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"SOFT SOAP" COMPREHENSIVE CENTER REVIEW STILL STUNG SOME; NCAB LEFT WITH PERPLEXING SITUATIONS

The review of 18 comprehensive cancer centers to determine how well they are living up to that designation was considerably less severe than the peer review process normally develops, one center director remarked last week following presentation of the critiques to the National Cancer Advisory Board Subcommittee on Centers.

"In fact, it was a lot of soft soap," he said.

That may well be, but there appeared to be enough criticism in the evaluations to sting executives of most centers, including even those who received the most glowing compliments. Two centers, in fact, were

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In Brief

CLEARINGHOUSE CHARTER RENEWED FOR TWO YEARS; GOOD ON CHINA, CARBONE ON COMMUNICATION

"WE SAW really good, first class cancer control in China—good early detection, early treatment, with research and epidemiology all tied together. In the United States, it's fragmented": Robert Good, president and director of Sloan-Kettering Institute. . . . **"I'VE FOUND** as a Cooperative Group chairman that there may be two hospitals in a town which do not communicate with each other except at Cooperative Group meetings. It is sometimes the same with two divisions in a university—they talk with each other only at our meetings. With 20 years experience, people in the Cooperative Groups have learned to work together": Paul Carbone, chairman of the Dept. of Human Oncology at the Univ. of Wisconsin and chairman of the Eastern Cooperative Oncology Group. . . . **CLEARINGHOUSE** on Environmental Carcinogens charter has been renewed for two years, ending temporarily at least speculation that it might be dropped. Fate of the Clearinghouse depends on HEW Secretary Califano's decision on what to do about various toxicity testing programs. Gerald Wogan, MIT, and Charles Kensler, Arthur D. Little, have resigned from the Clearinghouse. . . . **"SOME PEOPLE** think we need more coordination," commented Herman Kraybill, scientific coordinator for environmental cancer in the NCI Div. of Cancer Cause & Prevention. He was talking about the Carcinogenesis Testing Program and NCI's relationships with the regulatory agencies. "We've had a hell of a lot of coordination, with workshops, meetings, discussions. I think it has worked well" . . . . **PATRICIA BURNS**, director of nursing at Roswell Park, has received the Ruth T. McGrorey Award for her contributions to the nursing profession. . . . **R. LEE CLARK**, president-emeritus of the Univ. of Texas System Cancer Center, will give the opening address on "The Role of the Patient Family" at the Candlelighters conference, June 23-25, at Marymont College in Arlington, Va. Contact the Candlelighters Foundation, 123 C St. SE, Washington DC 20003, 202-483-9100.

COMPREHENSIVE CENTER DOES NOT EXIST AT YALE, NCAB REVIEWERS CONTEND

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placed on probation as far as their comprehensive designation is concerned—the Colorado Regional Cancer Center (whose evaluation summary was published last week in ***The Cancer Letter*** along with that of the Illinois Cancer Council), and the Georgetown Univ./Howard Univ. Comprehensive Cancer Center. The evaluations called for another review at Colorado and Georgetown/Howard in two years.

Most center directors acknowledged their shortcomings as pointed out by the reviewers, and in many cases have already taken steps to correct them.

The problems at Georgetown/Howard, and also at Fox Chase/Univ. of Pennsylvania, involve the fact that both are made up of two separate institutions which have been "recognized" as a "conjoint" comprehensive cancer center. However, "conjoint" efforts to develop programs in multidisciplinary cancer care and basic research and community outreach are either extremely limited or non-existent. "You cannot fault the directors for lack of coordination, given the magnitude of the problem," commented Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center, who was chairman of the site visit team which reviewed Georgetown/Howard. "They are making progress."

The reviewers criticized weaknesses in the basic science programs at both institutions and the lack of any joint effort in basic science. "Georgetown and Howard entered into this joint venture as a comprehensive center knowing that a rounded basic science research program is a major component of a comprehensive center; their failure to promote or at least plan toward necessary interaction is a major criticism."

Steckel suggested that NCI staff should become more involved in assisting the center. The proximity of NCI to the two institutions is not being taken advantage of, he said.

William Terry, director of NCI's Cancer Centers Program, was doubtful. "I'm not sure a special role for the staff ought to be laid out because of our proximity to the center," Terry said.

Much of the criticism of Fox Chase/U. Pa. was aimed at the university. "A most serious deficiency . . . is the rather noncompliance on the part of the university to develop a meaningful cancer center," the evaluation says. Fox Chase Director Timothy Talbot pointed out that Richard Cooper has been director of the U. Pa. center only since last July and is making progress on turning the situation around. "I have never seen one person do so much in such a short time," Talbot said.

An entirely different situation exists at the Yale Univ. Comprehensive Cancer Center, and it could be a perplexing one for the National Cancer Advisory Board to consider.

The reviewers' evaluation noted that "there are outstanding scientific programs" at Yale. However, "it seems apparent . . . that the university does not intend to make any substantial effort to develop a cancer center as outlined in the NCAB guidelines . . . a comprehensive center does not exist at Yale."

The problem is an administrative one—Jack Cole, the center director, has very limited authority, most of which is in the hands of the dean and department chairmen. "There is no substantial multidisciplinary cancer care program. . . core grant funds have gone almost exclusively to already strong, dominant program leaders."

It probably will not be necessary for centers to develop the administrative structures called for by the NCAB guidelines in order to retain comprehensive designation. But it will be difficult for NCAB and NCI to justify continuing recognition as comprehensive those institutions which make no effort to develop multidisciplinary care or basic research programs.

Harry Eagle, Albert Einstein College of Medicine and chairman of the Yale site visit team, commented that "in a two day visit to a large center, it is impossible to get a true fix on major clinical programs, major research programs, major outreach programs. There was an enormous spread of scores by the visitors."

The evaluation of the 18 centers was compiled in two volumes which have been distributed to all center directors. Each center's performance, strengths and weaknesses are listed for each of the 10 NCAB characteristics. A summary evaluation, or overview, of each center is also included. Those summaries follow (excluding Colorado and Illinois):

Alabama

The development of the Comprehensive Cancer Center of the Univ. of Alabama is a credit to the National Cancer Institute and the national cancer effort. It is a product of an outstanding director working in a unique university environment which has the support and acceptance of the rest of the university. The Comprehensive Cancer Center has made great strides in the short time it has existed and has managed to increase its fiscal and functional capacity. There is evidence of active support at all levels from the faculty, community physicians, and state government. The director, Dr. John Durant, has made excellent initial decisions in identifying the strengths available to him and building on them. He has recognized certain weaknesses and demonstrated the capability and leadership necessary to correct them. Through the cancer center he has developed a strong basic science program. Although the initial approach to improving clinical activities was expedient and effective, Dr. Durant has now placed a higher priority on the broader and more active development of these activities. He has outlined his plans for the future and

there is every indication that the comprehensive cancer center will grow and fulfill its goals. If there is any concern, it may be that the center's past successes are so clearly linked to one man and its future so dependent upon him.

The Univ. of Alabama Comprehensive Cancer Center fulfills the criteria for comprehensiveness.

Duke

During the four years of its existence, the Duke Univ. Comprehensive Cancer Center has made excellent progress in its development under the superb leadership of Dr. William Shingleton.

The number of cancer center faculty has increased from 55 in 1972 to 85 in 1977. Several key personnel have been recruited to head new programs, including the clinical research activities program, the pediatric oncology program, and a developing program in chemical carcinogenesis. New activities have been developed in the areas of data collection, epidemiology, cancer rehabilitation, communications, community programs, and cancer education. The team approach has been substantially developed, including concentrated multidisciplinary outpatient clinics. Interdisciplinary programs have been developed involving both clinical investigators and basic scientists. The new cancer patient load has increased from 1,986 in 1972 to 3,342 in 1977. Cancer grants and contracts totalled $2,839,637 in 1972 and are now $,499,991. Gifts and pledges totalling $3,086,000 from the local community have been obtained by the center.

Expansion of physical facilities and increase in center space has been rapid, well planned, and efficiently accomplished. The incorporation of the center into the university setting at Duke and the development of its influence throughout the region have proceeded with a minimum of disturbance and displacement and with a wide acceptance. The overall administration of the center is judged to be very good.

The basic science program offers outstanding programs with high caliber faculty led by Dr. Wolfgang Joklik who is an excellent scientist and administrator. Particular weaknesses are evident, however, in the areas of pharmacology, pathology, chemical carcinogenesis, and DNA tumor virology.

The clinical research and activities program, directed by Dr. John Laszlo, has made excellent progress since its inception. Multidisciplinary approaches have become evident in the past two years. Many weaknesses exist, as described under Characteristic 2, but it is anticipated that appropriate improvements will be made in time.

There are many programs in cancer education and training which are worthwhile and rigorous. However, serious gaps do exist, particularly in graduate and postdoctoral training. In general, the training and education activities are considered to be very good, although it was recommended that better coordination of the programs be effected.

In epidemiology and biostatistics, the center has made important advances in spite of weaknesses in the areas of quality control, education, and utilization of data. It is anticipated that the new director will improve the existing weaknesses.

The cancer control program, directed by Dr. Donald Miller, is superb. It is well planned and organized. The efforts in cancer detection are also finely organized and well integrated with the cancer control and outreach efforts.

Finally, the Duke Univ. Comprehensive Cancer Center is an active participant in the mission of the National Cancer Program. The overall program—its development, expansion, and improvement, as well as its quality and potential for the future—is considered outstanding.

Florida

The Comprehensive Cancer Center for the State of Florida is a young, developing center which presents a challenging situation for its director, Dr. C. Gordon Zubrod. He is a most capable director, organizer, and administrator, and has made substantial progress in the development of this center since his arrival approximately three years ago. His assessment of the strengths and weaknesses of the center is perceptive, and he has outlined priorities for correcting weaknesses and enhancing strengths. In developing the center, the decision was made to emphasize those programs for which there was the greatest need in the region and to accomplish those goals within the framework of the Univ. of Miami with the aid and support of outside organizations and agencies. Particular areas of emphasis planned by the director include teaching, interdisciplinary care of cancer patients, interaction between clinicians and basic scientists, development of interdisciplinary teams and community activities, epidemiologic data management and statistical support of investigators, clinical investigation and associated laboratory research, and to a lesser extent basic science research. Specific priorities for further development include cytokinetics and related immunology, chemical carcinogenesis and cytogenetics, clinical investigation, and expansion of space.

Although a strong future commitment from the board of trustees of the university is evident, the university has not yet made the necessary commitments of space and financial support to the center. The grossly inadequate space, especially laboratory research space, presents a particular obstacle in the recruitment of competent investigators in both clinical and basic research.

Since Dr. Zubrod's arrival, significant and positive changes have been made and should be considered in the overall judgment of this center. He has clearly enhanced the evolution of the center, particularly in clinical resources and capabilities, although certain weaknesses do exist within the clinical programs, particularly in pediatrics, radiotherapy, and clinical research. Although only 40 beds are under direct

control of the center director, satisfactory arrangements have been made for utilizing the many other available beds in the various hospitals surrounding the center.

Although there is potential for improvement in basic science, Dr. Zubrod has not yet effectuated meaningful changes in the basic research components of the center. The lack of basic science research, training, and education is the most serious deficiency in this center. The lack of a scientific director and the inadequate amount of space indicates that it will take quite some time to alter the present situation. However, Dr. Zubrod has effected some major administrative changes and made the university administration aware of the center's need for community support, so considerable progress should be anticipated in the next three to five years.

At the present time, the program in cancer detection is very weak, principally because of the difficulties encountered with local practitioners. There are many future possibilities in this area which need to be explored. The community outreach programs, on the other hand, appear to be quite good and are expanding rapidly.

In cancer epidemiology and biostatistics, definite problems exist regarding the tumor registry and quality control for protocols; however, potential for future development definitely exists, particularly if a cancer epidemiologist can be recruited to assist Dr. John Davies and Dr. Burt Siebert.

The continuing education program for physicians is excellent. The center has input into the medical school's curriculum; however, the graduate and postdoctoral training programs in research originate in the basic science departments of the university, with little direct influence from the center. Predoctoral and postdoctoral education programs are relatively weak due to the lack of a strong basic science program at the university.

In the administration of the center, a great imbalance exists between the clinical and basic science components. Few cooperative ventures in the administrative programs of the center have been undertaken and there is really only a modest degree of "centerness" in the administration component of this center.

The center is clearly fulfilling its role and interacting with the National Cancer Program. It is expected that much progress will be made in the next five years.

Fox Chase/U. Pa.

The Fox Chase/Univ. of Pennsylvania Comprehensive Cancer Center in Philadelphia, designated in 1974, is a consortium of two autonomous cancer centers, the Fox Chase Cancer Center (FCCC) and the Univ. of Pennsylvania Cancer Center (UPCC). They are united by a common interest in cancer research, cancer education and cancer care, and a stated commitment to achieve the goals of the National Cancer Plan in a coordinated fashion.

The center is administered separately, by two individual center directors, Dr. Timothy Talbot at FCCC and Dr. Richard Cooper at UPCC. They are physically separated and each institution maintains the responsibility for its own provision of facilities and resources.

This consortium is a natural outgrowth of the longstanding affiliation of the Institute for Cancer Research with the Univ. of Pennsylvania and the affiliation of several departments of the American Oncologic Hospital (AOH) with their counterparts at the Hospital of the Univ. of Pennsylvania (HUP). There is presently a committee re-examining these affiliations with the aim of creating a formal affiliation between the entire FCCC and UPCC.

There is little evidence of significant conjoint administrative efforts at this time, other than the existence of the coordinating council which encourages the development of interaction between the two individual components and attempts to prevent overlap and internal competition.

A review of the activities in these two institutions since their designation raises serious questions concerning the potential of these two institutions to function as a comprehensive cancer center. A most serious deficiency which seems to exist is the rather noncompliance on the part of the Univ. of Pennsylvania to develop a meaningful cancer center. There seems to be some lack of commitment on the part of the institution to deal effectively with the problem of adequate administration, financial support, designation of space, and the other essential features required by an institution to develop a matrix-type cancer center in a traditional departmental medical school.

Failure to develop strong leadership and to establish an effective program at the Univ. of Pennsylvania has prevented the establishment of an effective liaison with the Fox Chase Cancer Center. Whereas FCCC has developed many sound programs, some of which are outstanding, the UPCC has demonstrated little significant involvement in any of these programs. The site visitors were informed that a "new day is dawning" in that a more meaningful relationship is now ready to be developed between these two institutions. The real potential for this kind of relationship is questionable.

FCC has an excellent administrative structure and has demonstrated a strong sense of overall mission to the cancer problem. Due probably to a lack of leadership, the Univ. of Pennsylvania has not demonstrated as firm a commitment or sense of mission, and its administration is still, at this point, very weak. Hopefully, the new director, who assumed the position in July 1977 will have an impact on remedying the administrative deficiencies.

The overall clinical program at the conjoint center has specific areas of individual excellence; however, these objectives have not been met on a collective basis, and only very minimal evidence exists to

demonstrate that there is a meaningul interaction between these two institutions.

Individually, excellence has been achieved in specific areas at both Fox Chase and Univ. of Pennsylvania. At the Univ. of Pennsylvania the clinical efforts are confined to individual departments; there appears to be a lack of planning and coordination as well as a lack of significant interaction between basic and clinical research. At FCCC interaction between basic and clinical researchers is not evident. It is recommended that they work towards the establishment of multidisciplinary patient care in the future.

Both centers also operate independently in their basic science efforts. Again, these are areas of individual excellence at both Univ. of Pennsylvania and Fox Chase. Overall, the basic research at the university is of a much more limited scope than that at Fox Chase, mostly due to the fact that the university does not have a director of basic cancer research.

In the area of cancer detection, neither institution has been particularly successful or innovative in meeting the NCAB criteria, although it is obvious that some initial efforts have been taken to work toward this goal. No meaningful collaborative efforts are evident between the university and FCCC.

The cancer control and outreach efforts also are independent undertakings with no real collaborative ventures taking place between the two institutions. Fox Chase has well developed cancer control and outreach activities of high quality. Unfortunately, the university has practically no organized control or outreach activities, inadequate space, and no full time cancer control dorector—or staff to support such a director. It is recommended that UPCC interact closely with FCCC and take advantage of the momentum already established at Fox Chase. Hopefully, this will be achieved in the near future through the medium of the coordinating council.

The Epi-Stat activities of this conjoint comprehensive cancer center have been productive and successful. These have been significant collaborative efforts within the two institutions, in spite of the fact that both centers maintain their own independent epidemiological research and biostatistics programs.

Training and education programs at the conjoint center have been good. They meet a broad spectrum of educational and training needs, with occasional original programs of excellent quality. It is recommended that joint efforts be undertaken in the future to formulate methods to strengthen the programs which already exist, as well as to develop innovative and original new programs.

Finally, the Fox Chase/Univ. of Pennsylvania Comprehensive Cancer Center successfully meets the criteria for active participation in the National Cancer Program.

Georgetown/Howard

Although the two individual centers comprising the Georgetown Univ./Howard Univ. Comprehensive Cancer Center have made significant progress over the past several years, they are not effectively functioning as a conjoint comprehensive cancer center. Some efforts to interrelate the centers and to develop collaborative programs have been initiated. For conjoint comprehensive designation to be meaningful, more intensive efforts to coordinate intramural programs and expanded interinstitutional planning are necessary. It does not appear that the comprehensive designation as yet has had an important impact upon scientific program development.

While there appears to be little or no overall administrative planning liaison between Georgetown and Howard each institution has demonstrated its individual commitment to the cancer problem and has outlined commensurate realistic objectives.

At Howard, where Dr. Jack White is the director, the administrative structure is well organized and well planned, ahtough the director appears to be overly involved with daily administrative details. If funding were available, it would probably be more efficient for such details to be handled by an assistant so that the director could devote more of his time to long range planning and the development of liaison ties with Georgetown.

The director at Georgetown has the needed authority to direct the center and maintains excellent relationships with the academic departments within the university. If Dr. John Potter should leave, however, the center could be left without effective leadership or established guidelines for operation.

Significant strides in clinical oncology have been made in the past few years at both institutions, but there is no significant coordination of clinical activities between the two. A marked potential does exist for collaboration, particularly in the areas of radiation oncology and gynecologic oncology. Both institutions are in the developmental stage of creating adequate cancer bed units. The Georgetown center is awaiting construction of the new Lombardi Research Building which will provide 36 beds, and the Howard Univ. center has recently been assigned a new 21-bed hospital unit.

The basic science programs at both institutions are much less developed than the clinical programs. Although there certainly are areas of individual excellence within each center's basic science programs, the conjoint center's basic science is still considered to be generally below average. Whereas many opportunities exist for interinstitutional research activities, very little such interaction is evident. Weaknesses in the basic science programs at both institutions seem to be due to a lack of vigorous scientific leadership, inadequate space, and too little meaningful interdisciplinary activity; funding limitations and a paucity of experienced, well-trained basic scientists also contribute. There is a need for a well-defined joint institutional plan and a set of priorities for future development in basic science. Georgetown and Howard entered into

this joint venture as a comprehensive center knowing that a rounded basic science research program is a major component of a comprehensive center; their failure to promote, or at least plan toward necessary interaction is a major criticism.

Both the Georgetown and Howard centers have begun efforts at institutional-based detection programs although there is little evidence of collaboration between their individual activities. Georgetown has an excellent breast cancer screening program and Howard has envisioned a general screening and detection program which may prove to be very useful in designing education programs providing services to the general public, and serving as a model for screening and detection activities embracing the conjoint center.

The cancer control program for the conjoint center is primarily based at Howard. Cancer control and outreach offer an excellent opportunity to unify the comprehensive cancer center.

Another potentially promising area for conjoint activity is the Epi-Stat program. Although both institutions presently operate independent Epi-Stat units, both units are understaffed and do not coordinate their activities. A strong, combined Epi-Stat program which focused the efforts of both Georgetown and Howard would be optimal.

The cancer education and training efforts within the conjoint center indicate that there is minimal coordination between programs in each institution. However, the individual centers have been effective in development certain programs, particularly for house staff and oncological nurses at each institution. An increase in the number of clinical oncology fellows being trained at Georgetown and Howard suggests that staffing and patient care may be further improved in the near future.

Finally, it is recognized that several members of the Georgetown and Howard centers have made contributions to the National Cancer Program, and hopefully faculty from the conjoint center will become even more involved nationally as the center continues to evolve.

It is recommended that this comprehensive cancer center be reviewed again within the next 1½ to 2 years, with specific attention to progress in the development of programmatic and administrative interactions between the two institutions.

Hutchinson

In attempting to achieve objectives in both basic and clinical research, the Fred Hutchinson Cancer Research Center has initiated several new programs. The faculty is relatively young with excellent training and established track records as competent and highly qualified scientists. The center is a discrete organization which has established a positive reputation in the financial and power structure of Seattle. It is recognized as a strength for the community. However, one of its greatest weaknesses is its lack of financial stability due to extreme dependence on federal funding for its support. Hopefully, Dr. William Hutchinson's plans will improve this situation.

Dr. Hutchinson, director of the center, admits that he is neither an academician or scientific director and has wisely delegated scientific authority to Dr. Hans Neurath, associate director for intramural affairs. Dr. Hutchinson maintains direct control over all other administrative and management aspects of the center. His leadership has been effective, and it is obvious that he has developed a strong community supported organization.

It appears that the center will continue to grow at a healthy pace and will develop new basic science research programs of excellence. Although the clinical case and research programs are not yet considered multidisciplinary or well balanced, the progress of the past few years indicates that excellence can eventually be achieved in these areas. At the present time, however, clinical activities are particularly weak, with the exception of Dr. John Hartmann's pediatric oncology program and Dr. E.D. Thomas' bone marrow transplantation program. The cancer detection programs are developing, along with the fine efforts of the community based cancer control program. Many worthwhile new projects have been initiated within the cancer control program.

The epidemiology and biostatistics program is one of the strongest components of the center in spite of occasionally uneven management and a lack of evaluation of the center's programs.

The center's training and education programs are generally broad and worthwhile, both in clinical and basic science. However, substantial weaknesses are apparent. Most of the basic science areas are not yet well developed, with the exception of immunology and tumor virology; in the clinical areas there are very few coordinated multidisciplinary training programs.

Finally, the center participates actively in coordinating and integrating its efforts with other cancer centers throughout the nation.

Yale

The Yale Univ. Comprehensive Cancer Center is just completing its first three years of existence as a comprehensive cancer center. The organization has several impressive strengths in cancer research and some notable weaknesses as a cancer center. There are outstanding scientific programs in pharmacology, developmental therapeutics, medical oncology, molecular virology and immunology, and radiation oncology. The center has been awarded a new construction grant which will hopefully enhance collaboration between the discrete research programs in the center. This new facility will contain 20 research beds for the center, the major portion of which will be for medical oncology. The above listed research programs, which are well supported by funds from NCI are excellent programs of high quality and productivity. Although many of these programs were in existence

prior to the establishment of the comprehensive center, comprehensive recognition and the core grant have greatly helped the productivity of cancer research and patient care at Yale.

One of the major weaknesses which seemed apparent relates to the authority of the cancer center director, Dr. Jack Cole. Dr. Cole possesses very limited authority; it is concentrated in the dean's office and with the departmental chairmen. The center director apparently has little control over the assignment of space, the appointment of faculty, the development of a program goal for the center, and methods of evaluating the activities of the center. There is at present no substantial multidisciplinary cancer care program. The epidemiological and biostatistical resources of the university are just becoming involved in the center's programs and this involvement should be enhanced. At best, the center program appears to be a loose confederation of a group of strong and productive departmentally oriented research workers in cancer. It seemed apparent at this site visit as it did for the recent previous site visit for the cancer center support (core) grant, that Yale Univ. does not intend to make any substantial effort to develop a cancer center as outlined in the NCAB guidelines. It should be stated, however, that in view of the excellence of several of the individual programs that more time should be given for the center to demonstrate whether or not it can become truly a comprehensive cancer center in conformity with NCAB guidelines. There is a real question as to whether the Yale Univ. Comprehensive Cancer Center can achieve this goal.

In summary, a comprehensive cancer center does not exist at Yale. Outstanding programs do exist, however, in certain basic science disciplines tied closely and productively to excellence in medical oncology and radiation oncology. In a number of areas requisite to comprehensiveness—central planning, administrative leadership, education planning and evaluation, detection/outreach—programs at the Yale center are woefully inadequate or nonexistent. Particularly disturbing was the admission by both the listed associate directors (Weissman and Fischer) that their positions were figmentary and that they personally felt, or had accepted, no responsibility for center-wide leadership. Given the lack of administrative responsibility and authority which the center director has in the school this is not surprising, nor is the fact that the core grant funds have gone almost exclusively to already strong, dominant program leaders.

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Summary evaluations on Mayo, Farber, Hopkins, USC/LAC, M.D. Anderson, Ohio State, Roswell Park, Sloan-Kettering and Wisconsin will be published in next week's issue of ***The Cancer Letter.***

NCI CONTRACT AWARDS

Title: Synthesis of chemical carcinogens, basic ordering agreements

Contractor: Research Triangle Institute, IIT Research Institute, Midwest Research Institute, Southern Research Institute, New England Nuclear, Inveresk Research International, Edinburgh, Scotland, and SRI International.

Title: Cancer immunotherapy: Phase I study of efforts of immune stimulants on human immune response

Contractor: Sloan-Kettering Institute, $66,310.

Title: Demonstration of benefits of early identification of psychosocial problems and early intervention to rehabilitation of cancer patients, renewal

Contractor: New York Univ., $202,464.

ADVISORY GROUP, OTHER CANCER MEETINGS FOR JUNE, JULY

World Congress on Diseases of the Chest—June 1-5, Kyoto.

Clinical Cancer Education Committee—June 1-2, NIH Bldg 31 Room 10, open June 1, 8:30–9:30 a.m.

Large Bowel Cancer Review Committee— June 1-2, Houston Anderson Mayflower, open June 1, 7:30 p.m.–8 p.m.

Biometry & Epidemiology Contract Review Committee—June 1-2, Landow Room A809, open June 1, 7 p.m.–10:30 p.m.

Cancer Control Prevention, Detection & Pretreatment Evaluation Review Committee—June 1-2, NIH Bldg 31 Room 4, open June 1, 8:30 a.m.–noon.

Third National Training Conference for Physicians on Psychosocial Care of Dying Patients— June 3-4, San Francisco, Univ. of California Cancer Research Institute.

In Situ Expressions of Antitumor Immunity—June 4-7, Tel Aviv.

Sixth World Congress of Gastroenterology— June 5-9, Madrid.

Developmental Therapeutics Committee— June 8, NIH Bldg 31 Room 7, open 9 a.m.–adjournment.

Bladder Cancer Project Review Committee— June 8, Chicago O'Hare Hilton, open 8:30–11 a.m.

Management of Upper GI Cancer—June 8, Roswell Park continuing education in oncology; contact Claudia Lee.

Management of Prostate & Bladder Cancer, with Emphasis on Radiotherapy—June 9, Roswell Park continuing education in oncology.

DES Task Force Committee—June 9, NIH Stone House, Room 16A, open 9:30 a.m.–adjournment.

Cancer Special Programs Advisory Committee—June 12-13, NIH Bldg 31 Room 4, open 9–10:30 a.m.

President's Cancer Panel—June 12, NIH Bldg 31 Room 7, 9:30 a.m., open.

Committee on Cancer Immunotherapy Subcommittee on Cancer Cause & Prevention—June 12-13, NIH Bldg 10 Room 4B14, open June 12, 1:30–2 p.m.

Cancer Control Grant Review Committee— June 12-13, NIH Bldg 31 Room 8, open June 12, 8:30–9 a.m.

Cancer Rehabilitation Conference— June 12, Univ. of Colorado Medical Center.

Carcinogenesis Program Scientific Review Committee—June 14, Landow Bldg Room 4C18, open 8:30–9 a.m.

Management of Colorectal Cancer—June 15-16, Regional Nurses Conference, Wilmington, Dela. Hotel du Pont.

Committee on Cancer Immunotherapy— June 15, NIH Bldg 10 Room 4B14, open 1:30–2 p.m.

Management of Colorectal Cancer—June 17, Roswell Park continuing education in oncology.
Clinical Cooperative Group Chairmen—June 20, NIH Bldg 31 Room 9, open 11 a.m.—adjournment.
Committee on Cancer Immunobiology— June 20, NIH Bldg 10 Room 4B14, open 2—2:30 p.m.
Virus Cancer Program Scientific Review Committee—June 22-23, Landow Room 9B04, open June 22, 9—9:30 a.m.
Committee on Cancer Immunotherapy— June 22, NIH Bldg 10 Room 4B14, open 1:30—2 p.m.
EORTC Symposium on Adjuvant Therapy & Biological Markers of Cancers—June 22-24, Paris.
Prostatic Cancer Review Committee—June 23, Roswell Park Memorial Institute, open 8:30—9 a.m.
Cancer Control Community Activities Review Committee—June 23, Blair Room 110, open 8:30—9 a.m.
Candlelighters Conference—June 23-25, Marymont College, Arlington, Va.
Assn. of American Cancer Institutes—June 25-27, Fox Chase Cancer Center & Philadelphia Hilton Civic Center.
Cancer Clinical Investigation Review Committee—June 26-27, NIH Bldg 31 Room 6, open June 26, 9 a.m.—noon.
State of the Art Conference on Screening & Early Detection of Colorectal Cancer—June 26-28, Bethesda Holiday Inn, 9 a.m.—5 p.m. June 26 & 27, 9 a.m.—adjournment June 28, all open.
Clearinghouse on Environmental Carcinogens Chemical Selection Subgroup—June 27, NIH Bldg 31 Room 7, 8:30 a.m., open.
Clearinghouse Experimental Design Subgroup— June 28, NIH Bldg 31 Room 7, 8:30 a.m., open.
Cancer Control Treatment, Rehabilitation & Continuing Care Review Committee—June 29, NIH Bldg 31 Room 10, open 8:30 a.m.—3 p.m.
Clearinghouse Data Evaluation Subgroup— June 29, NIH Bldg 31 Room 7, 8:30 a.m. open.
Committee on Cytology Automation—NIH Bldg 10 Room 1A21, open 1:30 p.m.—adjournment.
Carcinogenesis Program Scientific Review Committee—June 29-30, Landow Room C841, open June 29, 8:30—9 a.m.
National Conference on Nutrition in Cancer—June 29-July 1, Seattle Plaza Hotel.
International Endocurietherapy Symposium— June 30-July 2, Univ. of Southern California.
Third Congress of International Rehabilitation Medicine Assn— July 2-8, Basel, Switzerland.
Cancer & Nutrition Scientific Review Committee— July 10-12, NIH Bldg 31 Room 9, open 8:30—9 a.m. both days.
Cancer Control & Rehabilitation Advisory Committee—June 12-13, NIH Bldg 31 Room 6, 9 a.m.—5 p.m. June 12; 9 a.m.—adjournment June 13; all open.
Committee on Cancer Immunotherapy—July 13, NIH Bldg 10 Room 4B14, open 1:30-2 p.m.
Pancreatic Cancer Project Review Committee—July 13, New Orleans La Salle Bldg, open 8:30—9 a.m.
Clearinghouse Executive Subgroup— July 19, NIH Bldg 31 Room 6, 8:30 a.m., open.
Virus Cancer Program Scientific Review Committee— July 20, Landow Room 4C18, open 9—9:30 a.m.
Cancer Centers Support Review Committee—July 20-21, NIH Bldg 31 Room 6, open July 20, 8:30—10 a.m.
Advances in Medicine— July 23-28, London.
President's Cancer Panel—July 25, NIH Bldg 31 Room 7, 9:30 a.m., open.
Clinical Cancer Program Project Review Committee—July 31-Aug. 2, NIH Bldg 31 Room 6, open July 31, 8:30—10:30 a.m.
9th International Conference on Electron Microscopy—Aug. 1-9, Toronto.
7th International Tutorial on Clinical Oncology—Aug. 26-Sept. 3, Vienna.
2nd European Council on Smoking & Society—Aug. 28-31, Rotterdam.
International Conference on Cell Differentiation & Neoplasia— Minneapolis.
4th International Congress for Virology—Aug. 30-Sept. 6, The Hague.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer of Contract Specialist for copies of the RFP, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Their addresses, all followed by NIH, Bethesda, Md. 20014, are:
Biology & Diagnosis Section — Landow Building
Viral Oncology & Field Studies Section — Landow Building
Control & Rehabilitation Section — Blair Building
Carcinogenesis Section — Blair Building
Treatment Section — Blair Building
Office of the Director Section — Blair Building
Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP 271-78-3502

Title: *Carcinogenicity studies in rats and mice with 1-acetylmethadol (LAAM) and methadone*

Deadline: *Approximately June 25*

Proposals are being solicited from qualified organizations having inhouse capability in conducting carcinogenicity studies in rats and mice. The objective of this contract is to provide data regarding the carcinogenic effects, if any, of LAAM and methadone when administered individually via the diet to rats and mice over a period of 24 months. The data generated by this contract will ultimately be submitted to the Food & Drug Administration as part of an ongoing safety evaluation of these two drugs. Offeror must include the following information in his proposal:

1. Detailed protocol outlining the methods and procedures of the experiments to be conducted.
2. A demonstrated ability to perform these studies including related experience and publications.
3. Detailed protocol outlining the methods and procedures to be used and designated project officer responsible for progress of study reports.

National Institute on Drug Abuse
Rm 10-35, 5600 Fishers Ln.
Rockville Md. 20857
Attn: Contracting Officer

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