb, M.D.
Patrick A. Lynch, M.D.
Mr. Volney Richmond, Jr.
Walter Ricker, M.D.
Mr. James F. Ryan
Jae B. Spielholz, M.D.
The Honorable Herbert M. Stephens
Mr. Chester Stocks
Mrs. Eric St. H. Stuart
Donovan J. Thompson, Ph.D.
Robert Van Cutters, M.D.
Mr. T. Evans Wyckoff

The Nominating Committee of the AACI respectfully submits the following names to the membership for its consideration:

1. For Vice President and President-Elect of the AACI:
   Dr. William Shingleton

2. For the three members of the Board of Directors of the AACI, the following names are submitted:
   Dr. Henry Pitot
   Dr. Lewis Coriell
   Dr. Charles Evans

3. As Trea- J & Hine

William B. Hutchinson, M.D.
Chairman
AACI Nominating Committee
February 19, 1976

Dr. S. Eckhardt
National Cancer Institute
Department of Chemotherapy
Rathgy u. 7/9
BUDAPEST 1026, Hungary

Dear Doctor Eckhardt:

This past year, during my term as President of the Association of American Cancer Institutes (AACI), we further developed a plan for cooperative activities among cancer institutes. We began the planning for these cooperative activities in 1971. Many of the 12 original tasks are well into the planning phase and about one-third of them are being implemented. It is our intention during 1976 to complete all planning of the 12 tasks and hopefully to implement the majority of them. Tasks 3, 4, & 5 are the most difficult tasks. After a thorough study and a consensus, the National Cancer Institute is now considering a contract proposal for implementation of these tasks.

We are mailing directly to Geneva your copy of the revised document A Plan For Cooperative Action Among Cancer Institutes (CO-OP), for your review. A report on this CO-OP will be given at the CICA meeting March 9-10, 1976.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:ag

cc: Dr. G.P. Warwick
- Like letter sent to all CICA members

bc: Dr. Gerald P. Murphy - For Information
MEMORANDUM

TO: ALL MEMBERS OF THE AACI BOARD OF DIRECTORS

FROM: R. Lee Clark, M.D., President

Enclosed are the most recent progress reports of the 12 task committees. These reports are being included in briefer form in the newest edition of the AACI Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes. We expect to have this new edition available for distribution and discussion at the next AACI meeting in Memphis.

If you have any comments to make regarding any of these reports, please notify us immediately so they may be included in the new version of the Plan.

RLC

R. L. C.

RLC:br
December 5, 1975

Dr. R. Lee Clark  
President  
University of Texas System Cancer Center  
M. D. Anderson Hospital and Tumor Institute  
Texas Medical Center  
Houston, Texas 77025

Subject: Status Report, Task #1

Dear Dr. Clark:

In response to your letter of November 20, I am pleased to submit this report on behalf of the Committee on Accounting, Finance and Business Administration.

The best evidence of progress is the completion of a job or, at least, a significant part of it. I am enclosing such evidence in the form of an update of the initial profile report. This edition has been made more complete and accurate, and has been expanded to include a total of twelve institutions, rather than the original eleven. I must acknowledge, however, that although considerably improved, the information from a few institutions is still incomplete. Most respondents have promised completed profiles for the next update, scheduled for July 1976. Please note that a copy of the new Profile Utilization Guide has been included as an appendix in this printing, beginning at page 44.

I should explain that the format in which information of this kind and quantity can best be displayed limits the number of institutions to twelve for each grouping. We plan to maintain these same groupings of up to twelve institutions, eventually calling each grouping a volume and preparing an alphabetical-numerical index for reference to the volume in which an institution may be located.
Concurrently with the updating of the first volume, we have been working with an additional thirteen institutions with the aim of having up to twelve, constituting volume number two, available for distribution at the A.A.C.I. meeting on January 27. Nine profiles have been received and three more have been promised this month. Again, some have sent incomplete profiles explaining that they would have more information for the next update.

I trust that the A.A.C.I. wishes to have the Committee continue this effort, inviting new institutions to participate and doing an annual update. If so, I recommend the extension of sub-contract 256, expiring 12/31/75, for an additional year with no increase in funds. Our records indicate that we shall have an unencumbered balance of approximately $19,000.00 on December 31, 1975.

Based upon Dr. Mirand's latest membership list, we would have the potential of assembling another group of twelve profiles, during 1976. After assembling three volumes of twelve profiles, each, it would then seem desirable to release profiles of new institutions, individually, until the annual update of all profiles at which time an additional grouping might be in order.

I believe it is important to recognize that Task #1 has now reached the point where the workload falls heavily upon the institution in which it is based. The services of the Committee, overall, will be needed primarily for visitation to new institutions. Even here, we find that most institutions prefer to have a few questions discussed by phone rather than to have a site visit. However, if financial support were continued, I should like to encourage all institutions, including some which have already submitted profiles, to permit site visits to improve the completeness and uniformity of the reports.

In my opinion, the refinements to existing profiles and the completion of profiles for all remaining A.A.C.I. institutions could be completed during 1975, if support were continued as recommended.

Very sincerely,

Robert W. Goehle
Chairman

Enc.
The following institutions have received a copy of the updated profiles and the letter attached:

1. Comprehensive Cancer Center of Greater Miami
2. Duke Comprehensive Cancer Center
   Duke University Medical Center
3. Pels Research Institute
   Temple University Medical Center
4. I. Gonzalez Martinez Oncologic Hospital
   University Medical Center
5. Mountain States Tumor Institute
6. Southern Research Institute
   Kettering-Meyer Laboratory
7. St. Jude Children's Research Hospital
8. University of Alabama in Birmingham
   Cancer Research and Training Program
9. Cancer Center of Hawaii
   Cancer Research Laboratory
10. Clínica Oncológica "Andrés Grillasca" de la Asociación
    Para la Lucha Contra el Cáncer
11. Cancer Research Center
    Columbia University Faculty of Medicine
12. Mayo Comprehensive Cancer Center
December 5, 1975

Dear

I should like this letter to serve two purposes:

1. To report progress in the preparation of the second group of profiles of which your institution will be a part.

2. To accompany the enclosed, updated version of the original group of profiles.

We have now received nine completed questionnaires and have commitments for three more within the next two weeks, thereby giving us the maximum of twelve which can be accommodated in the format. Before the end of this month, we expect to be able to send a preliminary draft for your review and approval before proceeding with printing of the final copy for distribution at the A.A.C.I. meeting on January 27.

I hope you will find the enclosed update of the original profiles, which have been made more complete and accurate, to be informative and useful as intended. Particularly, I should like to call your attention to the new Profile Utilization Guide included as an appendix beginning on page 4. In addition to serving as a guide with specific reference to each report, it is
a good overall statement of "what the Committee's effort is all about".

Again, I wish to express my appreciation for your helpful participation.

Very sincerely,

[Signature]

Robert W. Goohle
Chairman
The following institutions have received a copy of the updated profiles and the letter attached:

1. Albert Einstein College of Medicine
   Cancer Research Center

2. American Health Foundation
   Naylor Dana Institute for Disease Prevention

3. Cancer Research Institute
   University of California School of Medicine

4. Eppley Institute for Research in Cancer
   University of Nebraska Medical Center

5. Sidney Farber Cancer Center

6. Howard University Cancer Research Center

7. Institute for Medical Research

8. Kern Community Cancer Center

9. National Cancer Institute

10. Northwestern University Medical School
    The Cancer Center

11. Oak Ridge National Laboratory

12. The Wistar Institute

13. The Worcester Foundation for Experimental Biology
C. Genetics of Estrogen Hydroxylase and Breast Cancer

1. Dr. D. E. Anderson
2. Dr. Morris Kaplan
Dear,

On behalf of the Committee on Accounting, Finance and Business Administration of the Association of American Cancer Institutes, I am pleased to enclose an updated volume of the first twelve profiles of participating institutions. We are now working on a second grouping of twelve institutions for which profiles will be distributed at the A.A.C.I. meeting on January 27.

These profiles are part of an information exchange, initiated by the A.A.C.I. and co-sponsored by the National Cancer Institute.

We hope you will find the information helpful as intended. For the best understanding of "what it's all about", I recommend your reading completely the newly developed Utilization Guide included as an Appendix beginning on page 44.

During 1976, the Committee plans to extend this program to all A.A.C.I. cancer institutions with the objective of having a General Administrative and Fiscal Profile of each with an annual update on July 1. I recommend that you make this copy available to your fiscal officer for advance notification.
of the kinds of information which will be desired. The Committee continues to receive expressions from participating institutions of the mutually helpful benefits from this effort. We hope you will plan to join us in the near future.

Very sincerely,

[Signature]

Robert W. Goehle
Chairman

ENC: Enc

PROGRAM
December 18, 1975

MEMO TO: Dr. R. Lee Clark, President
Association of American Cancer Institutes

FROM: Dr. Stuart Zimmerman, Chairman
Task 2 Committee

At its meeting November 20 and 21, 1975, the Task 2 Committee came to agreement upon the elements that should be included in their contract proposal for the subject area of assisting cancer centers in data processing. Basically, the group has decided to survey the information system capability of 11 of the comprehensive cancer centers ascertaining their approaches, successes, and failures. The survey will be conducted both by questionnaire and interview. Following evaluation of the material received from these centers, the Task 2 Committee will prepare guidelines concerning information systems and data processing to be used by the Cancer Center Directors, by the NCI, and by peer review groups evaluating data processing requirements in cancer center grants.

In the enclosed document the statement of the problem and solution elements are outlined.

Under separate cover, we are sending you the detailed minutes of the meeting which include not only the statement of the problem and solution elements, but include a tentative timetable and consideration of budget elements involved for a contract. The committee believes it would take 15 months to accomplish the activities outlined.

We believe that a contract proposal can be put together during the next four to six weeks for your review. Should you need additional information please let me know.

SZ/1c

closure
Task 2 - DATA PROCESSING REQUIREMENTS

THE PROBLEM

Every medical center is faced with the need for information for a wide variety of uses. There are few guidelines to assist responsible personnel in making decisions to supply this information.

The purpose of this project is to provide a structural framework for such planning as well as to document the experience of several previously established cancer centers in the implementation of such information systems.

The Cancer Center is faced with information needs from legal, governmental and accreditation agencies in addition to internal needs.

Actual or potential uses of clinical data may be grouped into the following broad areas:

Administrative-legal and otherwise
Audit-internal and external use
Research activities-clinical, basic, intramural, cooperative
Patient Care

Administrative would include the provisions of information necessary for orderly and efficient use of facilities.

Audit would evaluate the quality of patient care, the outcome of treatment, and the appropriate use of resources.

Research includes facilities for obtaining and processing clinical information directed at specific hypotheses, and involves both retrospective searches and prospective data acquisition.

The directors of new cancer centers should give careful consideration to these needs, and directors of established centers might benefit from a
reexamination of them. There are certain functions that are common to any informational system or systems.

1. **Data acquisition**

   The director should be able to ask how and when the requisite amount of data is acquired. He should be able to ascertain the steps taken to assure the quality of such data.

2. **Data Storage**

   The mechanism of short and long term data storage and processing must be defined and evaluated. Data storage should be considered in its broadest form to include paper, microfilm, etc. as well as computer storage such as disk or tape.

3. **Output**

   Timely provision of suitable output for all authorized users throughout the entire process necessary human interface between the information base and the users must be provided.

   Consideration of these functions must combine appropriate personnel and technology in a system that can be measured by the cost of providing necessary and desirable information.
The Solution

To accomplish these goals the committee will collect basic information of a descriptive nature from a number of representative cancer centers, probably the comprehensive ones. This descriptive information would include hardware and software configurations and potential, the organizational structure of the information system and data processing facility, and the functions and the priorities of this structure. This information collection effort would include a description of previous, present, and future activities and an assessment of the successes and failures and reasons thereof.

This information collected from each of the representative cancer centers would then be combined and synthesized so that general impressions, recommendations, and guidelines could be formulated. It is the view of the subcommittee that these impressions, recommendations, and guidelines would be useful for the data processing and information system personnel at all cancer centers both developed and developing, their directors and the NCI. Out of these impressions, recommendations, and guidelines would flow recommendations to the NCI concerning guidelines for funding future data processing and information system projects within the cancer center program, and criteria for peer review groups evaluating data processing requests in center grants. Within each cancer center such impressions, recommendations, and guidelines would provide the data processing information system personnel with a program to present to the cancer center director and cancer center leadership as well as providing the cancer center director with a format to interpret data processing policies and planning.
We recommend that this data collection effort be conducted in several phases. The first step involves the collection of basic information from the participating cancer centers by way of a structured questionnaire. The questionnaire, as described earlier, would probe into areas concerning the basic hardware, software configurations and potentials of that cancer center, the organizational structure of the data processing-information system and lastly, the functions of the data processing-information system and its priorities. The questionnaire would specifically probe particular aspects of each of these subjects. For example, in the organization area, we might ask what is the reporting relationship between the director of the information system-data processing facility and the cancer center director and steering committee.

The second step to be undertaken following the completion of these forms involves an on site interview. Following the JOAH format, a team of two would be sent to each of the participating cancer centers. This team would probably consist of a data processing individual and a clinically oriented individual. It would be hoped that one or both of these individuals would also have an administrative perspective. Their charge would be to speak with a number of the key people at the given institution responsible for data processing and information services. In order to answer questions not fully covered in the questionnaire, and in particular, to probe more significantly into the area of successes and failures and their reasons. We propose that each of these teams be sent to several institutions but not more than three. As a sampling frame, we suggest that approximately ten cancer centers be selected to participate. Those
selected should represent some of the diversity of the cancer center program to include both comprehensive and other cancer centers and also those cancer centers desirous of participating in such a project. We would assume that the on site team would be made up of individuals from this pool of cancer centers, although that is not necessary.

The third step of our information collection effort will be the collation of information collected from each of the cancer centers both by written and survey and site visit in order to consider categorical issues. Such categorical issues will include items mentioned above such as hardware and software configurations and potential, organization of the facility and functions of the data processing-information system. This information aggregation function should be accomplished by a small group of individuals from the original committee including medically oriented, computer oriented, and administratively oriented individuals. The results of this information aggregation should be published and disseminated to the participants. The overall group should then convene in a three-day meeting to review the information collected and to derive from that information impressions, guidelines, and recommendations to the NCI and to cancer center programs. A final published document to be submitted to the NCI and to the AACI and to the cancer center directors should be published.
Task 3 - NOMENCLATURE, CLASSIFICATION, STAGING, and END-RESULTS REPORTING SYSTEM

THE PROBLEM

The American Joint Committee of the United States\(^1\), the International Union Against Cancer, and the World Health Organization have been working for many years to define the areas of nomenclature, classification, staging, and end-results reporting. The American Joint Committee has considered the following sites: breast (being revised), larynx, cervix uteri, pharynx, urinary bladder, thyroid (being revised), oral cavity, stomach, and corpus uteri. Their considerations have been published in fascicles for general acceptance. The Committee will continue efforts to define the staging for

\(^{1}\)Composed of representatives of the American College of Surgeons, American College of Radiology, College of American Pathologists, American College of Physicians, American Cancer Society, and the National Cancer Institute.
of this system in the United States.

The natural order and hierarchy of the medical care delivery system, correlated with the system, mediate the relationship of the medical care system, where each of the medical care systems do not.

The joint committee, in an effort to reach agreement on a common terminology and set of guidelines for these organizations have developed interpretation and clarification of the pertinent medical specialties.

The problem has been the attributes of interrelated medical specialties.

The American Joint Committee was faced with the correlation of these four areas.

The C.I.T.I. Investigation Branch of NCI, with the advice and assistance of the joint committee.

Interinstitutional use will result from the meeting.

Interinstitutional use will result from the meeting. The use of the T.I.A. System in all of the states is on the horizon. In all of the states, an official manual for the use of the T.I.A. System in all of the states, an official manual. In the T.I.A. System, the medical care system will have a meeting in 1976 to launch.
The following sites: ovary, pancreas, nose and paranasal sinuses, colon, rectum and anus, esophagus, Hodgkin's disease, lung, melanoma, prostate, sarcoma of the soft parts, vulva and vagina, malignant bone tumors and testes. The American Joint Committee will have a meeting in 1976 to launch the use of the TNM\(^2\) system in all of the sites. An official manual for international use will result from the meeting.

The Clinical Investigation Branch of NCI, with the advice and assistance of the Cancer Clinical Investigation Review Committee, coordinates the work of 22 groups of investigators who are conducting clinical cancer chemotherapy trials in consonance with the therapeutic modalities of radiation therapy and surgery. Their efforts to standardize nomenclature, classification, and staging for objective reporting of results enhance our efforts in the standardization of these four areas.

The American Joint Committee was faced with the correlation of what had been accomplished with what was to be achieved. Clinical trials of each of the organ sites were conducted and the applicability of the staging and end-results determinations were appraised.

The most urgent problem to be faced in the implementation of this task area is to reach some generally acceptable final conclusions on the usable material at hand and to agree on the widespread use of this material not only in American cancer centers and institutes but, hopefully, throughout the world.

One problem has been the attitudes of interested medical specialty organizations. Each has its own nomenclature and classification system, and most of these organizations have direct representation on the American Joint Committee. It has been difficult for them to reach agreement on a single system. Medicare has accepted the International Classification of Disease (ICD) system. If the fabrics of the medical reports do not correspond with the system, Medicare will not reimburse institutions and physicians. This has helped clarify and simplify the uniform acceptance of this system in the United States.

\(^1\) T = Primary Tumor
\(N = \) Involved Regional Lymph Nodes
\(M = \) Metastases
The International Classification of Diseases (ICD-A) which is presently in its ninth revision, has evolved from the 1883, "Bertillon Classification of Causes of Death." The ninth edition of ICD-A is projected to be available in approximately 1980. However, the section on neoplasms was distributed in the Fall of 1975. This section on neoplasms is referred as the International Classification of Diseases for Oncology (ICD-O). The ICD-O is an attempt to combine the morphology terms consistent with the Systemized Nomenclature of Pathology (SNOP), which was published by the College of American Pathologists in 1965 and the topography section of ICD-A. In 1968, The American Cancer Society published a Manual of Tumor Nomenclature and Coding (MOTNAC), which attempted to combine SNOP morphology and ICD-A topography. Despite some limitations of MOTNAC, it gained rather wide acceptance by tumor registries. MOTNAC was also supported by the American Cancer Society and the American College of Surgeons.

Many other disease classifications have been attempted; however, SNOP and MOTNAC are most widely used for neoplasms. Some cancer centers such as M.D. Anderson Hospital and Memorial-Sloan Kettering, have developed their own individual systems or adaptations of major systems.

At the present time, it is clear that a uniform nomenclature is necessary before interinstitutional comparisons can be made. Even with uniform nomenclature, it is still possible that interinstitutional variation among diagnostic procedures, i.e., special staining, electron microscopy, or immunofluorescence will introduce variables in diagnoses. For example, an undifferentiated malignancy might be diagnosed as carcinoma, "not otherwise specified", after routine histopathologic

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1 A = Adapted for USA
studies. Further examination with the electron microscope might disclose the presence of premelanomas and prove the diagnosis of melanoma.

The clinical extent of the disease (local, regional or systemic) is important as a basic concept in staging tumors for purposes of treatment. Additional factors such as size of tumor, anatomical accessibility of the tumor to therapy, and histologic type of disease are to be considered and carefully recorded in a uniform manner for broad comparisons of like statistics and for special studies. Once the disease has been properly staged and adequate treatment has been administered, uniform methods for recording the end-results of that treatment are essential.

We need a uniform, standardized system of staging for treatment purposes, whether or not we use it for end-results reporting. We also need a uniform system for end-results reporting to evaluate, by survival rates, the relative merits of different techniques and fundamentally different types of treatment.

Also, there is a need for quality control in pathologic diagnoses, topographical and morphological, as well as in the recording of this information. Both can be accomplished by the use of ICD or SNOP, or their modifications. For pathology specimens (specimen coding), a system compatible with SNOP is required.

Finally, there is a need for training, particularly in cancer registration and in the recording of data.
Nomenclature and Classification

The NCI, through its CCPDS (Centralized Cancer Patient Data System) project, is taking a major step toward solution of the nomenclature and classification problem.

The CCPDS will collect, store, analyze, and report data about cancer patients from approximately 20 comprehensive centers.

Uniformity of nomenclature and classification will be achieved through the use of the ICD-O system. Each center providing patient data to the CCPDS will convert its in-house nomenclature into the ICD-O system before sending it to the CCPDS center, which has been designated the Statistical Analysis and Quality Control Center (SAQC).

The SAQC will perform the following functions:

• Receive and store data
• Analyze the data
• Prepare reports for participating centers and the NCI

Staging

Staging of the extent of a cancer has been divided crudely as: local, regional and distant disease. While more sophisticated methods of describing the spread of a neoplasm are desirable, such as TNM, no single staging system is applicable for every site or organ system.

The CCPDS projects deals with staging by using the SEER (Cancer Surveillance, Epidemiology, and End Results Reporting) system, thus expanding the use of a uniform system by adding 17 cancer centers to the 9 institutions now participating in SEER. Two of the 17 centers are already in SEER.
End Results Reporting

A standardized end-results reporting system is necessary and must be correlated with clinical staging of disease. These two problems are closely associated. The ultimate measure of therapeutic results is patient survival time; therefore, all registered patients must be included in studies until the time of death. However, information just on survival time is not sufficient. It is necessary to record information on both disease and therapeutic performance status, including the cause of death and assessment of extent of disease at autopsy.

Here, too, the CCPS project makes the first move toward establishing a uniform standard for end result-reporting.

The CCPS data base includes therapeutic results such as patient survival time and the extent of disease at death. But the system makes no attempt at recording the quality of life outside of that recorded by the Karnofsky scale.

The CCPS project is under the control of the NCI staff who will select a contractor to operate the system. The system will be operational in late 1976, with about 20 comprehensive cancer centers ultimately participating. Access to the data base will be restricted to the participating centers and the NCI. Any use of the data by the centers or NCI will be subject to the approval of a CCPS Policy Committee, composed of representatives of the participating centers.

The CCPS emanated from the planning of 3 AACI task committees (3, 4, & 5). Further AACI work in this area is anticipated. The results of all this planning of many years both nationally and internationally will be the possibility of a common language for world-wide exchange of information about the patient with cancer and the evaluation of the results of different modalities of treatment.

Task Committee Leader

Robert C. Hickey, M.D.
The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
5723 Bertner Avenue
Houston, Texas  77030
713-792-3200

Task 3
TASK 4. MEDICAL RECORDS AND REGISTRY SYSTEMS

THE PROBLEM

Two problems exist in this area. First, there is a need to establish a universally accepted list of the data that should be included in the medical record for each site of cancer.

The second problem is how to aid new and expanding institutions in establishing efficient medical records and registry systems. If each institution attempts independently to design its own system, the results will probably be less satisfactory and more expensive than if assistance is given by institutions that have fully operating systems.
THE SOLUTION

We propose to develop a universal data list for medical records and registry systems and assist institutions by the following steps:

1. Develop a standard basic data list
2. Assist institutions in establishing systems
3. Identify what constitutes demographic and epidemiologic data

a. Develop a Standard Basic Data List

The original plan was to develop a composite data list and gain the agreement of AACI members for its use in medical records and in tumor registries.

Through the CCPDS project, agreement has been reached as to the data to be collected in the patient's medical record and the data that 20 comprehensive cancer centers will deliver to the CCPDS data base.

Additional work needs to be done to develop a universally accepted list of standard data that should be included in the medical record for each site of cancer.
b. Assist Institutions in Establishing Systems

We will assist institutions in establishing procedures for operating a medical records system and a registry system in four ways:

1. Prepare a manual for establishing medical records and registry systems
2. Conduct a medical record and registry workshop
3. Provide software for use by other institutions
4. Provide follow-up consulting service (management, system design, and application)

The handbook will include guidelines already proven by users. For instance, the American Hospital Association has a system that could be adapted by any medical institution in the country and modified to suit the particular needs. The system provides for medical record distribution control, patient registration, information management, and many site-oriented codes for special studies. Using these existing elements of the system as a keystone, A.H. Assisted is in the process of developing the clinical portion of the system, which can be made compatible with the systems of other institutions and incorporate their special areas of interest and expertise.

Task 4
To prepare the manual we will:

- Prepare a synoptic outline and submit it to AMCI and to NCI for review
- Update the outline, incorporating NCI comments and those of AMCI members
- Prepare a draft of the manual and submit to NCI for review
- Prepare a final manual

2) **Conduct a Medical Record and Registry Workshop**

We will conduct a two-to-three day workshop to train personnel from other cancer institutions in how to establish these two systems. Emphasis will be on workshop participants to solve their immediate problems. The manual, developed in (1) (above) will be used as part of the workshop training material.

3) **Provide Software for Use by Other Institutions**

We will develop software for use by other institutions to establish medical records and registry systems. The software will be that which can be used on various equipment configurations with a relatively small conversion effort.

4) **Provide Consulting Service**

In this task we will assist institutions in the design of their medical records and registry systems, as requested, by making specific recommendations and a critique of the overall design.

Where centers already have workable systems in specialty areas, such as radiotherapy, the systems will be explained to potential users for their evaluation and possible use.

**Task Committee Leader**

Robert C. Hickey, M.D.
The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
6715 Bertner
Houston, Texas 77030
713-792-3200
TASK 5. EPIDEMIOLOGY (ANALYTICAL AND DESCRIPTIVE) AND BIOSTATISTICS
INFORMATION SYSTEM

THE PROBLEM

A national information system is needed to record the:

1. Number of cancer patients seen at cancer centers and hospitals in the United States,
2. Type of malignant disease of each patient, and
3. End-results of therapy.

The system should store only the data necessary for identification of patients and the institutions at which they received evaluation and treatment. The system should allow evaluation of the status of patients with each type of cancer and the treatment methods used at each institution. It should also identify specific groups of patients for purposes of collaborative studies of many types.
THE APPROACH

The NCI, through its CCPDS project, will establish and operate an information system.

The CCPDS (Centralized Cancer Patient Data System), expected to begin operations in 1976, will collect, store, analyze, and report data about cancer patients from approximately 20 comprehensive cancer centers.

Access to the database shall be restricted to the participating Centers, the SAQC and NCI. Any use of data for any purpose intended by the Centers, the SAQC or NCI shall be reviewed by the Project Officer, and shall be subject to the approval of a CCPDS Policy Committee to be composed of representatives of the participating Centers.
Enclosed is a draft-proposal, as prepared by the members of the Task 6 committee, to conduct activities in the following areas or steps.

1. Prepare an organizational handbook for cancer centers.
2. Conduct regional seminars on the organization and management of cancer centers.
3. Develop and distribute a directory of consultants with expertise in various aspects of organization and management.
4. Develop guidelines for planning and operation of the facilities, equipment, and personnel for a cancer center.

A two-year budget has been prepared and is summarized in the following manner:
Step 1 - Organizational Handbook

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>First Year</th>
<th>Second Year</th>
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<tbody>
<tr>
<td></td>
<td>$16,850</td>
<td>$10,910</td>
<td>$5,940</td>
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</tbody>
</table>

Step 2 - Regional Seminars

|          | 29,100 | 14,550 | 14,500 |

Step 3 - Consultant Directory

|          | 4,700 | 4,700 | --- |

Step 4 - Management and Operational Guidelines

|          | 40,750 | 20,375 | 20,375 |

General and Administrative Expense

|          | 38,650 | 19,325 | 19,325 |

TOTAL

|          | $150,350 | $69,960 | $60,190 |

Since the drafting of this proposal in August 1975, it has been learned that the AACI is contemplating the establishment of an Executive Office to manage the affairs of the corporation.
Since the workscope of this proposal has to do with projects that involve administrative functions at all the member institutions, it seems feasible that this proposal should be incorporated as a specific function of the Executive Office for the reasons noted below:

1. It would give meaning and purpose to the functions of the Executive Director by providing specific tasks to be accomplished.

2. Prevent duplicative effort. If this proposal were to go forward as a separate task, it is reasonable to expect that such activities as are proposed would be in competition or conflict with the Executive office.

3. Prevent duplicative funding. Many of the items of expense contemplated in the proposed budget are necessary for establishing the Executive Office. Therefore, it seems appropriate to suggest that the proposed budget be incorporated in the budget of the Executive Office.
The above recommendation is made with the proviso that step 4, "Management and Operational Guidelines," be dropped from the proposal. This would result in a budget reduction of $20,375 per year for a total of $40,750 over two years.

Respectfully submitted

[Signature]

H. D. Putney
Chairman
TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

THE PROBLEM

Cancer centers need rapid access to, and exchange of, information among institutions, physicians, and scientists.

Additionally, a study is needed to evaluate existing systems to determine which may appropriately be included in the retrieval services of the International Cancer Research Data Bank and the National Library of Medicine.
The first step was taken in 1975 when The University of Texas System Cancer Center (UTSICC) won a contract, in competitive procurement, to provide the NCI with articles on cancer screened from 1000 journals, plus computer tapes carrying bibliographic citations to the screened articles.

A copy of each cancer article is mailed to NCI within 10 days after receipt of the journal in which it appears. Computer tapes are mailed to NCI monthly.

Possession of current articles on cancer, within 10 days after publication, allows the NCI's International Cancer Research Data Bank to make bibliographic data and abstracts available to the scientific community much quicker after publication than previously possible, through the following steps:

a. The Franklin Institute writes an abstract of each cancer article, when research indicates one does not exist, and publishes abstract journals on carcinogenesis and therapy.

The Franklin Institute then sends the bibliographic citations and abstracts (on magnetic tape) to the Illinois Institute of Technology Research Institute

b. The Illinois Institute puts the data into the format of the National Library of Medicine's system called CANCERLINE. The data are then ready for retrieval through NLM terminals.

The task force is developing concepts for other projects that will fill literature and retrieval system needs.

Task Committee Leader

Ms. Marie Harvin
The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
6723 Bertner
Houston, Texas 77030
713-792-2282
Task Force No. 8 met on June 14, 1975, and August 16, 1975, to develop a Proposal for Formulating Patient Management Guidelines in Cancer Institutions. Dr. C. Stratton Hill, Jr. was asked to serve as Principal Investigator for the project and under his leadership a detailed proposal with a budget of $99,718 was completed and submitted to President R. Lee Clark on September 23, 1975, for his consideration. He reported on September 30, 1975, that the proposal was satisfactory and would be submitted to N.C.I. for further consideration.

Respectfully,

Task Force No. 8

D. T. Carr, M.D., Chairman
TASK 9. RESEARCH MANAGEMENT AND PLANNING

THE PROBLEM

A cancer center starting research programs will encounter technical and management problems that differ from those of patient care or education. Organization, planning, evaluation, facility requirements, grant and contract administration, and integration of research with other service areas are prime matters for consideration in setting up a research activity. But for centers beginning research programs or those already established, there is a universal need among centers to achieve the following objectives:

1. To formulate basic concepts of a plan for the management of research activities that will be of use to all cancer institutes in the United States.

2. To promote the most effective use of research talents within each cancer institute.

3. To make the most effective use of the available resources of space, equipment, and finances for research within any single institute.

4. To promote research that has reasonably immediate relevance to the problems of human cancer, at the same time not destroying the freedom of inquiry for basic investigations so necessary to the formulation and ultimate accomplishment of investigative efforts on human cancer.

5. To promote interinstitutional communication with a view to identifying areas of cancer research that merit special cultivation and to make available to all cancer institutes recent research data, techniques, and information about availability of resources.
THE SOLUTION

To assist institutions in establishing a research organization, and to move toward the objectives, we will take the following steps:

1. Prepare Guidelines For Establishing and Operating a Research Organization
2. Conduct a research management workshop
3. Provide follow-up consulting service

Step 1: Prepare Guidelines For Establishing And Operating A Research Organization

A handbook will be written containing guidelines for setting up and running a research organization. The handbook will cover all aspects of organization, planning, integration with patient care, and so forth. Techniques will be described for long range planning and for selecting what research should be undertaken. The design of research projects and protocol procedures will be included. A preliminary table of contents is shown on the next page.
Preliminary Table of Contents of Guidelines for Establishing and Operating a Research Organization

TABLE OF CONTENTS

I. RESEARCH ORGANIZATION

II. RESEARCH PLANNING
   1. Long range plans—correlated with the National Cancer Program Plan
   2. Selection of research projects
   3. Research design and protocol procedures
   4. Use of biostatistics

III. RESEARCH EVALUATION

IV. RESEARCH ADMINISTRATION
   1. Contract and Grant Administration
   2. Budgets
   3. Reports
   4. Patents

V. INTEGRATION OF RESEARCH WITH OTHER SERVICES

VI. SUPPORT REQUIREMENTS
   1. Equipment
   2. Personnel

VII. FACILITY REQUIREMENTS
Step 2: Conduct a Research Management Workshop

A workshop on research management and planning will be conducted. The workshop will present alternative approaches, with emphasis on problems or situations as they exist within the institutions of workshop members. The prime textbook for the workshop will be the handbook prepared in Step 1.

Step 3: Provide Follow-Up Consulting Service

For those institutions requesting further assistance, a consulting service will be provided to make specific recommendations and critiques. Consultants will be representatives of MCI member institutions.
REPORT TO AACI by TASK 10 COMMITTEE

Introduction

This is the final report of the Task 10 Committee on Clinical Research. In its one year of existence it has held three meetings and one conference call. It carried out a mini-survey of problems of AACI members in the clinical area, the results of which we distributed at the Boston meeting, June 19, 1975. It made a recommendation at the Boston meeting, which resulted in the Frei resolution on unification of therapeutic research at NCI. Subsequently (though not necessarily etiologically) NCI made this change. Since the Boston meeting, the Committee has defined three specific problems of clinical research in the centers, and has developed one major recommendation to be made at this meeting. The problems concern: (1) an alarming decrease in therapeutic clinical trials due to unavailability of new drugs; (2) difficulties imposed by interpretations of informed consent regulations; and (3) the continuing difficulties of funding center initiated clinical research. The recommendation is that the AACI form a permanent standing committee for clinical research.

Lack of availability of new drugs

In the minutes of the meeting of September 13, 1975 it was noted that fewer new drugs for Phase I and II studies were reaching the centers. At the December 18, 1975 meeting the committee's assessment was that this process had come to a complete halt. Apparently FDA has not approved any of the last seven TN7's from NCI*. There seems to be a change in attitude or policy at high levels of FDA in new and constraining interpretations of what is actually a fairly liberal statute. There is an urgent need, in terms of the centers' programs, to make representations to FDA through an AACI clinical committee.

Problems imposed by interpretations of informed consent regulations

Some of the centers have experienced prolonged delays in approval of projects because of informed consent procedures. Other centers have noted increasing delay, so that it is possible that some centers are over-interpreting the regulations. The Task 10 Committee believes that a permanent committee should examine the systems of approval used by various centers and make recommendations on that system which is simplest and best for the patient and for clinical studies. However there was a strong consensus that patients in all centers are being frightened by the amount of detail recited to them in gaining informed consent and that the permanent committee should actively discuss the interpretation of the regulations with

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*Maytansine TN7 has just been approved, but FDA has limited its study to NCI patients.
Report to AACI by Task 10 Committee

the appropriate individuals at HEW and Congress.

Funding of clinical research in centers

In many instances, centers have little control over the clinical investigations in their institutions. This occurs because clinical investigation initiated outside the center (by cooperative groups, organ site teams and NCI contracts) have a well developed funding mechanism and specific dollars while center initiated clinical research has no recognizable mechanism or dedicated funds. The recent change at NCI in the responsibility for therapeutic trials has tended to reinforce existing mechanisms and has not taken into account the needs of the centers, thereby inadvertently worsening the support of center initiated clinical investigations. The Committee feels that the centers have not had spokesmen to make known their plight. It is recommended that the permanent clinical committee play an active role in discussing the problems with NCI in order that provision can be made for funding center initiated clinical studies.

Status of the Task 10 Committee and recommendations for the future

The original concept of the various Task committees was that they should recommend a contractual instrument that would enable the centers to study common problems and undertake joint action in their solution. The Task 10 Committee has identified four major problems. The first of these resulted in action by the AACI and NCI. The committee has in its last two meetings actively discussed the remaining these problems with members of NCI. Dr. Rauscher and most of the NCI Executive Committee attended the December 18, 1974 meeting and there was an extraordinarily open discussion of the problems of funding clinical investigation. If innovative, center initiated, pilot projects in clinical research are to thrive in the centers there is a need for a continuation of the role of centers’ spokesmen. The needed dialogue with NCI is well started, but the business is unfinished. In addition, even during the short life of the Task 10 Committee, new problems have appeared and old ones have changed their shape and disguise. What is needed is a permanent committee that can continue the discussions started by the Task 10 Committee and, with approval from AACI, attempt to correct situations that impede high quality clinical research in the centers.

Recommendations

It is recommended that the AACI approve the formation of a permanent clinical research subcommittee that would be empowered to represent the interests of the centers in clinical trials, to NCI and other appropriate agencies and individuals. Such a committee should be able to meet four to five times a year and to undertake smaller missions to meet with specific agencies and individuals. Some scheme should be set-up for rotation of members so that centers
not represented, can participate in the work. For a few major areas such as informed consent, the committee should consider the usefulness of workshops or on occasion, a national forum type of discussion in order to clarify the issues with a larger group.

The Task 10 Committee was asked specifically about the role of a contractor in future activities. The Committee does not see any way through which these professional responsibilities can be delegated to a contractor or solved by yet another survey. The Committee points out, that if a permanent subcommittee for clinical research is established it will require that a contractor continue support for administrative and travel assistance in all of its business, including such workshops or larger meetings that they would require.

Respectfully submitted,

G. Gordon Zubrod, M.D.
Chairman
Task 10 Committee, NACI
THE PROBLEM

The basic problem is that all major cancer centers engage in various types of educational programs directed toward many different audiences -- public, professional, employee, patient, family. These audiences have many different informational needs. Various cancer centers have invested heavily in the development of curricula and the evaluation of them. There presently is no central or current cataloguing of these cancer center educational programs.

Does a cancer center create educational needs? No, the needs already exist. A center becomes the natural focal point for fulfilling the needs, because it has a concentration of basic science and clinical knowledge and usually is located in a university setting -- the traditional educational agent.

The large scale education of health care professionals and the public in cancer is of recent origin and has been generated primarily by agencies outside the medical educational institutions. Examples of such agencies are the NCI and the American College of Surgeons. The AACI now proposes to emphasize this aspect of their activities, that is, to supply the manpower for the care of the cancer patient at the community level and to help the American Cancer Society and others to create a cancer-alert population. Medical school curricula and other training programs need revision to incorporate aspects of cancer detection and treatment. Cancer institutions themselves need assistance in how best to proceed.
The solution will be in two steps.

First, all members of the AACI will be surveyed to determine the nature and scope of their ongoing educational programs. The survey will include questions such as:

a. Whom are you educating?
b. Who is responsible for educational programs in your center?
c. What do they have to work with?
d. How do you determine whom to educate, what information is needed, and how effective you are at achieving the goals?
e. What can you share with other cancer centers?
f. Who else is interested in education for the solution of the cancer problem and what can we share with them and they with us?
g. Do you have an educational program manager?
h. Is there a budget for education and what is the source of funding?

Next we will perform the essential function of evaluating the education programs and proposing recommended changes.

To do so, we will develop evaluation criteria and a methodology for scoring the results. To develop the criteria we will establish advisory committees composed of experts representing the public, patients, medical and Health professionals, and continuing education programs.

The criteria will take into consideration the different audiences and the uniqueness, commonality, and variation of their education needs in oncology. For example, the oncologic knowledge that each health science student should have upon completion of formal training.

The results of this step will be educational standards for different categories of health professionals, plus a report on how each surveyed institution compares with the standards. The surveyed institutions and the National Cancer Institute will then have sufficient data for planning further changes to improve oncologic education and training within institutions and throughout the country.
The purpose of the national cancer control program is to identify, field test, evaluate, demonstrate, and promote the widespread application of the available and new methods for reducing the incidence, morbidity, and mortality from cancer.

AACI member institutions represent the different types of cancer centers - by organizational structure; by source of funding; by geographical, demographic, and socio-economic characteristics; and by the scope of activities each performs.

Under the leadership of the National Cancer Institute's Division of Cancer Control and Rehabilitation (DCCR), many of the institutions have devised cancer control programs suited to their particular capabilities and interests, and patterned to the needs of the communities they serve. As a result, AACI members have become a significant repository of knowledge about cancer control techniques, including those which have proven successful, those which are not feasible or yield negative results, and those which show potential for success.

The body of knowledge about cancer control includes information as to what projects are effective, where projects are being conducted and the kind of resources needed for implementation. But the knowledge and experience is in many institutions to varying degrees and is not readily available to any organization beginning a cancer control program or trying to improve its on-going control activities.

There is a need for a better method of exchanging experience and knowledge among AACI members and to assist institutions in developing programs which are consistent with the objectives of the DCCR.

Any method devised to improve cooperative action among the AACI members would also benefit the DCCR. The consolidation of knowledge about cancer control could be used by the DCCR to plan and evaluate its nationwide cancer control program.
The Solution

In summary, our solution is to:

1. Survey cancer control and rehabilitation projects in AACI cancer institutions.
2. Prepare a directory of existing projects, using the results of Step 1.
3. Define minimum requirements for a cancer control program in cancer institutions.
4. Provide consulting services to cancer institutions that communities that want to initiate or improve cancer control programs.

1. Develop a Questionnaire and Establish Communications

The survey of cancer control projects will be made through the use of questionnaires and site visits. The questionnaire will provide a profile of the current status and will include:

   a. Existing Projects
   b. Classification of projects (operational, developmental, research)
   c. Internal organization for cancer control and rehabilitation
   d. Cost of projects and source of funds
   e. Number of project personnel and requisite skills
   f. Evaluation methodology employed
We will communicate in advance with institutions to discuss the questionnaire and any recommendations for change in the format or content. Once a preliminary questionnaire has been designed, it will be field tested and refined to incorporate any necessary changes.

2. **Conduct the Survey**

   Questionnaires will be sent to appropriate members. Selected institutions will be visited to assist them in preparing responses, to assure uniformity, and to identify any part of the questionnaire that needs correction or improvement.

3. **Prepare a Directory**

   The results of the survey will be incorporated into a directory of cancer control projects. The directory will be organized and indexed so that it may be accessed by individual institution, by audience (professional or public), and by the type of project (screening, education, or training). The final decision on how the directory will be structured will be made in cooperation with the DCCR.

   Projects will also be classified as developmental, operational, and research.

   Developmental projects are those that are in the testing phase to determine their effectiveness. Operational projects are those whose feasibility has been proven and demonstrated to be effective and acceptable for implementation by cancer institutions. Only rehabilitation projects may fall into the research classification, in conformance with DCCR's constraint upon performing research outside the area of rehabilitation.
4. Develop Minimum Requirements for Cancer Institutions

The survey is expected to reveal the state-of-the-art of cancer control in cancer institutions. As a minimum, we will develop a composite profile of cancer control projects which need no further development and testing before they can be implemented.

We will evaluate the profile data and will rank cancer control projects according to such elements as:

a. State of readiness for implementation
b. Relationship to the DCCR Cancer Control Plan
c. Cost
d. Difficulty to implement
e. Time required

Each project element will be individually scored and each project will receive a composite score. The evaluation criteria and scoring methodology will be developed by the task team in cooperation with the Division of Cancer Control and Rehabilitation.

Using the directory data, the institutional profiles, and the ratings of individual control projects, we will recommend minimum requirements for typical cancer control programs in different settings.

* * *

In November of 1975 a cancer control workshop was held by the National Cancer Institute's Division of Cancer Control and Rehabilitation.

The workshop, attended by a broad representation of institutions and the NCI, had the objective of reviewing and critiquing the NCI policies and plans, and to provide an assembly for the open discussion of current questions and matters of common interest.

Three task forces were formed, one each for:

I - Outreach Planning and Activities
II - Implementation and Management
III - Evaluation and Review

Task 12
The planned AACI project which will result in a directory of cancer control programs and proposed minimum requirements for programs in cancer institutions and communities, is included in the list of recommendations made by the task force on outreach planning and activities (Task Force I).

Additional projects will be developed in consonance with recommendations emanating from the workshop.

Task Committee Leader

Guy F. Robbins, M.D.
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021
212-879-3000
January 16, 1976

TO: All AACI Members

FROM: R. Lee Clark, M.D., President

We have updated the AACI plan describing the task areas and given it a new title: A Plan for Cooperative Action Among Cancer Institutes. Also a short title, CO-OP, for easier reference.

The revised document will be distributed on January 27, when you register for the AACI meeting in Memphis. Any one not there will receive the plan by mail.

Attached is a resolution for your consideration in advance of the meeting.

R.L.C.

RLC:ag
January 16, 1976

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[Signature]
R.L.C.

RLC:ag
A RESOLUTION TO ESTABLISH A METHOD FOR DEFINING AND PROMULGATING

THE COLLECTIVE VIEWS OF AACI MEMBERS

WHEREAS COLLECTIVELY, the members of the AACI have knowledge about planning and implementation of the National Cancer Program of great value to the National Cancer Institute, and

WHEREAS SINGULARLY, the knowledge of members may not be heard, or even expressed, to the detriment of the National Cancer Program,

IT IS PROPOSED that the AACI set up a procedure whereby the views of its members, on subjects pertaining to the planning and implementation of the National Cancer Program, can be collectively reviewed and promulgated to the AACI membership, to the NCI, to the Congress, to the American Cancer Society, and other interested parties, all for the good intent of fostering the objectives of the National Cancer Program.

The proposed procedure for achieving the objective is for the AACI to prepare position papers, in each of which a specific issue is defined and the position of the AACI membership is stated. Papers will be well structured arguments based on premises supported by rational and demonstrable facts to the maximum extent practicable. Papers will be developed in the following manner:
1. Identification of Issues

   a. The chairman of the Executive Committee will solicit recommended issues from each member institution.

   b. Member institutions will submit recommended issues to the chairman.

   c. The Executive Committee will review recommended issues and prepare a list of candidate issues in order of priority.

   d. The chairman of the Executive Committee will present the list to the AACI membership at least twice a year, for membership approval or modification.

2. Preparation of Position Papers

   The Executive Committee will recommend to the President of the AACI specific individuals as team members to prepare a position paper for each issue selected. The team chairman and members will be appointed by the President.

   In preparation, the team shall assure that each member organization has the opportunity to review each position paper and provide input thereto.

   Final position papers shall contain a majority and when available, a minority position.

3. Review and Promulgation of Position Papers

   Final review shall be by the Executive Committee.

   Promulgation shall be by the President.
January 14, 1976

Dr. R. Lee Clark
The University of Texas System
Cancer Center
Houston, Texas

Dear Lee:

I had hoped to be able to be in Memphis for the AACI meeting but work on a large grant application (February 1 deadline) and preparation of a short talk for February 2 make it inadvisable, if not impossible, to attend. I'll miss the educational and good fellowship aspects.

A week or so ago I saw Bob Good's copy of the agenda for the meeting and that I was listed to present in place of Henry Pitot for our task force. Possibly the agenda was made up before I told Henry a month or more ago that I was doubtful then that I would be able to attend. I hope someone else from the task force will be able to do it.

Sorry I'll miss seeing you.

Sincerely,

C. Chester Stock, Ph.D.
Vice President for Academic Affairs
Mr. E. R. Gilley

Office of the President

1976 Annual Dues – Association of American Cancer Institutes

January 6, 1976

This memo is a request for you to remit the 1976 annual dues, in the amount of $500.00, to the Association of American Cancer Institutes for our institution.

As requested on the enclosed statement, please make the check payable to the Association of American Cancer Institutes and send it to the following address:

Dr. E. A. Mirand
Secretary-Treasurer
Association of American Cancer Institutes
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

We are attaching a copy of our memo dated January 31, 1975 requesting last year's dues, in which we asked that you determine the source of funds. You may wish to use the same source for this year.

R. Lee Clark, M.D.
December 31, 1975

MEMO TO: University of Texas System Cancer Center
FROM: Dr. E. A. Mirand, Secretary-Treasurer
SUBJECT: Annual Dues for 1976

Please find enclosed a statement for Annual Dues for the Association of American Cancer Institutes for the year 1976. Members approved this action at our June 1974 meeting, and it was subsequently approved by the Board of Directors by mail ballot prior to our Annual Meeting on January 17, 1975.

Please make your check payable to the Association of American Cancer Institutes, attention of Dr. E. A. Mirand, Secretary-Treasurer, and forward it to him as soon as possible.

EAM:co
Enclosure
association of american cancer institutes

OFFICERS

President  R. Lee Clark, M.D.
The University of Texas System Cancer Center, Houston, Texas
Vice President  Albert H. Owens, Jr., M.D.
Johns Hopkins University Oncology Center, Baltimore, Maryland
Secretary-Treasurer  E. A. Mirand, Ph.D.
Roswell Park Memorial Institute, Buffalo, New York

STATEMENT

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Annual Dues for 1976

Regular Membership ------------------------------- $500.00

Please make payment to:

Association of American Cancer Institutes,
Dr. E. A. Mirand, Secretary-Treasurer

Members, Board of Directors

Edward J. Beattie, M.D.
New York, New York
Murray M. Copeland, M.D.
Houston, Texas

Denman Hammond, M.D.
Los Angeles, California
William W. Shingleton, M.D.
Durham, North Carolina
John S. Spratt, Jr., M.D.
Columbia, Missouri

Timothy R. Talbot, Jr., M.D.
Philadelphia, Pennsylvania
John E. Uittmann, M.D.
Chicago, Illinois
January 2, 1976

R. Lee Clark, M.D.
President,
M.D. Anderson Hospital & Cancer Center
6723 Bertner St.
Houston, Texas 77025

Dear Lee:

I have just recently submitted an application for membership as a specialized cancer center to the Association of American Cancer Institutes. One of the requirements for membership, in lieu of a site visit, are supporting letters from three spokesmen from member organizations of the AACI, indicating the qualifications of the organization for membership. We would appreciate very much if you would consider writing such a letter of support for the West Coast Cancer Foundation. These letters should be forwarded to the Secretary-Treasurer, Dr. Edwin A. Mirand.

We have applied as a specialized cancer center dealing primarily in cancer control and educational activities. We feel that the WCCF does qualify as a specialized center, with its primary focus in cancer control activities with some limited activities in clinical and basic science research and postgraduate education, but primarily dealing in cancer control and educational activities in communities in northern California.

We would appreciate it very much if you would give consideration to writing this type of letter of support. If I can provide any further information which would be of assistance to you in developing such a letter, please do not hesitate to contact me.

With very best wishes for the new year.

Sincerely,

James F. Donovan, M.D.
Director, Division of Cancer Research Center Development

JFD:dg

[i.e. in Max 4 months - no response filed]
West Coast Cancer Foundation

The impressive growth of the San Francisco-based West Coast Cancer Foundation is evident in the fact that in its first year - 1972 - WCCF operated with a full-time staff of three and a grant of $100,000 from the National Cancer Institute. Today, with a staff of 35, WCCF receives more than $1.2 million each year in government grants and contracts, and private donations.

Another way to measure the accomplishments of this unique independent non-profit organization is to look at the list of communities in Northern California and Northwestern Nevada that are currently included in the WCCF network of hospitals, physicians and allied health professionals, cancer societies and other groups -- all committed to improving the quality of cancer care at the community level.

James Donovan, M.D., who became the Foundation's director of cancer control and cancer center development on January 1, 1976, says, "Of the nine major Northern California population areas, seven are involved in one or more WCCF projects. Over 22 communities from Palm Springs to Eureka are part of the WCCF network. This includes nine county medical societies, 24 community hospitals and eight American Cancer Society units."

WCCF was founded in late 1971 by Jerome Vaeth, M.D., Simeon Cantril, M.D., and Mary Louise Meurk, Ph.D. The organization grew out of a desire to provide a higher quality of cancer care to small California communities where people with cancer traditionally have to travel to major health centers and facilities in far away cities in order to receive the specialized treatment and care they need. Such inconvenience and strain, these cancer specialists know, can add unnecessarily to the trauma of a person's cancer.

In an effort to improve this situation, WCCF set for itself the following specific objective:

To establish an organization that allowed advances in research made at major urban medical centers to be made available to health personnel in peripheral community clinics and centers, thereby providing the highest quality care for cancer patients as close to their homes as feasible.

Today, having made significant progress toward achieving this goal in several communities, WCCF lists its further goals:

To achieve an integrated network of communities participating in all phases of cancer control, including cancer screening, diagnosis, treatment, research, professional education, and rehabilitation;

To develop and conduct quality patient and laboratory cancer research and to apply these results to the treatment of cancer patients;

To train and educate sufficient numbers of skilled personnel to work directly with cancer patients in their own communities;

To supply WCCF participants with critical support services, including radiological physics and dosimetry services, clinical consultation, educational seminars and other relevant programs of technical assistance.

Made up of health professionals and laymen - staff, consultants, advisory committee and board of trustees - WCCF reflects many interests and outlooks.

One of the more prominent WCCF programs has been the development over the last two years of a breast cancer network in several California and Nevada communities, including Chico, Eureka, Redding and Santa Rosa.

The project is aimed at broadening community activities in order to reduce the incidence and death rate from breast cancer. Education and early detection receive much of the emphasis in this program. Working with local professionals and organizations, WCCF staff helps make available the most up-to-date screening and diagnostic techniques, as well as helping to improve the treatment, care and rehabilitation.
of breast cancer patients.

As with other WCCF projects, each community in the network has a community coordinator who lives in the town and serves as liaison between the community and WCCF staff in San Francisco.

"We don't just barge into communities like Big Brother from the Big City," says Jay Rezzanico, program coordinator for the project. "With our community coordinators, we work long hours to establish mutually beneficial relationships which will work.

"We make it clear from the beginning that we're there to offer them and their community the opportunity to share the benefits from this excellent NCI study. Such an approach usually works and helps break down suspicion or resistance."

Overlapping with the breast cancer network are two relatively new studies which WCCF is conducting at Pacific Medical Center. One is aimed at assessing psychological and social impact of breast cancer on the patient, family and community. In another, the behavior and attitudes of health care professionals toward cancer as a disease will be studied, as well as toward the person who has cancer. This latter study will be conducted in Stockton, considered an experimentally "clean" city.

Based on early results from these projects, WCCF sponsored a well-attended two-day symposium in November entitled: "Breast Cancer: Its Impact on the Patient, Family and Community."

A one-year grant from the San Francisco Foundation has provided for a WCCF counseling service for cancer patients and families. This innovative service is headed by Sister Patrice of St. Mary's Hospital.

In late December, WCCF was site-visited by scientists from NCI for the possible funding of a basic science research project involving biophysics and cytology in early detection of breast cancer. If funded, this will be the first major WCCF basic research effort.

More importantly, however, if successful, this research project -- which utilizes laser beams to sort out cell populations of tissue secretions long before a lump is even formed -- will help diagnose breast cancer as much as five to ten years earlier than possible now.

WCCF also has a grant pending with the Environmental Protection Agency to work on identification of carcinogens in smaller communities of Northern California.

One of the first things on the 1976 agenda, however, is the development of a long-range plan for the Foundation, whose astronomical growth in many directions now requires a certain revamping.

In Dr. Donovan's opinion, one of the major strengths of the West Coast Cancer Foundation lies in the fact that its principal programming interest is outside of the Bay Area -- developing and coordinating cancer programs in outlying communities. And pointing out that establishing a viable network of laypeople, physicians, health organizations and providers does not happen overnight, Dr. Donovan stresses that such a network is precisely what WCCF can now contribute to the Northern California Program and its multi-faceted activities.

Linda Osborne

NCCP Notes
Northern California Cancer Program
770 Welch Road, Suite 190
Palo Alto, California 94304 • 415-497-3392

R. Lee Clark, M.D., President
Univ. of Texas System Cancer Center
M. D. Anderson Hosp. & Tumor Inst.
6725 Bertner Avenue
Houston, Texas 77025
Northern California Cancer Program Notes

Volume One
Number Four
January-February, 1976

Annual Meeting

On a Tuesday morning in late November, an enthusiastic group of some two hundred persons interested in the program of the Northern California Cancer Program gathered to celebrate the organization's first birthday. Reports from key committees, a presentation by board chairman Saul A. Rosenberg, M.D., and the first official appearance by Director-designate Stephen K. Carter enlivened the event.

Dr. Rosenberg gave credit to individuals and organizations whose motivation and belief in the possibility of cooperative programming brought NCCP into existence in the fall of 1974, and to those whose energy and dedication made the first year an outstanding success.

Speaking for the committees on which they serve, reports were offered by Drs. John Daniels, C. J. Karzmark, Joseph Castro, Theodore Phillips and R. L. Scottie Doggett, and by Pat Fobair, M.S.W., and Charles Dahle.

Dr. Carter spoke of the state of the art in chemotherapy as well as his view of the broad goals of a multi-institutional cancer center such as NCCP: fostering research, communication and interaction, research resource development, and application of research advances.

Site Visit

On January 20 and 21, a team of 14 evaluators from the National Cancer Institute will hold a site visit to review the state grant proposal submitted by the Northern California Cancer Program in October. Some 30 members of NCCP program committees will be taking part in presentations and fielding questions.

Lowell Ordison, M.D., Dean of the School of Medicine & Dentistry, University of Rochester, is the chairman of the visiting group.
Psycho-Social Rehabilitation

As many as half of cancer patients who are cured never return to normal psychological and social life. Most undergo disruption to or dissolution of family relationships. The economic strain brought about by the diagnosis and treatment of cancer is another hard pill for patients to swallow.

Economic, social and psychological rehabilitation of cancer patients are matters of concern to the Psycho-Social Rehabilitation Sub-Committee of NCCP, whose members are struggling to develop scientific methods for providing and evaluating psycho-social care.

"Now," according to Pat Fobair, the sub-committee's chairman, "we have a forum for sharing our methods and procedures. Meeting under NCCP's auspices makes it possible to advance our knowledge much more quickly."

Since September, professionals from various disciplines and institutions have come together for "Grand Rounds" to hear about psycho-social programs. Three such sessions have been held -- at West Coast Cancer Foundation/Presbyterian Hospital, Zellerbach Sarani Tumor Institute/ Mount Zion Hospital, and Pediatric Service/UCSF -- bringing together social workers, psychologists, physicians, nurses, speech therapists, occupational therapists and others to discuss and pool their knowledge.

"At first," recalls Ms. Fobair, "there was tension among those of us from different institutions. After all, for years we had been competing for NCI funding, and though we didn't know one another personally an unwitting attitude of rivalry had developed."

Whatever fence-mending was needed was quickly done, an achievement Ms. Fobair credits largely to Theodore Phillips, M.D., who was instrumental in the organization of the sub-committee.

Says Phillips, "Until the formation of the sub-committee, projects involving psychological, social and economic rehabilitation of cancer patients were on an individual and uncoordinated basis. Yet, these activities in Northern California represent the largest effort in cancer rehabilitation now going on in the western states."

Now that things are beginning to take shape, the Psycho-Social Rehabilitation Sub-Committee of NCCP is expanding its efforts to include a survey to identify services presently available in localities in Northern California and Northwestern Nevada. Communities can then be advised as to services that might be added.

Also, present techniques can be applied and tested in new communities to establish the degree to which current methods are global in application. After such testing, information on reliable procedures for psycho-social intervention can be disseminated to assist professionals in dealing more effectively with cancer patients' problems.

"We know a lot about helping people, but very little about how to study and evaluate what we've done and what our patients have gained," admits Pat Fobair. "There's not much prior information to go on and a vast amount to be gathered, organized and tested.

"Our sub-committee is non-exclusive: anyone who is interested in better programs for the psycho-social needs of cancer patients, or who wants to help create opportunities for professionals to learn more about the cancer patient and his problems is welcome to join us."

Pat Fobair is a social worker at Mount Zion Hospital's Zellerbach Sarani Tumor Institute, currently conducting a 2-year, NCI-funded joint study with the Departments of Psychiatry and Social Services toward improvement of the quality of life for cancer patients.

Theodore L. Phillips, M.D is professor and chairman of the Division of Radiation Oncology at UC San Francisco. He is an alternate member of the NCCP Board of Directors.
January 7, 1976

Edwin A. Mirand, M.D.
Secretary-Treasurer
Association of American Cancer Institutes
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203

Dear Ed,

Jim Donovan, currently Director of the Division of Cancer Research Center Development at the West Coast Cancer Foundation in San Francisco, has asked me to write a letter indicating the qualifications of the WCCF in their application for membership in the Association of American Cancer Institutes.

Although I was a consultant for the developing Northern California Cancer Program, of which the WCCF is an active member, I honestly do not know a great deal about the Foundation itself. However, Jerry Vaeth and previously Simeon Cantril had been developing an excellent outreach program throughout Northern California both in the areas of breast cancer and other radiotherapy. I also know that the Foundation does sponsor several cancer education programs each year which are of good quality.

I think that Jerry Vaeth and Jim Donovan would be contributors to the AACI. I would, therefore, endorse their membership application though as a specialized cancer center with the above qualifications of my ignorance about the Foundation details.

It looks as if I shall be spending most of January on the East Coast and I do plan to attend most of the meetings of the AACI in Memphis during the last week.

I trust you had a happy holiday season and that all goes well.

With warm regards,

Sincerely yours,

Jack

John R. Hartmann, M.D.
Director,
Division of Hematology/Oncology
January 5, 1976

William W. Shingleton, M.D.
Professor and Chief
Division of General Surgery
Director, Comprehensive Cancer Center
Duke University Medical Center
Durham, North Carolina 27710

Dear Bill:

Your suggestion of presenting information concerning the Chemical Industries Institute of Toxicology (CITT) at the next meeting of the American Association of Cancer Institutes in Memphis is a very good one. I will ask Ed Mirand to place this on the agenda so you might give a short review of the program.

Thank you very much for your kind words regarding my activities with the AACI. I hope we can continue to make progress during 1976, and see the activation of most of the 12 tasks we have been planning. Your help and support is greatly appreciated.

My best wishes for this coming year, both for you and for the progress of your comprehensive center.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC: br

cc: Dr. Ed Mirand
December 16, 1975

Dr. R. Lee Clark, President
The University of Texas System Cancer Center
M. D. Anderson Hospital & Tumor Institute
6723 Bertner Avenue
Houston, Texas 77025

Dear Lee:

It was nice hearing from you via our telephone hook-up a few days ago. There is a matter related to the Chemical Industries Institute of Toxicology (CIIT) which I would like to bring to your attention. You will recall that I mentioned on the phone that I would like to describe this organization to the AACI members at our next meeting. This Institute is interested in being a co-sponsor of a symposium, possibly with NCI and the National Institute of Environmental Health Sciences. It occurred to me that the American Association of Cancer Institutes might also be interested in being one of the sponsors of this conference. If you agree, I would be happy to bring this matter up when I appear on the program briefly concerning the CIIT at our meeting of the AACI in Memphis in late January.

I would like to congratulate you at this time on the great leadership you are giving the AACI. With all good wishes to you for a joyful holiday season, I am

Sincerely yours,

William W. Shingleton, M.D.
Prof. and Chief
Division of General Surgery
Director, Comprehensive Cancer Center

WWS:abw
cc: Dr. Ed Mirand
September 30, 1975

R. Lee Clark, M. D.
President
The University of Texas System
Cancer Center
Texas Medical Center
Houston, Texas 77025

Dear Doctor Clark:

The CIIT Board of Directors has selected the Research Triangle Park, North Carolina, as the site for our Institute.

I have enclosed a copy of my letter to Dr. Berry which expresses our appreciation for the University of Texas' interest in CIIT. Further, the letter indicates that I am informing our Scientific Advisory Panel of the University's research capabilities in areas of mutual interest. Obviously, a copy of your letter will also be sent to the panel.

There is also enclosed a brochure which briefly describes CIIT and which indicates that "it is planned that two-thirds of CIIT's expenditures will be for studies on specific chemicals, one-third for general studies. The general studies will focus initially on chemical carcinogenesis."

On behalf of the CIIT Board of Directors, may I again express appreciation of your personal interest in our Institute.

Yours very truly,

Elmer P. Wheeler
Administrative Assistant
Board of Directors

EPW/ch
Enclosure

Elmer P. Wheeler, Monsanto Co. A2SA, 800 N. Lindbergh, St. Louis, Mo. 63166
September 30, 1975

Charles A. Berry, M.D., M.P.H.
The University of Texas
Health Science Center at Houston
P.O. Box 20036
1100 Holcombe Blvd.
Houston, Texas 77025

Dear Doctor Berry:

The CIIT Board of Directors has selected the Research Triangle Park, North Carolina, as the site for our Institute.

We appreciate your interest and that of Dr. Rawson in CIIT and have noted the many areas of research within your University that relate to our prospective research programs. Initially, CIIT will seek contracts with universities and other laboratories where facilities already exist and where there is expertise and interest in the projects which we plan.

You may be sure that I will refer your letter and Dr. R. Lee Clark's to our Scientific Advisory Panel which will be responsible for directing our research programs until such time as we have selected the President of CIIT and other permanent scientific staff. The members of the panel will be most interested in learning about your broad spectrum of research activities.

Very truly yours,

Elmer P. Wheeler
Administrative Assistant
Board of Directors

EPW/ch
Enclosure

cc:  Dr. R. L. Clark
     Dr. R. W. Rawson
     Dr. M. E. Pruitt
     Scientific Advisory Panel

Elmer P. Wheeler, Monsanto Co., A2SA, 800 N. Lindbergh Blvd., St. Louis, Mo.
Members

Air Products and Chemicals, Inc.
Allied Chemical Corporation
Celanese Corporation
Diamond Shamrock Corporation
The Dow Chemical Company
E. I. du Pont de Nemours & Company
Eastman Kodak Company
Exxon Chemical Company
FMC Corporation
Hooker Chemicals & Plastics Corporation
Monsanto Company
Olin Corporation
PPG Industries, Inc.
Rohm & Haas Company
Shell Chemical Company
Stauffer Chemical Company
Union Carbide Corporation

Chemical Industry
Institute of Toxicology
(CIIT)

August, 1975
CIIT Objectives

The Chemical Industry Institute of Toxicology (CIIT) has been established as an industry response to the urgent need for better information, faster communication and improved methodology in the testing of chemicals for safety.

The initial sponsors of CIIT believe that the chemical industry must participate in the investigation and solution of environmental and occupational health problems more actively than in the past. They believe the industry should earn a position of leadership in this endeavor.

To this end, CIIT has been designed, not to replace individual company effort, but to:

* Provide a sound, forceful, scientific industry presence in the complex area of chemical safety evaluation.

* Generate and interpret data on chemicals from the viewpoints of toxicology, epidemiology, biology and other relevant fields.

* Develop new test methods for assessing the potentially deleterious effects of chemicals on human health and develop new concepts for application of test data to hazard assessment.

* Furnish the scientific expertise essential to proper development of benefit/risk measurements and application of this concept in guiding decisions on the manufacture, handling, use and disposal of chemicals.

* Assess potential human risks involved in manufacturing, handling, using and disposing of chemicals.

* Disseminate information on potential hazards of chemicals and encourage use of such knowledge to minimize human risks.

* Promote the professional development and training of toxicologists, epidemiologists and other scientists in related fields.

CIIT's start-up is being funded by a group of charter members over a span of years but membership is open to all chemical firms on a dues scale graduated according to sales volume.

CIIT will begin operations in the third quarter of 1975 with the engagement of professional staff and the award of contracts. At the outset, all studies will be performed under contract, with CIIT personnel or consultants serving as monitors.

After experience has been gained, CIIT may find it advisable to acquire and operate a laboratory facility for some of the studies in order to meet its goals in a timely manner.

Specific Commodity Chemicals

CIIT plans to select specific commodity chemicals for testing, assessing not only the degree of public exposure to these chemicals but also factors relating to potential toxicity and whether the testing required will involve or stimulate new methodology.

By the end of 1975, a list of candidate chemicals will have been compiled and testing of five of these will have started. It is planned that two-thirds of CIIT's expenditures will be for studies on specific chemicals, one-third for general studies. The general studies will focus initially on chemical carcinogenesis.

The Need for CIIT

The manufacture, handling, use and disposal of chemicals is presenting society with a growing number of complex problems.

Over the past 15 years, government has attempted to reassure the public on the subject of chemical safety by funding an increasing amount of research and by extending regulation and control. Optimum solutions, however, will require a co-ordinated and concentrated effort by all segments of society. The initial sponsors of CIIT believe the private sector should participate more fully in this process and should voluntarily allocate a reasonable portion of its resources to this end.

CIIT has been established as a mechanism to permit effective industry participation.
Dr. Elmer Wheeler  
Monsanto Company  
800 North Lindgergh  
St. Louis, Missouri 63166

Dear Dr. Wheeler:

As President of The University of Texas System Cancer Center, it gives me great pleasure to join Dr. Charles A. Berry, President of The University of Texas Health Science Center at Houston in inviting the Chemical Industry Institute of Toxicology to consider choosing Houston or Smithville, Texas as a site for the location of the research laboratories being planned by the C.I.I.T.

For your information, The University of Texas System Cancer Center was created in 1972 by The University of Texas Board of Regents with the M. D. Anderson Hospital and Tumor Institute as its flagship. The University of Texas M. D. Anderson Hospital, which has been in operation under The University of Texas Board of Regents since 1941, is one of the world's most distinguished cancer research centers and in 1972 was designated by the National Cancer Institute as one of the first Comprehensive Cancer Centers. This distinction we believe was well-deserved as evidenced by the pioneering contributions of its physicians and scientists, some of which are listed below:

Anderson physicians and scientists designed and perfected the cobalt-60 radiotherapy unit from 1949-53. Today much heavier units, based on this original design, are in use at approximately 1,000 U.S. hospitals.

A 25-million electron volt linear accelerator, the largest of its kind to be used clinically in America, began operation at Anderson in 1970. The unit can be used with a hyperbaric oxygenation chamber that saturates the patient in 100% oxygen at three atmospheres of pressure. Research indicates that radiation therapy may prove more effective in treating some types of cancer when tumor cells are saturated in oxygen.
Virus-like particles were first seen by an Anderson scientist in tissues of patients with leukemia. Subsequently, a team of Anderson virologists succeeded in isolating what is believed to be a cancer virus from human tissue for the first time in 1971. The Type C virus particles were originally obtained from a patient with Burkitt’s lymphoma, then grown in a tissue culture.

Anderson scientists perfected mammography, a technique for soft tissue roentgenography of the breast. Thermography, a technique that measures heat emanating from hidden tumors, has also been used extensively at Anderson Hospital. Both procedures have proved effective in early detection of breast cancer.

In mid-1971, molecular biologists and geneticists on the staffs of M. D. Anderson and The University of Texas Health Science Center's Graduate School of Biomedical Sciences developed a staining procedure that allows precise identification of human chromosomes according to specific banding patterns. The technique, which enables scientists to recognize and differentiate chromosomes, will be important in studying problems such as birth defects, mental illness and retardation, effects of pollutants and cancer.

In 1969, a group of Anderson scientists was one of the first in the United States to test the effectiveness of adriamycin in treating certain cancers. Since that time, the researchers have found that when used in combination with other drugs, adriamycin achieves even better results in containing breast, bone and lung cancer.

A study conducted in 1973 by a group of Anderson scientists found that susceptibility to lung cancer may be determined by the activity levels of the enzyme AHH. Subsequently, an experimental blood test was developed which, by measuring the level of AHH present, might make it possible to determine the risk of lung cancer in an individual.

Anderson physicians were among the first to study the effects of BCG, a vaccine developed for prevention of tuberculosis, in retarding the spread of cancer by increasing the body's immune response.

Facilities

The present M. D. Anderson facilities include a 300 bed hospital with outpatient clinics which care for more than 500 ambulatory patients per day. In addition, we have recently established in the former Southern Pacific Railway Hospital a new rehabilitation center.
The present Anderson research facilities provide 200,000 square feet of laboratory space in which basic scientists and clinical investigators are conducting a broad spectrum of research studies. (See attached Exhibit A - Research Report, 1974.)

A $42,500,000 expansion program is currently approaching completion. This expansion program will more than double the clinical facilities and will increase the research laboratory facilities by 100,000 square feet.

In addition, it should be noted that in 1971, the Texas Legislature authorized the Parks and Wildlife Department to convey by Deed 717.3 acres of the Buescher State Park to The University of Texas System Board of Regents on behalf of The University of Texas System Cancer Center. At the same time, the State Department of Health leased to the Cancer Center for fifty years and is now in the process of giving to us a 361 acre plot of land at Camp Swift, an abandoned military base which is within a few miles of the Buescher Park. These two divisions compose the Environmental Science Park. A brochure is enclosed (Exhibit B).

The Camp Swift Division is to become a primary center for experimental animal production and maintenance as well as a center for investigation of animal diseases and of carcinogenesis in rodents, domestic and farm animals and in subhuman primates.

Plans have been approved for the construction, in the Buescher Division of the Environmental Science Park, of research laboratories designed for the conduct of modern studies in carcinogenesis in an environment which is free of air pollutants.

It is anticipated that construction of this facility which, to begin with, will provide 20,000 square feet of laboratory space, will be completed late in 1976.

Research Activities

The research activities of the M. D. Anderson scientists which should be of interest to the C.I.I.T. include a wide variety of studies on cancer biology, tumor virology, immunobiology, developmental biology, biochemistry, biophysics, pharmacology, microbiology, molecular biology, molecular and human genetics, carcinogenesis, and cancer epidemiology.

It should be noted that the M. D. Anderson Hospital and Tumor Institute has on its staff five (5) veterinary physicians and surgeons including a veterinary pathologist with expertise in comparative pathology.
The University of Texas System Cancer Center is now developing plans for the establishment of a Carcinogenesis Center which will work cooperatively with our Department of Epidemiology conducting studies in the laboratories of the M. D. Anderson in Houston and in the Environmental Science Park Research Laboratories.

At present, 25 members of our faculty representing several disciplines, e.g., Classical Biology, Biochemistry, Microbiology, Biophysics, Molecular Biology, and Genetics, are now engaged in studies on carcinogenesis and its mechanisms, and the relationship of mutagenesis and molecular genetics to carcinogenesis. An outline of the studies being conducted by these faculty members is herewith attached. (Exhibit C)

Interest in Industrial Diseases

The University of Texas System Cancer Center is collaborating with the East Texas Chest Foundation and the National Cancer Institute in studying a large cohort of former asbestos workers in Tyler, Texas; is developing a program project for the evaluation of biological and biochemical markers in detecting individuals at risk and in diagnosing cancers at an early and curable stage; and is establishing a unit for operation of a computerized data base on asbestos workers.

We are now in the planning stage for the development and operation of a Program for Cancer Prevention in Industry.

Computer Facilities

The M. D. Anderson Department of Biomathematics is a principal participant in a Computer Center which provides computer services for all of The University of Texas institutions in Houston.

Accessibility of Houston and of the Environmental Science Park

Houston is within three hours by air from New York and from San Francisco.

The Environmental Science Park is within a one and three-quarter (1-3/4) hour drive of Houston and about 40 miles from Austin.

It is conceivable that a runway for small planes might be built near the Science Park.
I trust that the above information will excite your interest in the opportunities offered by The University of Texas institutions in Houston. We would welcome an opportunity to show all of the excellent facilities we have and are developing. We also believe you would find it worthwhile to meet with members of our faculty.

If you wish further information, do not hesitate to communicate with us.

Sincerely yours,

R. Lee Clark, M.D.
President

RLC:bh

Enclosures

cc: Dr. Mack Pruitt
Dr. Rulon W. Rawson

bc: Dr. Robert C. Hickey
Dr. Robert D. Moreton
Dr. Joseph T. Painter
Mr. Joe E. Boyd, Jr.
Mr. John R. Bush
Interoffice Memorandum

TO: Dr. R. Lee Clark  
President

FROM: Dr. Rulon Rawson  
Program Planning

SUBJECT: 

DATE: September 12, 1975

On September 10, I was advised by a member of the Medical Staff of Shell Oil Company that the C.I.I.T. had made a tentative decision to establish their institute at the Triangle in North Carolina adjacent to the N.I.E.H.S. He told me that this is only tentative and that they are still interested in looking at other possibilities.

If the letter I prepared for your evaluation and corrections is acceptable to you, I would hope that this might be sent to the Chairman of the Site Search Committee for the C.I.I.T. I would also like to send a copy of it to the Chairman of the Board, Dr. Mack Pruit, who is Vice President of Dow Chemical Company for Research.

RWR:gr
Interoffice Memorandum

TO: R. Lee Clark, M.D.
    President

FROM: Rulon W. Rawson, M.D.
    Director, Extramural Programs

DATE: August 15, 1975

SUBJECT:

Dear Lee:

Enclosed is a draft of a letter I have prepared for your approval, correction, etc., which is addressed to Dr. Elmer Wheeler, Chairman of the Site Selection Committee of The Chemical Industry Institute of Toxicology (C.I.I.T.).

Dr. Wheeler, following a telephone discussion I had with him on August 13, requested that I write him summarizing the points I had made in our discussion. I told him that such letters should come from you and Dr. Berry - either as one composite letter or as two separate letters mailed together or separately.

I have not sent a copy of this letter to anyone at The University of Texas Health Science Center at Houston.

By way of background, I enclose two memos to the file:

(1) Re my telephone discussion with Dr. Mack Pruitt, Vice President of Dow Chemical Company (He is a native Texan who demonstrated interest in our suggestions by requesting Dr. Wheeler to call me.)

(2) Re my telephone discussion with Dr. Wheeler and a copy of a letter I sent Dr. Marcus Key, University of Texas School of Public Health listing the many advantages provided by the University of Texas Institutions in Houston.

From what Drs. Wheeler and Pruitt indicated, I judge it is desirable to submit these letters as soon as possible.

After you have sent your letter, I would like to send a copy to Dr. Pruitt with a covering note.

RWR:gr
Enclosures
CHEMICAL CARCINOGENESIS PROGRAM

I. Improvement in Procedures for the Rapid Determination of Chemical Carcinogens

A. Carcinogens metabolites with mutagenic activity
   1. Mutagenesis of bacteria by combining precarcinogen, enzyme extract and bacterial test system
      a. Dr. T. Matney
      b. Dr. J. Baptist
      c. Dr. D. Stout
   2. In vitro treatment of bacterial DNA by carcinogen metabolites, with detection of DNA changes using bacterial transformation of Bacillus subtilis
      a. Dr. C. Felkner
      b. Dr. C. Shaw
      c. Dr. T. Matney
   3. Detection of structural and regulator mutations in mammalian somatic cells
      a. Dr. M. J. Siciliano
      b. Dr. R. M. Humphrey

B. Biochemical
   1. DNA Damage and Repair
      a. Biochemical - Endonuclease activities
      b. Cellular (Normal) - DNA synthesis in lymphocytes can be used as an indicator of DNA damage by carcinogens
Cellular (Abnormal) - Some cells from patients having genetic deficiencies in certain DNA repair enzymes

1. Dr. R. Hewitt
2. Dr. R. Meyn
3. Dr. J. Clarkson

2. Base Alteration in cellular DNA to detect alterations in the purines and pyrimidines of DNA from tissues of animals exposed to potential carcinogens
   a. Dr. A. Daoud
   b. Dr. A. C. Griffin

3. Alterations in Membranes by Chemical Carcinogens
   a. Dr. E. Walborg

4. Development of Improved Assays for Detecting Metabolically Activated Forms of Carcinogens
   a. Dr. F. B. Thomas
   b. Dr. N. B. Furlong

C. Cultured Mammalian Cells Transformation by Chemical Carcinogens
   1. Dr. A. Knudson
   2. Dr. T. R. Chen

II. Mechanism of Carcinogenesis
   A. Membrane Alterations in Chemically-Induced Hepatoma
      1. Dr. E. Walborg
   B. Alterations in the Structure and Function of Transfer RNA by Carcinogens
      1. Dr. A. C. Griffin
      2. Dr. M. Marshall
C.  

1. Role of Chlorinated Dibenzodioxins in Carcinogenesis  
   a. Dr. A. C. Griffin  
   b. Dr. C. Shaw  

2. Carcinogens from Industrial and Other Environmental Sources  
   a. Dr. C. Shaw  
   b. Dr. T. Matney  
   c. Dr. J. Baptist  
   d. Dr. A. C. Griffin  
   e. Dr. C. Felkner  

D. Analysis of Mistakes in Replication Induced by Carcinogens  
   1. Dr. N. B. Furlong  

E. Testing for Deficiencies or Alterations in Nucleotides or Polynucleotide Metabolism in Carcinogen-Treated Tissue Systems  
   1. Dr. R. B. Hurlbert  

III. Study of High Cancer Risk Populations  

A. Genetic Variation of Enzymes Which Metabolize Carcinogens  
   1. Dr. C. Shaw  
   2. Dr. M. Rasco  
   3. Dr. T. Yamauchi  
   4. Dr. J. Baptist  

B. Possible Correlation Between Aryl Hydrocarbon Hydroxylase Activity (AHH) and Clastogenicity of Carcinogenic Compounds in Man  
   1. Dr. L. Altenburg
C. Genetics of Estrogen Hydroxylase and Breast Cancer

1. Dr. D. E. Anderson

2. Dr. Morris Kaplan
This morning I spoke with Dr. Mack Pruitt, Vice President of Dow Chemical Company, who is also Chairman of the Board of the Chemical Industry Institute of Toxicology.

I told him that I was calling him at the suggestion of Dr. Winfred Malone who had been advised by Mr. Milton Hunt of the Dow Chemical Company, Washington office, that I should call Dr. Pruitt to advise him of the interest that we have in the CIIT.

I reviewed with him the organization of The University of Texas Health Science Center in Houston and told him of the programs of The University of Texas System Cancer Center. I told him of the plans that we are developing for a program entitled "Cancer Prevention in Industry", that we had met with medical directors of several of the petroleum companies in the Houston area and that at the first meeting there was in attendance a Medical Director from the Dow plant south of Houston. I also told him that we have been recently discussing with representatives of the American Petroleum Institute the feasibility of establishing a cooperative study on cancer prevention in the petroleum industry.

I then described to him the facilities we have at the Environmental Science Park and at Camp Swift. I noted that we have over 700 acres at the Environmental Science Park and that we are now going out for bids for the erection of a laboratory building where we will conduct studies on environmental and occupational carcinogens. I noted that there is a 300 acre tract of land within 10 miles of the Science Park where we have a large animal facility. We will have facilities for breeding and raising rodents, dogs if desired and primates.

I described the various facilities of the University of Texas Health Science Center in Houston and emphasized the strengths we have which should be of interest to the CIIT. I noted that in the Medical School we have excellent programs in Pharmacology and Biochemistry and Reproductive Biology. In the Graduate School of Biological Sciences we have the pharmacologists, biochemists and an excellent Genetics Center.

In the School of Public Health, I noted that there are strong programs in Epidemiology and Environmental Health. I noted that the Dental School has an Institute for Dental Research.

At the M. D. Anderson Hospital and Tumor Institute which is under The University of Texas System Cancer Center, there are strong programs in Developmental Biology, Carcinogenesis, Cancer Biology, Immunobiology, Virology, and Genetics.

I noted that The University of Texas System Cancer Center is making plans for the development of a Carcinogenesis Center which will have major laboratory
facilities at the Environmental Science Park some distance away from urban pollution. I also noted the strengths that would be offered by the animal facility at Camp Swift.

Dr. Pruitt advised me that there is a Site Search Committee headed by Elmer Wheeler of Monsanto Company. They are close to making a decision on the site where the CIIT will establish its laboratory facilities. He stated he would have Dr. Elmer Wheeler call me and discuss the possibilities here at The University of Texas in Houston.

Immediately after this telephone discussion with Dr. Pruitt, I advised Dr. McLaughlin of my discussion with Dr. Pruitt. He requested that I communicate this to Dr. Marcus Key.

I did communicate with Dr. Marcus Key who advised me that one of his friends at Eastman Kodak was originally on the Board of the CIIT and that he would call this friend to make an appeal on the behalf of Houston.

Shortly afterwards, Dr. Key called me and advised me that his friend is no longer on the Board but suggested that we contact Dr. Paul Deisler, of the Shell Oil Company with offices here in Houston. He is on the present Board of CIIT. I advised Dr. McLaughlin of this and he suggested that he would make the contact with Dr. Deisler. At noon, I was advised by Dr. Key that Dr. McLaughlin had requested him to make the contact with Dr. Deisler which he said he would do this afternoon.

cc: Dr. R. Lee Clark
    Dr. R. C. Hickey
    Dr. Robert Moreton
    Dr. J. Painter
MEMORANDUM TO THE FILE

August 14, 1975

re: Telephone call from Dr. Elmer Wheeler, of the Monsanto Company,
800 N. Lindenberg, St. Louis, Missouri 63166

Dr. Wheeler, who is the Chairman of the Site Selection Committee of
CIIT, called me and stated he was calling me at the suggestion of Dr. Mack Pruitt,
Vice President of Dow Chemical Company, who is Chairman of the Board of Directors
of the CIIT.

I told Dr. Wheeler that I had been advised to call Dr. Pruitt by Dr. Winfred
Malone of the National Cancer Institute, following the suggestion of Mr. Milton Hunt
in the Washington Office of Dow Chemical Company. I then told Dr. Wheeler about
the interest of the University of Texas Health Science Center at Houston and the
University of Texas System Cancer Center also in Houston in collaborating with CIIT
in the development of a laboratory research facility. I reviewed with him the
advantages that The University of Texas Institutions in Houston offer. I summarized
the advantages which I have listed before in Medical School, Pharmacology, Biochemistry,
Genetics, Reproductive Biology, Hematology, Renal Physiology, and Hypertension;
the Graduate School of Biological Sciences strengths in Pharmacology, Biochemistry,
Biophysics, Reproductive Biology; the Genetics Center is in the Graduate School of
Biological Sciences, etc.; the School of Public Health's strengths in epidemiology
and environmental health; the Dental School's Institute of Dental Science.

I then discussed with him the advantages The University of Texas System
Cancer Center has to offer. The M. D. Anderson Hospital and Tumor Institute is
the flagship of The University of Texas System Cancer Center. It has great strengths
in cancer epidemiology, developmental biology, carcinogenesis, cancer biology,
genetics and its relationship to carcinogenesis.

I then discussed with him the Environmental Science Park, described the
facilities, noted that we are building a new laboratory facility there to conduct studies
on occupational and environmental carcinogens, and we are developing an animal
breeding and care center which could accommodate animals of all types for experimental
studies.

Dr. Wheeler then advised me that their committee had set up certain criteria
they should consider in selecting a site for the development of their research laboratory:
(1) They want it to be near a good medical school which has major research programs
in toxicology, biochemistry, and related sciences, (2) The institution with which they
might become affiliated should have had experience in industrial problems or in
collaborating with industries in special toxicologic studies, (3) There should be a
computer center to which they would have access, (4) The community should be
attractive for its employees, (5) It would be desirable to establish this laboratory
in a community where the cost of living is reasonable. They are also interested in
knowing what the taxes are for those individuals living in the community, and (6) The
laboratory facility should be easily accessible. Dr. Wheeler then told me that during
the first two years or so, they will operate with a very small skeleton staff in rented
facilities, that the staff will be primarily involved in developing contracts for studies of compounds and their toxicological effects in experimental animals. They anticipate building a laboratory facility which will accommodate a total staff of 100 people including support staff. They anticipate that within 5 years, the annual operating budget will be $5 million.

He stated that they are at the point of making a recommendation for a preliminary site and they hope that after choosing the site, they will not find it necessary to move elsewhere because of the cost of moving the personnel.

He stated that some of his colleagues favor having the Research Institute east of the Mississippi. There has been a debate as to whether this center should be close to the plant of one of the 16 participating chemical companies involved in this operation. He told me that they had considered Houston after the Southwest Research Institute had put a great deal of pressure on them to establish it here, that the high-powered sales job did not present any great advantages to their program.

I commented on each of the above items and noted that I had reviewed the scientific activities and the opportunities for scientific collaboration in the University of Texas community in Houston. I noted that as far as the background in industries is concerned, Dr. Marcus Key is here as Chairman of the Department of Environmental and Occupational Health at the University of Texas School of Public Health. I also noted that we have been discussing with the representatives of the petroleum industry the development of a program for cancer prevention in industry.

I noted that we have a strong computer service at the University of Texas in Houston which has excellent facilities and is capable of supporting all computer activities in the Health Science Center in Houston. That we have been requested by NCI to develop a computerized data base for the Tyler Asbestos Workers Project.

Concerning attractions for employees, I pointed out to him that I had spent my professional life in Boston, New York and New Jersey, but I find Houston one of the most attractive cities I have ever been in. It has many cultural advantages, it is pleasant to live in, you don't have to shovel snow, and the heat in Houston this summer has not been nearly as much as it has been in the northeast.

Dr. Wheeler stated that he was recording my comments and that he will present them before the CIIT Board of Trustees this weekend. He encouraged us to submit a letter to him describing the advantages that we see here in Houston.

I then discussed this with Dr. Edward J. McLaughlin, Vice President for
Operations and Planning of the University of Texas Health Science Center at Houston. We discussed the preparation of a letter to go to Dr. Wheeler. It was agreed that I should prepare a statement on the University of Texas System Cancer Center and the advantages that we have to offer and that he, with Dr. Key and others of the Center, would prepare a letter on the advantages to be offered by the University of Texas Health Science Center at Houston. These letters should go out over the signatures of R. Lee Clark and Charles A. Berry.

RWR:gr

cc: Dr. R. Lee Clark
Dr. C. A. Berry
Dr. R. C. Hickey
Dr. Marcus Key
Dr. E. J. McLaughlin
Dr. Robert Moreton
Dr. Joseph Painter
August 14, 1975

Dr. Marcus Key
Chairman, Department of Environmental Health
University of Texas School of Public Health
Houston, Texas

Dear Marcus:

I would like to herewith record the strengths of The University of Texas Health Science and The University of Texas System Cancer Center that I believe should make Houston and/or Smithville ideal locations for the establishment of the CIIT laboratories.

In The University of Texas at Houston Medical School, there are the following strengths: (1) There is a strong Department of Pharmacology with faculty talented in pharmacologic and toxicologic studies. (2) There is a strong Department of Biochemistry. (3) There is a strong program in Reproductive Biology. (4) There are members of the faculty with expertise in human genetics, in hematology, in renal disease and hypertension. (5) There is a very strong Department of Physiology whose faculty members have made important contributions in gastrointestinal physiology.

At the University of Texas School of Public Health, there is great strength in epidemiology and environmental and occupational health.

The Dental School has an Institute of Dental Research.

There is a Graduate School of Biomedical Sciences under whose auspices University of Texas graduate students pursue their course work and conduct their thesis researches. The research activities of this Institute include studies in Biomathematics, Physics, Biophysics, Biochemistry, Molecular Biology, Virology, Immunobiology, and Genetics.

In addition, there is in this constellation of health science institutions, one of seven designated Genetics Centers.

The M. D. Anderson Hospital and Tumor Institute of the University of Texas System Cancer Center has strong programs in cancer epidemiology, developmental biology, carcinogenesis and its mechanisms, studies of mutagenesis of carcinogenic compounds, cancer biology, virology, immunobiology, and genetics.
The University of Texas System Cancer Center has been designated by
the Board of Regents as the responsible unit for the Environmental Science Park.
Of particular interest to CIIT is a strong five-man department of Veterinary
Medicine with strengths in Veterinary and Comparative Pathology. In the Science
Park, we have more than 700 acres. These are just outside of Smithville, Texas.
A few miles from the Environmental Science Park, is a plot of land of 361 acres
which are being converted to an animal facility for the breeding and long-term
housing of rodents, dogs, and primates and domestic animals. In addition, the
veterinary scientists are studying in this facility neoplastic and other diseases
of cattle.

Plans have been approved for the building of a laboratory research facility
to study occupational and environmental carcinogenesis in the Environmental
Science Park. It is hoped that this building will be completed late in 1976.

I hope that this listing of strengths at The University of Texas Health
Science Center and The University of Texas System Cancer Center will be helpful
to you in discussing with representatives of the CIIT the desirability of their
establishing their research center in Houston and/or Smithville.

If there is anything more that I can do to assist you or the Health Science
Center in attracting the CIIT to this Center, do not hesitate to call upon me.

Sincerely yours,

Rulon W. Rawson, M.D.
Director, Extramural Programs

RWR:gr

cc:  Dr. R. Lee Clark
     Dr. Charles Berry
     Dr. Edward McLaughlin
     Dr. R. C. Hickey
     Dr. Joseph Painter