THE CANCER LETTER

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DRCCA BOARD SPLIT ON USE OF CANCER CONTROL FUNDS BY CENTERS; NCAB PROBABLY WILL DECIDE THE ISSUE

The issue of whether cancer control program directors at cancer centers can be supported through the center core grants, and the related issue of where the money for that support would come from, probably will end up in the lap of the National Cancer Advisory Board.

The fact that a wide gap over those issues exists among members of the Board of Scientific Counselors of NCI's Div. of Resources, Centers & Community Activities became obvious last week when the DRCCA Board's Centers & Community Oncology Committee met in Chicago.

(Continued to page 2)

In Brief

WHITE HOUSE CONSERVATIVES SAID SEEKING OUSTER OF SCHWEIKER; POTTER URGES GREATER COMMITMENT

RICHARD SCHWEIKER, secretary of the Dept. of Health & Human Services, reportedly has offended the more conservative members of President Reagan's staff; they are pressing for his resignation, hope to get it soon after the first of the year. If it happens, NCI will lose the best friend it has had in that position in at least the last decade. Schweiker stood firm against Office of Management & Budget proposals for cuts in the NIH and NCI budgets, and backed Director Vincent DeVita when he was under savage attack in the Senate. . . . **"GOVERNMENT AND** individual citizens must increase their commitments to the war on cancer," John Potter, director of the Vincent Lombardi Cancer Research Center at Georgetown Univ., said in ceremonies dedicating the center's new building. "This involvement may be achieved by enlisting individuals with fresh insights into solutions of the cancer problem. It can be manifested by educational efforts by the community to eliminate cancer causing habits, whose dangers have been established but whose eradication medicine has been unable to achieve. It can be witnessed by calling for strong federal support for cancer research and also for effective governmental action in the regulation of carcinogens. Fiscal support by individuals is also vital to further progress in cancer research and treatment. In sum, society must rededicate itself to the eradication of the disease which it so justifiably fears." . . . **GILBERT OMENN** has been named dean of the Univ. of Washington School of Public Health & Community Medicine. He succeeds **ROBERT DAY**, who is now director of the Fred Hutchinson Cancer Center. Omenn represented the Carter White House on the National Cancer Advisory Board, when he was with the Office of Science & Technology Policy, and is presently a member of the Div. of Cancer Cause & Prevention Board of Scientific Counselors. . . . **VERNE CHAPMAN** has been appointed director of the Molecular Biology Dept. at Roswell Park Memorial Institute.

DRCCA CENTERS COMMITTEE DISAGREES WITH BUDGET GROUP ON CONTROL FUNDS

(Continued from page 1)

The DRCCA Board agreed at its October meeting to recommend changing core grant guidelines to permit payment of cancer control director salaries from those grants (***The Cancer Letter,*** Oct. 29). Current guidelines expressly prohibit that; when they were written, a separate cancer control core grant mechanism existed for that purpose. That mechanism was funded from the cancer control line item budget.

Center directors had asked that, in addition to lifting the restriction against cancer control directors, NCI transfer line item control money to the centers budget to pay those salaries. The DRCCA Board balked at that, with Chairman Lester Breslow, DRCCA Director Peter Greenwald and Deputy Director Joseph Cullen opposed. The Board referred the issue to its Budget & Agenda Committee, which later recommended against the transfer.

The Centers & Community Oncology Committee felt differently. The committee is chaired by Charles Moertel, director of the Mayo Comprehensive Cancer Center, who had tried to convince the Board that limiting cancer control administrative support to funding from the core grant allocation was unreasonable and unfair. Moertel pointed out that the core grant supports research and money taken from it for control activities would be taken from research.

The control line item budget was authorized by Congress for support of cancer control, and had under the previous system paid salaries of center cancer control staff, Moertel argued.

Other members of the Board, led by Breslow, insisted that if cancer center directors wished to support control activities from the core grant, they should have the freedom to do so but that those activities should be treated the same as any other and be funded from the core budget.

The Centers & Community Oncology Committee decided to oppose the decision of the Budget Committee and went along with Moertel's view. The controversy will be brought back to the DRCCA Board at its Jan. 20-21 meeting. It will not be resolved there, however, although that Board's recommendation undoubtedly will carry a lot of weight.

Center core grant guidelines have been developed in the past with the active participation and ultimately the concurrence of the NCAB. That was before the DRCCA Board had assumed responsibility for oversight of most activities housed in the division, but NCAB members have indicated they do not intend to surrender their major responsibilities to the division boards.

Although the DRCCA Board will consider the issues in January prior to the NCAB's Jan. 31-Feb. 2 meeting, they probably will not be discussed at any great length then by the NCAB and will be held for the May meeting.

The amount of money at stake at the present time is relatively small, probably no more than $500,000. Whether a center would qualify for cancer control support depends on the extent of cancer control research going on there, funded through other mechanisms. Jerome Yates, DRCCA associate director for Centers & Community Oncology, estimated that in the next few years, only a few centers would qualify.

The NCAB could be faced with another related issue—the requirement it established (among others) for recognition as a comprehensive cancer center, that such centers be engaged in cancer control outreach activities.

It was to help comprehensive centers carry out that requirement that the cancer control core grant mechanism was established. With that mechanism now abandoned in favor of an emphasis on cancer control research, there have been suggestions that the NCAB requirement be withdrawn.

Moertel's committee discussed that problem, and without making a formal recommendation generally agreed that when and if centers are reviewed for comprehensiveness, the extent of their outreach activities should not be looked at too closely. The committee did not recommend dropping the requirement but suggested more flexibility in its interpretation.

Yates discussed with the committee the possibility of developing a master agreement mechanism for centers to permit quick funding of targeted research projects as opportunities arise. An example might be an effort to move ahead on prevention or treatment of Kaposi's sarcoma, in which several centers would work cooperatively with NCI. The mechanism would be similar to the one the Div. of Cancer Treatment uses for its phase 1 and 2 drug studies. An RFP would be issued for a master agreement, and centers would compete for participation. When a project would come up, those institutions with resources required for that project would receive task orders, with funding available within two to three months rather than nine months or more required through the normal contract process.

Yates said this proposal would be brought to the DRCCA Board for concept approval in January. He is tentatively planning a meeting of center executives in Bethesda for late February or early March.

The Moertel committee decided against recommending a request for applications to stimulate nursing research, although agreeing that nurses ought to be encouraged to participate in more research.

The Oncology Nursing Society approved a resolution at its congress last spring asking NCI to fund a new program in nursing research. Yates later met with groups of nurses, and told the Board of Scientific Counselors in October that "perhaps we should

put out an RFA restricted to nurses involved in good quality research. . . . This amounts to affirmative action. There are institutions where nurses can't be principal investigators. That seems strange to me in this day and age."

Yates added, "It is difficult for me to perceive the difference between nursing research and other supportive care research."

Board member Christine McGuire said, "I feel very uneasy about addressing RFAs to a particular professional group. It seems to me the objective of this division is to support high quality research in specific areas. The staffs of those responding would include nurses, social workers, whatever is appropriate. We may very well want to help encourage development of research expertise in specific groups."

"If any group is going to adopt the mantle of science, and perform science, it needs to be trained as scientists," Board member Leonard Derogatis said. "If nurses and social workers feel the need for training, then let's train them."

Barney Lepovetsky, chief of the Career Development Branch, said, "We're concerned with this problem, and are looking for opportunities to address it. We're considering opening the clinical education program to a selected number of nursing schools, possibly limiting it to 20 schools offering a doctorate. We're looking for ways to stimulate nurse research training. One possibility is to make better use of the research training grant program. Nurses are eligible for that."

Members of the Moertel committee agreed that funds should not be set aside, as would be required by an RFA, for nursing research. They suggested that efforts be made by DRCCA staff to encourage nurses to compete for Young Investigator Awards, for which they are eligible. Nurses also should be encouraged to develop grants for conventional cancer control support.

OMB PAYING MORE ATTENTION TO BYPASS BUDGET? NCI AWAITING FY 1984 FIGURE

The White House Office of Management & Budget is deep into the process of developing the President's budget for the 1984 fiscal year, which starts Oct. 1, 1983. For every agency of the government except one, OMB has only one budget request to consider, that coming through the normal (usually departmental) channels.

For NCI, OMB not only has the budget developed at NIH and cleared through HHS, but it also has the bypass budget, the creature of the National Cancer Act which gives NCI the authority to send its own request directly to the President.

In recent years, OMB has completely ignored the bypass budget and gone with the HHS request for NCI, invariably lower by millions of dollars than the bypass. There have been some signs this year, however, that OMB at least is reading the bypass budget. OMB staff members have called NCI with questions about it, perhaps an indication that some aspects of the bypass may be getting some consideration.

OMB will send agencies their "marks" (their individual budget total) within a few days, probably next week. The agencies may appeal, but that rarely results in any changes, certainly has not helped increase NCI's figure very much in the past.

If past history is a guide, the President's budget request for NCI which will go to Congress will be identical to, or very close to, the HHS request. There was a glimmer of hope that OMB might let it slip a little toward the bypass figure, but the prospect of a horrendous and increasing deficit probably has killed any chance of an increase over the President's FY 1983 request of $955 million. There is even some talk that an across the board cut will be made on most domestic spending which could cut it back under 1983's figure.

Meanwhile, Congress has yet to determine what 1983 spending for NCI will be. The continuing resolution providing interim funding ends next month, and the lame duck session will have to deal with that. The prospect of completing action on a regular HHS appropriations bill appears slim for this session, with Democrats figuring their increased numbers in the House after Jan. 1 will put them in a better position to defend domestic programs from Reagan cuts.

Director Vincent DeVita has defended the President's budget requests for NCI during the last two years, and feels that biomedical research has fared reasonably well at the hands of the Reagan Administration considering the state of the economy. However, DeVita has lashed out at what he sees has been the unfair treatment NCI has received from others (he has not specified those others but they undoubtedly include those at NIH, HHS, and congressional appropriations committees who have something to say about allocating funds among the various institutes).

In recent years, when other NIH institutes receive an average increase of four or five percent, NCI's increases have been closer to two percent.

"If we're not doing our job well, if we're not supporting high quality research, if we're poorly managed, if we're not having a positive impact on cancer survival, then giving us less might be justifiable," DeVita has said. In fact, NCI probably is the best managed institute at NIH, perhaps one of the best managed agencies in the government; the quality of research supported, both extramural and intramural, is at least equal to that of the other institutes; and improvements in survival are continually being documented.

DeVita believes the rest of NIH is still trying to get even for NCI's big budget increases in the early 1970s. Those increases had been incorrectly per-

ceived by some as coming at the expense of the other institutes.

Thus, present day events confirm the wisdom of the framers of the National Cancer Act, who had hoped that the bypass budget would take funding for the Cancer Program out of the channel in which it must compete with other health interests, whose constituents invariably outnumber those of the Cancer Program. If the President observed the law and the intent of Congress, the bypass budget would prevail over that of HHS.

DeVita, in his message to OMB Director David Stockman accompanying the bypass budget, offered a strong defense of it:

"Attached is the fiscal year 1984 budget of the National Cancer Institute, as required by the National Cancer Act. We would appreciate your review of this document, especially at this time when, through dramatic progress in basic and clinical scientific research, we stand on the brink of uncovering the elusive secrets of a normal cell's functions, including by what mechanism it is turned into a cancer cell. The answer to this enigma holds the promise of rendering the malignant process controllable through intervention in the steps necessary to produce a cancer.

"Recent survival data provide evidence that great strides have been made in the treatment of cancer. The first full five year survival data gathered by NCI's Surveillance, Epidemiology and End Results program show a relative survival rate of 45 percent for all patients diagnosed with cancer between 1973 and 1979. This is in contrast to an earlier study done (1967-1973), before SEER was established, which showed a relative survival rate of 40 percent. In real terms this 5 percent difference (a 12 percent increase in survival) means that approximately 320,000 individuals diagnosed in the 1970s have a very good chance of remaining disease free.

"We at NCI are fully cognizant of the tremendous demands made each year on the United States budget. Hard choices must be made among worthy competing programs. The NCI budget request of $1,074,-000,000 was determined, therefore, after long and careful thought by the Executive Committee of NCI and with the advice and assistance of the National Cancer Advisory Board and the President's Cancer Panel. Although the 1984 request represents a 12 percent increase over the 1983 President's budget, we believe this level of support will allow NCI to take full advantage of the opportunities existing today....

"**Research Grants**—NCI has kept its commitment to investigator initiated basic research grants as its highest priority. In order to increase the resources available to fund these grants, we have carefully scrutinized all other programs and mechanisms to identify possible areas where economies could be taken. The result is that NCI has been able to fund 100 additional grants in fiscal year 1982. Our management initiatives also included the establishment of a corporate decision making process involving the staff of NCI, the NCAB, the President's Cancer Panel, and the Boards of Scientific Counselors of each of our major operating divisions. This has allowed us to effectively reallocate funds to the highest priority areas, and even begin new initiatives, despite the necessity of operating within a level budget. In fiscal year 1982, NCI adopted a funding plan which stretches funds over a greater range of priority scores. Although initial review groups recommended high quality competing renewal grants to received an average increase of about 32 percent, in order to fund an increased number of high priority grants, the NCI Executive Committee funded new grants at a level 4 percent below that recommended by the study section. Noncompeting grants received an overall 4 percent reduction. New investigator awards, which offer support to the most promising young investigators, however, were not reduced, but were funded at recommended levels.

"In fiscal year 1983, we are continuing to look at ways to stretch our funds. We are continuing a dialogue with the scientific community to ascertain what the most appropriate and productive approach would be to support research project grants. During the development of this budget request for 1984, our advisors recognized the necessity of funding grants at less than recommended levels, but felt that this is not the best approach to continue, hence, the budget request submitted to you includes the grants at the peer review recommended amount.

"**National Research Service Awards**—for the NRSA program, the institutional allowances have been included at 100 percent.

"**Intramural Research**—we have stated on many occasions our intent to streamline this area and to support it consistent with research project grants. This policy has been continued in this budget request.

"**Construction**—with the advice of the NCAB, we have included additional funds in this budget for construction activities, funds that could be very effectively utilized to ensure proper and safe facilities for scientific research.

"We would like to briefly point out several high priority research areas which we feel are particularly important at this point in our understanding of cancer:

"—In basic biological research, rapidly developing technology has vastly increased our knowledge of the basic functioning of an individual cell. The field of cancer causation, for example, has recently achieved new understanding of how certain genes can transform a normal cell to a malignant state. Through careful research, it has been found that these "transforming" genes are present in normal cells of all vertebrates, including man. This means, of course, that

these genes must play a part in normal cell functions. Just this week the precise abnormality in the genetic code of this normal gene that leads to malignant transformation has been uncovered. NCI will support efforts utilizing recombinant DNA technology to determine the nature, number and role of these oncogenic genes in normal and tumor cells. The protein byproducts of these genes, in fact, have been found to be part of the molecular pathway of the cell surface membrane, leading to the possibility that an aberration of their function may result in malignancy.

"—Antibodies are proteins produced by the body's immune system to seek out or attack specific antigens in the body. Recombinant DNA technology has made it possible to fuse an antibody producing cell with an immortal cultured cancer cell. The hybrid "monoclonal" antibodies resulting from this represent an exceptionally promising approach to cancer diagnosis and treatment, and this has rapidly become an area of intense research activity. Monoclonal antibodies may be coupled to radioisotopes to provide a very sensitive and specific diagnostic imaging technique and may be coupled to chemotherapeutic agents, toxins or radioisotopes to augment the antibodies' antitumor effect. Preliminary results using monoclonal antibodies as an antitumor therapy have been extremely encouraging in certains types of cancer.

"—Since the majority of cancers are environmentally induced, NCI continues strong support for epidemiological research which is geared toward assessing and evaluating cancer incidence, mortality and survival in the U.S. This includes cancer incidence in the workplace, effects of low level radiation, factors relating to modification of cancer risk from dietary habits, factors relating to the excess risk of cancer from tobacco smoking habits, and environmental pollutants in air, water and soil.

"—Retinoids, which are natural and synthetic analogs of vitamin A, have shown, in animals, the ability to prevent, halt or even reverse the carcinogenic process. Several studies have demonstrated that these substances inhibit or delay the development of invasive malignancy in well defined animal models, and that in culture, they suppress transformation to malignancy by chemicals and ionizing radiation.

"Various synthetic analogs have now been found which have less toxicity but retain effectiveness in suppressing tumorigenesis. In addition, worldwide epidemiological studies over the years have indicated that there seems to be a positive benefit for the prevention of cancer in people who consume large amounts of vegetables in which the principal component is beta carotene, the precursor to vitamin A. These chemoprevention activities, including clinical studies in this area, warrant further investigation and will be supported in the 1984 budget.

"—NCI established a new radiation research program to encourage a coordinated research effort in the use of ionizing and nonionizing radiations for the detection, functional evaluation and treatment of cancer, as well as for the further investigation of the systemic and genetic effects of ionizing and nonionizing radiations. In the 1980s, diagnostic imaging technology promises to radically alter our ability to detect cancer earlier. The basic interactions of ionizing radiations with matter which lead to mutations, transformations and carcinogenesis are being studied at molecular, cellular and whole animal levels. This research is especially important since such a large portion of the American population is exposed to low level radiation.

"—The Biological Response Modifiers Program was established to evaluate some of the promising substances which cells produce to regulate their own growth and defend themselves from disease. Clinical trials of several different types of one of these biological response modifiers—interferon—are being carried out in a number of American medical centers. Several hundred patients with advanced cancers not curable by standard therapies are participating in these early clinical trials. Results to date suggest that the most effective use of interferon may be to augment the established cancer treatment modalities, rather than its use as the sole treatment. This area of research remains a high priority and will be adequately supported with this budget request.

"—Within the Cancer Control program, NCI has recently launched its Community Clinical Oncology Program to meet the needs of cancer patients in the community, utilize trained oncology specialists in community hospitals and clinics, and to establish a system to conduct clinical research while providing the newest clinical treatment findings to community health professionals. This program along with Cancer Control Research Units and the Cancer Control Science Program will provide a primary nucleus for the restructuring of the cancer control activities.

"—Epidemiologic studies in collaboration with laboratory investigators will be intensified to evaluate the role of infectious agents in certain cancers such as T-cell leukemia and in the recent outbreak of the acquired immunodeficiency syndrome which sometimes results in Kaposi's sarcoma. The magnitude of this problem in terms of mortality makes this a high NCI priority."

CCOP APPLICATIONS NOW TOTAL MORE THAN 180; FIVE STATES LEFT OUT

The total number of applications submitted for NCI's Community Clinical Oncology Program continues to grow as they turn up in various nooks and crannies of NIH.

NCI last week had counted 162, but that did not include several which had not yet made their way out of NIH's Div. of Research Grants. Some of those

had been submitted early and apparently put aside and forgotten by DRG. They are now coming through, after Program Director Robert Frelick applied some pressure. It now appears that the total number will exceed 180.

"Some of the applications are beautifully organized," Frelick said. "It seems to be a reflection of the experience of the people involved." On the other hand, some applications indicate that the institutions involved are nowhere close to the organizational stage where they can put together a strong cancer program.

Frelick has not yet had an opportunity to make an analysis of the applications, except that they represent a wide variety of responses. It appears that from 30 to 40 percent will be consortia, and those will vary greatly in size.

Reasonably good geographic distribution apparently has been achieved, although how that will stand up in the review remains to be seen. Five states are not represented—Nebraska, Wyoming, Idaho, Utah, and Mississippi. Letters of intent had been received from the last two, but no applications followed.

WISTAR INVESTIGATORS DEMONSTRATE ONCOGENE RELATION TO BURKITT'S

The topic stirring the most interest at cancer related scientific meetings this year appears to be oncogenes, and the Fifth Annual Bristol-Myers Symposium on Cancer Research was no exception.

The symposium, at the Univ. of Chicago Cancer Research Center, featured a report from investigators at the Wistar Institute who provided confirmation that movement of oncogenes between different chromosomes may play a critical role in human cancer.

Carlo Croce said his group had shown for the first time that a gene previously association with cancer in experimental animals has been found at the site of chromosome rearrangement frequently documented in tumor cells of Burkitt's lymphoma.

In the cells of Burkitt's lymphoma, a part of the chromosome designated No. 8 is transferred to one of three other chromosomes, those numbered 14, 2, and 22, but most frequently to chromosome 14. All three chromosomes are known to carry, among others, genes that regulate the production of antibodies to defend against infection.

Like other lymphomas, Burkitt's is a type of cancer in which there is overproduction of the white blood cells, B lymphocytes, responsible for making antibodies.

During last year's Bristol-Myers symposium at Johns Hopkins, Susan Astrin of Fox Chase Cancer Center in Philadelphia reported that a gene first isolated from chicken tumor cells is also active in white blood cells of patients with lymphomas and leukemia. This cancer in chickens, caused by a virus, is called myelocytomatosis; hence this cancer gene is called the Myc gene. It is among several oncogenes cancer researchers are studying now.

In an attempt to find new clues to the beginning of the cancer process, Croce investigated the changes on chromosome 14 after it had acquired part of chromosome 8.

Using molecular biological techniques, he found that the Myc gene was present on the altered 14th chromo ome of the lymphoma patients. This oncogene was found on the chromosome very close to the region carrying the antibody genes and also adjacent to the 'break-point' where the piece of chromosome 8 had become attached to chromosome 14.

Other symposium speakers reported on other aspects of chromosomes and cancer.

Uta Franke of Yale Univ. School of Medicine presented evidence that children can inherit chromosome rearrangements that put them at high risk of acquiring cancers of the eye and kidneys.

Changes on chromosome 13 have been associated with childhood retinoblastoma and on chromosome 11 with Wilm's tumor, a kidney cancer, she said. This evidence is being confirmed both by examining the chromosomes of parents and by measuring the levels of enzymes dictated by genes on the two chromosomes.

In another presentation, Jorge Yunis of the Univ. of Minnesota School of Medicine said that some chromosome defects can be found in 96 percent of all cancers, and that consistent chromosomal defects can be found in 56 percent of cancer patients.

Chromosomes can now be stained and viewed under the microscope only when cells are preparing to divide. Yunis said that new techniques being developed at the Univ. of Minnesota will allow geneticists to view the fine structures of these biological units in greater detail. When the new techniques can be widely used on cancer cells, he suggested that even more chromosomal abnormalities will be found.

The symposium was organized by Janet Rowley, professor, Univ. of Chicago School of Medicine, and John Ultmann, director, Univ. of Chicago Cancer Research Center.

The annual symposia are part of a major cancer research program Bristol-Myers initiated in 1977. The program also includes unrestricted research grants of more than $5 million to 11 institutions in the United States and abroad and an annual $50,000 award to an individual scientist for distinguished achievement in cancer research.

The next symposium will be organized by the Italian National Cancer Institute and held in Venice in October 1983.

NCI CONTRACT AWARDS

Title: Tumor promotion in cynomolgus monkeys (macaca fascicularis)

Contractor: Meloy Labs, $406,415.

Title: Phase I evaluation of equipment for hyperthermic treatment of cancer, continuations
Contractors: Univ. of Arizona, $37,550; Massachusetts Institute of Technology, $57,385; M.D. Anderson Hospital & Tumor Institute, $46,-185; Univ. of Utah, $54,385; and Stanford Univ., $64,385.

Title: Supply of human tumors, tissue culture cells, nucleic acids and retroviruses
Contractor: HEM Research Inc., Rockville, Md., $1,075,977.

Title: Production of hybridomas secreting antibodies reactive specifically with human cytokines
Contractor: Sloan Kettering Institute for Cancer Research, $411,341.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR DEC., JAN., FUTURE

National Cancer Advisory Board—Dec. 1, NIH Bldg 31 Rm 6, 8:30 a.m., final day of three day meeting on program review.
Clinical Cancer Program Project Review Committee—Dec. 2-3, NIH Bldg 31 Rm 6, open Dec. 2, 8:30-10 a.m.
Role of Nutrition in Cancer Prevention & Treatment—Dec. 9-10, Washington D.C. Shoreham Hotel. Second annual Bristol-Myers Symposium on Nutrition Research. Contact Ann Wyant or Kathryn Bloom, 212-546-4337.
New Concepts in the Management of Head and Neck Cancer—Dec. 9, Chicago. Contact Margaret Stewart, Administrative Coordinator, Illinois Comprehensive Cancer Center, 36 S. Wabash Ave., Chicago 60603, phone 312-346-9813.
Comprehensive Care of the Advanced Cancer Patient—Dec. 9, Roswell Park continuing education in oncology.
Congress of the European Society for Medical Oncology and Plenary Session of the European Organization for Research on Treatment of Cancer—Dec. 10-13, Nice. Contact M. Schneider, Centre A. Lacassagne, 36 Voie Romaine, 06054 Nice Cedex, France.
Therapy of Acute Leukemias—Dec. 11-14, Rome. Third international symposium. Contact Dr. Franco Mandelli, Organizing Secretariat, Cattedra di Ematologia, Universita di Roma, Via Chieti 7, 01161 Roma, Italy.
Monoclonal Antibodies in Oncology—Dec. 13, Paris. Quarterly scientific meeting and symposium of the French Federation of Anticancer Centers and French Assn. for Cancer Research. Contact Mrs. Berthomeau, Institut Curie, 26 ru d'Ulm, 75231 Paris Cedex 05, France.
Clinical Trials Committee—Dec. 20, NIH Bldg 31 Rm 7, open 9-9:30 a.m.
Advances in Bladder Cancer Research—Jan. 5-8, Hyatt Sarasota, Florida. Contact NBCP, St. Vincent Hospital, Worcester, Mass. 01610.
Urological Cancer Symposium—Jan. 14-15, Health Science Campus, USC, Los Angeles. Contact Katie Eisenberg, Regional Activities Program, 1721 Griffin Ave., Los Angeles 90031, phone 213-224-7416.
Div. of Resources, Centers & Community Activities Board of Scientific Counselors—Jan. 20-21, NIH Bldg 31 Rm 10, 8:30 a.m.
Cancer Control Research in the Cancer Center—Jan. 21-22, Bethesda Holiday Inn. Progress in cancer control. Contact Dr. Curtis Mettlin, Roswell Park Memorial Institute, 666 Elm St., Buffalo N.Y. 14263.
Assn. of American Cancer Institutes—Jan. 23-24, Memphis, Tenn. Semiannual meeting.
Radiation Therapy Oncology Group—Jan. 26-28, Baltimore Hyatt Regency.
Div. of Cancer Treatment Board of Scientific Counselors—Jan. 27-28, Bethesda Marriott Hotel, 8:30 a.m.
National Cancer Advisory Board—Jan. 31-Feb. 2, NIH Bldg 31 Rm 6, 8:30 a.m.

FUTURE MEETINGS

Boyne Winter Imaging Seminar—Feb. 20-25, Boyne Highlands Inn, Harbor Springs, Mich. Sponsored by William Beaumont Hospital Dept. of Diagnostic Radiology. Intensive review of current developments in ultrasonography, computer tomography, and nuclear magnetic resonance. Contact Mrs. Margaret Eager, Diagnostic Radiology, William Beaumont Hospital, Royal Oak, Mich. 48072.
American Society of Preventive Oncology—March 24-25, Bethesda Holiday Inn. Contact Dr. David Schottenfeld, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021.
Diagnosis & Treatment of Neoplastic Disorders—April 7-8, Johns Hopkins Medical Institutions, Baltimore. Ninth annual symposium. Contact Diane Heydinger, Office of Continuing Education, 720 Rutland Ave., Turner 22, Baltimore, Md. 21205, phone 301-955-6046.
Life, Faith, Hope and Magic—The Chaplaincy in a Children's Cancer Center—April 21-22, Shamrock Hilton Hotel, Houston. Eighth annual Pediatric Mental Health Conference will focus on the chaplaincy as an integral part of the medical care team and the role of religion as a support system to patients and their families. Contact Jeff Rasco, Office of Conference Services, UT M.D. Anderson Hospital & Tumor Institute, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.
Society for Clinical Trials—May 8-11, St. Louis. Fourth annual meeting, will focus on the design, organization, management, and analyses of clinical trials. Abstracts for contributed papers due by Jan. 1. Contact Dr. Christian Klimt, Society for Clinical Trials, 600 Wyndhurst Ave., Baltimore, Md. 21210.
Oncology Nursing Society—May 18-21, Town & Country Hotel, San Diego. Eighth annual congress. Contact ONS, 701 Washington Rd., Pittsburgh, Pa. 15228, phone 412-344-3899.
Leukemia Update—1983—May 19-21, Contemporary Hotel, Walt Disney World, Lake Buena Vista, Fla. Contact Leukemia Society of America, Central Florida Chapter, 3101 Maguire Blvd., Suite 252, Orlando, Fla. 32803.
International Congress of Chemotherapy—Aug. 28-Sept. 2, Kongresszentrum-Hofburg, Vienna. Registration deadline, Dec. 31. Deadline for submitting manuscripts, April 30. Contact Prof. K. Karrer, Institute for Cancer Research, Univ. of Vienna, Borschkegasse 8a, A-1090, Vienna, Austria.

NEW PUBLICATIONS

"What Black Americans Should Know About Cancer," available free from NCI's Office of Cancer Communications, Bldg 31 Rm 10A18, Bethesda, Md. 20205. Stresses prevention, early detection, and prompt treatment, and refutes common myths. Health professionals may request multiple copies for distribution to patients. Also available free from OCC: "What You Should Know About Cancer," in English and Spanish; and "Cancer: What to Know, What to Do About It."

"Help Yourself—Tips for Teenagers with Cancer," includes 40-page booklet and 40 minute audiotape for patients and a user's guide for health professionals. Addresses issues that concern adolescents with cancer. Free from NCI, OCC, Bldg 31 Rm 10A18,

Bethesda, Md. 20205. A limit of one per request for the package which includes one each of the booklet, tape and user's guide; limit of 10 booklets and tapes.

"Atlast of Mortality from Selected Diseases," by Thomas Mason, Joseph Fraumeni, Robert Hoover, and William Blot, scientists in NCI's Environmental Epidemiology Branch. Maps of geographic variations in death rates across the U.S. for 59 conditions. Available from the Supt. of Documents, U.S. Government Printing Office, Washington D.C. 20402, order number 017-042-00157-9. $18 for the U.S., Canada, and Mexico; $22.50 elsewhere.

"Oncology Overview," selected abstracts published in separate booklets by specific topics, by NCI's International Cancer Research Data Bank. Price ranges from $4.50 to $8, averaging about $6 each. Each requestor may receive up to three overviews free; ICRDB will provide price information on each title requested over the three free copies.

Clinical overviews current available include:

Support Care of the Cancer Patient: Management of Infectious & Hematologic Complications, No. OT-82-01; Treatment of Prostatic Cancer, No. OT-82-02; Diagnosis & Treatment of Bronchoalveolar Cancer of the Lung, OT-82-03; Intra-Arterial Chemotherapy in Cancer Treatment, OT-82-04; Diagnosis & Treatment of Malignant Pleural Effusions, OT-82-05; Diagnosis & Treatment of Pituitary Tumors, OT-82-06; Diagnosis & Treatment of Renal Cancer, OT-82-07; The Role of Thymic Factors in Cancer, OT-82-08; The Diagnosis & Treatment of Ocular Melanomas, OT-82-09; and Diagnosis & Treatment of Pancreatic Cancer, OT-82-10.

Request copies from ICRDB Program Office, National Cancer Institute, Westwood Bldg. Rm 10A-18, Bethesda, Md. 20205.

The following titles have been published by the International Union Against Cancer:

"Public Education About Cancer—Recent Research and Current Programs," edited by Patricia Hobbs. Twenty Swiss francs, ($10 U.S.).

"Guidelines for a Voluntary Cancer Organization," edited by M.A. Wood. Twenty-eight Swiss francs ($14 U.S.).

"UICC Multidisciplinary Project on Breast Cancer," edited by J. Hayward. Fourteen Swiss francs ($7 U.S.).

"Evaluation of Methods of Treatment and Diagnostic Procedures in Cancer," edited by R. Flamant and C. Fohanno. Twenty-four Swiss francs ($12 U.S.).

UICC publications may be ordered from Hans Huber Publishers, 76, Langgassstrasse, 3000 Bern 9, Switzerland.

"Breast Cancer: We're Making Progress Every Day"—This is an educational program designed for presentation to groups. It includes a slide-tape or videocassette program which relates latest information on methods of detection, diagnosis, treatment, and breast reconstruction, and step by step instructions on how to perform breast self examination. Also, a user's guide to help the presenter through steps of the program; pamphlets for distribution to the audience; two 11x14 posters; a copy of "The Breast Cancer Digest" for the program presenter; and print ads to help publicize the program. The slide-tape kit is $41, videocassette $65. For the latter, specify ¾", VHS, or Beta 2. Make checks or money orders payable to National Archives Trust Fund; payment by Mastercard or VISA is acceptable. Order from National Audiovisual Center, National Archives and Records Service, General Services Administration, Order Section AM, Washington D.C. 20409. Additional copies of the print materials are available free from NCI, OCC, Bldg 31 Rm 4B39, Bethesda, Md. 20205.

"Endocrine Relationships in Breast Cancer (New Aspects of Breast Cancer, Vol. 5)", edited by Basil Stoll. International Ideas, Inc. 1627 Spruce St., Philadelphia 19103, $32.50.

"Systemic Control of Breast Cancer (New Aspects of Breast Cancer, Vol. 4)", edited by Basil Stoll, International Ideas Inc., address above, $32.50.

"Stem Cells: The International Journal of Cellular Differentiation & Proliferation," Martin Murphy, editor in chief. Six issues per volume, $48. Order from agencies, bookstores, or the publisher, S. Karger AG, P.O. Box CH-4009 Basel, Switzerland.

The following publications are available from Raven Press, 1140 Avenue of the Americas, New York 10036:

"The Transformation-Associated Cellular Protein (Advances in Viral Oncology)," edited by George Klein, $25.

"Advances in Viral Oncology," edited by George Klein, $34.

"The Pathology of Opportunistic Infections," edited by Richard Myerowitz, $59.

"Melanoma: Histological Diagnosis and Prognosis," by Vincent McGovern, $65.

"Interpretation of Prostate Biopsies," edited by Peter Brawn, $33.

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