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PROTEST ERUPTS OVER CHARGE THAT NCAB DIRECTIVES ON CCOP ARE IGNORED; 'MISUNDERSTANDING,' DEVITA SAYS

A last minute flap over controversial aspects of the Community Clinical Oncology Program erupted last week when some members of the Assn. of Community Cancer Centers became alarmed over perceptions that NCI was planning to ignore recommendations of the National Cancer Advisory Board.

Those were the recommendations that CCOPs include cancer control elements other than clinical research, specifically patient management

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In Brief

NCI WILL STOP FREE GROUP C DISTRIBUTION OF VP-16 SEPT. 1 UNLESS BRISTOL SUPPLIES IT AT NO CHARGE

NCI INTENDS to stop free distribution of the investigational drug VP-16 through its Group C mechanism Sept. 1 unless the supplier, Bristol-Myers, agrees to supply at no charge enough to meet that demand. The Div. of Cancer Treatment Board of Scientific Counselors approved a recommendation that NCI stop buying the drug for free distribution to physicians who request it for their patients. NCI is paying about $1 million a year for VP-16, half for Group C and the rest for NCI sponsored clinical trials with the drug. NCI will continue to purchase the drug for clinical trials. Bristol-Myers, in negotiations so far, has refused to supply the drug at no charge or even to make it available to physicians and charge for it as it would be permitted to do while awaiting FDA approval of a new drug application. Company executives say the liability threat prevents them from doing either. An NDA was filed last April, but it probably will not be acted upon for at least a year. VP-16 is effective in treating small cell lung cancer and is being tested against other tumors. Group C drugs are those with demonstrated effectiveness against one or more cancers but which for one reason or another have not been approved for marketing by FDA and thus would not otherwise be available for patients not in clinical trials. . . . **DCT BOARD** will consider at its October meeting whether the RFAs for surgical oncology program projects and regional cooperative groups should be reissued. Former Board member Walter Lawrence, who chaired the subcommittee which developed recommendations for the surgical oncology grants now in the process of being awarded, asked that a new round be initiated. "Now that we've got the initiative going in surgical oncology, we shouldn't allow it to peter out," Lawrence said. In the recent competition for support of new regional cooperative groups, only two awards were made from 17 proposals—the Piedmont Oncology Assn. and the Mid-Atlantic Oncology Program (***The Cancer Letter,*** April 16). Seven of the 17 were approved, and the National Cancer Advisory Board asked the DCT Board to consider reissuing the RFA.

ACCC MEMBERS 'WILL BE HAPPY WHEN THEY SEE THE CCOP RFA,' DEVITA SAYS

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guidelines, physician and nurse committees, data analysis and management systems, and administrative directors; and that consortia of hospitals would be encouraged where several hospitals serve one patient catchment area.

ACCC executives became concerned when discussions they had with Jerome Yates, who heads the Centers & Community Oncology Program in NCI's Div. of Resources, Centers & Community Activities, led them to believe the NCAB recommendations would not be reflected in the CCOP request for applications which will be issued next month.

ACCC President David Johnson wrote to NCI Director Vincent DeVita objecting to the policies he thought had been enunciated by Yates. Johnson, ACCC Executive Director Lee Mortenson, and other members of the ACCC Board were so concerned that they decided to inform members of the National Cancer Advisory Board and some members of Congress about the controversy.

"This change is unacceptable to the community physicians who have long advocated this program," Johnson wrote in his letter to DeVita. "Moreover, it is a direct contradiction to both the approved policy of the NCAB with regard to the program and the separate recommendations of the Board (which were adopted) only four weeks ago."

DeVita expressed surprise over ACCC's concerns. "It's incredible, the amount of anxiety and misunderstanding that exists over CCOP," he said. "Most of the things they are objecting to don't exist. There is hardly any disagreement over the issues ACCC is raising."

On the cancer control issue, DeVita said advocates of those elements "will be surprised and pleased when the RFA comes out."

Johnson's objections included a position he attributed to Yates that CCOP applications would be limited to 25 pages. "While all of us are concerned about the length of applications, 20 to 25 pages is just too limiting for an application which must describe and show competence in cancer control, clinical research, and a series of new and complex interrelationships with multiple research bases," Johnson wrote.

This is an example of the misunderstandings that arise, DeVita pointed out. There will be a 25 page limit on letters of intent which must be submitted prior to the formal application, but there will not be a limit on the size of the application itself, he said.

Another misunderstanding is the matter of a "cap" on the number of patients each CCOP may enter into clinical trials through the program. ACCC members felt that Yates was considering limiting each CCOP to 150-200 patients, a limit they felt would work against consortia and perhaps eliminate them entirely from the program.

The issue of whether consortia should be "encouraged" (as one early draft of the CCOP RFA had stated) or discouraged, as some comments by NCI staff members at CCOP workshops would indicate, was already a sore point among ACCC leadership. That in fact was one of the major issues taken to the NCAB, and ACCC thought the question had been settled.

It was apparently reopened, by the prospect of a cap on the number of patients and by comments attributed to Yates in which he suggested that large consortia might more appropriately become regular members of cooperative groups or even attempt to form new regional cooperative groups, rather than compete for a CCOP award.

DeVita's response:

"There never has been a serious discussion of a cap. Also, I have said on several occasions that it might be simpler if CCOPs were all single institutions. The fact that I said that and 50 cents will get you a cup of coffee. No one agreed with me. There will be no restrictions against consortia. There will be no cap on the number of patients, and no cap on the number of institutions which may be included in a CCOP."

Johnson suggested in his letter that part of the problem might be in the fact that Yates, in his job only for about two months, may have misunderstood some of the issues. DeVita expressed concern about the prospect of ill feeling developing between community oncologists and his staff.

"Some of our people (in DRCCA) haven't been there long enough to warm their chairs," DeVita said. "I have great confidence in (DRCCA Director) Peter Greenwald, Jerry Yates and Bob Frelick (former ACCC president who will be CCOP project officer). I hope everyone will given them a chance. They are strong people, and they are going to do a good job for us and the communities."

Whatever differences may still exist when the RFA is published can still be worked out, DeVita said. "I thought that I had made it very clear that once the RFA is out, if we find there are mistakes in it, we will call the applicants in for a workshop and make adjustments. Nothing is written in stone."

Johnson and DeVita got together by phone later in the week, and Johnson said he was confident that the NCI director "understood the objectives of ACCC and our position on cancer control in the community. I have faith and trust that the RFA will resolve those issues effectively."

The RFA is scheduled for publication in mid-July (it will appear in ***The Cancer Letter*** as soon as it is available). It will call for submission of letters of intent by the end of August, and completed proposals will be due in November.

CONCEPT OF DEVELOPING NEW SCREENING SYSTEM FOR METASTATIC DRUGS OKAYED

Among the noncompetitive procurements given concept approval by NCI's Div. of Cancer Treatment Board of Scientific Counselors at its recent meeting was a proposal by Isaiah Fidler to develop an experimental screening procedure for the identification of antimetastatic agents.

Fidler, who is director of the Cancer Metastasis & Treatment Laboratory at the Frederick Cancer Research Facility, told the Board his studies have demonstrated clearly that metastatic cells differ from parent cells and thus screening procedures seeking to identify drugs which will be useful against metastases must take that difference into account.

The DCT staff summary of the proposal said, "An important aspect in the design of a screening procedure is the recognition that useful new drugs should be capable of eradicating metastases. The development of screens to identify such agents must recognize the heterogeneity of tumor cell populations leading to differences in chemosensitivity between primary and metastatic tumors and among different metastatic lesions."

The project will proceed in two phases. First, an evaluation of several assays using known agents and placebos will be performed to identify those assays that are informative. Next, the screen will be streamlined to include only the assays that identified beneficial agents. A second phase will confirm the usefulness of the streamlined screening procedure by standardizing the assays in other laboratories and by comparing the new procedure with the present drug screen by screening a number of unknowns. A decision will be made regarding the most desirable procedure for routine use, based on the criteria of informativeness, reproducibility, and cost effectiveness. A scientific advisory committee will review and make recommendations about all issues regarding the design of the proposed assays and will evaluate the data which determine usefulness of the assays.

Fidler explained that nude mice can be manipulated to achieve metastasis of implanted human tumors, although that procedure was more difficult than originally thought. "Nude mice are not the defenseless creatures we thought they were," Fidler said.

The proposed screening model will involve placing a metastatic tumor in a primary site, excising the primary tumor surgically, and then treating the metastasis systemically.

Fidler proposed that agents be tested against a tumor panel and also in in vitro assays, "utilizing the large number of human tumor cell lines which will be used in the in vivo mouse system."

Board member Dani Bolognesi asked Fidler if there is any evidence that metastases are more difficult to treat than primary tumors; Fidler said that there is.

Board member Alexander Fefer said he agreed that present screens are not sufficient to identify antimetastasis agents. "The question is, is this the appropriate mechanism? Is it an appropriate amount of money? Are we at the stage where we have enough confidence in those models to put that much money in?"

The project was estimated to cost $500,000 a year, and Fidler was asking for three years. The mechanism is NCI's contract with Litton Bionetics to conduct research at FCRF.

John Driscoll, director of the Developmental Therapeutics Program, said, "The mechanism is appropriate. A contract is appropriate. We need a directed effort in this area."

DCT Director Bruce Chabner pointed out that Fidler is a scientist working in the basic research program at FCRF, a program that is not part of his division. "We're trying to tie our drug development program into that basic research effort. To do that, we need to put our contract money into it. It isn't a basic research effort, so they can't do it with their research funds. He can't apply for a grant."

Efraim Racker and other Board members argued that the work would involve more basic than applied research and that it should be done through the grant mechanism.

"This was not my idea," Fidler said. "They came to me. To suggest to me that this should go back to basic research is not appropriate. I'm saying, if you're interested in looking for drugs to be used against metastatic disease, it has to be tested against metastatic models. In a year or two or three we can find out which models are best."

Bolognesi's motion that the project be approved with the stipulation that the Board look at it again in a year was passed unanimously.

Other noncompetitive contract concepts approved were:

- Purchase of lymphoblastoid interferon, from Burroughs-Wellcome, estimated to cost $500,000 in the 1982 fiscal year and $450,000 in FY 1983 if that much is needed.

Phase 1 testing of lymphoblastoid interferon, supplied by Burroughs-Wellcome, has been completed by the Biological Response Modifiers Program under contracts with UCLA and Duke.

"Currently, this product is the only lymphoblastoid interferon available and is much more pure than the Cantell interferon products (80% vs. 1%)," the DCT summary said. "Only recombinant interferons have greater purity. It is a unique product and a natural mixture of several molecular species of leukocyte interferon which is ready for phase 2 testing. Six institutions have been awarded contracts and are submitting clinical protocols for phase 2 testing in patients with breast, melanoma, colon, myeloma, lung,

and renal cell carcinoma. Biological activity such as NK activity, ADCC, monocyte cytostasis will be monitored in an ongoing fashion as a followup to the phase 1 testing."

BRMP Director Robert Oldham said the final price still had to be negotiated with Burroughs-Wellcome. Pressed for an estimate, he said "under $20 per million units. That's my guess, not a commitment."

• Support services for FDA requirements. The contract with Social & Scientific Systems Inc. will be extended for three years, estimated to cost $500,000 in the first year. Provides technical assistance for matters involving investigational drug regulations.

The company is a minority small business, and the rationale for sole source procurement is that contracts with minority owned firms may be renewed without competition if the performance has been satisfactory.

• Clinical trials monitoring service. This contract with Mathtech Inc. will be extended from September, 1982 to June, 1983, while the recompetition of the contract, for four years, is under way.

The Board disapproved a proposal by the Radiation Research Program for a competition to award at least two contracts for labeling of monoclonal antibodies at a total cost of $400,000.

"One of the most exciting advances in biology is the development of techniques to produce monoclonal antibodies," the DCT summary said. "There is a tremendous potential for their use for the imaging of tumors and other diseases and for the treatment of both localized and disseminated malignancies. In parallel with these developments, the hardware available for imaging deposits of radioisotopes is improving both in terms of positron emission tomography and single photon emission computed tomography.

"In order to take advantage of the development of monoclonal antibodies it is essential that methods be developed to attach radioactive isotopes to these antibodies both for imaging and for treatment. It is most likely that different isotopes will be used for each of the major applications. In addition to defining methods of attaching alpha, beta, and gamma emitting isotopes to antibodies, it is important that the resulting labeled antibody be be evaluated in vitro and in vivo, if necessary, for specificity, stability, and other parameters essential for insuring maintenance of their biological activity in humans.

"There will be a large number of monoclonal antibodies developed in the years to come. In order to be ready to use these biological tools, it is essential to evaluate different methods of labeling and to study the advantages and disadvantages of various isotopes that might be used for imaging and for treatment."

"My impression is that this kind of work is going on extensively," Bolognesi said.

"That's right, there are a lot of people interested in monoclonal antibodies," Oldham said. "I recall seeing only one R01 (grant) in labeling, however."

"From what I've seen, people are addressing these questions," Bolognesi said.

"This would be a research contract," Board member Sydney Salmon said. "There are many investigators working in this area. If you had something specific you wanted delivered, we would feel differently about it."

"We wanted to focus this quickly," said Radiation Research Program Director David Pistenma. "It would provide a mechanism for us. When there is development of devices and procedures, the contract is appropriate."

Salmon moved for disapproval. "The mechanism is incorrect, and adequate information was not given on the amount of work being done."

"We are trying to stimulate new efforts on how to get labeling to stick to monoclonal antibodies," Board member Theodore Phillips argued.

"I doubt if this is the best way to stimulate this type of work," Fefer said.

Salmon's motion was approved 11-2.

The Board also disapproved, by a 9-1 vote, another Radiation Research Program proposal for competing research contracts in whole body hyperthermia, at an estimated cost of $500,000 a year for five years.

"There is increasing interest in the use of whole body hyperthermia to enhance the effects of chemotherapy and radiotherapy in the treatment of disseminated as well as local/regional malignancies," the DCT summary said. "At present, whole body hyperthermia research is being conducted in a limited number of institutions using either extracorporeal circulation or one of several surface heating approaches. These approaches may give quite different physiological responses. Because of the difficulty of elevating body temperatures and in managing patients in a severely hyperthermic state, this research has progressed slowly.

"This project proposes to take advantage of the resources that institutions are now committing to whole body hyperthermia research by providing a number of those institutions with support to insure measurement of a comprehensive battery of physiological, biochemical, hematologic, and pharmacokinetic parameters and observing for toxicities as well as tumor responses. The 3-4 institutions will collaborate in the development of criteria for the collection and analyses of data and of guidelines for treating patients by the various whole body heating approaches.

"Although theoretically appealing, benefits of whole body hyperthermia alone or in conjunction with chemotherapy or radiotherapy at this time are uncertain and it is a bona fide area of research. There are numerous approaches to heating the body, each with its own inconveniences and adverse effects. By facilitating collaboration among institutions conduct-

ing whole body hperthermia research, it is anticipated that definitive clinical studies can be designed so that the potential benefits or lack thereof may be ascertained much faster than with a number of isolated projects."

"The problem is that it is uncertain where this whole field is going," Board member Sharon Murphy said. "Five years is a long time when it is unclear if it is going to make a contribution to cancer treatment."

"There is a need for a group to define the parameter of guidelines and toxicities," Salmon commented. "I'm not sure we need the whole contract. Possibly a workshop could do it."

Pistenma said he was concerned about proliferation of equipment and methods without a coordinated development.

Salmon's motion to table the proposal but support a workshop died for want of a second. Murphy's motion to disapprove carried, but Salmon pointed out that "Dave can still have the workshop."

The Board agreed to defer action on a proposal by the Biological Response Modifiers Program for a prime contract or master agreement providing for task orders for the acquisition, quality assurance and distribution of biological response modifiers. Estimated first year cost was $975,000.

"There is a need to have an integrated program in place for the acquisition, quality assurance and distribution of biological response modifiers for independent scientific investigations to stimulate and coordinate development and testing," the DCT summary said.

"To provide for the efficient development of BRMs, it is important to establish an integrated, manageable program that can respond rapidly to the needs of the BRMP and independent investigators as new promising BRMs become available. To achieve these goals, a prime contract/subcontract network organization for the acqusition and testing of BRMs is proposed. The prime contractor would have the responsibility for acquisition of specific BRMs by contacting and selecting the most suitable subcontractor to provide the highest quality BRM. Upon receipt of the BRM, the prime contractor would then contact and select the most qualified subcontractor to carry out the required testing of an individual BRM to establish standards of quality, efficacy, toxicity, and televent tests for in vitro and in vivo biological activity; monitor the BRM test evaluation and assure the final analysis in a form specified and approved by the BRMP.

"The prime contractor will also be responsible for providing results of BRM testing to independent investigators and to supplies. Once an individual BRM has been obtained and tested, the prime contractor has the further responsibility for managing all aspects of the procurement of BRM by independent investigators. In this function, responsibility will include overall management in the receipt of orders, distribution of BRM to independent investigators, and costing and accounting of BRM business transactions. Throughout all aspects of this program the prime contractor, in coordination with the BRMP, has the responsibility for providing an integrated, responsive, efficient organization that is responsive to the needs of the BRMP and independent investigators in providing the most efficient, expeditious means of developing BRM of potential value for clinical therapy of cancer.

"An alternative mechanism for this multicomponent system would involve the use of a master agreement and multiple task orders to perform individual functions required for acquisition, testing and evaluating BRMs. staff is requesting Board concept approval to use either the prime contract mechanism or the master agreement task order mechanism, whichever is determined most appropriate by the contracting staff."

Oldham told the Board that he, his staff and the Research Contracts Branch "felt that no other program would satisfy the recommendations" of the Board's Subcommittee on Biological Response Modifiers (the subcommittee's report two years ago forme formed the basis for establishing the program) "in handling the likely volume of biologicals and requests for them."

"Some idea of the magnitude of biologicals out there needs to be tested," Board member Carmack Holmes said.

"There are thousands," Oldham said. "The contribution of industry is hard to predict."

"Quality control is the most serious factor," Racker said.

"One of the ways to handle that is to establish an independent assay system," Oldham said. "Half of this money will be for acquisition, half for testing."

"The acquisition part is seed money," Chabner said. "Once this is off the ground, we will require users to pay for them"

"It is premature to go off in such a big way when the testing methods are not adequate," Board member Susan Horwitz said.

"This is a classic example of my concern," Bolognesi said. "We're moving much, much too fast. Which biologicals should we buy? How are we going to test them? Those are enormous problems. This one, in my mind, is extremely premature."

"Dani says this is premature," Chabner said. "Bob is getting phone calls asking for material. This is something the Board can advise us on. Do you want a system? We're trying to respond to the scientific community."

Enrico Mihich, who chaired the BRM subcommittee, said it was that group's recommendation that a decision network group be established to identify specific biological response modifiers worthy of de-

velopment. Those would have to be produced and made available to intramural and extramural investiagors."

Board Chairman Samuel Hellman said, "It is the sense of the Board that there is a lot of concern with the size of this project and the state of the art. My suggestion is that we table this, think about it, and come back in October with another proposal."

The Board agreed.

NEW TOXICOLOGY PROTOCOL WORKING, DOES PREDICT SAFE STARTING DOSES

The new and at one time highly controversial toxicology protocol for anticancer agents, required before the Food & Drug Administration approves an investigational new drug application, apparently is working well and doing exactly what NCI said it would.

John Driscoll, director of the Developmental Therapeutics Program in the Div. of Cancer Treatment, told the DCT Board of Scientific Counselors that the protocol does predict safe starting doses, cuts three to six months from the time required to get a drug into clinical trials, and saves at least $100,000 per drug.

"During this last year, it has saved as much as $1 million," Driscoll said.

NCI's proposal to change the toxicology protocol, eliminate tests in large animals and make other refinements touched off a furor at FDA which shook up the Div. of Oncologic and Radiopharmaceutical Drugs and reached the commissioner before it was resolved.

The protocol, first approved by the DCT Board and then the FDA Oncologic Drugs Advisory Committee, was bitterly opposed by Robert S.K. Young, FDA group leader for oncology. Some of Young's colleagues also had reservations, but Young—when then Bureau of Drugs Director Richard Crout approved the protocol—carried on his fight virtually alone. He resigned as group leader, filed a citizen's petition against the protocol, and tried to interest various members of Congress in the issue. He argued that the limited toxicology testing would endanger patient lives and was contrary to provisions in the Food, Drug & Cosmetics Act.

Young's complaint resulted in delaying approval of a number of INDs, but Commissioner Arthur Hayes ruled against his petition last fall.

Driscoll said that six new INDs have been approved under the new protocol and "currently, we have a very smooth working relationship with FDA."

Eight additional compounds are presently undergoing toxicology testing, and Driscoll said he expects INDs to be filed on them during 1982.

One of those will be on a compound (NSC 286193) which is "very exciting," Driscoll said. "The reason it is so interesting is that it was absolutely amazing in the Lewis lung tumor screen. It produced multiple cures—eight of nine, and nine of 10—in a tumor that is usually very refractory to compounds coming through the screen."

Mary Wolpert, deputy chief of the Drug Evaluation Branch, told the Board of the development of what may be the first new drug to go to the clinic on the basic of activity in the clonogenic assay. The drug is being called "Fredricamycin," an indication of the site of its development.

Board member Sydney Salmon, a world leader in use of clonogenic assays to test the antitumor activity of drugs and who proposed use of the process for screening new agents, commented, "This idea was brought to the Board, the concept approved, and it has remained on the time schedule set out for it. It's amazing."

Wolpert said after it was identified in the clonogenic assay, Fredericamycin went through the regular screening panel of eight tumors and the P388 prescreen. It was not active in the three human xenograft tumors nor the five murine systems.

NCI CONTRACT AWARDS

Title: Epidemiology of smoking related diseases, continuation
Contractor: American Health Foundation, New York City, $139,793.

Title: Phase I studies of new anticancer agents
Contractors: Johns Hopkins Univ., $378,352; Ohio State Univ., $340,831; Univ. of Maryland, $378,972; Univ. of Texas Health Science Center, San Antonio, $409,229; Memorial Hospital, New York, $412,427; Univ. of Vermont, $446,630; Mayo Foundation, $519,-926; Univ. of Wisconsin, $520,564; M.D. Anderson Hospital, $521,467; Wayne State Univ., $430,547.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JULY, AUGUST, FUTURE

11th International Symposium for Comparative Research on Leukemia & Related Diseases—July 4-8, Cambridge, U.K. Contact D.S. John, 410 W. 17th Ave., Suite 302, Columbus, Ohio 43210.

3rd World Congress of Laryngectomees—July 5-7, Tokyo. Contact the congress, Guinrei-kai Inc. Assn., Takara-Shigyo 2nd Bldg., 3-7-14 Lidabashi, Chiyodaku, Tokyo 102.

2nd International Conference on Immunopharmacology—July 5-10, Sheraton Park Hotel, Washington D.C. Contact Scientific Secretariat, (name of conference), 142-144 Oxford Rd., Cowley, Oxford 0X4 2DZ, U.K.

Molecular Cloning of Eukaryotic Genes, and Advanced Bacterial Genetics—July 5-25, Cold Spring Harbor, N.Y. Two conferences. Phone 516-367-8343.

Community Clinical Oncology Program Informational Meeting—July 6, Univ. of Southern California Town & Gown Foyer, 4 p.m. Contact Cynthia Creech, USC Cancer Center, 1721 Griffin Ave., Los Angeles 90031, phone 213-224-7641.

Cancer Special Programs Advisory Committee—July 15-16, NIH Bldg 31 Rm 10, open July 15, 9-10 a.m.

Radiation Therapy Oncology Group—July 19-21, Bellevue Stratford Hotel, Philadelphia.
Gynecologic Oncology Group—July 21-23, Bellevue Stratford Hotel, Philadelphia. Contact John Keller, GOG Headquarters, 1234 Market St., Philadelphia 19107, phone 215-854-0770.
5th Congress of World Federation for Ultrasound in Medicine & Biology—July 26-30, Brighton, U.K. Contact Secretary, 4 "L" Portman Mansions, Chiltern St., London W1M, 1LF, U.K.
Introduction of Macromolecules into Mammalian Cells—July 28-Aug. 17, Cold Spring Harbor. Phone 516-367-8343.
Statistics in Chemistry & Chemical Engineering—Aug. 2-6, New Hampton, N.H. Gordon Research conference. Contact Dr. Alexander Cruickshank, Pastore Chemical Lab, Univ. of Rhode Island, Kingston, R.I. 02881, phone 401-783-4011.
International Society for Experimental Hematology—Aug. 12-15, Baltimore, 11th annual meeting. Contact Dr. Lyle Heim, Dept. of Pediatrics, Texas Tech Univ., School of Medicine, 4800 Alberta Ave., El Paso 79905.
Regulation of the Immune Response—Aug. 14-17, Amherst, N.Y. 8th International Convocation on Immunology. Contact Dr. James Mohn, Ernest Witebsky Center for Immunology, Rm 21, Sherman Hall, SUNY Buffalo, 14214, phone 716-831-8345.
National Cancer Advisory Board Subcommittee on Activities & Agenda--Aug. 17, NIH Bldg. 31 Rm 7, 8:30 a.m., open.
The Cancer Registry: An Educational, Epidemiological, and Evaluative Tool in Cancer Control—Aug. 18-20, Holiday Inn Parkway, Tallahassee, Fla. Annual Florida Registry workshop. Contact Florida Cancer Council, American Cancer Society, John Carbonneau, 1001 S. MacDill Ave., Tampa 33609, phone 813-253-0541.
Gordon Research Conference—Cancer Section—Aug. 23-27, New London, N.H. Contact Dr. Cruikshank, address above.
Cancer Epidemiology in Latin America—Aug. 24-27, Washington D.C. Contact Dr. Elaine Millner, NCI, DCCP, Landow Bldg. Rm 8C16, Bethesda, Md. 20205, phone 301-496-9600.

FUTURE MEETINGS

The Oncology Nurse: Challenges of the '80s—Sept. 20, Delaware Valley Chapter of the Oncology Nursing Society. Topics include the nursing research process, ethical issues, chemotherapy workshop, development of nursing diagnosis for the oncology patient, and cancer units. Contact Marianne Dietrick-Gallagher, 301 Pine St., Glenolden, Pa. 19036.

IVth International Symposium on Nasopharyngeal Carcinoma—Sept. 27-29, Kuala Lumpur, Malaysia. Data on NPC obtained since the 1980 symposium will be presented and reviewed, including epidemiology, early diagnosis and proper management, including prevention. Contact Secretariat, NPC International Symposium, Dept. of ENT, Faculty of Medicine, Univ. of Malaysia, Kuala Lumpur, 22-11, Malaysia.
New York State Cancer Programs Assn. Annual Meeting—Oct. 8-9, Roswell Park Memorial Institute, Buffalo. Contact Edwin Mirand, RPMI, 666 Elm St., Buffalo 14263.
Southeastern Cancer Research Assn.—Oct. 14-15, Quality Inn, Gatlinburg, Tenn. Scientific presentations from members and a symposium on "Growth Facts, Viruses, and Protein Phosphorylation." Contact Dr. Wayne Criss, Cancer Center, Howard Univ., Washington D.C. 20059.
Cancer Control Research in the Cancer Center—Jan. 21-22, 1983, Holiday Inn, Bethesda, Md. Progress in Cancer Control, sponsored by Roswell Park Memorial Institute, Assn. of American Cancer Institutes, Assn. of Community Cancer Centers, Damon Runyon Foundation, and International Union Against Cancer. Issues of cancer prevention, early detection, management and continuing care will be discussed from the perspectives of the physician, epidemiologist, and behavioral and environmental scientist. Abstracts are invited. Submit them to, and contact for further information, Dr. Curtis Mettlin, RPMI, 666 Elm St., Buffalo, N.Y. 14263, phone 716-845-4406.
Clinical Cytopathology for Pathologists—April 18-29, 1983, Johns Hopkins Univ. School of Medicine and Johns Hopkins Hospital, Baltimore. Postgraduate course; designed for pathologists who are certified (or qualified) by the American Board of Pathology or their international equivalents. An intensive refresher in all aspects of clinical cytopathology, including new techniques, special problems, and recent applications. Applications must be made before Feb. 2, 1983. Contact John Frost, M.D., 610 Pathology Bldg., Johns Hopkins Hospital, Baltimore, Md. 21205.

NEW PUBLICATIONS

"Immunotherapy of Human Cancer," edited by William Terry and Steven Rosenberg. A unique text on the immunotherapy of human cancer which for the first time assembles in a single volume all modern clinical trials on immunotherapy. Includes information on recent and current clinical trials and newer approaches to immunotherapy. Elsevier North Holland Inc., 52 Vanderbilt Ave., New York 10017. $85.

"New Leads in Cancer Therapeutics," published by G.K. Hall & Co., $29.95. "Immunological Approaches to Cancer Therapeutics, published by John Wiley & Sons, $49.50. Both edited by Enrico Mihich.

"Living with Cancer," by Ernest Rosenbaum. A compassionate guide to coping with cancer. Describes thoughts and experiences of cancer patients, designed to dispel their fears and frustrations. C.V. Mosby Co., 11830 Westline Industrial Dr., St Louis 63141. $7.95 U.S., $8.95 Canada.

"Young People with Cancer: A Handbook for Parents," published by NCI, in cooperation with the National Candlelighters Foundation, it is an update of the "Candlelighters Oncology Handbook for Parents." Practical suggestions to help families cope with the stresses. Free from NCI, Bldg. 31 Rm. 10A18, Bethesda, Md. 20205.

"Leukemia," edited by N.L. Warner and D. Metcalf. A UICC publication primarily concerned with the biology of human leukemia, from a series of workshops. Distributed exclusively by Hans Huber Publishers, 76, Langgassstresse, 3000 Bern 9, Switzerland. 44 Swiss francs, $22 U.S.

"Marijuana as Medicine," by Roger Roffman. A scientific assessment of marijuana's potential for controlling nausea caused by cancer chemotherapy, reducing intraocular pressure, managing spasm and spasticity, relieving pain, and other uses. Madrona Publishers Inc., 2116 Western Ave., Seattle 98121. $11.95 hardbound, $5.95 paperback.

From Raven Press:

"The Role of Tamoxifen in Breast Cancer," edited by Stefano Iacobelli, Marc Lippman, Della Robustelli and Gioacchino Cuna. $17.

"New Approaches in Cancer Therapy," edited by

Funes Cortes and M. Rozencweig, $24.50.

"International Symposium on Management of Superior Pulmonary Sulcus Syndrome," edited by John Bonica, Vittoria Ventafridda, Carlo Pagni, and Louisa Jones. $36.

"The Potential Role of T Cells in Cancer Therapy," edited by Alexander Fefer and Allan Goldstein. $37.

"Current Radio-Oncology," edited by K.H. Karcher and G. Reinartz. $56.

Raven Press, 1140 Ave. of the Americas, New York 10036.

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-ES082-50004-56

Title: *Biochemical genetic monitoring of inbred rodents*

Deadline: *Aug. 4*

The National Institute of Environmental Health Sciences, National Toxicology Program, is interested in establishing a contract which will provide a genetic monitoring resource.

This contract will require two phases. In phase 1 the contractor will provide evidence of technical proficiency in distinguishing the various allelic variants and hybrid types in rodent tissues. The project officer will provide rodents of various strains or hybrids to the principal investigator for creation of a genetic profile. The laboratory will be judged on its proficiency to correctly identify the alleses at specific loci in each of the unknown animals. This phase will cover the first 2-3 months of the contract period.

In phase 2 the contractor will monitor up to 15 designated loci for each strain or hybrid by electrophoresis of erythocyte lysates, kidney homogenates or serum proteins. Immunochemical methods may also be employed using white blood cells. The conditions for electrophoresis for each enzyme or protein such as support medium, buffer systems, etc., as well as visualization of proteins and enzymes will be decided jointly by the principal investigator and the project officer.

On a monthly basis the contractor will receive 100 live inbred rodents (20 mice and five rats per week) for genetic monitoring. In addition, frozen tissue (usually kidneys) from 50 B6C3F1 hybrid mice will be received monthly for isozyme analyses.

The contract will be awarded for a three year period and will require one person year of combined professional and nonprofessional effort per year.

Contract Specialist: Molly Eng
RCB, Blair Bldg. Rm. 2401
301-427-8764

RFP NCI-CM-37556

Title: *New fermentation antineoplastic drug acquisition, evaluation, development and screening*

Deadline: *Approximately Sept. 2*

NCI's Div. of Cancer Treatment will make available to interested contractors a request for proposal concerning a project to discover new antitumor agents of novel structural types from microbial sources. The contractor must provide and operate a biochemical, biological fermentation laboratory with a pilot plant facility to produce and isolate potential antineoplastic agents.

It is anticipated that one or more contracts will be awarded for a three year incrementally funded period of performance. To be considered for such contracts, candidate organizations must show evidence of experience in all phases of fermentation (shake flask, microfermentor, pilot plant), in vitro screening, as well as the expertise to accomplish: culture isolation, maintenance and preservation; fermentation optimization and scale up production; chemical isolation, purification and structural elucidation of the potential antitumor agents produced.

The project will require that approximately 3,000 unusual organisms be obtained and evaluated under various conditions and/or many different substrates. The successful contractor must also have the resources for in vivo screening and ability to produce, isolate and purify antineoplastic materials from large scale fermentation. It is optional whether the in vivo testing will be done by the contractor, inhouse or through a subcontractor approved by NCI.

It is anticipated that the total level of effort required for each contract during each of the three years of contract performance will consist of 12 or 15 staff years.

Contract Specialist: Maria Decker
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301-427-8737

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