THE CANCER LETTER

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DEVITA TO CONTINUE DISCUSSIONS ON EXPANDED CHOPS DESPITE ACCC COOLNESS; WOULD GO TO DRCCA BOARD

NCI Director Vincent DeVita said that although the initial reaction to his suggestion that the Community Hospital Oncology Program be expanded with a long term commitment of support "was not terribly good," he intends to continue with discussions of the idea. It will be at least six months before the proposal is developed to the point where it

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In Brief

CANCER AN ALTERATION IN GENE EXPRESSION, NOT CHANGE IN STRUCTURE, TULANE BIOLOGIST REPORTS

TUMOR CELLS can be "reprogrammed" to produce normal cells and tissues, Merle Mizell, Tulane biology professor, reported at the American Society for Microbiology annual meeting in Dallas. Mizell, who is director of Tulane's Chapman H. Hyams III Laboratory of Tumor Cell Biology, said, "Since normal cells and tissues were obtained from cloned tumor nuclei, our study indicates that cancer is an alteration in gene expression rather than a change in gene structure and is therefore reversible." Mizell, working with Marie Diberardino of the Medical College of Pennsylvania, used a complex experimental procedure that involved cloning techniques, herpesviruses, and frogs. The team transplanted tumor cells with DNA into egg cells whose own nuclei had been removed, and produced tumorless embryos that developed normal cells and tissues and lived, in some cases, through the tadpole stage. . . . **CHEMICAL EXPOSURES** considered safe by current tests may set the stage for development of cancer, biologist Hyam Leffert of the Univ. of California (San Diego) contends. In a university news release, Leffert said he has found that N-acetyl-2-aminofluorene, a potent liver carcinogen, binds to the DNA in cultured liver cells at two to 10 times lower levels than the Ames test registers as harmful. It infiltrates genetic material in liver cells at 1,000 times lower levels than the unscheduled DNA synthesis test indicates is damaging to DNA. Leffert said that while "it is conceivable you could live your whole life with a very low level of carcinogen within the genetic makeup of your cells, on the other hand this exposure may be the staging ground for later mutations of either the affected cells or their daughter cells." Leffert's work is scheduled for publication in *Carcinogenesis* and in a book, "Frontiers in Liver Disease." . . . **13TH INTERNATIONAL** Cancer Congress, Sept. 8-15, 1982, in Seattle, has arranged with a travel agency to offer a variety of tours in conjunction with the Congress. For a copy of the brochure describing the tours, write to Official Travel Coordinator, 13th International Cancer Congress, Fourth and Blanchard Bldg., Suite 1800, Seattle, Wash. 98121.

ACCC MEMBERS APPREHENSIVE ABOUT NEW CHOP CLINICAL TRIALS "QUID PRO QUO"

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can be presented for "concept review" to the Board of Scientific Counselors of the Div. of Resources

year. I think that does leave room for the patient who doesn't want to go into trials, and the doctors who do not want to refer, and the patient who doesn't want to be randomized."

Research is needed on the issue of randomization, DeVita said. "We shouldn't conclude that for the rest

Act made no mention of communities until 1978, and we had no representation on the National Cancer Advisory Board." [Both omissions were corrected through intense lobbying efforts by ACCC.]

The challenge of the 80s will lead to opportunities, Katterhagen said. A decrease in federal funding "will lead, hopefully, to increased state and local funding. If we have been successful in modifying the federal program, we can do so with state and local agencies, in recognizing community cancer programs."

Elimination of the PSROs as sought by the Reagan Administration offers "a great opportunity for involvement" in assuming responsibilities of quality and cost control, Katterhagen said. "A very significant challenge is the need to match patients to research efforts. Dwindling numbers are being entered in clinical trials. Patients won't go to research, so research will have to come to the patient."

There will be increased competition for private money, and increased competition should lead to increased quality, Katterhagen said.

"The majority of our patients still die of their malignancies. A challenge will be linkage with hospices, and improving programs for the terminally ill. It's time for action, not talk."

Community hospitals may have to take over more responsibility for continuing education, Katterhagen said. He referred to a recent discussion by the National Cancer Advisory Board about funds for training and whether there are now sufficient numbers of surgical, pediatric, gynecological and medical oncologists. "It was assumed that the gynecological oncologist gets all referrals of gynecologic cancer patients," Katterhagen said. "I pointed out that it just did not happen that way in private practice; that many patients are still being treated by family practitioners, general practitioners, and surgeons. The Board has not been exposed to how cancer care is practiced in the community.

"Total patient care includes prevention, treatment, patient and family counseling, terminal care, bereavement counseling."

Katterhagen concluded, "It is important that we don't lose our identity, our integrity, and most important our idealism. I look to the 80s through the eyes of an optimist. It will be a decade of great accomplishment."

ACCC HEARS PRESENTATIONS ON MEETING PROBLEMS OF COMMUNITY CANCER CARE

Members of the Assn. of Community Cancer Centers heard presentations at their annual meeting from colleagues on how they have dealt with a variety of problems involved with community cancer care. They included:

Establishment of a community-based cooperative oncology group in affiliation with a comprehensive cancer center. R. Winn, B. Reiter, A. Coscia, Memorial Adjunct Staff Oncology Group (MASOG); A. Yagoda, R. Mackey, Memorial Sloan-Kettering Cancer Center (MSKCC).

To expand the patient population for phase 2 and 3 clinical trials to the 80 percent of patients treated at the community level, MASOG, a group of 21 community physicians in three states, was formed in October, 1978. Initially, the group functioned informally under the guidance of MSKCC, but questions of mutual liability, membership criteria, peer review, drug distribution legalities and tax funding implications dictated the formalization of the group structure. By incorporating MASOG as a non-profit corporation and signing a formal affiliation agreement with MSKCC, appropriate disclaimers and indemnification clauses were devised to afford maximum protection to all members. The group has a core office in the comprehensive center and a data collector who travels to each practice location once or twice a month. The center's computer program is used to process and store all patient information; a system of physician reminder forms provides members with notice of dates of drug administration and necessary lab work for each patient. To ensure quality control of data, all responses and inadequate trials are presented to the entire group for consensus. Initial presentation revealed a 28 percent discordance for response evaluations. Protocols have been generated by the group in cooperation with MSKCC personnel, designed to expand the research efforts of the center. Protocols under the aegis of NCI have been approved by the center's clinical investigation committee and local institutional review boards.

The establishment of this corporate entity with a well-defined procedural format and a fully developed data acquisition system allows meaningful and significant research to be carried out at the community level.

Cancer center creation in the community hospital: A successful approach. Leon Parks, Sharron Poole, Pat Roane, and James Franklin, Mississippi Cancer Treatment Center, Jackson, Miss.

A sophisticated cancer treatment center, including whole body hyperthermia, was introduced into a 78 bed community hospital. Major considerations were: (1) insuring educational communication between the administrative, medical and paramedical staffs of the hospital and the cancer unit personnel; (2) creation of an institutional review board; (3) provision for adequate lab support, including staffing and equipment adequate for component blood therapy, around-the-clock "STAT" determinations, and increased general workup; (4) development of ambulance transportation and corresponding schedules to enable effective utilization of centralized diagnostic (CT scanner) and therapeutic (radiation) modalities; (5) acceptance by the board of trustees of a major cash flow deficit during the initial operation.

Benefits to the hospital have included the significant increase in the availability of skilled services for all patients, an enhanced physician/patient recruitment, significant increases in bed occupancy and accounts receivable and an increased overall interest in cancer diagnosis/treatment.

Benefits to the cancer unit have included an ability to practice oncology in a receptive environment, a continued development of a new combination of hyperthermia/radiation/chemotherapy regimens effective against common solid tumors, and the creation of a core team about which a comprehensive cancer center is developing.

The cost of initiating the endeavor was $18,000, all obtained from nongovernment sources. Further financing has been provided by private sources as warranted by the center's income and is reaching a level consistent with construction of a major facility. These developments have been possible to accomplish over a nine month interval.

A community cancer management network. John Hisserich, Robert McKenna, University of Southern California Comprehensive Cancer Center.

One of the most sensitive and important areas of cancer control is the establishment of relationships between comprehensive cancer centers and community hospital cancer programs. The potential for "town-gown" antagonism is high. The Regional Activities Program of the Univ. of Southern California Cancer Center has worked with community oncologists to develop a network of hospitals with organized cancer programs intended to share responsibility for goal setting and program development.

Building on a base of programs approved by the Commission on Cancer of the American College of Surgeons, an organization now composed of 26 hospitals has been developed. A board of directors comprised of community hospital physicians and ex-officio cancer center representatives guides the organization which has subcommittees addressing needs in cooperative research, education, resource sharing, and oncology nursing.

The activities of this cooperative venture are aimed at strengthening the capabilities of community hospitals in cancer. Among the accomplishments thus far are:

—A highly successful oncology nursing education program.

—One of the nation's largest programs to train enterotherapists.

—An extensive professional education program.

—A joint center-community research protocol operations office.

—A community cancer care resource directory.

—A course which has trained over 75 percent of the tumor registrars in Southern California.

—A program to assist community clergy to understand cancer and counsel patients.

Nursing management of outpatient continuous infusion intrahepatic chemotherapy in the community hospital. Jennifer File, Patricia Dunn, Suzanne Courter, Grant Hospital, Columbus, Ohio.

Oncology nurses in our institution identified the potential for outpatient administration of continuous intrahepatic chemotherapy for patients being treated for colon cancer metastatic to liver. It was hypothesized that a mechanism for outpatient administration would allow a return to maximal activities of daily living within the constraints of physical health, provide the patient with an active role in his therapy, be safe, efficacious, and cost effective.

To this end, a portable infusion device was acquired, and drug supply procedures, sterilization methods, and rental mechanisms developed. A teaching program was instituted to enable patients to learn to utilize the infusion device while in the hospital which included frequent leaves of absence with therapy in progress. Once patient proficiency was demonstrated, patients were allowed to receive all subsequent therapy at home.

To date, 28 courses of outpatient continuous intrahepatic chemotherapy have been administered. There have been no significant complications; patients have been spared in excess of 140 hospital days. The oncology nurse has been the primary facilitator of this outpatient therapy, from identification of need through to the use of the device, and worked closely with the physician in selecting patients to be offered this mode of therapy.

While the efficacy of intrahepatic chemotherapy for patients with colon cancer metastatic to the liver remains to be definitively determined, early data from this protocol suggests that patients using the outpatient administration option have a longer survival than those treated in the hospital.

Development and implementation of a chemotherapy course for nurses. Vivian Main Cunningham and Robert Enck, Our Lady of Lourdes Memorial Hospital, Binghamton, N.Y.

In 1981 an increasing number of people with cancer will have access to sophisticated cancer treatment regimens at the community hospital level. To parallel the increase in availability of complex treatment protocols, nurses working in community hospitals require additional education and guidelines for practice.

In response to this identified need, Our Lady of Lourdes Memorial Hospital developed specific policies governing the administration of chemotherapy with an educational program designed to provide the expertise for implementation.

These policies include restriction of the administration of chemotherapy to nurses who practice in oncology care settings and have completed a chemotherapy administration certification program.

This certification program consists of three components: 1) a self-learning program which includes current literature specific to chemotherapy and its administration, materials prepared to meet the needs of nurses practicing in the institution, a programmed text, and materials to be utilized in patient/family education; 2) a six-hour didactic portion consisting of a basic overview of theories of causation, classifications and staging, and treatment modalities as well as a detailed approach to chemotherapy administration. Treatment protocols, side effects and management of the individual agents, patient/family education, signs of drug extravasation and nursing interventions are also discussed. 3) a clinical segment utilizing role modeling by the clinical nurse specialists followed by student demonstration of learning.

Programs of this design assist nurses in providing appropriate care and support for the increasing numbers of patients participating in complex treatment protocols at the community level.

CONTRACTOR FOR NCI RADIOTHERAPY WING REPLACED BY BONDING COMPANY

NCI's problem with its contractor for construction of a 15,000 square foot radiotherapy addition to the NIH Clinical Center appears to have been resolved by action of the project's bonding company.

The contractor, Southern Maryland General Contractor Inc., was two years behind schedule when the bonding company moved in and assumed responsibility for completing the $3.5 million building. NCI is also negotiating with Varian Inc., which will supply the three and perhaps four linear accelerators for the facility, to manage construction of the bays which will house the machines.

The bays and adjacent areas were not included in the original contract. When NCI asked the contractor for a bid on that portion of the work, the price that was quoted "was way out of line," an NCI staff member said. Varian has managed construction of other facilities for its equipment and readily agreed to do so for NCI. The cost will be approximately $400,000.

The new radiotherapy wing is in addition to the expansion of the Clinical Center for a new outpatient clinic. NCI has made major contributions to that construction and will have use of a substantial amount of that space.

SKIPPER'S IMPACT: 40,000 A YEAR NOW CURED BY CHEMOTHERAPY, DEVITA SAYS

The Howard E. Skipper Chemotherapy Laboratory at Southern Research Institute was dedicated earlier this month with ceremonies honoring the Institute's president emeritus whose work laid the foundation for cancer chemotherapy. NCI Director Vincent DeVita, the principal speaker, described the impact Skipper's work had on clinicians.

Directing his remarks to Skipper, DeVita said:

"There are several things I've always wanted to say about you and now is a good time:

"First, you can't imagine the influence you have had on the field of cancer chemotherapy in the last 20 years. I came to the Cancer Institute 17 years ago out of a good residency training program in internal medicine. I was proud of what I knew. I had assembled the facts, and the facts were you couldn't cure cancer with drugs. Knowing this made using drugs easy. Since we knew they couldn't do much good, we were careful to train ourselves to use drugs in such a way as to assure no harm. This usually meant low doses of both drugs and optimism and convenient schedules. Cancers, especially hematologic malignancies, were interesting though, and we busied ourselves describing phenomena related to the diseases themselves. If you stop to think about it, you might think it peculiar that one so young and new in the field could already be so fixed in his ways, but that's the way it was and still is in medicine. New people are a product of their environment and their teachers. Lacking experience, we defend ourselves with facts or what we perceive to be the facts.

"I found something strange happening at the Cancer Institute. No one seemed to be obeying the rules. You had come along and spoke of cure of L1210 leukemia. You even had the audacity to suggest that the same thing might be possible in leukemia of humans, if we would go about what we did somewhat differently.

"It's hard now to recreate for you the atmosphere your work generated. Probably it's even harder for you since you never seem to think anything you do is important. But what you and Schabel and Griswold and others at Southern Research did was give the minds of eager young clinicians, which were not yet entirely rigidly impaled on the facts they assembled, something more palatable to work with—hypotheses, good hypotheses. We still had to dodge the folks who scorned the concept of curing cancer with drugs. Right or wrong, these people never seem to be in doubt or in short supply, but the Clinical Center at NCI was a good place to hide under the protection of your good friend, Gordon Zubrod. We had some good drugs and some concepts to test, and a whole bunch of us took off running at trying to cure leukemias and lymphomas.

"Well, you know the results. These cancers are now curable with drugs. You were right. It really didn't even prove that difficult once we adjusted to the differences between mice and humans.

"I'm sure these things are old hat to you and the people at this ceremony. You, undoubtedly, have heard them many times before.

"There are, however, two other points I would like to make that you perhaps haven't heard, or if you have heard them, you can't have heard them often enough:

"First, I'm a doctor, I always have been and when push comes to shove, I always will be a doctor. I go to clinics and take care of patients. Howard, you can't imagine the feeling we doctors get when we treat a patient successfully especially with 'the new boy on the block,' chemotherapy. Working with those mice is convenient and must be satisfying to you, but it can't provide as much satisfaction as saving human lives. The thrill of seeing a patient with Hodgkin's disease I treated successfully 15 years ago is really beyond my power of description and makes any struggle I have had to go through worthwhile. There is now a whole generation of medical oncologists who experience these feelings daily. Howard, you gave us this thrill. We doctors owe you a lot. On behalf of all these doctors, I want to thank you.

"The second point is this: As I said, I go to clinics still, although less often than I'd like these days. When I do, I am well received. The patients recognize me as a doctor who had something to do with developing a cure for their cancer. You can't imagine how it is to see the fear and despair of these patients turn to hope for a normal life. I know all those patients and their families would be saying these things to you personally if they knew how important you were to their lives. Sadly, Howard, we get all of the credit. They don't know who you are. I imagine that those smelly mice are not at all grateful to you either. So, on behalf of the thousands of patients (almost 40,000 a year now cured by chemotherapy), on behalf of their fathers and mothers, husbands and wives and children, I thank you, Howard. I thank you very much."

Skipper said he was "honored, pleased, flattered and slightly embarrassed" by having a building named after him. "Thousands of cancer patients now are being cured each year who could not have been cured in 1945 (when he began his work there). Future generations of scientists and physicians will make new discoveries and build on what has been learned until cancer no longer is such a dreaded disease. To have played a small role in this stepwise effort is, in truth, all the honoring I could ever want.

"I am slightly embarrassed because this laboratory does not bear the names of many of my co-workers at Southern Research Institute and colleagues across the nation with whom we have worked so closely. . . .

Finally, I am slightly concerned about this occasion. Usually scientists don't have laboratories named for them until they are over the hill. My goodness, I like to think each day that I am just getting warmed up."

OBEY RAPS ADMINISTRATION FOR HOLDING BACK REPORT ON FORMALDEHYDE DANGER

Congressman David Obey (D.-Wisc.) has criticized the Reagan Administration for refusing to release a report advising workers on the possible carcinogenicity of formaldehyde. Obey also blasted HHS Secretary Richard Schweiker for firing Tony Robbins, director of the National Institute for Occupational Safety & Health.

Obey inserted into the *Congressional Record* a statement dripping with sarcasm:

"Mr. Speaker, I would like to take just a minute of the House's time to say that I think the Administration is ignoring the supply-side effects of work-related cancer. Each year between 50,000 and 80,000 Americans die of work-related cancers. The dissavings, compensation, and medical bills which these deaths entail amount to billions of dollars each year, dollars that might otherwise be spent on new plant and equipment.

"I believe it is important to point this out, particularly in light of two things that the Administration has done in recent days. First, the new Administration has ordered the withdrawal of a current intelligence bulletin issued by the National Institute for Occupational Safety & Health and by the Occupational Safety & Health Administration which simply reports to businessmen, workers, and the general public the results of tests by the Chemical Industry Institute indicating that formaldehyde may cause cancer. This is not a question of government's requiring that workers be protected from cancer-causing chemicals; it is simply a question of whether or not workers should be informed.

"Second, the Secretary of Health and Human Services yesterday fired Dr. Tony Robbins, a commissioned Public Health Service officer as head of the National Institute for Occupational Safety & Health. Dr. Robbins had served only two years of his six-year term as Institute Director. The six-year term for the NIOSH director came about as a result of an amendment offered by Senator Javits to insure that the institute director was selected and allowed to serve based on scientific qualifications rather than partisan politics. In the history of the institute no director has ever before been fired.

"Dr. Robbins graduated cum laude from Yale Medical School in 1966, and he held, in addition, a masters in public health from Harvard. He had served as state director of public health in both Vermont and Colorado. In his two years at NIOSH he brought order out of the chaos which has continually plagued that small agency since its inception. He improved the quality of the scientific output and developed the first constructive relationship with the U.S. Dept. of Labor in the agency's history. He was, in short, the type of uniquely qualified and dedicated individual which government agencies are too rarely able to attract. One can only surmise that his firing was made in hopes of finding a director whose scientific findings will be more politically acceptable. I would therefore like to remind the department and Dr. Robbins' successor that cancer has a negative net impact on productivity."

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR APRIL, MAY, FUTURE

International Symposium on Markers for Diagnosis and Monitoring of Human Cancer—April 1-3, Milan. Segretaria Scientifica, Istituto Nazionale dei Tumori, Via Venezian 1, 20133 Milan, Italy.

National Prostatic Cancer Review Committee—April 2, Roswell Park Memorial Institute, open 8:30–9 a.m.

Herpes Viruses As Oncogenic Agents—April 2-3, Chapel Hill, N.C. Fifth annual symposium of the Univ. of North Carolina Cancer Research Center. Box 30, MacNider Bldg, UNC School of Medicine, Chapel Hill 27514

Control of the Phenotypic Expression in Normal & Transformed Cells—April 2, Roswell Park continuing education in oncology.

Diagnosis & Treatment of Neoplastic Disorders—Medical, Surgical, Radiotherapeutic Aspects—April 2-4, Johns Hopkins Univ., contact Program Coordinator, Turner Auditorium Rm 22, 720 Rutland Ave., Baltimore 21205, 301-955-5880.

Marijuana Therapy Research Workshop—April 2, Michigan State Univ. University Club, sponsored by the Mighigan Cancer Foundation and Michigan Public Health Dept. Daniel Hoth, chief of NCI's Investigational Drug Branch, will be the principal speaker. Reports will be presented on Michigan's marijuana therapy research program which involves the study of marijuana in treating side effects of chemotherapy in cancer patients.

2nd International Lymphoma Conference—April 5-10, Athens. Sponsored by the Univ. of Athens and Univ. of Southern California School of Medicine. J. Parker, Dept. of Pathology, USC, 2025 Zonal Ave., Los Angeles 90033.

European Regional Conference on Undergraduate Cancer Education—April 6-9, Geneva. Contact UICC, 3, rue du Conseil-General, 1205 Geneva, Switzerland.

9th International Symposium on the Biological Characterization of Human Tumors—April 7-11, Bologna, Italy. Contact W. Davis, IARC, 150 Cours Albert-Thomas, 69372, Lyon Cedex 2, France.

22nd Annual General Meeting of the British Assn. for Cancer Research—April 13-15, Keele, U.K. M. Moore, BACR, Paterson Labs, Christie Hosp. & Holt Radium Inst., Manchester M20 9BX, U.K.

Biometry & Epidemiology Contract Review Committee—April 16, NIH Bldg 31 Rm 8, open 9–9:30 a.m.

International Symposium on Prevention of Occupational Cancer—April 21-24, Helsinki. Epidemiology of occupational cancer, methodology of risk evaluation, prevention and control of risk. Inst. of Occupational Health, Haartmaninkatu 1, 00290, Helsinki 29, Finland.

Biology of the Interferon System—April 21-24, Erasmus Univ., Rotterdam. Nature of interferon in the immune system, application of human interferons in cancer patients. Interferon 1981. Erasmus Univ., P.O. Box 1738, Rotterdam, Netherlands.

National Cancer Advisory Board Subcommittee on Board Activities & Agenda–April 22, NIH Bldg 31 Rm 9, 7 p.m., open.
Human Values & Cancer–April 23-25, Washington D.C., Washington Hilton Hotel, Contact American Cancer Society, 777 Third Ave., New York 10017.
Oncology Update 1981–April 25, Century Plaza Hotel, Los Angeles; an update for the medical community on the study and treatment of cancer. Northridge Hospital Foundation, 18300 Roscoe Blvd., Northridge, Calif. 91328, Attn: Sandra Rozzen.
72nd Annual Meeting of the American Assn. for Cancer Research–April 27-30, Washington D.C. Sheraton Hotel. Dr. Frederick Philips, AACR, MSK Cancer Center, 1275 York Ave., New York 10021.

Conference on Health Education About Cancer– April 28-May 1, Brisbane, Australian Cancer Society, Box 4708, Sydney, NSW 2001, Australia.
17th Annual Meeting of the American Society of Clinical Oncology–May 1-2, Washington D.C. Sheraton Hotel. A. Van Horn III, ASCO, 435 N. Michigan Ave., Suite 1717, Chicago 60611.
6th Annual Congress of the Oncology Nursing Society–May 4-6, Baltimore Convention Center. Nancy Berkowitz, ONS, 701 Washington Rd., Pittsburgh 15228, 412-344-3899.

13th European Tumor Virus Group–May 10-14, Bornholm, Denmark.
7th Latin American Cancer Congress–May 10-15, Sao Paulo, Brazil. Contact Dr. Charles Sherman, Univ. of Rochester Medical Center, 160 Elmwood Ave., Rochester, N.Y. 14642, phone 716-473-7172.
Society of Surgical Oncology–May 11-15, annual meeting, Boston.
UICC Clinical Cancer Chemotherapy Course–May 11-16, Jakarta.
Epidemiology Course on Chronic Diseases with Emphasis on Cancer–May 11-30, Ndola, Zambia.

Symposium on Safety Assessment of Artificial Sweeteners–May 12-13, Washington D.C. Holiday Inn-Smithsonian. Sponsored by the International Study Center for Environmental Health Sciences. Cochairmen of the symposium are Benjamin Van Duuren and Bernard Wagner. The basic medical sciences involved in safety assessment and the practical aspects of risk assessment regarding saccharin, cyclamates and other artificial sweeteners will be discussed. Scholarships are available to university faculty. Write: International Study Center, 503 Grasslands Rd., Valhalla, N.Y. 10595.

Hematologic Problems in Cancer Patients–May 14, Roswell Park continuing education in oncology.
National Cancer Advisory Board–May 18-20, NIH Bldg 31 Rm 6. Detailed schedule will be published in next month's calendar.
Management of Hazardous Chemical Wastes in Research Institutions–May 20-21, Washington D.C. Holiday Inn-Smithsonian. Write: 1981 NIH Research Safety Symposium, Environmental control & Research Laboratory, Frederick Cancer Research Center, P.O. Box B, Frederick, Md. 21701, phone 301-663-7167.

2nd International Meeting on Radio-oncology–May 21-23, Baden/Wein, Austria. Contact K. Karcher, Vienna Univ. Klinik, Radiotherapy and Radiobiology, Alsestr. 4, 1090 Vienna.
International Seminar on Management of Superior Pulmonary Sulcus Syndrome (Pancoast Syndrome)–May 25-26, Stresa, Italy. Contact V. Ventafridda, Fondazione, Floriani, Vicolo Fiori 2, 2012 Milan, Italy.
Div. of Cancer Cause & Prevention Board of Scientific Counselors–May 28-29, NIH Bldg 31 Rm 4, 9 a.m. both days, open.
Malignant Melanoma–May 29-30, Hellenic Cancer Society, Thessalonika Greece.

FUTURE MEETINGS

Parents, Patients & Professionals: Expanding Horizons Together–June 26-28, the Candlelighters Foundation 1981 Conference. Washington Univ., St. Louis. Program includes controversies in treatment, with discussions on new technology, infusion, the clinical cooperative approach, bone marrow transplants, nutrition, and unproven methods. Write to Candlelighters St. Louis Chapter, Box 451, Wentzville, Mo. 63385, or phone conference coordinator, Cheryl Moellenhoff, 314-625-3052 after 6 p.m. central time.
Social Work in Cancer Care–July 2-3, national conference sponsored by the Social Work Oncology Group, based at Sidney Farber Cancer Institute. The conference will be held in the Berkshire Hilton Inn, Pittsfield, Mass. Contact Social Work Oncology Group, Sidney Farber Cancer Institute, 44 Binney St., Boston 02115, phone 617-732-3150.

NCI CONTRACT AWARDS

Title: Study of natural cellular immunity to tumors in mice and rats
Contractor: Cor Bel Laboratories, Rockville, Md., $653,985.

Title: Statistical Analysis and Quality Control Center (SAQC) for the Centralized Cancer Patient Data System (CCPDS)
Contractor: Fred Hutchinson Cancer Research Center, $4,581,910.

Title: Data management and statistical support for the Brain Tumor Program, five year, one month contract
Contractor: Information Management Services Inc., Bethesda, Md., $257,410.

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 or Contract Specialist for copies of the RFP, citing the RFP number. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs to the individual named, the Blair Building room number shown, National Cancer Institute, 8300 Colesville Rd., Silver Spring, Md. 20910. RFP announcements from other agencies reported here will include the complete mailing address at the end of each.

RFP NCI-CM-17483-23

Title: *Clinical study of photoradiation therapy*
Deadline: *Approximately May 8*

The Div. of Cancer Treatment, NCI, requires organizations possessing the facilities and capabilities to perform the following:

Photoradiation Treatment Procedure:

Patients shall be injected with appropriate quantities of hematoporphyrin derivative (hpd). The patients shall be kept in subdued light for appropriate lengths of time. Hpd fluorescence in tumor and other tissue shall be viewed by illumination with an appropriate light source at various times post injection. Also, where appropriate, biopsy samples shall be taken and examined for hematoporphyrin fluorescence, and the response of the treatment planned accordingly. Inaccessible tumors shall be reached through endoscopes or fiber optics delivering the activating red light. In these cases, the dye laser is likely to be of greatest value in order to achieve sufficient light intensity.

Measurement of Response:

For readily observable tumors, shrinkage and/or necrosis shall be used as a measure of response. Standard ECOG criteria for solid tumor response shall be used in the evaluation of all cases.

Patient Requirements:

An offeror shall be capable of accruing not less than 20 eligible patients per contract year. Patients with histologically confirmable cancer are eligible.

Contract Specialist: Otis Parham
RCB Blair Bldg Rm 228
301-427-8737

RFP NIH-NIAID-MIDP-81-11

Title: *Controlled clinical trial of juvenile laryngeal papilloma with interferon*

Deadline: *Approximately June 7*

The Development & Applications Branch of the Microbiology & Infectious Disease Program of the National Institute of Allergy and Infectious Diseases is soliciting proposals from organizations having the capabilities and facilities to: 1) define a patient population with respect to the natural history of the disease and its suitability for inclusion in a controlled clinical trial; 2) perform double-blind placebo-controlled efficacy trials of interferon; and, 3) perform or coordinate the performance of associated laboratory analysis of patient specimens. Any contract awarded will be subject to DHHS regulations regarding the use of human subjects.

Those applying should provide a seld-addressed mailing label.

Chief, Contract Management Branch
Attn: Toni Sutherland
National Institute of Allergy & Infectious Diseases
NIH Westwood Bldg. Room 707
Bethesda, Md. 20205

RFP N01-CP-15764

Title: *Development and validation of a multiple endpoint mutation system in cultured mammalian cells*

Deadline: *May 29*

The National Toxicology Program organizes and conducts a comprehensive interagency testing and research program focused on determining potential human health hazards due to environmental exposures to chemicals. The Cellular & Genetic Toxicology component of the NTP supports these effects through the development of in vitro and short term test systems with predictive value for potentially hazardous chemicals. In order to complement the in vivo carcinogenesis testing segment, NTP is seeking contractors to engage in the application of in vitro mammalian cell transformation assays for detection of potentially carcinogenic chemicals.

The purpose of this procurement is to develop, define and test a protocol (or series of protocols) using mammalian cells in culture to determine the frequencies of chemically induced gene and chromosomal mutations. The possibility of determining other genetically related endpoints such as sister chromatid exchange, DNA damage and repair and aneuploidy should be considered.

Contract Specialist: Susan Hoffman
RCB Blair Bldg Rm 2A01
301-427-8774

RFP N01-CP-15762-71

Title: *Modification of the salmonella test for chemicals that may be metabolized to mutagens under reductive conditions*

Deadline: *May 29*

The contractor will develop or define a protocol or series of protocols using the salmonella strains of Ames for detection of the mutagenicity of substances which require anaerobic or reductive metabolism for activation. The developed protocol(s) should be readily adaptable to a standard salmonella mutagenicity testing laboratory. The protocol(s) should be demonstrated with a number of dissimilar substances requiring activation under anaerobic/reductive conditions. The results obtained under anaerobic/reduction conditions will be compared with results on the same chemicals using standard aerobic protocols. Male Fisher 344 rats should be used as the source of metabolic activation preparations, where required.

Contract Specialist: Susan Hoffman
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