THE CANCER LETTER

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NCI CONSIDERING PROPOSAL TO FORM "DRUG DISCOVERY COOPERATIVE GROUPS"; CONCEPT TO DCT BOARD IN JUNE

A network of four to six "National Cooperative Drug Discovery Groups" has been proposed by a member of the Board of Scientific Counselors of NCI's Div. of Cancer Treatment, who will submit the pro-

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In Brief

DEVITA SAYS HE'LL GO ALONG WITH ANY NCAB DECISION ON ORGAN SITE PROGRAM; TALBOT NEW AACI PRESIDENT

ORGAN SITE Program report, recommendations by the ad hoc review committee established by the National Cancer Advisory Board (***The Cancer Letter***, Feb. 5) will be discussed by the NCAB's Subcommittee on Organ Site Programs March 31, April 1 at NIH. The meeting will be held in conference room 6, Bldg. 31, starting at 7:30 p.m. March 31 and 8:30 a.m. the next day. Meanwhile, NCI Director Vincent DeVita is developing his own recommendation which he will describe in a letter to NCAB Chairman Henry Pitot. His recommendation and that of the subcommittee will be considered by the Board at its May meeting. The terms of six members have expired, so it is possible that the fate of the Organ Site Program could be determined in part by new members. At this point, however, it does not seem likely that the White House will announce those appointments by May, and the departing members may continue on the Board until replaced. DeVita told ***The Cancer Letter*** this week that he would stay with his long held policy of accepting decisions of his advisory groups and would go along with whatever the NCAB majority decides on the Organ Site Program. . . . **TIMOTHY TALBOT**, president emeritus of Fox Chase Cancer Center, became president of the Assn. of American Cancer Institutes at the association's meeting last month. John Durant, director of the Univ. of Alabama Comprehensive Cancer Center, was elected vice president and president elect. Edwin Mirand, Roswell Park Memorial Institute, was reelected secretary treasurer; and Richard O'Brien, acting director of the Univ. of Southern California Comprehensive Cancer Center, and John Potter, director of the Vincent Lombardi Cancer Research Center, were elected to the board of directors.... **CORRECTION**: The Assn. of Community Cancer Centers national meeting next week was not moved up a day, to March 3, as reported in ***The Cancer Letter*** Feb. 19. The discussion on the Community Clinical Oncology Program will replace the previously scheduled clinical research session March 4, starting at 3:30 p.m. . . . **JANE TAYLOR**, one of the original organizers of the Breast Cancer Task Force and since 1975 chief of the Breast Cancer Program Coordinating Branch at NCI, retired Feb. 19 after 34 years of NIH service. She will join the Stehlin Foundation in Houston as scientific administrator.

SARTORELLI PLAN WOULD CREATE NEW GROUPS FOR DRUG DEVELOPMENT

(Continued from page 1)

posal, developed by a Board subcommittee he heads, for concept review at the Board's meeting in June.

Alan Sartorelli, chairman of the Dept. of Pharmacology at Yale School of Medicine, first submitted his idea to the Board last fall. Chairman Samuel Hellman asked him to chair a subcommittee to follow through.

Sartorelli gave a progress report at the Board's meeting this month in Houston, commenting that the subcommittee had discussed suggestions for potential members of the new groups, funding mechanisms, and how they would be evaluated.

"We have great hopes for this," DCT Acting Director Bruce Chabner said. "Our objective has always been to move drug development out of NCI and into universities and industry. We're not going to give up drug development. We're very committed to it. But we don't feel we are making the best use of the resources."

That was Sartorelli's main point in the first description of his plan last year.

"The state of the art is such that more effective means are available than are currently widely used for the invention of new therapeutic agents," he wrote. "For example, sophisticated methodology can now be employed for the design of specific enzyme inhibitors, such as suicide and transition state analogs, if appropriate targets are delineated. We are not taking optimum advantage of these and other concepts in a concerted national manner primarily because they depend upon scientific areas, such as enzymology, that have not been incorporated in a major way into the mean stream of drug development. Instead, individual scientists who do not have all of the varied tools required for drug development, attempt to develop antineoplastic agents with traditional grant support. These investigations are often so fundamental that they never reach the level of consideration of factors such as the essentiality of the target enzyme for neoplastic cell survival, or simply analog development, which should be carried out in at least a limited manner whenever a new structural entity with anticancer activity is discovered, for it is critical to ascertain whether such activity can be increased or unwanted toxicities can be eliminated.

". . . We are beginning to appreciate the relevance of hypoxic tumor cells to the ultimate cure of solid tumors and have discovered metabolic differentials that will permit the development of drugs with selectivity for these neoplastic cells. New approaches that do not employ the concepts of cell kill are amenable to drug design, such as the development of agents that (a) prevent metastasis, (b) alter surface properties to enhance immunogenicity, (c) induce maturation of malignant cells to end stage cells, and (d) prevent the initiation of tumor formation, possibly useful in large populations at risk such as cigarette smokers. In addition, in my estimation there are still considerable major advances that can be gained by the addition of new cytotoxic agents with unique mechanisms of action to our clinical armamentarium."

Although agreeing that some random screening of new structural elements will still be needed, Sartorelli called for a "new national effort based on fundamental science. To effectively design unique therapeutic agents, one needs all of the relevant disciplines working in a close concerted manner. The core of such programs must be what I will term molecular pharmacology. . . . Strong chemistry, biology (screening), pharmacology, toxicology and clinical trials are also required."

A program which would employ optimally the available scientific talent in those varied disciplines would include "a national structure at the basic laboratory level analogous in some respects to the cooperative groups," Sartorelli said. "Consideration should be given to integration of these units with clinical phase 1 and 2 programs to take advantage of their pharmacological expertise and experience with drug classes.

"These units, which could be developed on either a regional or national level, would each be directed by a scientific leader who possesses broad dimension in drug development, and would consist of the best of our national scientists in various institutions who would employ their skills in close concert. I would suggest four to six such units supported by cooperative agreements to keep NCI closely involved in what could become the major national thrust in new drug development. . . . I would even advocate that each of these units be aligned with pharmaceutical firms that might not only provide partial financial support, but as partners would use their particular strengths in areas such as toxicology, large scale synthesis, fermentation, and pharmacy."

Members of the subcommittee in addition to Sartorelli are John Driscoll, director of DCT's Developmental Therapeutics Program; Gertrude Elion, Burroughs-Wellcome Research Labs; Susan Horwitz, professor of pharmacology at Albert Einstein College of Medicine; John Montgomery, Southern Research Institute; Monroe Wall, Research Triangle Park; Gary Neil, Upjohn Co.; and Ephraim Racker, professor of molecular and cell biology at Cornell. Elion, Horwitz, and Racker are members of the DCT Board.

JEROME YATES TO HEAD DRCCA PROGRAM, INCLUDING CENTERS, CCOP, ORGAN SITES

Jerome Yates, associate director of the Vermont Regional Cancer Center, will take over the newly created position in NCI's Div. of Resources, Centers

& Community Activities of associate director to head the Treatment, Continuing Care & Rehabilitation Program.

Included in that program are the cancer centers, organ sites, research facilities, and community outreach branches. The Community Hospital Oncology Program and the new Community Clinical Oncology Program will be included in Yates' responsibilities.

Yates received his M.D. degree from the Univ. of Illinois (he also holds an MPH). His early research included work with laminar air flow in the management of acute leukemia; his was the first report on using ARA-C and daunorubicin for remission induction in AML, now considered standard treatment. He has headed the Vermont center's cancer control activities.

Yates has followed CCOP developments and feels completion of the guidelines, writing the RFA, and establishing the review involve some "tough issues, but they are resolvable."

NCI, in response to widespread interest in CCOP and demands for more information on the program, has scheduled seven workshops at various locations around the country. They are:

March 19, Dallas, St. Paul's Hospital, 1-3 p.m.; March 23, Newark Airport Holiday Inn, 10 a.m.-1 p.m.; March 26, New Orleans, Ochsner Clinic, 1-3 p.m.; April 3, Orlando, Sheraton Hotel, 1-3 p.m; April 6, Boston, New England Deaconess Hospital; April 13, Chicago; and April 20, Atlanta, South Fulton Hospital.

DCT BOARD OKs KAPOSI STUDY CONCEPT, BLOCKS CLINICAL TRIALS MONITOR PLAN

A proposal to support a small group of institutions in carrying out clinical trials and other studies of Kaposi's sarcoma was given concept approval by the Board of Scientific Counselors of NCI's Div. of Cancer Treatment but only after Board members insisted on deleting language specifying the type of treatment that would be involved.

The project will be competed through publication of a request for applications, with support through cooperative agreements. DCT estimated the first year cost at $250,000 in a five year effort.

The Board rejected the concept of a proposal for a competitively awarded contract to assist DCT in monitoring NCI supported clinical trials. Board members felt the proposal went too far in the extent of monitoring and should be trimmed back to permit compliance with Food & Drug Administration requirements and nothing more.

Kaposi's sarcoma patients, reported by the Center for Disease Control to be clustering among homosecual men in New York City and California, have shown evidence of severe immunosuppression. All have had serologic evidence of past or present cytomegalovirus infection, along with such unusual afflictions as pneymocystis carinil pneumonia, CNS toxoplasmosis, extensive candidiasis and cryprococcal meningitis. A workshop last fall drew up plans for a coordinated epidemiologic, etiologic and therapeutic approach.

DCT recommended that four to six institutions, through cooperative agreements, be supported to participate in a prospective clinical treatment protocol currently being developed by a committee of academic investigators and NCI staff. Components of the protocol would include central pathology review, uniform staging, immunologic evaluation, treatment based upon stage, and epidemiologic studies.

The staff recommendation said that "patients with local/regional disease will be treated with radiation therapy. Those with indolent generalized disease will be randomized to one of two single agent chemotherapy regimens and those with aggressive generalized disease to one of two combination chemotherapy regimens."

Board member Philip DiSaia objected to limiting the study to homosexual males, as specified in the study. "That's a psychiatric diagnosis," he said.

Board Chairman Samuel Hellman pointed out that the immune deficiency reported by CDC is only in the homosexual patients. "It's important to separate the virulent outbreak associated with homosexuals from others with Kaposi's sarcoma," he said.

"This will be a five year mini-cooperative group, to be reviewed by the CCIRC (Cancer Clinical Investigation Review Committee)," Board member Sharon Murphy said. "Staff wants a central repository of uniformly treated groups. Wouldn't you learn just as much with a workshop after five years?"

Murphy and Board member Sydney Salmon objected to specifying the type of treatment in the proposal. "It is repugnant to me to put that in a grant," Salmon said. "This doesn't sound like an RFA, to say the treatment will be this or that. That's typical of a contract. Let people who respond to the RFA determine the therapy."

"You're absolutely right," said Daniel Kisner, acting director of DCT's Cancer Therapy Evaluation Program. "That should be left as an option, or be left out."

The Board approved the concept with that change, with only Murphy opposing.

The clinical trials site visit monitoring project is the result of pressures from FDA and Congress for NCI to watch more closely the clinical trials it supports. DCT Acting Director Bruce Chabner described the project in a statement to the Board:

The principal goal of the monitoring project is to verify the accuracy of data submitted on clinical trials supported by NCI by means of periodic site visits. The scope includes all clinical trials supported by DCT, whether investigational drugs are involved or not.

This purpose is distinct from assessing protocol compliance, which is performed by the central office of the cooperative groups. In addition, these site visits should verify adherence to the procedures required for the accountability of drug distribution, requirements for obtaining informed consent and evaluation of completeness of reporting of adverse drug reactions. A system designed around these objectives would in all likelihood satisfy the majority of requirements in the new FDA regulations. It should be pointed out that the proposed regulations require that the sponsor (i.e. NCI) assure that the clinical investigators are meeting their responsibilities which are stipulated in the FDA regulations. Also these proposed regulations would require site visits by the IND sponsor to be performed annually. DCT believes this is not practical, and has developed a plan outlined below.

The magnitude of this project becomes somewhat clearer when we consider that there are approximately 225 cooperative group institutions, most of whom have satellite institutions that should be included in some manner in this program. Add to this estimate the approximately 50-60 institutions funded by contract and we can conservatively estimate that between 300 and 500 institutions would require site visiting.

The scale of this effort undoubtedly removes it from the realm of performance by NCI staff itself. After considerable discussion, we feel that the following is the most practical approach. Each cooperative group will establish a mechanism to perform its own site visits. A good example of this is the ECOG system, which visits each primary institution once every three years. For other clinical trials entities including research clinical contracts, cooperative agreements, R01s and P01s, NCI would establish a contract to perform these visits. In addition the contractor would attend an occasional cooperative group site visit.

Institutions will be randomly selected for site visits, such that each institutions will be visited once every three years. Institutions will be notified of a site visit about two months in advance.

Approximately two weeks prior to the visit a list of cases to be audited will be forwarded to the institution so that the primary individual record may be located. Immediate access to all records required by the site visit team will minimize delays and help to reduce costs.

Site visit teams should consist of one MD and one or two data managers. Data will be compared between the patient's primary medical record and the case report forms submitted to the cooperative group's operations office. This will include examination of criteria for eligibility, dates of surgical procedures, pathology reports, treatment records pertinent to chemotherapy administration and radiotherapy and verification of reported tumor response by examining x-rays, scans, and other diagnostic records. Additionally, informed consent for each patient chart will be examined. Primary records would be screened to assure that adverse drug reactions have been reported to NCI. Finally drug dispensing records will be examined. Pharmacy site visits would include review of drugs pertinent to receipts of drug shipments, dispensing of each drug and current inventory. Pharmacy procedures for handling investigational agents should also be examined.

Standardized forms will be developed for use by the site visitor. The results of the site visit reports should be made available not only to NCI but to the investigator, institutional IRB, and the cooperative group operations office when appropriate. An appeals process must be established whereby an investigator can submit clarifying information after the site visit. Criteria for reviewing these reports must also be developed.

In summary, DCT wishes to assure excellent quality of data in research clinical trials through a process of intermittent, randomly timed site visits. This program should be conducted so that it is helpful to the investigator and meets NCI's needs for quality assurance and compliance with investigational drug regulations.

Daniel Hoth, chief of the Investigational Drug Branch, said the cost of the project was estimated at $500,000 a year.

"I have a feeling that is the tip of the iceberg," Salmon said. "I think the cost may turn out to be three to five times that much." Salmon said he also was concerned about patient privacy. "NCI can't take that away on its own."

Hoth referred to clinical trials monitoring FDA attempted previously. "They created some 90 day wonders a few years ago, sent them out in the field with bad results. We don't want to do that."

"If you have a broad thing like this and hit everyone, you will hit many institutions which are doing a good job. Can't we focus on those who need help?" DiSaia asked.

"How do you know who needs help?" Hoth responded.

"Even some of the most reputable institutions sometimes have problems," Chabner said.

"This sounds like a witch hunt to me," Board member Carmack Holmes commented.

"The IND requirement, to provide evidence of quality assurance with investigational drugs, is something we have to cope with," Salmon said. "I would recommend approval, but drop quality assurance review for standard treatment. PSROs do that."

"It wouldn't save money on site visits. We might as well look at all protocols while we're there," Kisner said.

"The Board is very concerned about the amount of regulation," Hellman said. "You would determine the minimum requirements of FDA, and then come back to us with a modified proposal."

"We have to move on phase 1 and 2 studies," Chabner said.

Because of congressional interest and NCI's understanding with FDA, Chabner said "we feel obliged to go ahead. If it is proven (through the site visits) there is little problem, the whole thing may just wither away."

"I think the majority of investigators are honest and are reporting accurately," DiSaia said. "It is not necessary to audit eveyrone. A precedent is the IRS. They audit 10 percent randomly."

Hoth said that "with 100 site visits a year (projected in the system) and 40,000 patients, 5,000 in the review, it is random."

"You've heard our concerns," Hellman said. "We think you need to come back with another proposal."

Hellman appointed a subcommittee consisting of Murphy, DiSaia, and Theodore Phillips to work with DCT staff in developing a new plan. The same subcommittee also was designated to hear details on the Community Clinical Oncology Program, after the

Board objected to being excluded from its development (*The Cancer Letter*, Feb. 19).

The Board gave concept approval to noncompetitive renewals of the following contracts:

Support services for FDA requirements—Social & Scientific Systems Inc. (replaced Information Planning Associates), an additional $350,000 over two years bringing the total for 1982 and 1983 to $800,000.

Maintenance of the International Bone Marrow Transplant Registry at Mt. Sinai Medical Center at a cost of $50,000 to DCT for 1982.

Additional accrual of 60 patients and a two year followup period for a chemo-immunotherapy study of acute myelocytic leukemia at Mt. Sinai, estimated to cost $125,000 in the first year.

Completion of followup of patients in the GI Tumor Study Group, at Mayo Clinic, at a total cost of $50,000. The group is being phased out.

Completion of followup on another group of patients in a GITSG study at Sidney Farber, for $11,000 a year for four years.

NCI CONTRACT AWARDS

Title: Intraoperative radiotherapy
Contractors: Massachusetts General Hospital, $231,424; and Mayo Medical Clinic, $419,650.

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

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. 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. Eighth national meeting. Contact ACCC, 11600 Nebel St. Suite 201, Rockville, Md. 20852, phone 301-984-1242.

National Cancer Advisory Board Subcommittee on Cancer Control—March 4, NIH Bldg 31 Rm 11A10, 6:30 p.m., open.

What's New in Urologic Oncology—March 6, Roswell Park continuing education in oncology. Contact Gayle Bersani, RPMI, 666 Elm St., Buffalo 14263.

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.

Ovarian Cancer—March 8-9, annual symposium of the French Assn. for Cancer Research and French Federation of Anticancer Centers. Contact Mrs. Berthomeau, Institut Curie, 26, rue d'Ulm, 75231 Paris Cedex 05, France.

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

The Mind of the Child Who is Said to be Sick—March 11-12, 7th Mental Health Conference, Univ. of Texas/M.D. Anderson Hospital; First Presbyterian Church, 5300 Main, Houston. Nine speakers, 12 panels will discuss how it feels to be sick as seen through the child's eyes, the impact of illness on the family, how the illness affects the child intellectually, social issues. Contact Mary Perdue, UTSCC/MDA, Educational Accreditation & Documentation, HMB 1400, 6723 Bertner Ave., Houston 77030.

Conference on Epidemiology—Basis of Prevention—March 11, Toulouse. Contact Claudius Regaud Center, 11 rue Piquemil, 31052, Toulouse Cedex, France.

International Symposium on Ionizing Radiation—March 12-17, College of Science of the Univ. of Riyadh. Contact R.C. Barrall, Cancer Therapy Institute, King Kaisal Specialist Hospital, POB 3354, Riyadh, Saudi Arabia.

Evolution of Hormone Receptor Systems—March 14-21, Squaw Valley, Calif. Contact UCLA Molecular Biology Institute as above.

American Radium Society Annual Meeting—March 14-18, San Antonio, Texas. Contact Salley Polek, ARS Office of the Secretariat, 925 Chestnut St., Philadelphia 19107.

Medical Oncology in the 1980s: The Multidisciplinary Approach—March 14-26, London. Contact Courses Dept., British Council, 65 Davies St., London W1Y 2AA, UK.

20th National Conference on Breast Cancer—March 15-19, Hyatt Regency, New Orleans. Panel discussion on treatment options for early breast cancer, others on diagnosis and screening, newer diagnostic modalities, psychological and emotional aspects, breast reconstruction. Contact American College of Radiology, 20 N. Wacker Dr., Chicago 60606, phone 312-236-4963.

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 Bldg. at 39th St., Kansas City KS 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 Bldg. 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.

International Symposium on Anticancer Drug Development—March 25-26, Granada, Spain. Contact Symposium Secretariat, N. de Castro, 129 av. du Pesage, Boite 2, 1050 Brussels, Belgium.

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.
23rd Annual General Meeting of the British Assn. for Cancer Research—March 29-31, Edinburgh, Scotland. Contact M.J. Embleton, Cancer Research Campaign Laboratory, Nottingham Univ., Nottingham NG7 2RD, UK.
Conference and Workshop on Breast Self Examination—March 30-April 2, Manchester, England. Contact Christie Hospital, Epidemiology & Social Research Dept., Kinnaird Rd., Manchester M209Q1, UK.
Environmental Factors in Cancer: Role of Micro and Macro Components of Food—March 31-April 1, New York. Contact Dr. Guy Livingston, PO Box 265, Dobbs Ferry, N.Y. 10522, phone 914-693-2660.
NCAB Subcommittee on Organ Site Programs—March 31-April 1, NIH Bldg 31 Rm 6, 7:30 p.m. March 31; 8:30 a.m. April 1. Open.
Tumors Involving the Skin—April 1, Roswell Park continuing education in oncology.
Oncology Update 1982—April 3, Biltmore Hotel, Los Angeles. Contact Sandra Rozzen, Northridge Hospital Medical Center, Education Dept., 18300 Roscoe Blvd., Northridge, Calif. 91328, phone 213-885-5311.
Genetic Mechanisms in Chemical Carcinogenesis—April 5-6, Univ. of North Carolina, Chapel Hill. Contact Mimi Minkoff, Cancer Research Center, Box 30, MacNider Bldg., Chapel Hill 27514, phone 919-966-3036.

Breast Cancer Task Force—April 5-6, NIH Bldg 31 Rm 6 on the first day, Rm 4 on the second, 8:30 a.m. both days.
The Eucaryotic Gene—April 5-7, Glasgow. Contact Dr. D.M.J. Lilley, Biochemistry Dept., Medical Sciences Institute, Univ. of Dundee, Dundee EE1 4HN, Scotland.
Special FEBS Meeting on Cell Function & Differentiation—April 10-14, Athens. Contact Dr. A.E. Evangelopoulos, National Hellenic Research Foundation, 48 Vassileos Constantinous Ave., Athens 501/1, Greece.
Symposium on Genetic Mechanisms of Carcinogenesis—April 11-15, Riverside Motor Lodge, Gatlinburg, Tenn. Contact Dr. W.K. Yang, Biology Div., Oak Ridge National Laboratory, PO Box 6, Oak Ridge, Tenn. 37830, phone 615-574-0700.
Pediatric Hematology/Oncology for the 80s—April 15-17, Grady Memorial Hospital Auditorium, Atlanta. Sponsored by the Dept. of Pediatrics, Emory Univ. School of Medicine. Contact LeRoy Pickles, Continuing Medical Education, Emory Univ., 319 WMCAB, Atlanta 30322, phone 404-329-5695.
Society of Surgical Oncology—April 18-23, Boston, 35th Cancer Symposium and Annual Meeting. Contact Dr. William Nelson, PO Box 1565, Manchester, Mass. 01944.
Rational Basis for Chemotherapy—April 18-23, Keystone, Colo. UCLA symposia on moecular & cellular biology. Contact Molecular Biology Institute, UCLA, Los Angeles 90024.
Congress of the European Society of Child Radiology—April 19-24, Prague. Contact Czechoslovak Medical Society, Vitezneho unora 31, 12026 Prague.
2nd European Conference on Reach to Recovery—April 22-24, Paris. Contact PMV "Vivre comme avant, BP 246, 92205, Neuilly-s/Seine, France.
Oncology Nursing Society—April 23-25, Stouffer's Riverfront Hotel, St. Louis. Seventh Annual Congress. Contact ONS, 701 Washington Rd., Pittsburgh, Pa. 15228, phone 412-344-3899.
American Occupational Medical Assn.—April 25-30, Toronto. Contact Dr. David Muir, Scientific Program Chairman, Occupational Health Sciences Center, 3H50, McMaster Univ., 1200 Main St. W., Hamilton, Ontario L8N 3Z5, Canada.
American Society of Clinical Oncology—April 26-27, Stouffer's Riverfront Hotel, St. Louis. 18th annual meeting. Contact ASCO, 435 N. Michigan Ave., Suite 1717, Chicago 60611.
Computers in Radiation Oncology in Europe—April 26-28, Geneva. Contact R.J. Berry, Dept. of Oncology, Middlesex Hospital School, London W1P 7PN, UK.
American Assn. for Cancer Research—April 28-May 1, Stouffer's Riverfront Hotel, St. Louis. 73rd annual meeting. Contact Dr. Fred Philips, AACR, 1275 York Ave., New York 10021.

FUTURE MEETINGS

Breast Cancer Update 1982—May 5, Overlook Hospital, Summit, N.J. Contact American Cancer Society, Union County Unit, 512 Westminster Ave., Elizabeth, N.J. 07208.
New Directions in Multimodal Treatment—May 7, Kaiser Center Auditorium, Oakland, Calif. Cancer of colon, rectum, and anus. Sponsored by Bay Area Tumor Institute. Contact Jeanne Hoek, 415-465-8570.
Coagulation, Cancer and Inflammation—Sept. 8-10, Airlie House, Warrenton, Va. Sponsored by NCI, National Heart, Lung & Blood Institute, and National Institute of Arthritis, Diabetes & Digestive & Kidney Diseases. Contact Dr. Anne Ball, Div. of Blood Diseases & Resources, NHLBI, Federal Bldg Rm 5A12, Bethesda 20205, phone 301-496-5911.
Approaches to Management of Pain—Sept. 9, Goodman's Hall, Oakland, Calif. Sponsored by Bay Area Tumor Institute and East Bay Cancer Program. Contact Despina Johnson, 2844 Summit St. Suite 204, Oakland 94609, phone 415-465-8570.
Fifth Annual San Antonio Breast Cancer Symposium—Nov. 5-6, San Antonio. Sponsored by the Univ. of Texas Health Sciences Center at San Antonio and the Cancer Therapy & Research Center of South Texas. Inviting proffered papers on the experimental biology, etiology, prevention, diagnosis and therapy of breast cancer. Abstract deadline is June 1. Contact Terri McDaniel, CTRC, 4450 Medical Dr., San Antonio 78229, phone 512-690-0655.
Urological Cancer Symposium—Jan. 14-15, 1983, USC Health Science Campus, sponsored by the Univ. of Southern California Comprehensive Cancer Center. For urologists, medical, surgical and radiation oncologists and general practitioners. Contact Katie Eisenberg, Regional Activities Program, 1721 Griffin Ave., Los Angeles 90031, phone 213-224-7416.

RFA ANNOUNCEMENT

Title: *Cancer Control research units for defined populations*
Application Receipt Date: *July 15, 1982*
Letter of Intent: *March 31, 1982*

NCI has announced the availability of a request for applications inviting proposals for the establishment of Cancer Control research units for defined populations.

The Div. of Resources, Centers & Community Activities of NCI has developed a statement on cancer control which sets for the general scope and definition of cancer control research. Briefly,

"The goal of a cancer control program is to reduce cancer incidence, morbidity, and/or mortality by: 1) identifying approaches that might accomplish this and performing research in defined populations to determine which are effective, 2) selective promotion and evaluation of these approaches, and 3) selective education and information dissemination for health professionals and/or the public. The scope of cancer control includes prevention, screening, diagnosis, pretreatment evaluation, treatment, rehabilitation, and continuing care activities."

The purpose of this RFA is to encourage the development of Cancer Control Research Units (CCRU) for defined populations. Grants under this RFA will support a limited number of geographically dispersed CCRUs which will be designed to plan and implement cancer control research for defined populations and to serve as a resource for the cancer control research program of the National Cancer Program. At present, no comparable research units exist which are devoted to cancer control research of this kind.

The CCRU is designed to provide support for: a core group of researchers who have access to defined population(s) for cancer control research; several research projects which are judged to be meritorious in the peer review process; developmental funds for pilot projects which hold promise of being recommended for funding through the peer review process; and other resources, such as data support, which can be justified as necessary to achieve the goals of the CCRU.

A defined population is a population which is characterized in terms of: numbers and methods of identifying individuals in the population; demographic characteristics such as age, sex, color, ethic group; social and economic factors such as occupation, education, socioeconomic status; vital statistics such as incidence, morbidity, and/or mortality; personal or life style factors such as diet or smoking; genetic and/or biological characteristics or other factors associated with disease. For this RFA, there must be methods for identifying the population denominators and the occurrence of cancer within the population. The population may be defined either geographically, or by exposure, or by characteristics proven to have a statistical association with cancer.

DRCCA intends to support these CCRUs as grants for project periods of up to five years. It is anticipated that a maximum of approximately five awards will be made as a result of this request. Adjustments in the level of funding may be made annually. Renewal of the initial award beyond five years will be contingent upon satisfactory review of a competing renewal application by a peer review committee and availability of funds.

An RFA is available which outlines in greater detail the proposed study, the eligibility for application, the letter of intent procedure, and the review procedures and criteria. A letter of intent and discussions with program staff will be required before a grant application can be submitted. An institution wishing to participate in this effort must submit an application in accordance with the guidelines specified in the RFA.

Additional information and copies of the RFA may be obtained from: Carlos E. Caban, PhD, program director, Div. of Resources, Centers & Community Activities, National Cancer Institute, Blair Bldg. Rm. 716B, 8300 Colesville Rd., Silver Spring, Md. 20910; telephone 301-427-8663.

NCI PROGRAM ANNOUNCEMENT

Title: *Research related to genetic susceptibility to human breast cancer*

The Breast Cancer Program of NCI encompasses the totality of problems related to the etiology, epidemiology, diagnosis, treatment, and prevention of breast cancer. This program has a special interest in stimulating investigator-initiated research grant applications (R01s) for investigations of genetic susceptibility to human breast cancer.

The clustering of breast cancer in families is a well known phenomenon, and recent studies have indicated that in some families the disease appears to be segregating as a Mendelian trait, suggesting that one or more human genes are responsible for the susceptibility. Particular program interest in this area addresses such questions as: (1) what proportion of human breast cancers, female and male, may be accounted for or strongly influenced by susceptibility gene(s); (2) how many forms of genetic susceptibility exist and how common is each of these forms; (3) can the use of new genetic markers, including DNA polymorphisms, help to resolve these issues; (4) which, if any, environmental or cultural risk factors interact with genetic susceptibility; (5) how is genetic susceptibility expressed at physiological or biochemical metabolic levels; (6) how is genetic susceptibility expressed at the chromosomal or DNA level; (7) can new approaches in cloning, transfection, and/or somatic cell hybrids help to elucidate the molecular biology of genetic susceptibility; (8) does the natural history of genetically influenced breast cancer resemble that of nonfamilial breast cancer; (9) is increased familial risk reflected in breast cancer mortality risk; and (1) related questions about genetic aspects of human breast cancer.

The mechanism of support will be the traditional research grant. Policies that govern research grant programs of the National Institutes of Health will prevail. The award of grants pursuant to this request for grant applications is contingent upon receipt of proposals of high scientific merit and the availability of appropriated funds.

Applications will be accepted in accordance with the usual dates for new applications on an indefinite basis--March 1, July 1, Nov. 1. Applications should be submitted on form PHS-398, which is available in the business or grants office at most academic or research institutions, or from the Div. of Research Grants, NIH.

The phrase "Prepared in Response to NCI Announcement on Genetic Susceptibility to Human Breast Cancer" should be typed across the top of the first page of the application. The original and six copies should be sent or delivered to: Application Receipt Office, Div. of Research Grants, NIH, Room 240, Westwood Bldg., 5333 Westbard Ave., Bethesda, Md. 20205.

In order to alert the Breast Cancer Program to the submission of proposals as requested above, copies of the face page and summary page of such applications should be forwarded under separate cover to: Dr. Elizabeth P. Anderson, Chief, Epidemiology Projects Section, Breast Cancer Program Coordinating Branch, NCI, Landow Bldg. Rm 8C-17A, Bethesda, Md. 20205.

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 N01-CM-25608-73

Title: *Supply of human tumors, tissue culture cells, nucleic acids and retroviruses*
Deadline: *April 5*

The Chemical & Physical Carcinogenesis Branch of the Div. of Cancer Treatment, NCI, is interested in initiating a support service contract that can provide substantial quantities of fresh human malignant tumor specimens, tissue culture cells, human T lymphoma virus (HTLV), small amounts of well defined primate retroviruses and radiolabeled cells and viruses for ongoing studies in the Laboratory of Tumor Cell Biology.

As minimum requirements, the successful contractor must be located within 35 miles of the NIH so that freshly prepared specimens can be delivered to the government project officer's laboratory immediately after harvest; provide written evidence for ability of acquiring human tumor specimens suitable for this project and have P_2P_3 facilities available for production of HTLV.

The contract shall remain in full force and effect for a period of three and a half years from its date of execution.

Contract Specialist: Rodolfo Reyes
RCB, Blair Bldg. 212A
301-427-8764

RFP NIH-ES--82-7

Title: *Salmonella mutagenesis testing*
Deadline: *Approximately May 1*

Soliciting qualified sources having the capability to perform salmonella mutagenesis testing of various industrial and environmental chemicals. Successful offerors will test 100 coded chemicals/year for four years using a preincubation modification of the Ames salmonella/mammalian microsome test. All chemicals will be tested without metabolic activation and with S-9 serviced from Aroclor 1254-induced male Sprague-Dawley rats and syrian hamsters in salmonella strains TA98, TA100, TA1535 and TA1537. It is anticipated that multiple awards will be made under this solicitation.

Contract Specialist: Glen Hentschel
Procurement Office, OAM
National Institute of Environmental Health Sciences
PO Box 12874
Research Triangle Park NC 27709

RFP NCI-CM-37526-24

Title: *Centralized rederivation center for rodents*
Deadline: *May 17*

NCI's Animal Genetics & Production Branch, Developmental Therapeutics Program, Div. of Cancer Treatment, is seeking proposals from qualified organizations having the capabilities, resources and facilities as needed to provide, operate and maintain a centralized rederivation center for rodents.

This effort will be an integral part of a centralized rederivation/histocompatibility assurance project. The following services are required for fulfillment of this project: mouse and rat rederivation, guinea pig rederivation and mandibular analysis.

Contract Specialist: Marlene Haywood
RCB, Blair Bldg. Rm 228
301-427-8737

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