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DRCCA BOARD VOTES TO PULL NCI OUT OF JOINT PROGRAM WITH OSHA FOR WORKPLACE EDUCATION AND PREVENTION

The Dept. of Labor has "precipitously dismantled" the "New Directions" worker education and prevention program it has supported jointly with NCI through the department's Occupational Safety & Health Administration, substantially reducing its contribution to the program which supports 134 grants, 68 of them cancer related, and eliminating peer review of those grants.

(Continued to page 2)

In Brief

NO DECISION YET ON HOW CALGB CUTS WILL BE MADE; WYNGAARDEN OF DUKE WILL BE NEW DIRECTOR OF NIH

CUTBACKS IN Cancer & Leukemia Group B activities are still being pondered by executives of the cooperative group and NCI. No decision has been made to eliminate some or all of the group's solid tumor studies, a suggestion coming out of the recent review by the Cancer Clinical Investigation Review Committee. The group will have to deal with a substantial reduction in its budget one way or another. . . . **CORRECTION:** The Jan. 8 article on CALGB in ***The Cancer Letter*** included a historical error. Cancer & Leukemia Group A, which initially performed trials only with pediatric hematologic malignancies, was not split up and absorbed by other groups. Instead, as childhood solid tumor studies were added, its name was changed and is now the very successful Childrens Cancer Study Group, with 600 participating physicians and 7,500 patients on active studies. Another correction: the new Pediatric Oncology Group was formed after the pediatric division of the Southwest Oncology Group was disapproved by CCIRC. The SWOG division had been formed from elements of the CALGB pediatric division which had previously been disapproved. Major problem with the CALGB and SWOG pediatric divisions was that they could not accumulate a "critical mass" of patients to adequately carry out studies. POG has a more favorable future, recruiting new people and institutions. . . . **JAMES WYNGAARDEN**, chairman of the Dept. of Medicine at Duke Univ. Medical School, will be the new director of NIH. HHS Secretary Richard Schweiker has confirmed that Wyngaarden is the choice and that President Reagan will make the announcement within a few weeks. Wyngaarden's research activities have been primarily in metabolic diseases and arthritis. He has been a strong supporter of the development of the Duke Comprehensive Cancer Center and is a member of the center's advisory committee. . . . **PRESIDENT'S CANCER PANEL** meetings will go on the road starting in March. The Panel will meet March 29 at Harvard to hear from Boston area scientists on NCI, NIH grant policies. Another meeting is tentatively planned for Los Angeles June 22.

OSHA BREACH OF AGREEMENT CONVINCES DRCCA BOARD TO END NCI PARTICIPATION

(Continued from page 1)

The Board of Scientific Counselors of NCI's Div. of Centers, Resources & Community Activities voted to withdraw NCI's contribution of $4.5 million to the program and fund only those grants which can pass NCI peer review at respectable priority scores, as far as the earmarked money will go.

DRCCA executive Veronica Conley told the Board that the late Margaret Sloan, who was chief of the DRCCA Occupational Medicine Branch, had estimated that about 16 of the cancer related grants would get through NCI peer review. The 16 would cost approximately $3 million a year.

The "New Directions" program was considered a milestone effort in promoting cancer prevention among workers. The interagency agreement under which those grants were funded was signed in 1978 and was intended to extend over a nine year period. "It seemed at that time that the joining of forces by those two agencies would prove ideally advantageous to both in fulfilling in the least possible time their respective mandates in the prevention of occupational cancer," an NCI report to the DRCCA Board said.

Of the 68 cancer related grants, 32 were to labor unions, 19 to universities, two to trade associations and 15 to voluntary organizations. The major responsibility for review, monitoring and management was by a large national staff in OSHA's Office of Education & Training, supplemented by staff in OSHA regional offices.

"According to semiannual reports of the NCI project officer," the NCI report said, "the relationship between the two agencies appeared to be a satisfactory one until the spring of 1981." Sloan was the project officer. "Shortly after the $4.5 million in FY 1981 funds were transferred to OSHA from NCI, unilateral actions were taken by OSHA which could be regarded as a breach in the agreement. These actions related to the review and monitoring process, formal evaluation of the program, and the planned course on carcinogens. With these actions, it became apparent that more aggressive monitoring and management by NCI was essential.

"As a first step, in close cooperation with OSHA staff, NCI staff participated in the review of all cancer related renewal applications and made decisions on the amounts of NCI funds to be awarded each grant. These reviews gave rise to the overall impression that there is much ongoing educational activity, with considerable numbers of workers being reached. However, there appeared to be weaknesses in the educational designs of the programs, and in particular, in their assessment of impact of their programs on worksite cancer prevention.

"Fifteen applications from high priority grantees were reviewed a second time with the assistance of an evaluation consultant. The conclusion was that there is potential for assessing and measuring impact on prevention, but as the program designs now stand they are essentially educational programs with any structured evaluation limited to how many workers are trained and the degree to which their knowledge and understanding has been increased. However, the applications revealed a sufficient number of references to impact on worksite cancer prevention that the potential for restructuring their evaluations toward measurements of prevention impact was encouraging. This potential could be further clarified by an exploratory evaluation, as a precursor to the structuring of more formal evaluation protocols by the grantees. The exploratory evaluation is particularly suited to new and not fully explored areas wherein there is a need to assess and recommend realistic and reasonable measurements of program impact."

The New Directions program evolved from an earlier NCI-OSHA program which supported five contracts aimed at increasing worker awareness of occupational cancer hazards. That effort identified several concepts for future worker education programs which were incorported into the design of New Directions. They were:

- A federally funded worker education program can be promoted successfully only if the funding agency has established beforehand a climate of understanding, trust and cooperation with both labor and management.
- A worker education program exclusively on cancer prevention will experience more difficulties with both labor and management than will a broader program which includes other health hazards as well.
- A worksite cancer prevention education program to be effective must be peer oriented and directed with greater involvement of labor unions. Workers regard such groups as peers and representative of them. Furthermore, unions have access to the worksite and they have influence over and access to plant management in the development and implementation of safety and health policies.
- The competencies of local unions must be enhanced and expanded. Funds must be provided for adequate scientific and technical staff and for the appropriate use of consultants and other resources, while at the same time motivating these grantees to become increasingly self-sufficient.
- Supportive resources, such as the labor related programs of universities, trade associations and occupational safety and health community groups, should be funded to supplement and provide backup to the unions and also to implement programs for which they are well qualified such as those for non-union workers and small business employees.

• Federally funded programs which are designed to train the trainers have more likelihood of success than those directed toward large masses of individual workers.

• Worker programs are exorbitantly expensive when federally initiated and implemented and are self-limiting in terms of length of support. Therefore, funded organizations must make an ongoing local contribution to the federal funds and as rapidly as possible become self-sufficient as the federally funded program progresses.

The NCI report continued:

"Since OSHA had developed effective channels for cooperation with labor and related groups, it seemed at that time more appropriate and reasonable for NCI to pursue its goals of worker education in the prevention of occupational cancer in close cooperation with OSHA, rather than to try to develop an independent program. Under this interagency agreement, grants were made to unions, trade associations, academic institutions and foundations which had applied for support for worker education programs in occupational safety and health hazards. The grants were intended to be funded for one planning year followed by from one to five years for development and implementation of programs. Funding levels were to diminish in the latter part of the nine year agreement with the understanding that the grantees would assume responsibility for continuation when federal support ended. The total NCI component was expected to reach $12.9 million over the total period of the agreement, which was to be renegotiated every year. The total OSHA component was projected to reach $151.9 million.

"The agreement initially had several components within its scope of work. It was modified early in FY 1981 to accomplish only the following: (1) continue support for the cancer related parts of the New Directions grants; (2) develop an intensive training course on carcinogens in the workplace to be offered at the OSHA Training Institute for OSHA compliance personnel and other appropriate groups; and (3) support workshops or conferences on industry-labor cooperation in the prevention of carcinogenic exposure and other appropriate subjects. In April 1981, the agreement was renegotiated for the fourth time and the sum of $4.5 million FY 1981 funds were transferred from NCI to OSHA for the support of cancer related New Directions grants."

By then, however, the Reagan Administration had taken over, and Thorne Auchter, Reagan's appointee as OSHA administrator, entered the scene.

The NCI report noted that shortly after the April renegotiation, Auchter made the following decisions:

–Peer review would be discontinued for all New Directions grant applications including cancer related grants.

–Review of applications would be carried out by OSHA staff in the OSHA regional offices. OSHA national staff would not have review responsibilities.

–Monitoring responsibilities were transferred to the staff of OSHA regional offices. OSHA national office staff would have no monitoring responsibilities.

–The planned course on cancer hazards to be conducted at the OSHA Training Center in Chicago, as part of the interagency agreement scope of work, would not be given.

–The evaluation plan for the total New Directions program developed by an outside consultant would not be undertaken, although some type of evaluation might be carried out in the future (sometime later it was discovered that the $1 million which the Office of Education and Training staff believed was in the budget for evaluation actually did not exist).

"The foregoing items, which were changed unilaterally by OSHA, were either included in the scope of work of the interagency agreement between NCI and OSHA or existed as informal understandings between the staffs of both agencies," the NCI report said. "With these unilateral changes, the atmosphere of confidence which had surrounded the OSHA management of the cancer related grants under the interagency agreement deteriorated, and further support beyond the FY 1981 funds by NCI was placed in jeopardy."

The report said that OSHA delayed release of 1981 funds, both its own and NCI's contribution until early November, more than a month after the 1981 fiscal year had expired. The OSHA explanation was that the White House Office of Management & Budget had refused to authorize release of OSHA funds. Under pressure from NCI, OSHA released NCI funds in early November, and OSHA's contribution was not released until the last week of November, even then at reduced levels.

OSHA executives told NCI staff that peer review was dropped in favor of review by OSHA staff because it was felt that the nongovernment reviewers had too many close ties with the grantees, setting up the possibility of conflicts of interest.

DRCCA Board member Kaye Kilburn, chairman of the Board's Occupational Cancer Subcommittee, commented that OSHA's actions "rather precipitously dismantled" the program.

He said the subcommittee recommended that NCI's support be continued but with a better evaluation mechanism and with peer review by an NCI established study section.

Kilburn said the "general feeling is that these are valuable to very valuable." He said some of the perceived deficiencies in the programs were due more to lack of sophistication in grantsmanship rather than in performance. He said Sheldon Samuels, member of the National Cancer Advisory Board and

health director for the AFL-CIO Industrial Union Dept., had described the grantees as "nonbureaucrats who don't know how to deal with paper." Site visits by NCI staff tended to confirm that grant applications did not reflect the depth and extent of ongoing activities.

Kilburn noted that many of the activities had become institutionalized and that cutoff of federal funds therefore would not stop them. The $4.5 million contributed by NCI represents 80 percent of NCI efforts in occupational cancer.

DRCCA Board member Norbert Roberts commented that "we were in the position of providing a catalytic role, and we got some things started."

"People are not asking for money, they're asking for information and advice on how to do things," Kilburn said. "I got the feeling that the steelworkers, for one, have accomplished a lot. Most of the money comes from other sources, and NCI seed money has helped."

"What extent does NCI control how the $4.5 million is spent?" Board member Ernst Wynder asked.

"That's a problem," DRCCA Director Peter Greenwald said. "OSHA has withdrawn its own money and dismantled the peer review system. I think that if it is continued, we should bring it into NCI peer review."

"I'm unhappy enough if we don't spend wisely ourselves," Wynder said. "Doubly so if we give it to someone else and it's not spent wisely." Wynder asked Greenwald how his division would assure that the money is spent wisely.

"First, bring it back to NCI as soon as possible," Greenwald said. "Second, recruit a new branch chief (to replace Sloan, who died in December)."

"OSHA, EPA and similar agencies grew up because NIH, specifically NCI, were not devoting attention to (environmental and occupational cancer)," Board member Lester Breslow said. "But the other agencies floundered. They never have had a competent cadre of health personnel. I concur thoroughly that this division should resume leadership. I regard this as a nucleus. Attention should be given not only to recruitment of personnel, which will be difficult because of the lack of training of this field, but also it would be appropriate to devote some money to training."

Breslow said cancer control programs in the workplace should be linked with general health promotion efforts occuring there now. "Watch carefully to see that any cancer money goes for that purpose."

"Are these grants scientifically designed programs that can be evaluated?" Board member Charles Moertel asked. "What I heard here is that, well, these are nice guys and we ought to continue them."

"Some are emerging with good science," Kilburn said. "They were not originally designed and set up that way, but I think they can develop into good scientific programs."

"How long would you given them to develop?" Moertel asked.

"I had in mind two years," Kilburn said.

"We can let peer review determine if they are scientifically sound," Greenwald said.

Board Chairman Stephen Carter asked for a vote on recommending that NCI retain control of the $4.5 million in 1982 fiscal year funds committed to the program and funding only those projects which pass peer review. It was approved, with Moertel not voting.

OSHA's support of the program in the current, 1982, fiscal year will be reduced substantially. The reduction is based entirely on the overall budget cut imposed on the agency, an OSHA spokesman told *The Cancer Letter.*

The spokesman said he could offer no rationale for the changes in the agreement which offended NCI, including the decision to do away with outside peer review. He insisted that OSHA intended to continue New Directions and expressed surprise that the DRCCA Board had recommended NCI's withdrawal.

If NCI follows the Board's recommendation, there probably is not enough time to renew the projects it supports through the grant process. It is possible they will be funded as contracts, but only after peer review.

DRCCA BOARD OKAYS CHEMOPREVENTION RFA, GUIDELINES FOR GRANT REFERRALS

NCI finally has kicked off the effort promised by Director Vincent DeVita to substantially increase support of chemoprevention research, including clinical trials.

The Board of Scientific Counselors of the Div. of Resources, Centers & Community Activities has approved a request for applications for grants to study the role of natural inhibitors in the prevention of cancer. The RFA earmarks $2 million for the studies, and NCI expects to make as many as six awards.

The tentative schedule calls for publication of the RFA by March 1, with proposals due no later than June 1. Review would be completed in time for the National Cancer Advisory Board's concurrence at its October meeting. Although that would place the award date after the start of the 1983 fiscal year, NCI hopes that provisions can be made to fund the grants with 1982 money.

Winfred Malone, program director in the Preventive Medicine Branch, presented a draft of the RFA to the Board. Some members were critical of certain aspects of the draft, and revisions will be made for the final publication. The proposed draft follows:

The Div. of Resources, Centers & Community Ac-

tivities is interested in supporting studies through the grant mechanism which are directed at examining the role of several natural inhibitors in the prevention of cancer.

The proposed studies should seek to (1) elucidate further the protective effect of several natural inhibitors in reducing the incidence of various site specific cancers, and (2) lead to a greater understanding of the extent, or action, of several natural inhibitors on the cancer prevention process in humans. Clinical and epidemiological studies are being requested to develop basic information which may be helpful at a later date in decision making with regard to the application of the compounds in clinical trials for chemoprevention.

Chemoprevention refers to the intake or use of chemical agents to interrupt a sequence of events leading to malignancy, or that follow the exposure of an individual to carcinogenic agents which may result in the development of malignancy. A number of natural inhibitors including vitamin C, beta carotene, vitamin A or its analogs, selenium and alpha tocopherol have been associated, in animals or test systems, with the inhibition of carcinogenesis or have been associated with reduced cancer incidence, in epidemiological investigations. A number of mechanisms for their effects have been postulated including increased detoxification of the carcinogen, alteration of metabolism by decreased activation, scavenging of the active molecular species, prevention of the carcinogenic agent from reaching a critical target in the cell, altering permeability or transport, and competitive inhibition.

Because of the numerous reports concerning the effectiveness of these compounds in interfering with carcinogenesis in animals and the many epidemiological studies suggesting a possible negative association with cancer incidence, especially in diet and nutrition studies, this RFA is announced.

The purpose of this RFA is to solicit applications from qualified investigators interested in furthering the understanding of the role of beta carotene, vitamin A or analogs, vitamin C, selenium and alpha tocopherol in the prevention of cancer.

The studies envisioned include, but are not necessarily limited to, the following approaches.

1. A. Case control studies—involving retrospective studies utilizing cancer patients and suitable matched controls to study the possible relationship of the designated inhibitors with cancer incidence. These studies may also include investigation of appropriate biological indicators such as serum markers, enzyme levels, etc.

B. Alternate approaches would involve the study of existing data bases with accurate intake information on the designated compounds and the subsequent development of cancer in a defined population.

2. Cohort studies—involving a population which has consumed varying levels of the designated inhibitors. The investigator would subsequently determine the relative risks of cancer incidence through follow-up of the population over a number of years. Examination of appropriate biological indicators of intake are also desired.

3. Safety and adverse health effects studies—Human studies examining the long term consequence of chronic intake of various compounds to monitor for possible adverse health effects. These studies would be initiated in defined populations identified as having high intake levels of the inhibitors. Approaches might be either case control or cohort studies. Wherever possible collection and assessment of this data should be incorporated in the studies listed in (1) or (2). Understandings gained through these investigations would also be valuable in examining the feasibility of conducting clinical trials.

4. Risk reduction clinical trials—A Fourth category of interest involves populations known to be at very high risk but free of neoplasia, or at high risk with identified precursors or pre-cancerous lesions. These studies would require the administration of the designated natural inhibitors in a randomized study with followup to determine the effect of the compound. Studies of populations already having neoplastic lesions are not acceptable within the scope of this RFA. Proposals involving populations having neoplastic lesions may be submitted elsewhere in accordance with appropriate grant guidelines and may be of interest to other components of NCI. Such proposals would not be responsive to this RFA but would be handled through the usual grant-review process.

Board member Charles Moertel objected to the section inviting proposals for retrospective studies with cancer patients and matched controls.

"I wonder if it is appropriate to put NCI and this Board behind retrospective studies," he said. "Our experience in treatment research is that use of retrospective historical controls produce erroneous, confusing results. We are already presented with dubious claims on vitamins in preventing cancer. I question the advisability of putting $2 million into retrospective studies."

DRCCA Director Peter Greenwald said, "We thought seriously about that. It may be quite feasible to get accurate information retrospectively if it is done well. It was done with estrogens and endometrial cancer. It may be more difficult with diet studies."

"I admire your optimism," Moertel said. "With chemotherapy, we have more definite information to start with, exact dosages that are far more accurate than someone's record of vitamin pills. It is conducted by good investigators, at good institutions,

and still has produced erroneous results."

"In endometrial cancer, you can't explain away six to 10 fold differences," Greenwald said. "It was very convincing, and this is a very valid avenue of research, a valid and proven approach, the way we found out about smoking and cancer. Competence can be determined in peer review."

"A good investigator can use a poor tool and get erroneous information," Moertel insisted.

"This is a good tool when properly and appropriately used," Greenwald said.

"A lot of people are doing case control studies," Board member Ernst Wynder said. "I would encourage people doing case control studies to add some epidemiological elements. What type of people (as research subjects) do you have in mind?"

"High risk groups," Greenwald said. "Smokers exposed to asbestos, and those with genetic predispositions, as examples."

Board member Kaye Kilburn also objected to the retrospective studies. "So many of us have been burned. They're okay if done very well, but I think a prospective study offers many more possibilities."

"We want to be putting as much money as possible as soon as possible into the intervention side," Board member Lester Breslow commented.

"I agree, but with some (interventions) we aren't likely to find out more than we already know," Greenwald said.

Greenwald agreed to modify the RFA, reducing the emphasis on retrospective studies.

Board Chairman Stephen Carter was concerned about the thrust of the program. Noting that the RFA, and the development of chemoprevention referral guidelines (see below) dealt with investigator initiated (R01) grants, Carter said, "The issue I see, and one the Chemoprevention Subcommittee never resolved, is how much emphasis will there be on targeted areas, such as drug development and clinical trials? These (the RFA) are an effort to stimulate more research in the area but are not related to a program."

"We're working on programmatic guidelines and review guidelines," Greenwald said.

"In chemoprevention, I would like to see greater coordination from NCI rather than less," Wynder said. "You are the coordinator of chemoprevention programs in NCI. I'm a great believer in coordination. Let's learn from the chemotherapists." Commenting that he recently attended a meeting of the National Surgical Adjuvant Breast & Bowel Project, Wynder said, "I have never seen anything so well organized. Bernie Fisher has 47 people organizing the organizers."

"One of the questions is, do we want to develop a drug program modeled on the Div. of Cancer Treatment's Drug Development Program?" Carter said. "A second issue is the problem of coordinating across division lines. Ideally, it ought to be done by one person. It has to come from the (NCI) director. Give him the power to coordinate. In my experience at NCI, it was easy to say but difficult to accomplish."

Greenwald said his division has the coordination role in the diet and nutrition and smoking programs. "My impression is that it's been done weakly, a compiling of what's gone on after the fact."

The referral guidelines are for use by NIH's Div. of Research Grants in assigning grant applications to the appropriate institutes and divisions.

Greenwald said those grants, as well as the ones responding to the RFA, would be R01s and would not be funded from cancer control money.

"It would be a disaster to target all these as R18s (cancer control grants) and let them compete against the diminishing cancer control dollars," Carter said.

Mary Ann Sestili, special assistant to the DRCCA director, presented the referral guidelines to the Board. Although they are not intended to stimulate grant applications, they might be helpful to those preparing grant applications, as a clue to the types of proposals NCI expects to receive. The guidelines follow:

Chemoprevention, defined as the use of natural or synthetic agents administered to prevent, inhibit or reverse one or more of the stages of carcinogenesis, is a new program area in the NCI Div. of Resources, Centers & Community Activities. It supports studies which include eight types of agents in two major research program areas.

The types of agents include: Beta carotene and the carotenoids, ascorbic acid, alpha-tocopherol, selenium and other trace minerals, retinoids—natural and synthetic, phenolic inhibitors, protease inhibitors, prostaglandin synthesis inhibitors.

The two research program areas include:

—Epidemiological investigations involving studies of consumption and usage of chemopreventive agents and clinical trials related to using these same agents.

—Investigations directed to answer preliminary questions such as toxicity and agent application prior to launching large scale epidemiological studies.

To be more specific the following are identified as topics in each research program area:

Research Area 1—

- Identify populations at risk (e.g. familial, personal life style, occupational, environmental) as appropriate groups to study the effect that chemopreventive agents have on inhibiting the onset or progression of cancer.
- Development of appropriate data bases for the monitoring of vitamin and produce intakes identified as having potential chemopreventive significance in the general population.
- Develop methods for assessing and validating intakes of vitamins, certain trace minerals and other

nutritionally related chemoprevention substances.

• Develop epidemiological investigations to test specific hypotheses relating to chemoprevention.

• Determine if, and at what levels, chemopreventive agents from food intake are considered to be protective against cancer onset or progression.

• Design and conduct observational studies in populations who use micronutrients in the form of vitamin supplements and the reduction in cancer incidence in these groups.

• Determine the length of exposure time to chemopreventive agents required for effective reduction in cancer incidence.

• Delineation of observations which could lead to the development of hypotheses to be clinically tested.

• Identification of observations that would promote new basic science investigations into cancer etiology and/or preventive strategies.

• Determination of appropriate biological indicators or monitors of chemopreventive agent intake.

• Design and conduct clinical trials in well defined populations to test for the efficacy in inhibiting the onset of or retardation of the progress of neoplastic changes. These populations may include:

—Primary prevention of cancer onset in high risk populations (predisposed to cancer by genetics, life style, occupation or environment) without neoplastic changes.

—Clinical trials on patients with precancerous or pericancerous lesions and on other high risk populations with preneoplastic changes.

Research Area 2—

• Determine the dose-response relationship to test for acute and chronic toxicity and mutagenicity of chemopreventive agents in both animal and human populations, the latter being a prelude to phase 1 of clinical trials.

• Examine the long term toxicity of dosing with various chemopreventive agents in appropriate animal and human models.

• Using appropriate model systems assess the benefit-risk ratio of chemopreventive agents in the prevention or retardation of cancer as opposed to toxic side effects.

• Design appropriate delivery systems and appropriate vehicles for the regional application of chemopreventive agents.

SOME CANCER CONTROL PROJECTS ON THIN ICE AS BOARD EYES FUNDS FOR OTHERS

A number of existing programs supported by NCI's Div. of Resources, Centers & Community Activities are in jeopardy, facing funding reductions or phaseouts due either to (1) budget restrictions caused by the overall limit applied to NCI and by changing priorities or (2) the attitude of the current Board of Scientific Counselors of the division. Examples:

—Centralized Cancer Patient Data System. This program supports development of computer based systems at cancer centers, at a cost of $3 million a year. The funding mechanism has been grants, but NCI staff has decided to change that to cooperative agreements.

"The Board has never reviewed CCPDS for concept," DRCCA Director Peter Greenwald said. "A subcommittee will consider it and report at the next meeting. If the concept is not going to be approved, you might ask why mess around with changing the mechanism?"

Because the grants will be up for renewal soon, and if a change is to be made, the process needs to be started now. Board members seemed cool to the prospect of approving the concept when it does come up and grumped about changing the mechanism first. Despite Board Chairman Stephen Carter's comment that the vote was limited to the mechanism change and not CCPDS concept approval, only four voted for the change, the others passing. CCPDS is in trouble.

—Breast Cancer Detection Demonstration Project. This much maligned effort, which cost more than $10 million a year at its peak, is now in the followup phase, to 1986, at an annual cost of $3 million. "That's throwing good money after bad," Board member Ernst Wynder complained. Greenwald said the followup would be given concept review at the Board's next meeting.

—Cancer Communications Network (formerly known as the Cancer Information System). At a cost of $3.4 million a year, this supports toll free phone systems at various cancer centers to answer questions from patients, persons suspecting they might have cancer, professionals, etc., and other services. This is another project toward which the Board has shown some coolness in the past. It also will be up for concept review at the next Board meeting.

—Lung cancer screening study. The Board was not enthusiastic about this program, which costs $2 million a year. But the project is being administered by the Div. of Cancer Biology & Diagnosis, and that division's Board recently renewed the concept, albeit reluctantly. "There's no judgment we can make, and it's our money," Wynder wailed.

—Veterinary pathology. Bet the rent money this is one program which will get the ax when it comes up for concept review. It is only costing $280,000 a year, but Greenwald pointed out it was started to support the National Toxicology Program when NTP was part of NCI. With NTP now administered and funded through NIEHS, it is not likely to be high up on NCI priority lists.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR FEB., MARCH, FUTURE

National Cancer Advisory Board—Feb. 1-3, NIH Bldg 31

Rm 6, open Feb. 1, 8:30 a.m.–5 p.m. and Feb. 3, 8:30 a.m.–adjournment.

Frontiers in Hematology/Oncology–Feb. 1-5, Sugarbush Inn, Warren, Vt. Contact Linda Bonacquisti, Program Coordinator, Div. of Oncology, Albany Medical College, Albany, N.Y. 12208, phone 518-445-5361.

NCI Div. of Cancer Treatment Board of Scientific Counselors–Feb. 8-9, Old Prudential Bldg., M.D. Anderson Hospital, Houston. Open Feb. 8, 8:30 a.m.–4:30 p.m., Feb. 9, 8:30 a.m.–adjournment.

Soft Tissue Sarcoma–Feb. 11, Roswell Park continuing education in oncology. Contact Gayle Bersani, Cancer Control Coordinator, RPMI, 666 Elm St., Buffalo, N.Y. 14263, phone 716-845-4406.

Cancer Clinical Investigation Review Committee–Feb. 22-23, NIH Bldg 31 Rm 6, open Feb. 22, 8:30–9:30 a.m.

First International Conference on the Modulation and Mediation of Cancer by Vitamins–Feb. 23-26, Arizona Health Sciences Center Auditorium, Tucson. Sponsored by the Univ. of Arizona Cancer Center. Contact Mary Humphrey, Univ. of Arizona Cancer Center, Tucson 85724.

Second Annual Postgraduate Course of Current Approaches to Radiation Oncology, Radiobiology, and Clinical Physics–Feb. 24-26, San Francisco. Contact Extended Programs in Medical Education, UC School of Medicine, San Francisco 94143, phone 415-666-4251.

NCI Div. of Cancer Cause & Prevention Board of Scientific Counselors–Feb. 25-26, NIH Bldg 1, Wilson Hall, 9 a.m. both days, open all day Feb. 26.

16th Annual Clinical Symposium–Feb. 26-27, St. Jude's Children's Research Hospital, Memphis. Contact Associate Director for Clinical Research, St. Jude Children's Research Hospital, Box 318, Memphis, Tenn. 38101.

Conservation Surgery and Radiation Therapy in the Treatment of Operable Breast Cancer–Feb. 27-28, Sheraton Fisherman's Wharf, San Francisco. Seventeenth Annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St., Suite 200, San Francisco 94133, phone 415-981-4590.

UCLA Symposia on Molecular & Cellular Biology: B and T Cell Tumors, Biological & Clinical Aspects–Feb. 28-March 6, Squaw Valley, Calif. Contact Molecular Biology Institute, UCLA, Los Angeles 90024.

Perspectives on Genes and the Molecular Biology of Cancer–March 2-5, Shamrock Hilton Hotel, Houston. 35th annual symposium on fundamental cancer research sponsored by Univ. of Texas M.D. Anderson Hospital. Cochaired by Dr. Grady Saunders and Dr. Donald Robberson.

Cancer Control and the Primary Physician–March 3, Summit, N.J. Open to physicians, nurses, and other health care professionals. Topics will include cancer statistics in New Jersey, screening, pain control, role of nutrition, comprehensive care of the cancer patient, psychosocial support, hospice and home care, and rehabilitation. Contact Cordis Griffith, Dept. of Medical Education, Overlook Hospital, Summit, N.J. 07901, phone 201-522-2085.

Pancreatic Cancer Review Committee–March 3, NIH Bldg 31 Rm 9, open 8:30–10 a.m.

Assn. of Community Cancer Centers–March 4-7, Washington D.C., Hyatt Regency Hotel on Capitol Hill. 8th national meeting. Contact ACCC, 11600 Nebel St. Suite 201, Rockville Md. 20852, phone 301-984-1242.

What's New in Urologic Oncology–March 6, Roswell Park continuing education in oncology.

Chemistry & Biology of Interferons: Relationship to Therapeutics–March 7-12, Squaw Valley, Calif. UCLA symposium on molecular & cellular biology. Contact Molecular Biology Institute, UCLA, Los Angeles 90024.

Large Bowel Cancer Review Committee–March 8, Marriott Hotel Greenspoint, Houston, open 8:30–9:30 a.m.

Cancer Control Grant Review Committee–March 8-9, NIH Bldg 31 Rm 8, open March 8, 8:30–9 a.m.

Cancer Special Programs Advisory Committee–March 11-12, Linden Hill Hotel, Bethesda, open March 11, 9–10 a.m.

Evolution of Hormone Receptor Systems–March 14-21, Squaw Valley, Calif. Contact as above.

American Radium Society Annual Meeting–March 18-21, San Antonio, Texas. Contact Salley Polek, ARS Office of the Secretariat, 925 Chestnut St., Philadelphia 19107.

Eighth Annual Symposium on Diagnosis and Treatment of Neoplastic Disorders–Medical, Surgical and Radiotherapeutic Aspects–March 18-20, Johns Hopkins Univ. Medical Institutions. Contact Program Coordinator, Continuing Education, Turner Auditorium Rm 22, 720 Rutland Ave., Baltimore, Md. 21205, phone 301-955-5880.

Cell Kinetics Society Annual Meeting–March 18-21, Houston. Contact Dr. Bruce Kimler, Dept. of Radiation Therapy, Univ. of Kansas Medical Center, Rainbow Blvd. at 39th St., Kansas City 66103.

Cancer Center Support Grant Review Committee–March 18, NIH Bldg 31 Rm 6, open 8:30–10 a.m.

Tumor Viruses & Differentiation–March 21-28, Squaw Valley, Calif. Contact UCLA as above.

23rd Postgraduate Institute for Pathologists in Clinical Cytopathology–March 22-April 2, Johns Hopkins Univ., Baltimore. Contact Dr. John Frost, 610 Pathology Blvd., Johns Hopkins Hospital, Baltimore 21205.

International Conference on Occupational Lung Disease–March 24-27, Chicago. Contact American College of Chest Physicians, 911 Busse Highway, Park Ridge, Ill. 60068, phone 312-698-2200.

Annual Meeting of the American Society of Preventive Oncology–March 25-26, Holiday Inn, Bethesda, Md. Contact Curtis Mettlin, PhD, Program Chairman, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263.

Western States Conference on Cancer Rehabilitation: Psychosocial, Physical, and Economic Interventions–March 25-27, Fairmont Hotel, San Francisco. Contact Northern California Cancer Program, Carrie Ewing, PO Box 10144, Palo Alto, Calif. 94303, phone 415-497-7431.

American Cancer Society Science Writers Seminar–March 28-31, Hilton Hotel, Daytona Beach.

Gene Regulation–March 28-April 4, Keystone, Colo. UCLA symposium on molecular and cellular biology. Contact as above.

President's Cancer Panel–March 29, Harvard School of Public Health auditorium, 9 a.m.–3 p.m., open.

Clinical Cancer Program Project Review Committee–March 29-31, NIH Bldg 31 Rm 6, open March 29, 8:30–10 a.m.

Environmental Factors in Cancer: Role of Micro and Macro Components of Food–March 31-April 1, New York. Sponsored by the American Health Foundation's Food & Nutrition Committee to review the state of knowledge of interrelationships of food composition, human nutrition and cancer. Contact Dr. Guy Livingston, PO Box 265, Dobbs Ferry, N.Y. 10522, phone 914-693-2660.

The Cancer Letter _Editor Jerry D. Boyd

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