THE CANCER LETTER

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NCI, ADVISORS LEAN TO SMALLER INCREASES FOR R01s, PHILOSOPHY OF SPREADING MONEY AMONG MORE GRANTS

NCI's Div. of Cancer Biology & Diagnosis is, in the words of its director, Alan Rabson, "primarily an R01, P01 division, mostly R01 division, supporting primarily basic research." Of the division's total 1981 budget of $179 million, $127 million were in grants, with $110 million of that in the Cancer Biology Program.

In times of budget restrictions, NCI and the rest of NIH have rallied

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In Brief

CANCER SERIES HELPS DO IN WOODWARD AS POST METRO EDITOR; OCC RFP CANCELED, TO REAPPEAR AS 4-5 RFPs

BOB WOODWARD, famed *Washington Post* Watergate reporter, has lost his job as Metro editor of the paper in part because of the negative reaction from the error filled series on cancer, according to reports filtering out of the Post's newsroom. Woodward now heads a new "special projects section" where he will do less editing, more reporting. Two Post reporters moving with him to the section: Ted Gup and Jonathan Neumann, writers of the cancer series. They told ***The Cancer Letter*** they are still working on the series, said they did not know when the next round would appear. . . . **NCI HAS CANCELED** the RFP for the Office of Cancer Communications support contract (RFP N01-CO-14349-41). OCC staff was not satisfied with the proposals submitted and has decided to split the job into four or five separate procurements to enhance the competition. The new RFPs are expected out within a month. . . . **WATARU SUTOW**, professor of pediatrics at M.D. Anderson and a pioneer in using drugs to treat solid tumors in children, died of cancer last month. He was 69. Sutow was an advocate of chemotherapy for treating rhabdomyosarcoma and Wilm's tumor. Charles LeMaistre, president of the Univ. of Texas System Cancer Center, said, "Sutow's regimens for treatment of osteosarcoma produced some of the most dramatic results ever achieved in pediatric oncology". . . . **NCAB SUBCOMMITTEE** on Organ Site Programs will consider the report of the ad hoc committee which reviewed the four programs at the subcommittee's meeting Jan. 31. The meeting will be closed, but Subcommittee Chairman William Powers will report on findings and recommendations to the full Board in open session Feb. 3. Recommendations could include curtailing activities of one or more of the four programs, perhaps eliminating one or two entirely. Only open subcommittee meeting during this meeting of the Board will be Planning & Budget, Feb. 1, 7:30 p.m., in Bldg 31 Rm 11A10. . . . **VINCENT LOMBARDI** Cancer Research Center of Georgetown Univ. has established a new Div. of Molecular Genetics. Jack Chirikjian, professor of biochemistry, will head the division.

DCBD BOARD CHAIRMAN ASKS FOR GRADING OF CONCEPTS, TIGHTER RESOURCES REIN

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their defenses around the traditional, investigator initiated R01 grants and, perhaps to a lesser extent, the P01 program projects on the theory that basic research must be protected at all costs. It might seem, therefore, that the division with the heaviest emphasis on grants and basic research would be spared most of the ravages of budget cuts.

These are not ordinary times, however, and the cuts could be deep enough to reach everywhere, including basic research. How would NCI and DCBD deal with that?

Janet Rowley, member of the National Cancer Advisory Board, asked that question when Rabson and David Korn, chairman of the DCBD Board of Scientific Counselors, were making their report to the Board last month.

"In general, the Board (of Scientific Counselors) up until now has been a hard core R01 type Board," Korn said. "I mean, we really feel that this division has had the wisdom and fortune to get involved in some very good support of very good science, both intramurally and extramurally. Our feeling on the Board would be to protect the R01s to the last breath. It is a general philosophical position. So some of those juicier contracts, I guess, would be our first targets. Now then, if you said, 'Well, how about getting into the R01s, we have got to start trimming away there too,' that would just be painful."

NCI Director Vincent DeVita noted that R01s have always been funded at full recommended levels. Consideration is now being given to funding them at something less than the full levels recommended by study sections, the policy applied last year to program project, cancer center core and cooperative group grants.

"P01s are funded at somewhere between seven and 14 percent of the recommended levels, where R01s often will get a 20 percent increase," DeVita pointed out. "The question is, and this is open for discussion, how far down could you go if you gave a cost of living increase to all R01 grants (instead of funding at recommended levels thus making available more money to fund additional grants)? Rather than having to draw the payline up to 150, you would give everyone a small cost of living increase and fund more grants, but grantees would get less.

"I have heard both sides of the argument," DeVita continued. "You should give people with the best scores the most money and the other, you should fund more grantees to give greater opportunity to new investigators, and I am wondering where you and the Board would fall on that issue since you are concerned with R01s."

"I can't speak for the Board because I don't think we ever really addressed that question in that way," Korn said. "I don't know what the Board would think."

"How about yourself?" DeVita asked.

"I think I would personally go to trying not to go back to a 140 or 150 cutoff, even if it meant diminishing the year to year increases. I really don't think there is very much difference in that level between (priority scores). I don't know what the standard deviation is, but my experience on a study section, which I think is probably the best mechanism we have of doing this evaluation, is that it just doesn't work within increments of 20 points, or 25, or maybe 35. I mean, it is not a real difference."

Rabson commented that the $110 million in cancer biology grants, which includes both the tumor biology and immunology programs, "are areas of great scientific promise at this point and show a rising budget because in the portion of money allocated to R01s and P01s, our grants get very high scores and we tend to fund a large number of them."

Korn is chairman of the Dept. of Biology at Stanford Medical School.

Discussing the Board of Scientific Counselors role in performing concept review of new or recompeted programs, Korn cited one of the frustrations of the process. "We were reluctant to disapprove some concepts that we really weren't all that keen about, but we couldn't say that they were without merit. . . . We wound up with approvals, disapprovals, or deferrals. . . . I personally think the process might be a little bit more informative and helpful if we could approve or disapprove a concept with some gradations of enthusiasm. In other words, maybe A, B, C, or something because some of us had some confusion in our minds from study section type servitude. . . . One could fall back to the comfort that in developing the RFA or RFP as the case may be, the next levels of review would take care of that problem and that unless they really got some decent proposals, they would not be funded. . . . I think we might have been able to convey a little bit more to our sense of things if we could have done more than just approve or disapprove. I don't think it needs to be as elaborate as one to five, but some quantitative assessment of enthusiasm."

"The grading of the concepts is useful," DeVita said, "although I think you left Dr. Rabson with the impressions of which concepts you thought were better than others. Basically they are all listed as approved or disapproved, where grading them does indicate that in times of changes in budget you would know which concepts, which programs not to go ahead with, by a very simple A.B,C sort of grade."

Korn discussed "another frustration. . . . We believe it would be well worthwhile for somebody to assure themselves and us that there is some rationality to all of these resource programs, cells, tumors,

normal tissue, people parts, serum, urine, whatever– all of these things that come in as isolated contract concepts which are in themselves unexemptionable. They all make sense. Someday someone will be very grateful that somebody had the foresight to collect the right material. But you can't do it indefinitely and you can't do it decerebrately. . . . I know this is not just a DCBD problem and I am sure it isn't just an NCI problem either because there are other cell type resources that other institutes support. But I really think it would be mightily helpful if somewhere in the hierarchy of this place somebody got the right people together to find out what the hell we are supporting and how many of them there are and if they are all useful scientifically and cost effective and if any are duplicative. We have a bit of an uneasy feeling about that, which is largely based on ignorance. But we have been unable to satisfy ourselves that that kind of overview exists."

Rabson related to the NCAB events leading to what he called "the road to hybridomas. . . which probably is going to be one of the most significant advances of this generation in biological research."

Those events were initiated by Michael Potter, working in NCI's intramural program which would evolve into DCBD, Rabson said. Potter and his small group of associates had an "enormous impact on all biomedical research," Rabson said.

"Not in any way to detract from Milstein's brilliant move and leap in putting together myeloma tumors and immune lymphocytes to make tumors that then would produce antibody, a critical element," Rabson said. "It takes two to make a hybridoma and one of them is a plasma cell tumor, or a myeloma tumor and over a period of 28 years, Dr. Michael Potter has created this system of mouse plasma cell tumors. He has made most of the work on studies of the regulation of the immunoglobulin molecule and the technology of hybridomas possible.

"I would like to tell you a little bit about how that happened because it gives you some idea of how the long term support of basic research, investigator initiated research in a laboratory like this can lead to things that have such enormous practical value in medicine.

"There are four people that I would like to mention here. It is only the left half of hybridomas. It is the getting the mouse plasma cell tumor system operative and available so that other people can create hybridomas. And the four people in our division I think who should be mentioned in all of this, all being here at the right time, are Potter, Lloyd Law, Thelma Dunn, and Ruth Merwin. . . .

"The Bethesda campus was sort of a center for the study of inbred mice in cancer research. The other great place where this was going on was Bar Harbor at the Jackson Lab and people used to refer to it as the Bethesda Bar Harbor Axis at the time.

"Well, Michael came with Law and they were busy in '54, "55, inducing leukemias in mice. . . after about a year, Law told Potter, 'You know, the leukemia field is too crowded. Why don't you get out and find yourself another tumor.' Potter thought a bit about this and about that time Frank Putnam, a well-known biochemist, had been doing some studies on the Bens-Jones proteins in human myeloma. Potter went to a seminar where Putnam described some of the early protein sequencing data on about five or six human Bens-Jones proteins.

"Potter thought that it would be very difficult to do any serious genetics with humans trying to work with myeloma proteins, but that if you could find plasma cell tumors and myelomas in these inbred mice that he and Law were working with, transplant them and then have the genetic background of the inbred mouse, you could really do big things.

"So he began to look around for plasma cell tumors. As fate would have it in the intramural program, Dr. Thelma Dunn was on the campus. So Potter went to her and said, 'Are there any mouse plasma cell tumors?' Dunn said, 'Yes, I just happen to have one.' She had one mouse plasma cell tumor that had arisen spontaneously in a C3H mouse, one of the inbred strains. She had been transplanting it for a number of years and she gave it to him.

"He went to John Fahue, who at that time was running what is now the Immunology Branch and who was in the forefront of doing paper electrophoresis with serum proteins in patients with myeloma, and he asked John to run the serum of this mouse. He waited and he waited, because it took not first preference in John's agenda of things to do, but finally when John ran it he called him and said, 'There is nothing here.'

"But Michael was undaunted. He went back to Dunn, who fortunately had received another C3H plasma cell tumor from Ira Pilgrim in Utah. . . . Much to his delight, he had the first transplantable murine plasma cell tumor.

"Now this was very nice and he was very thrilled, but this was not what it took to do the things that happened later. This might have been enought to make hybridomas, but to really get at immunogenetics and how the immune system works, which is what the mouse plasma cell model has done, you needed lots of plasma cell tumors. You needed a way to induce them, the way he and Lloyd had been inducing leukemias.

"While this was happening Ruth Merwin, in the Biology Lab, had been doing some very interesting experiments where they were putting pieces of tumors into milliport chambers, plastic chambers that are sealed up and the cells can't get in or out of them. Then they put these things into the peritoneal cavity of a mouse to see what happened to the tumor

inside this chamber.

"The mice, after about six or seven months, some of them carrying these big plastic chambers in their tummies, would begin to swell and she noticed they were developing a bloody ascites. She sacrificed some of them. They had little nodules all over the peritoneal cavity and she took these to Dr. Dunn. Dr. Dunn examined them histopathologically and they turned out to be plasma cell tumors. Dr. Dunn immediately called Potter and told him there was a way to make plasma cell tumors.

"There were a number of mice with this. Michael went from the plastic ring to the idea of using mineral oil and adjuvants and the most peculiar thing, which he is still trying to understand, he got only one inbred strain of mouse that really responds like this. It is the BALB-C mouse. Fortunately in the Glen Algire-Ruth Merwin experiments they decided to put these chambers into BALB-C mice with some interesting reasons related to mammary tumors. So Michael now had a way of making plasma cell tumors and these he called the mineral oil plasma cell tumors and they are used all over the world called MOP-Cs, MOP-Cs with different numbers on them.

"Michael has made these available to investigators all over the world. They have been used for most of the fundamental studies on immunoglobulins and most of the understanding we have now in immunoglobulins and I think without them, again with all due credit to Caesar Milstein, I don't believe there would be hybridomas.

"I wanted to give you at least an example of the sorts of things that can go in an intramural program with long term support for creative people like Michael Potter. He is now involved in some new studies on wild mice from all over the world and the genetics of those using molecular techniques, which I think may well have as much of an impact as some of the plasma cell tumor work."

Rabson said that 70 percent of the division's new grants in tumor immunology involve the use of monoclonal antibodies. "It has been a rapidly escalating phenomenon and it is such a powerful technology that I think it will dominate much of immunology, at least for a period.

"In our own program we have supported the work of Schlossman, who has been instrumental in developing monoclonal antibodies that are of widespread use now in the diagnosis and classification of lymphomas. We also support a number of other workers in that area. We have a number of grantees working on monoclonal antibodies to tumor antigens in melanomas and there are a number of monoclonals now that seem to select out reasonably specific antigens on melanoma cells.

"We have also supported and continue to support the group at the Wistar Institute and Hilary Koprowski there has developed a most interesting monoclonal antibody which seems to have a real specificity for colon cancer. It is possibly going to be a great diagnostic tool. It is what people in this field call an oncofetal antigen. It is an antigen which is also present in meconium in fetal intestine, but it stops being produced in adult life and seems to have a very great specificity for colon cancers. And, interestingly enough, one of the groups in our intramural program, not at the Cancer Institute, but in the Arthritis Institute, Dr. Victor Ginsburg, was a major figure in glycoprotein, glycolipid chemistry. Victor has studied these monoclonal antibodies of Koprowski's and finds that they actually react with a very specific glycolipids which he has well characterized now and it opens a whole area, again, of tumor specific, not proteins, but glycolipids. So that is the monoclonals."

RABSON OUTLASTS THEM ALL – OTHER DIVISION CHIEFS, NCI DIRECTORS

Alan Rabson referred to himself in his presentation to the National Cancer Advisory Board as "the oldest living member of the Cancer Institute."

That is not really true. It is a fact, however, that Rabson is the oldest (in longevity) living director of an NCI division. He has survived three NCI directors since Frank Rauscher appointed him head of the Div. of Cancer Biology & Diagnosis in 1975 (Rauscher, Acting Director Guy Newell, Arthur Upton). The fourth, Vincent DeVita, has no intention of replacing Rabson, although he has named new directors to each of the other four divisions.

DeVita, with a new NCI deputy director (the permanent appointment still to be announced), and a new executive officer, thus has effected almost a clean sweep of NCI's top seven management jobs, with Rabson the exception.

Since NCI was reorganized following implementation of the National Cancer Act of 1971, giving the institute bureau status and lifting the divisions somewhat in the hierarchy, each of the divisions has had at least three directors (including acting) except DCBD. Nathaniel Berlin left in 1975 to become director of the Northwestern Univ. Cancer Center, and Rauscher immediately appointed Rabson to replace him.

NCI directors have not considered trying to get someone else to run DCBD basically for three reasons: Rabson has proven to be a first rate administrator; he is highly respected as a scientist by his peers; and he can get along with anyone.

Managers of anything, probably no more so in the federal bureaucracy than in the private sector, hate to lose any part of their domain. NCI's various reorganizations brought on some tough infighting, as division directors resisted transfer of programs to other areas. No division suffered more losses of programs, staff, and influence, than DCBD: the clinical

director, surgery chief and director of radiotherapy were all moved to the Div. of Cancer Treatment; the extramural treatment research arm of the Breast Cancer Task Force was moved to DCT; the Breast Cancer Detection & Demonstration Program was moved to the Div. of Cancer Control & Rehabilitation; and finally, in what some might interpret as the ultimate putdown, the imaging research activities in diagnosis were moved to DCT to bring together all NCI radiation research.

Rabson was unflappable through it all. He refuses to spend time or energy being indignant about such things, and has maintained the good will and respect of everyone involved.

The move of imaging research coincided with the NIH decision to concentrate all imaging research within DCT, including a block of grants which had been under the wing of the National Institute of General Medical Sciences.

"At least DeVita is treating the Rabson family even handedly," Rabson was needled. "You lose the rest of your radiation research and Ruth loses $3 million in grants."

"Put that in the Cancer Letter," Rabson laughed.

Ruth Kirschstein, director of NIGMS and the only woman ever to head an NIH institute, is Al Rabson's wife. That gives him another distinction—he is the only person ever to be the husband of an NIH institute director.

Rabson, 55, came to NCI in 1954, he told the NCAB, in response to the action of his local draft board. That was after getting his MD from SUNY (Downstate). He is a pathologist and still heads the Laboratory of Pathology, although he is looking for a replacement. Apparently he has decided that his new job will last for a while.

FOUR NEW DCCP LABS ESTABLISHED WITHOUT NEW POSITIONS, MORE MONEY

Richard Adamson, director of NCI's Div. of Cancer Cause & Prevention, has in the little more than a year since he took over that job established four new laboratories which reflect the division's shift in emphasis from viral carcinogenesis to a mixture of viral and chemical carcinogenesis.

"That was done without new positions or a budget increase, which shows what a good manager he is," NCI Director Vincent DeVita commented to the National Cancer Advisory Board.

The four new labs and their directors have been reported previously in ***The Cancer Letter***. They are Comparative Carcinogenesis, headed by Jerry Rice; Human Carcinogenesis, headed by Curtis Harris; Cellular Carcinogenesis & Tumor Promotion, headed by Stuart Yuspa; and Molecular Oncology, headed by George Vande Woude.

A change in one of the existing labs, Carcinogen Metabolism, involved the appointment of the former chief of that lab, Elizabeth Weisburger, to assistant DCCP director for chemical carcinogenesis. Snorri Thorgeirsson is chief of the lab now.

Scientists in the Comparative Carcinogenesis lab, which is located at the Frederick Cancer Research Facility, are seeking to understand the widely differing effects of cancer-causing chemicals in different species and also in different organs and cells within a given species. Rice's lab will also investigate how susceptibility to cancer changes with growth, particularly during prenatal life, and how cancer formation is affected by diet.

The laboratory has four sections: Nutrition & Metabolism, headed by Lionel Poirier; Perinatal Carcinogenesis, headed by Rice; Tumor Pathology & Pathogenesis, Jerrold Ward; and Ultrastructural Studies, Ursula Heine.

Researchers in the Laboratory of Human Carcinogenesis are investigating control of differentiation and mechanisms of carcinogenesis in human cells. Factors within the individual that determine differences in cancer susceptibility after exposure to carcinogens are also being studied. This laboratory has three sections: Carcinogen Macromolecular Interactions, directed by Herman Autrup; In Vitro Carcinogenesis, and Biochemical Epidemiology, both currently under Harris.

The Laboratory of Cellular Carcinogenesis & Tumor Promotion uses both in vitro and in vivo models to investigate the biological and molecular changes in cells and tissues during chemical carcinogenesis. This lab will have an integrated research program to: (1) define normal regulatory mechanisms for cell growth and differentiation; (2) determine how tumor initiators and promoters alter normal regulation; (3) identify determinants for enhanced susceptibility or resistance to initiators and promoters; and (4) determine how certain substances inhibit carcinogenesis.

The Cellular Carcinogenesis Lab has three sections: Differentiation Control, headed by Luigi DeLuca; In Vitro Pathogenesis, headed by Yuspa; and Molecular Mechanisms of Tumor Promotion, directed by Peter Blumberg.

The Laboratory of Molecular Oncology seeks to identify and isolate genetic elements responsible for tumor formation. This lab will study cellular transforming genes acquired by both avian and mammalian retroviruses as well as develop the technology for isolating transforming genes from chemically induced and naturally occuring tumors.

The new laboratory will have four sections: Carcinogenesis Regulation, headed by Takis Papas, whose studies have had a major impact on understanding the structure and function of transforming genes; Cellular Transformation, headed by John

Bader, who is studying how transforming genes alter the structure of cancer cells; Molecular Control & Genetics, headed by Donald Court, who will study the molecular basis of gene regulation; and Tumor Biochemistry, headed by Vande Woude, who will focus on isolating and characterizing molecular elements responsible for cellular transformation. Dr. Vande Woude and his collaborators are responsible for showing that the transforming potential of a normal cell gene can be activated by viral elements that have properties analogous to movable genetic elements called transposons.

The reorganized Laboratory of Carcinogen Metabolism research will be focused on: (1) the metabolic processing of various classes of chemical carcinogens, such as aromatic amines and amides; (2) the relationship between chemically induced mutations and carcinogenesis; (3) control of gene expression during chemically induced tumor formation; and (4) the role of modifiers of differentiation in the inhibition or promotion of tumor formation.

At this time the Laboratory of Carcinogen Metabolism has one section, Analytical Chemistry, headed by Larry Keefer.

The four new laboratories bring the total number of labs within DCCP's Carcinogenesis Intramural Program to 13. Other labs currently in the program are: Biology, headed by Joseph DiPaolo; Cellular & Molecular Biology, Stuart Aaronson; Chemoprevention, Michael Sporn; Experimental Pathology, Umberto Saffiotti; Molecular Carcinogenesis, Harry Gelboin; Molecular Virology, George Khoury (acting); Tumor Virus Genetics, Edward Scolnick; and Viral Carcinogenesis, George Todaro.

CHOP EVALUATION PLAN TO BE PUBLISHED IN *THE CANCER LETTER* JAN. 22 ISSUE

Next week's issue of ***The Cancer Letter*** will include a 16-page supplement describing "A Plan for Evaluation of the Community Hospital Oncology Programs" developed by 14 CHOP contractors working with ELM Services Inc.

CHOP, funded by NCI's Div. of Resources, Centers & Community Activities, supports the efforts of 23 groups (13 single hospitals, nine urban hospital consortia, and one small community organization) to establish oncology programs. Concern has been expressed in several quarters, including Congress, on whether results of the program would be adequately evaluated. The 14 contractors decided, they said, "to develop a sophisticated evaluation of their local CHOP programs as well as key national questions regarding the CHOP concept and community cancer care."

The Cancer Letter is publishing the evaluation plan as a service to readers with an itnerest in community oncology, especially those considering participating one way or another in the new Community Clinical Oncology Program.

ACCC ANNUAL MEETING EXPANDED TO FOUR DAYS INCLUDING ONE ON CANCER CONTROL

The Eighth National Meeting of the Assn. of Community Cancer Centers will be a four day affair this year, one day longer than the previous gatherings, expanded to include a full day for "Progress in Cancer Control III," a joint session of ACCC and the Assn. of American Cancer Institutes.

The meeting is scheduled for March 4-7 at the Hyatt Regency Hotel on Capitol Hill in Washington D.C.

Lester Breslow, dean emeritus of the UCLA School of Public Health and a member of the Board of Scientific Counselors of NCI's Div. of Resources, Centers & Community Activities, will deliver the keynote address for the cancer control meeting, "From Cancer Research to Cancer Control."

Bernard Fisher, member of the President's Cancer Panel and chairman of the National Surgical Adjuvant Breast & Bowel Project, will be the speaker at the annual luncheon March 6. His topic: "The Value of Community Involvement in Cooperative Clinical Trials."

The meeting will open March 4 with congressional briefings by ACCC President Herbert Kerman, Government Relations Committee Chairman John Travis, and Executive Director Lee Mortenson. Members then will conduct their annual blitz of Capitol Hill, visiting as many congressmen, senators and staff members as they can find.

A meeting of the Clinical Research Committee will be open, starting at 3:30 p.m., with discussions centered on the Community Hospital Oncology Program and fledgling Community Clinical Oncology Program. A general session will start at 4 p.m., with ACCC President-Elect David Johnson talking on "The Hospital Outlook in Community Cancer Care," Mortenson discussing CCOP, and Paul Anderson, Penrose Cancer Hospital, talking on "Cancer Control and Clinical Research."

The cancer control meeting March 5 will be opened by Paul Engstrom, director of cancer control, education and training at Fox Chase Cancer Center, and Anderson. Following Breslow's address, simultaneous scientific sessions will be held on:

"Impact of Network Organization on Cancer Control," chaired by Rosalie Kane, Rand Corp.

"Research Design Appropriate for Cancer Control," chaired by Marie Swanson, Dept. of Social Oncology at the Michigan Cancer Foundation.

"Cancer Control in the Community Hospital and the Community," chaired by Gale Katterhagen, director of oncology at Tacoma General Hospital

and a member of the National Cancer Advisory Board.

"Psychosocial Support for Cancer Patients," chaired by Joseph Cullen, deputy director of the UCLA Jonsson Comprehensive Cancer Center.

The general session March 6 will be on the topic, "Directions for Clinical Cancer Research in the Community," moderated by Edward Moorhead, chairman of the Clinical Research Committee. Other speakers will be Charles Moertel, director of the Mayo Comprehensive Cancer Center and chairman of the DRCCA Board's Subcommittee on Community Oncology & Technology Transfer; and Stephen Carter, director of the Northern California Cancer Program and chairman of the DRCCA Board.

Peter Greenwald, DRCCA director, will speak on "The National Cancer Program and Community Cancer Care." Richard Steckel, director of the UCLA center and current president of AACI, will speak on "The Growing Relationship of Community and Comprehensive Cancer Centers."

Another general session is scheduled for March 6 on the topic, "Multidisciplinary Problems in Clinical Research in the Community," moderated by Thomas Tucker. Raymond Rhodes, Penrose hospital, and James Donovan, associate administrator of the Health Care Finance Administration (which administers Medicare and Medicaid), and the first ACCC president, will speak on "The Administrative Challenge." Laurie Picus, Penrose hospital; Douglas Hall, Kalamazoo CHOP; Bernice Harper, author of "Death: The Coping Mechanism of the Health Professional;" and Charles Seashore, psychologist, will speak on "Staff Burnout on the Oncology Unit."

Workshops March 6 will be conducted on:

"Biomedical Data Systems for Research in the Community," chaired by James Murphy, Univ. of Colorado and Penrose hospital, with panel members Bruce Blum, Johns Hopkins, and Richard Gams, deputy director of the Alabama Comprehensive Cancer Center.

"Organizing Research in the Community," chaired by Gilbert Friedell, program director of the National Bladder Cancer Project, with panel member John Speer, director of research at Penrose hospital.

"The Nurse's Role in Clinical Trials," chaired by Joanne Hayes, administrative director of the Bergen-Passaic CHOP, with panel members Jennifer Guy, Grant hospital; and Ann Foltz and Michele Donehower, Univ. of Maryland Cancer Center.

"Interdisciplinary Team Building in the Community Care Setting," chaired by Charles Seashore, with panel member Bernice Harper.

The meeting will conclude March 7 with community cancer care abstracts sessions on:

"Organization and Management of Research in the Community," chaired by John Yarbro.

"Innovations in Community Cancer Nursing," chaired by Connie Yarbro.

"Innovations in Management Guidelines and Technology Transfer," chaired by Thomas Tucker.

"Innovations in Terminal Care," chaired by Ann Katterhagen.

NEW PUBLICATIONS

"Decade of Discovery: Advances in Cancer Research 1971-1981," edited by Paul Van Nevel, Lorraine Kershner, and Melva Weber of NCI's Office of Cancer Communications. Succinct reports, with color photos, of progress in treatment, diagnosis, and basic research. Free from OCC, NCI, Bethesda, Md. 20205.

"Methods and Impact of Controlled Therapeutic Trials in Cancer," Parts 1 and 2. Part 1 is edited by P. Armitage, D. Bardelli, D.A.G. Galton, E.A. Gehan, G.A. Higgins, K. Magnus, A.B. Miller, S.J. Pocock, R. Saracci, and R. Flamant. Part 2 is edited by N. Cascinelli, H.L. Davis Jr., R. Flamant, Y. Kenis, C.M. Lalanne, F.M. Muggia, M. Rozencweig, M.J. Staquet, and U. Veronesi. UICC technical reports volume 36 and 59, price $16 and $19 respectively. Available only from Hans Huber Publishers, Laenggassstrasse 76, CH 3000, Bern 9, Switzerland.

"Bladder Cancer," from a series of workshops on the biology of human cancer, edited by P. Skrabanek, and A. Walsh. UICC technical report series volume 60, $16, address above.

"Public Education about Cancer—Recent Research and Current Programs," edited by Patricia Hobbs. UICC technical report series volume 62, address above, $10.

"Breast Cancer: An Update," a 50 minute videotape presentation of Rose Kushner's lecture on possible causes, self examination and early detection, how to get a positive diagnosis, treatments available with and without breast removal, and plastic surgery for breast reconstruction. Available from Video Images Inc., 8409 Dixon Ave., Silver Spring, Md. 20910. Purchase price, $300; rental, $100 for one week plus $50 deposit. Tape format, 3/4 inch professional cassette, Beta, or VHS.

"The Causes of Cancer: Quantitative Estimates of Avoidable Risks of Cancer in the U.S. Today," by Richard Doll and Richard Peto. The provocative and controversial article which first appeared in the *Journal of NCI,* June, 1981. Oxford Univ. Press, 200 Madison Ave., New York 10016, price not listed.

"Breast Cancer: The Facts," by Michael Baum. For breast cancer patients—risk factors, prevention, diagnosis, treatment. Oxford Univ. Press, address above. Price $11.95.

"Molecular Interrelations of Nutrition and

Cancer," edited by Marilyn Arnott, Jan van Eys, and Yeu-Ming Wang. The 34th M.D. Anderson Symposia on Fundamental Cancer Research. Raven Press, 1140 Ave. of the Americas, New York 10036, $58.

"Pathology Annual," edited by Harry Ioachim. Raven Press, address above, $42.50.

SMOKING CONFERENCE LISTS PRIORITIES FOR ACTION BY FEDERAL GOVERNMENT

Steps for immediate action to give new impetus to the smoking control program were formulated at the recent national conference on smoking or health organized by the American Cancer Society.

More than 200 conference participants drafted a list of priorities for action by Congress, the federal executive branch and judiciary. These included:

—Increasing the federal excise tax on cigarettes by three to four times the present level.

—Eliminating federal price supports for tobacco and removing tobacco from the Food for Peace Program.

—Maintaining all the activities of the Office of Smoking & Health.

—Developing a rotating series of stronger warning messages on cigarette packages and advertising.

—Disclosing the quantity and identity of all chemical additives in cigarettes by their common names.

—Enacting legislation to require manufacturers to develop and market self-extinguishing cigarettes to reduce burn injuries and death.

—Requiring the Dept. of Defense to charge no less than prevailing general market rates for cigarettes sold at military installations.

Ten work group reports include a strong recommendation for the formulation of an effective coalition of national, state, and local organizations to support and promote smoking control programs.

These programs would affect school health education, hospital policies, worksite regulations, government action, research support, smoking cessation program development, advertising regulations and mass media involvement.

Merlin DuVal, president of the National Center for Health Education, in commenting on the preliminary report, called it a "landmark contribution. It will create a new instrument to combat the single most important cause of illness and death in this country today—cigarette smoking."

According to conference chairman Charles LeMaistre, president of the Univ. of Texas System Cancer Center, the final detailed report of the conference containing strategies for implementation of the program will be issued within the next few months.

The conference was organized by the American Cancer Society and was cosponsored by American Assn. of Occupational Health Nurses, American College of Chest Physicians, American Dental Assn., American Health Assn., American Hospital Assn., American Lung Assn., American Nurses' Assn., American Occupational Medical Assn., American Public Health Assn., American School Health Assn., International Assn. of Heat & Frost Insulators & Asbestos Workers, March of Dimes, National Interagency Council on Smoking & Health, National Congress of Parents & Teachers, National Education Assn., Society for Public Health Education, the American Assn. for Thoracic Surgery, and the U.S. Defense, Education, and Health & Human Services departments.

NCI CONTRACT AWARDS

Title: Comprehensive cancer centers communications network, one and one half month extensions

Contractors: UCLA, $26,273; Memorial Hospital for Cancer & Allied Diseases, $30,497; Sidney Farber Cancer Institute, $30,068; and Univ. of Miami, $32,383.

Title: Therapy of patients with large bowel carcinoma, modifications

Contractors: New York State Dept. of Health/Health Research Inc., $6,667; and Albany Medical College, $3,200.

Title: Phase 1 study of dihydroxyanthracenedione (DHAD) on a daily x 5 schedule in children, task order

Contractor: Illinois Cancer Council, $42,872.

Title: Conference and analytical support services

Contractor: JWK International Corp., $976,313 (Small Business Act award).

The Cancer Letter _Editor Jerry D. Boyd

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