THE CANCER LETTER

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NEW SURGERY GRANT APPLICATIONS TO BE REVIEWED BY SPECIAL AD HOC STUDY SECTION; 54 SUBMITTED

Fifty-four applications for surgical oncology grants were submitted in response to the RFA announcement by NCI's Div. of Cancer Treatment earlier this year. They will get a better break from the NIH Div. of Research Grants than previous surgery grant applications, which for the most part have been reviewed by standing study sections with little clinical expertise with the result that they have not fared well in priority scoring.

A special ad hoc study section has been established by DRG to re-

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In Brief

NCAB OBJECTS TO LOW PRIORITY FOR SEVERAL CANCER CONTROL GRANTS, ASKS FOR NEW REVIEW

NATIONAL CANCER Advisory Board rejected a relatively high number of review committee recommendations on grant application priority scores at the Board's meeting last month and returned those grants for re-review. Board members felt that a number of cancer control grants, reviewed by a special committee which had been set up to take some of the load off the regular Cancer Control Grant Review Committee, had not been adequately reviewed and had been unfairly assigned low priority scores. . . . **ROBERT NAMOVICZ**, former chief of NCI's Management Policy Branch, is now NCI executive officer Calvin Baldwin's deputy. Paul Schaffer is acting chief of the Management Policy Branch. . . . **PHILIP AMORUSO**, Div. of Cancer Treatment administrative officer, will leave NCI next month to become executive officer of the National Library of Medicine. . . . **NORMA GOLUMBIC**, senior science editor for NCI's Office of Cancer Communications, will retire July 13 after 20 years at NCI, 32 with the government. . . . **IDAHO CANCER** Control Program is looking for a health education coordinator. Call Wadie Elaimy, 208-343-7888. . . . **MIDWEST CANCER** seminar Sept. 20-22 in Madison, Wisc. will include sessions on screening for cancer in clinical practice, new approaches to male GU cancer, small cell lung carcinoma, large bowel and pancreatic cancer, hematologic malignancies, breast cancer and new developments in cancer therapy. Henry Kaplan will deliver the keynote address on Hodgkin's disease. Write to Wisconsin Clinical Cancer Center, 1900 University Ave., Madison 53705. . . . **JAMES NANCE**, new president of the National Assn. of Life Science Industries: "Regulation and inspection have become a way of life in the health industry and it would be a mistake to assume that NALSI automatically is opposed to it. The facts are that appropriate testing regulations probably will improve product safety overall. NALSI's objective is to work towards ensuring that regulations, standards and inspection procedures are scientifically dependable and cost effective."

GROUP CHAIRMEN HEAR SURGERY, TOXICITY REPORTS, COMPLAINTS ON FDA MONITORS

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view these applications. The chairman is Harvey Baker, clinical professor of surgery at the Univ. of Oregon and a past president of the Society of Surgical Oncology. The cochairman is Bernard Fisher, professor and director of the Laboratory of Surgical Research at the Univ. of Pittsburgh and chairman of the National Surgical Adjuvant Breast & Colon Cancer Project.

The grant applications will be reviewed Aug. 12-14; those approved with recommended awards exceeding $35,000 will be presented to the National Cancer Advisory Board at its September meeting.

"The only reason I accepted another job was because I felt strongly this special study section is the keystone for surgeons to advance in oncology," Fisher said at last week's meeting of the Cooperative Group Chairmen. "As it now exists, it is a total disaster for surgeons to submit grants that wind up in some other study section. Unfortunately this is just a one shot thing."

"For the present," said Ray Weiss, chief of DCT's Clinical Investigations Branch. Weiss indicated that DRG would consider reviewing all future surgical oncology applications with an ad hoc surgery study section.

The request for applications in surgical oncology was developed by DCT on recommendation of the division's Board of Scientific Counselors. UCLA surgeon Donald Morton, then a member of that Board, was the prime mover for the program.

Among the projects included in the 54 applications are several in various surgery-hyperthermia techniques, treatment of hepatic metastases with drug infusion with and without radiation, preoperative chemotherapy for a variety of tumors, use of CO_2 lasers, role of cytoreductive surgery in treating disseminated tumors, new approaches to surgical oncology in lung cancer, several immunology-surgery studies, and comparing limited vs. radical surgery in removal of primary tumors.

Edward Mansour, Case Western Reserve and chairman of the Eastern Cooperative Oncology Group's surgical committee, has headed a committee of Cooperative Group surgeons which has been developing recommendations for improving the role of surgeons in Cooperative Group studies.

"Surgeons must be in positions of leadership," Mansour told the Group chairmen. "They must be part of the protocol design as well as the followup." He suggested that a workshop should be held to look at various problems, such as surgical complications and quality control.

Mansour also recommended that DCT establish a surgical oncology section; and that the Groups improve communication among themselves and surgeons. "The best thing we need is money—for workshops, to improve Group coordination, and to support surgical oncology grants."

DCT Director Vincent DeVita pointed out that the division had set aside a sum of money (approximately $1 million, depending on the final figure in the NCI budget) for surgery grants. Also, Morton is preparing an application for funds to support a workshop.

DeVita said the Clinical Investigations Branch was in the process of organizing a surgery section. The new section also will include nutrition, and DCT is attempting to recruit a general surgeon to head it.

"The fact remains that most questions being asked in Cooperative Group studies deal with chemotherapy," commented Simon Kramer, chairman of the Radiation Therapy Oncology Group. "Until we can generate questions related to surgery, there will not be much progress in surgical oncology."

"That's not so," Fisher responded. "That's assuming that chemotherapists are interested only in chemotherapy. We're talking about biological questions. Surgeons can become proficient in such areas as tumor biology, and can ask biological questions."

ECOG Chairman Paul Carbone, who has headed the Group Chairmen's Committee for the past year, noted that "we've all had trouble getting to the people who have control of patients. It has nothing to do with money. I can't understand how Bonadonna gets 150 stage 1 breast cancer patients. I can't get that many, Bernie can't get that many. The U.S. will have trouble holding our leadership in clinical trials."

"We don't have the monolithic control of clinical research we once had," Fisher said. "I was tremendously impressed by what I saw in Australia. They are just getting started with clinical trials and can do them as well as we can. That goes for Europe, too."

Marvin Zelen, who heads the EPI-STAT division at Sidney Farber Cancer Center, said that in one year, 600 breast cancer patients have been accrued for a study in Switzerland. Six hundred patients have been enrolled in a stage one breast cancer study in Finland, and a resectable lung cancer study there is getting 400-500 patients a year.

"Patients aren't coming to university hospitals any more," Carbone said. "One question that might be asked is, how good is cancer care in community hospitals? That's the kind of information we need."

George Lewis, chairman of the Gynecological Oncology Group, said that one answer could be a multi-institutional consortium patterned after the successful program headed by Bowman Gray School of Med Medicine. That consortium is putting a substantial number of patients into GOG protocols, Lewis said.

Weiss reported that DCT has received several complaints from clinical investigators who have had to deal with FDA clinical monitors. The investigators have said that the monitors have not demonstrated any understanding of cancer clinical trials, and their

questions have been inappropriate, nitpicky, annoying and troublesome.

"FDA has the legal authority to look at records of investigators and institutional review boards without considering patient privacy," Carbone said. "You could spend a lot of money on monitoring, in fact twice as much as clinical trials cost. Eventually that could come from the clinical trials budget."

Franco Muggia, director of DCT's Cancer Therapy Evaluation Program, said that monitoring costs come out of FDA's budget, not NCI's.

"My feeling is that this will become more of an issue," Carbone said.

Lucius Sinks, who has chaired an ad hoc committee on toxicity criteria for the Cooperative Groups, presented a report from the committee and copies of the proposed criteria.

The committee generally agreed with the recommendations, reserving the right to suggest modifications.

"Eventual adoption of the criteria by the Group chairmen is important and will facilitate their incorporation into protocols," said CIB associate branch chief Edwin Jacobs. "If the same grading system and related numbers and definitions are used by all Groups, the numbers would mean the same to all and have uniform meaning."

Sinks' report follows:

"The Cooperative Group Ad Hoc Committee on Standard Toxicity Criteria was appointed by the Cooperative Group Chairmen with the charge to standardize 'acute toxicity criteria as they currently exist in the various cooperative groups.' The committee therefore reviewed all existing toxicity criteria available through the CIB/DCT. An independent assessment by members of the committee was made on each specific area. The reports were sent to the chairman, Lucius Sinks, and at a meeting of the committee on Jan. 29, 1979, these reports were presented, discussed, and recommendations were finalized at that time. The accompanying tabulation contains the recommended standard toxicity criteria resulting from this committee's deliberations.

"In the majority of instances, standardization really consisted of clarifying semantics; however, a few differences existed between various groups, especially in categories 3 and 4. In certain areas more variations presented themselves, particularly in reference to neurologic criteria. A deliberate attempt was made to utilize the established criteria as exists, rather than to restructure de novo.

"There are five areas that were left unresolved, but which represent problems that can be resolved by another body, should the Cooperative Group Chairmen so wish. These are:

1. Long-range toxicity, particularly from radiotherapy (delayed toxicity).
2. Toxicity due to multimodality (combination surgery, radiotherapy, and chemotherapy).
3. Psychiatric toxicity, or emotional side effects.
4. Acute toxicity in pediatric patients.
5. Secondary malignancies.

"The committee also noted that the methodology for the toxicity reporting and criteria for judging whether therapy may have contributed to the patient's death, require more attention.

"It was apparent to the entire committee that the long-range toxicity following radiotherapy includes the following areas:

"Skin atrophy, bone necrosis, caries, limb atrophy, growth inhibition, scoliosis, G-I (ulceration, bowel obstruction), renal (malignant hypertension of the kidney), pulmonary (fibrous), CNS—cranial radiotherapy, cardiac, secondary oncogenesis, fertility problems, and endocrine disorders.

"This represents an area which should be standardized as well, but was not included in the charge to this committee.

"In a similar vein, the committee felt that toxicity due to the combined modalities of surgery, radiotherapy, and chemotherapy, which can be encountered in certain patients represents an area requiring standardization. The toxicity in these situations is considerably more complicated when attempting to standardize criteria.

"The interest on the part of psychiatrists in the long range side effects on patients represents a newly emerging one. The committee felt that this area required more discussion on the part of other groups before a consensus criteria could be reasonably established.

"The acute toxicity criteria as recommended evolved primarily from adult experience. It was recognized that this report could be modified in certain areas to accommodate pediatric needs. It is, therefore, recommended that this report be sent to the pediatric Cooperative Group chairmen for their consideration and possible modification."

The criteria were developed for 11 categories—hematologic, GI, renal, infection, fever, allergic, cutaneous, peripheral neurologic, central neurologic, pulmonary and cardiovascular. Manifestations for each category are briefly described.

Five ranges of toxicity are listed, from zero (none) to 1 (minimal), 2 (moderate), 3 (severe) and 4 (life threatening).

DEADLINE EXTENDED TO SEPT. 5 FOR NEW COMMUNITY HOSPITAL ONCOLOGY PROGRAM

The deadline for submission of proposals for the new Community Hospital Oncology Program developed by NCI's Div. of Cancer Control & Rehabilitation has been extended to Sept. 5. The program, which will support up to 10 contracts in each of three categories, attracted more than 100 persons to a preproposal conference this week.

DCCR has distributed 430 copies of the RFP,

which indicates that competition for the 30 contracts will be spirited.

Donald Buell, who heads the program for DCCR, had discussed it with many prospective bidders who turned out for the meeting sponsored by the Assn. of Community Cancer Centers last month in Indianapolis. Buell said then that those participating in that session would not need to attend this week's conference, since the same questions would be answered.

Many of the questions dealt with eligibility in the three categories—multi-hospital, small community, and single hospital. Descriptions of each were included in the RFP (*The Cancer Letter*, May 25), but some questions remained relating to affiliation of hospitals with universities and comprehensive cancer centers.

Buell said that based on the type of hospitals represented by those with whom he has discussed the program, it appears the small community category has not generated as much interest as the other two. He is considering making another effort to reach those hospitals. If an insufficient number of proposals for that category is submitted, Buell said he might seek NCI approval to develop a new RFP limited to the small community category.

Each contract award will be for a three and a half year period, with the first 18 months for planning and the last two years for implementation. Planning awards will be for $100,000, not including indirect costs, and no matching funds will be required.

For implementation, the awards will be for $150,000 each per year, also not including indirect costs. However, contractors will be required to match the NCI award. Participants in the existing Community Oncology Program have included as part of their matching funds time spent by physicians, nurses, dieticians, social workers and other support staff. They may include other indirect costs as part of their match, which tends to hold down the total indirect costs paid by NCI.

CONSENSUS CONFERENCE TO ASSESS VALUE OF RECEPTORS IN BREAST CANCER THERAPY

A consensus development conference to assess the value and prognostic significance of steroid receptors in breast cancer treatment will be held on June 27-29 in the Masur Auditorium at the NIH Clinical Center in Bethesda, Md. The sessions will begin at 9 a.m. on June 27.

The conference will be sponsored by the Breast Cancer Task Force Committee of the Div. of Cancer Biology & Diagnosis, NCI, with the assistance of the NIH Office for Medical Applications of Research. More than 50 basic and clinical scientists from around the world will attend and participate in consensus development panels.

Experience has shown that hormone receptors are present in about 40% of breast cancers, and over 60% of these tumors with hormone receptors respond to hormone manipulative treatment.

The meeting also will consider the overall impact of receptor assays on management of the more than 100,000 women who develop breast cancer each year.

CHEMICAL DISTRIBUTION TO GRANTEES STILL DELAYED; HEW CONSIDERS CHARGING

The distribution of carcinogen reference chemicals by NCI to grantees, authorized last year in the legislation extending the National Cancer Act, is still being delayed while HEW considers the possibility of charging for the service.

NCI has been providing free reference chemicals to contractors and investigators at other federal agencies from the Chemical Carcinogen Reference Repository NCI maintains through a contract with IITRI in Chicago. The Cancer Act of 1971 specifically authorized NCI to offer biological materials to grantees but made no mention of chemicals. Contractors could always negotiate for materials, and other government agencies were included in free distribution.

In attempting to correct the inequity, Congress made it clear that chemicals could be distributed to any investigator who could use them in legitimate research. But that provision in the Cancer Act amendment also authorized HEW to establish a system for collecting payment for such materials, if the department so desired.

HEW Secretary Joseph Califano, as the official designated by the Act to distribute the biological and chemical materials, asked NCI to prepare an order by which he would delegate that authority to NCI. That was done, but before Califano approved it, the office of the assistant secretary for health suggested that this might be the time to consider charging for some or all of the biological and chemical materials NCI distributes.

The NCI Management Policy Branch in response undertook a survey of resources distribution by all the institute's programs and discovered that some of them already are charging contractors and grantees varying amounts. Some collect only shipping charges, others enough to cover the cost of the materials. The Div. of Cancer Treatment plans to start charging for some animals which it has been giving away.

NCI will report to HEW on how it handles all its resources distribution and probably will recommend that no blanket policy of charging for all materials be adopted. In the meantime, until Califano formally delegates the authority to NCI, grantees and other nongovernment investigators may receive carcinogen reference chemicals only if they can work through contractors at their own institutions.

David Longfellow, program director for the Chemical Resources Section of the Div. of Cancer Cause & Prevention, reported on the repository and distribution at the last meeting of the DCCP Board of Scientific Counselors:

The NCI Chemical Carcinogen Reference Repository, a pro-

gram of the Div. of Cancer Cause & Prevention, was designed to provide authentic analytical grade carcinogens and their metabolites for reference purposes to cancer researchers. The repository is a contract function of the Chemical Resources Section of the Chemical and Physical Carcinogenesis Branch. Under contract to NCI, the repository facility is physically located at the IIT Research Institute in Chicago. The repository has been established as a facility for safe storage, repackaging, and distribution of carcinogens, potential carcinogens and their metabolites for use in cancer research. The facility conforms to all health and safety regulations that have been promulgated by the Secretary of Labor under the Williams-Steiger Act of 1970, and with the NCI Safety Standards for Research involving Chemical Carcinogens.

The chemical repository, in order to effectively serve the carcinogenic research community is required to: receive carcinogenic samples from suppliers designated by NCI, to provide for their safe and stable storage until requested by users, to repackage to meet user needs, in such a manner as to ensure the uniformity of all samples, and to ship samples to users along with the appropriate analytical documentation, characterization data, and safe handling instructions. All of these operations must be performed in a safe manner and in compliance with current OSHA, AEC and DOT requirements.

The repository maintains an up to date computer inventory system which makes it possible to keep a running balance of all stocks and commitments and to project future needs.

Of importance comparable to that of the major goal of the program, the assurance of a supply of reliable research material, is the task of insuring the safe handling of these dangerous materials at all steps in their processing, from receipt at the repository to receipt by the user of a package he can open in complete confidence. The equipment and handling procedures used in the program have been selected to ensure the minimum hazard to personnel and the environment, conformance with all transportation regulations and complete safety to the user upon receipt of the materials.

Stocks for the chemical repository are purchased from commercial suppliers and verified for purity, or are received from one of NCI's contractors responsible for synthesis of these compounds. In some cases, reanalyzed surplus stocks previously held by NCI in vitro or bioassay programs are sent to the repository, where they are held for future reference or supplied to other contracts under these programs.

Over 250 compounds are currently held by the repository, most of which are carcinogens or suspected carcinogens, although reference samples of some noncarcinogens are also held. Carefully packaged samples of carcinogens are supplied to qualified requestors, in sizes ranging from a few milligrams to a hundred milligrams. An important subset of the repository's stock are the metabolites, consisting of hydroxy, ketonic, and epoxy derivatives of various polynuclear aromatic hydrocarbons, principally benzo(a)pyrene, 3-methylcholanthrene, benz(a)anthracene, and dibenz(a,h)anthracene. Since the metabolite samples are held in limited quantities, and many requests are received, it has been necessary to limit the amounts shipped to 3-5 mg in most cases.

Requests for samples from the chemical repository must be sent in writing to the following address:

Dr. David Longfellow, Program Director
Chemical Resources Section, DCCP, NCI
Landow Building, Room 8C29
Bethesda, Md. 20014; phone 301-496-5471.

Shipments made from the repository are sent by air freight. Packaging is based on the requirements for etiological agents (CFR Title 49, Transportation), but includes a heat-sealed polyethylene bag surrounding the primary container. Primary containers are screw-capped vials with Teflon cap liners, sealed ampules, or amber bottles with poly-seal caps. Secondary containers are paint cans, with can clips to insure against pressure drops in air freight shipment. Although most of the compounds stocked by the repository are known carcinogens, some are not, and many may still be controversial, at least in regard to their effect on humans. However, to stock both carcinogens and noncarcinogens, and to provide for different handling, packaging, and shipping procedures for each, seems to to us to leave too many opportunities for error, leading to possible exposure, mislabelling, accidental release of carcinogens to the environment, etc. We have therefore determined to regard all compounds entrusted to the repository as potential carcinogens, and to handle, package and label them accordingly. All of the labels therefore bear the warning "Chemical Carcinogen." This is not necessarily meant to imply that the sample is a known carcinogen—only that it is intended for use in research involving chemical carcinogens, and unless the recipient has contrary information, it should be treated as a carcinogen.

The repository provides data sheets on the compounds in stock, including chemical and physical properties, analytical data, and hazard, storage and handling information.

All requests for chemicals must include the following information: Name of compound, quantity desired, intended use of compound, NCI contract number or government agency affiliation, the major source of funding for the research being done, a statement cosigned by the laboratory safety officer acknowledging that the compounds requested are hazardous and that responsibility is accepted for their safe handling, use and disposal.

Longfellow also described DCCP's program for making thermal energy analyzers availabel to investigators.

The Chemical & Physical Carcinogenesis Branch owns 10 thermal energy analyzers (TEAs) which are the state of the art instrumentation for the analysis of N-nitroso compounds. This instrumentation was developed to a great extent through an NCI contract at a time when no equivalent commercial instrumentation was available. The Carcinogenesis Program contracted for the production of 10 instruments which were to be placed in research laboratories throughout the world.

The principle objective of this instrumentation loan program has been to stimulate research on the environmental and occupational occurrence of N-nitroso compounds, in particular the incidence of these compounds in products for human consumption.

All instruments are equipped with an interface to a gas chromatograph for the analysis of volatile N-nitroso compounds. In addition, half of our instruments have more recently been equipped with an interface for high pressure liquid chromographs which facilitate the analysis of nonvolatile N-nitroso compounds.

These instruments are placed in research laboratories on a no cost, loan agreement basis. Major replacement parts are provided by NCI; however, minor parts and routine maintenance are provided by the laboratory. The instrument loans are annually renewable based on a progress report and justification. The location of the 10 instruments currently is as follows:

Oregon State Univ., Dept. of Food Science & Technology, Corvallis, Ore., P.I. Richard Scanlon.

U.S. Dept of Agriculture, Agricultural Research Service, Philadelphia, Pa., P.I. A.E. Wasserman.

Laboratory of the Government Chemist, London, England. P.I. Terry Gough/Kenneth Webb.

U.S. Food & Drug Administration, Washington D.C. P.I. Thomas Fazio.

Duetsches Krebsforschungzentrum, Institut fur Toxikologie und Chemotherapie, Heidelberg, West Germany. P.I. R. Preussman.

Tallinn Polytechnical Institute, Tallinn, Estonia, USSR. P.I. I. Bogovski.

Massachusetts Institute of Technology, Boston, Mass. P.I. Dr. Tannenbaum.

Eppley Institute, Omaha, Neb., P.I. Phillip Issenberg.

American Health Foundation, Valhalla, N.Y. P.I. S. Hecht.

International Agency for Research on Cancer, World Health Organization, P.I. Ernie Walker.

NIH CLINICAL TRIALS COMMITTEE ADOPTS RECOMMENDATION FOR SAFETY MONITORING

NIH last year invited grantees and contractors to comment on an earlier policy recommendation of the NIH Clinical Trials Committee which would have required the establishment of a data and safety monitoring committee for every clinical trials sponsored by NIH. NIH said the purpose of the proposed policy was to assure the prompt recognition of causes for the modification or termination of ongoing trials.

The committee has reconsidered the proposed recommendation in light of the "many interested and helpful comments that were received," NIH said. It has adopted, and recommended to the NIH director, Office for Protection from Research Risks, and to all institutional review boards established pursuant to the HEW regulations for the protection of human subjects, the following statement:

"Every clinical trial should have provision for data and safety monitoring.

"The mechanism(s) for data and safety monitoring should be presented to an approved by the institutional review board as an integral part of its review of the project proposal.

"A variety of types of monitoring may be anticipated depending on the nature, size, and complexicity of the clinical trial. In many cases, the principal investigator would be expected to perform the monitoring function.

"Large or multicenter trials, and trials in which the protocol requires blinding of the investigators, should have a data and safety monitoring unit.

"The unit should consist of clinicians expert in the disease under investigation, biostatisticians, and scientists from other pertinent disciplines. Physicians engaged in the care of study patients or directly responsible for evaluating clinical status are excluded."

ACS-ELEANOR ROOSEVELT FELLOWSHIPS GO TO 16 FOR INTERNATIONAL STUDIES

The American Cancer Society has announced award of 16 ACS-Eleanor Roosevelt International Cancer Fellowship grants totaling $336,318. The 1979-80 awards bring the total of scientists served by the program to 364 since its inception in 1961.

Administered by the International Union Against Cancer in Geneva, the fellowship program is funded by the ACS. The fellows who were selected by an international committee of cancer researchers will receive grants ranging from $7,970 to $32,379.

Following is the list of 1979-80 fellows, including the nationalities represented and the range of the host institutions:

Gideon Berke (Weizmann Institute of Science, Rehovot, Israel) to the Molecular Biology Institute of UCLA.

Gidon Czapski (Hebrew Univ., Jerusalem) to Stanford Univ.

Ursula Muller-Eberhard (Scripps Clinic & Research Foundation, La Jolla) to Max Planck Institut fur Biophysikal Chemie, Gottingen, West Germany.

Lakshmi Charan Padhy (Tata Institute of Fundamental Research, Bombay) to Massachusetts Institute of Technology.

Karol Taylor (Univ. of Gdansk, Gdansk, Poland) to Stanford Univ.

Anthony Howes (Stanford Univ. Hospital) to M.R.C. Clinical Oncology and Radiotherapeutics Unit, the Medical School, Cambridge, England.

David Purtilo (Univ. of Massachusetts Medical School) to Karolinska Institutet, Stockholm.

Toshiyuki Takeuchi (National Cancer Institute, Tokyo) to Gastrointestinal Research Laboratory, Univ. of California Service, Veterans Administration Hospital, San Francisco.

Peter Hoppe (The Jackson Laboratory, Bar Harbor, Maine) to the Univ. of Geneva.

Olav Iversen (Oslo Univ. Institute of Pathology) to McArdle Laboratory for Cancer Research, Madison, Wisc.

Andrew Collins (Univ. of Cambridge) to the Univ. of Colorado Medical Center, Denver.

Chantal Crémisi (Institut Pasteur, Paris) to Fred Hutchinson Cancer Center, Seattle.

Max Herzberg (Tel Aviv Univ.) to Johns Hopkins Univ., Baltimore.

Morton Mandel (Univ. of Hawaii) to International Agency for Research on Cancer, Lyon.

Mikuláš Popovič (Slovak Academy of Sciences, Bratislava, Czechoslovakia) to NCI, Bethesda.

Gad Yagil (Weizmann Institute) to Oak Ridge National Laboratories.

NEW PUBLICATIONS

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"Malignant Neglect," a report on environmental carcinogens; by the Environmental Defense Fund with Robert Boyle, Knopf, $10.

"Cancer Chemotherapy," a discussion of 38 drugs, indications, dosages, methods of administration, toxicity, combination chemotherapy, steroids, and hormonal therapy, immunotherapy; by Mary Knopf, Keith Lewis, David Fischer, Wendy Schneider and Deborah Welch, Yale Univ.; Yale Comprehensive Cancer Center, $12.50.

"Directory of Cancer Research Information Resources," by the International Cancer Research Data Bank Program, NCI, Blair Bldg. Rm 114, Silver Spring, Md. 20910, no charge for single copies.

"The Role of Computed Axial Tomography in the Detection, Diagnosis, and Therapy of Cancer," Selected abstracts, by ICRDB, address above, no charge for single copies.

"Current Cancer Research on Radiation Carcinogenesis and Related Radiobiology," special listing of current cancer research abstracts, by ICRDB, address above, no charge for single copies.

"Outcome Standards for Cancer Nursing Practice," by the Oncology Nursing Society and American Nurses Assn., ONS Central Office, P.O. Box 33, Oakmont, Pa. 15139, $1.50 per copy.

AAAS REPORT OF CONGRESS ATTENDEES SAYS ARGENTINA CONTINUES ABUSES

"Disappearances and kidnappings continue today in Argentina," according to Bruce Kiernan, human rights coordinator for the American Assn. for the Advancement of Science.

Kiernan attended the 12th International Cancer Congress in Buenos Aires last October to assist a group of U.S. physicians who wanted to express human rights concerns as an organized alternative to boycotting the Congress, as recommended by some other U.S. scientists. AAAS has released a report by Kiernan's group on their findings in Argentina.

Kiernan and his group interviewed Argentine government officials, individuals who had been jailed for various lengths of time, relatives of missing persons thought to have been arrested and held incommunicado, religious leaders, and their scientific and medical colleagues in Argentina.

In "the many private exchanges" which took place between U.S. and Argentine scientists at the Congress, Kiernan said, many of the Argentinians "expressed gratitude for the human rights concerns being expressed by their U.S. colleagues. Others welcomed the opportunity of relating personal experiences of torture, dismissal from jobs, imprisonment or simply fear of speaking openly about the situation in Argentina. A petition to the president of Argentina was initiated and circulated by a group of Argentine doctors attending the Cancer Congress, expressing determination to "press for the reestablishment of human rights and democracy." It was signed by 75 persons from eight countries, including at least 30 Argentine scientists.

Larry Nathanson, spokesman for Kiernan's group, said, "My experiences in Argentina have only served to confirm my conviction that boycotting a country with human rights violations is not a useful exercise. In the first place, such a boycott sharply limits the scope and detail of one's knowledge about the nature of human rights violations themselves. Secondly, it prevents direct communication with large numbers of citizens of the offending country, particularly those in government circles. Thirdly, it restricts one's ability to express concern directly to individuals, or families of individuals whose human rights have been violated.

"In addition, the opinion of someone who has visited a country himself, and observed its problems first hand, always carries more weight with respect to further dissemination of this information in the press and elsewhere. Thus, whatever press coverage we obtained in Argentina was possible only because we were actually there, had taken the trouble to speak to people of diverse interests, and therefore, had achieved a reasonably well balanced view of the overall picture.

"This is not to say that if a total economic boycott could be achieved for a given country, such as South Africa, one could not achieve tremendous leverage in so doing. However, we are speaking here of boycott by individuals rather than national economic boycott which is an altogether different approach," Nathanson said.

Kiernan concluded in his report:

"The government of Argentina claims that Americans are misinformed about the situation in Argentina, as we are outsiders ignorant of Argentine history and culture. Indeed, Minister Arlia of the Foreign Ministry suggested Americans concerned about human rights in Argentina are dupes of those enemies of Argentina who are spreading false information. I traveled to Argentina and briefly met with many individuals representing diverse points of view. What I discovered is that the conclusions reached in the earlier NAS and AAAS on-site reports are substantially correct, and that the government of Argentina has not committed itself to a meaningful improvement in the area of human rights."

NCI CONTRACT AWARDS

Title: Data support project for cervical cancer screening
Contractor: Small Business Administration (Evaluation Technologies Inc., Arlington, Va., subcontractor), $237,557.

Title: Identification of mammary tissue, continuation
Contractor: Medical College of Ohio, $78,600.

Title: Studies and investigations on therapy of patients with stage II and stage III carcinoma of the breast, continuation
Contractor: Case Western Reserve Univ., $110,000.

Title: Studies of usefulness of carcinoembryonic antigen in the diagnosis of bowel carcinoma, continuation
Contractor: Mayo Foundation, $49,915.

Title: Monitoring of immunologic competence in cancer patients
Contractor: Litton Bionetics, $198,331.

Title: Evaluation of surgical adjuvant chemotherapy utilizing 5-FU, cytoxan, and prednison, continuation
Contractor: Mayo Foundation, $75,000.

Title: Science Content Analysis System (SCANS) development
Contractor: ORI Inc., Silver Spring, Md., $430,086.

Title: National Cancer Consultative Program for hospitals, extension
Contractor: American College of Surgeons, Chicago, $181,743.

Title: Evaluation of levaminsole as a therapeutic adjunct in squamous cell carcinoma of the head and neck
Contractor: Sloan-Kettering Institute for Cancer Research, $82,120.

Title: Case control study of lung, pancreas and stomach cancer in southern Louisiana
Contractor: Louisiana State Univ. Medical Center, $184,440.

Title: Immunodeficiency cancer registry, continuation
Contractor: Univ. of Minnesota, $181,502.

Title: Maintenance of an irradiated monkey colony, continuation
Contractor: Emory Univ., $89,239.

Title: FDA/NCI special study of the role of saccharin in bladder cancer of the general population, continuation
Contractor: Emory Univ., $72,331.

Title: Immunological assays for DNA and RNA viruses, continuation
Contractor: Litton Bionetics, $49,631.

Title: Studies in colon carcinogenesis, continuation
Contractor: American Health Foundation, $81,217.

Title: Immunogenicity of 'spontaneous' animal tumors, continuation
Contractor: Pennsylvania State Univ., $81,649.

Title: Randomized evaluation of C. parvum as an adjunct to chemotherapy in disseminated carcinoma of the breast
Contractor: Sloan Kettering Institute for Cancer Research, $66,247.

Title: Cryopreservation of human monocytes for use in immunologic studies, continuation
Contractor: Univ. of Florida (Gainesville), $99,258.

Title: Studies of immune stimulants in patients receiving radiation therapy, continuation
Contractor: Univ. of California (San Francisco), $111,748.

Title: Immunologic mechanisms of cattle, continuation
Contractor: Univ. of Minnesota (St. Paul), $171,800.

Title: Detection and characterization of soluble antigen-antibody complexes in the circulation
Contractor: Univ. of Virginia, $189,987.

Title: Animal models for bone marrow transplantation
Contractor: New York Univ. Medical Center, $66,340.

Title: Immunotherapy in outbred cat lymphoma and leukemia, continuation
Contractor: Harvard Univ., $53,330.

Title: Molecular studies of T-cell mediated cytotoxicity
Contractor: Duke Univ., $64,083.

Title: Interaction of exercise, dietary carbohydrate source and development of cancer cachexia hypophagia in tumor-bearing rats
Contractor: Univ. of Maryland (College Park), $115,909.

Title: Human cancer skin tests with virus-augmented antigens, continuation
Contractor: Cancer Research Institute, New York, $259,313.

Title: Mouse typing and diagnostic reagents studies, continuation
Contractor: Microbiological Associates, $45,000.

Title: Marmoset colony for cancer research, continuation
Contractor: Rush Presbyterian-St. Luke's Medical Center, $282,986.

Title: Biomedical computing software services in support of the clinical and diagnostic trials program, continuation
Contractor: Information Management Services Inc., Bethesda, $359,067.

Title: In vitro cell culture screening of new materials for cytotoxicity
Contractor: Univ. of Wisconsin, $226,974.

Title: Phase I study of effect of immune stimulants on human immune response
Contractor: Sloan-Kettering Institute for Cancer Research, $95,895.

Title: Clinical Oncology Program, extension
Contractors: Institute for Medical Research of Santa Clara County, Calif., $74,999; and Butterworth Hospital, Grand Rapids, Mich., $64,533.

Title: Differentiation of mammary epithelial cells, continuation
Contractor: Washington State Univ., $47,600.

Title: Systems analysis and information services resources for registries of human clinical protocols in cancer therapy, continuation
Contractor: Informatics Inc., Rockville, $49,935.

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