THE CANCER LETTER

Vol. 9 No. 4
Jan. 28, 1983

Subscription $125 year North America
$150 year elsewhere

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DRCCA BOARD GIVES CONCEPT APPROVAL TO NUTRITION CLINICAL TRIALS WHICH COULD TOTAL $52.5 MILLION

The Board of Scientific Counselors of NCI's Div. of Resources, Centers & Community Activities gave concept approval last week to a series of research projects on the prevention of cancer through diet and nutrition which could have a total price tag as high as $52.5 million for the three to eight year life of the projects. Most of that amount will be awarded in grants and cooperative agreements, although substantial amounts will go to fund contracts with Finland and the U.S. Dept. of Agriculture.

The Board also gave concept approval to recompetition of a support contract for the division, with an estimated cost of $3.7 million over five years; and to an interagency agreement with the National Institute

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In Brief

CHARLES HEIDELBERGER, SOL SPIEGELMAN BOTH DIE OF CANCER; ROBERT WITTES NEW CTEP DIRECTOR

ROBERT WITTES, Memorial Sloan-Kettering medical oncologist, has been appointed associate director in NCI's Div. of Cancer Treatment to head the Cancer Therapy Evaluation Program. CTEP administers DCT supported extramural clinical trials, including the cooperative groups. Wittes, 40, received his MD from Harvard, is best known as a clinical investigator in treatment of testicular cancer, lung tumors, and head and neck cancer. His appointment is effective Feb. 14. . . . **TWO GIANTS** in cancer research, **CHARLES HEIDELBERGER** and **SOL SPIEGELMAN**—died last week, both victimes of cancer. Heidelberger, director for basic research and distinguished professor of biochemistry and pathology at the Univ. of Southern California Comprehensive Cancer Center, died Jan. 18. He was 62. He received last September the $100,000 Athayde Prize for his work in development of anticancer drugs and studies of the mechanism of chemical carcinogenesis. His best known achievement was development of 5-FU, one of the most widely used anticancer drugs. He was recruited to USC after 27 years at McArdle Laboratory by Denman Hammond, founding director of the center. Hammond said Heidelberger was "dedicated to excellence. . . and also was a humanist." Spiegelman, 68, a molecular biologist internationally known for his research in genetics, virology and the molecular basis of cancer, died Jan. 21. He was director of the Institute of Cancer Research and of the Comprehensive Cancer Center at Columbia Univ. Spiegelman was acclaimed for his development of nucleic acid hybridization, a technique allowing the detection of specific DNA and RNA molecules. He received the Lasker Award in 1974. NCI Director Vincent DeVita said the death of two scientists the caliber of Heidelberger and Spiegelman "is a great loss to the National Cancer Program."

DRCCA BOARD OKAYS NUTRITION TRIALS, MASTER AGREEMENT FOR CANCER CENTERS

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of Occupational Safety & Health, estimated at $330,000 for one year.

Two of the projects will test the hypotheses that reduction in dietary fat will reduce recurrence in breast cancer patients and will help prevent breast cancer in high risk patients. The two clinical trials will involve up to 7,000 women.

The proposals were suggested last year to the Div. of Cancer Treatment Board of Scientific Counselors by Ernst Wynder, president of the American Health Foundation. That Board did not go along with Wynder's plan for AHF to do the study, some members feeling that it would require the efforts of one or more cooperative groups considering the number of patients involved (***The Cancer Letter,*** March 19, 1982). DCT staff later decided that it should be offered to the cooperative groups, or to any group of institutions which could meet the requirements, with coordination by an organization with expertise in diet and nutrition. That could be AHF, but the entire project will be competed through a request for applications and Wynder and the groups will have to take their chances in open competition.

The study to prevent recurrence will be a phase 3 trial of a low fat diet to reduce the rate of appearance of metastases in patients with stage 2 breast cancer; to reduce the rate of appearance of second primary cancers in patients who survive a stage 2 breast cancer; and to document patient acceptance of a diet which is low in fat and high in fruits, vegetables, and grains.

An RFA will be issued for cooperative agreements to fund three categories of participants—clinical centers, one or more nutrition coordinating centers, and a statistical coordinating center. An undetermined number of clinical centers will be involved. Each center (or group) will be asked to state its patient accrual capabilities and to estimate costs. NCI will make a "best buy" selection from among the approved applicants.

It is possible that two nutrition coordinating centers will be funded for the project.

DRCCA staff estimated that 2,000 patients will be entered into this study. The estimated annual budget is $1 million for the clinical centers, $200,100 for the nutrition coordinating center or centers, and $266,800 for the statistical center.

The study will require three years of accrual plus five years of followup.

The staff narrative describing the project:

Comparisons across countries show a correlation between dietary fat intake and the incidence of breast cancer. Animal studies suggest that changes in dietary fat intake may impact on breast cancer incidence even when the change is made late in the carcinogenesis process. For this protocol we assume that the occult micrometastases which exist in the majority of patients with stage 2 breast cancer will serve as a proxy for latent noninvasive primary tumor and a low fat diet will have antiprogression effects which will translate into a delay in the appearance of clinically detectable breast cancer metastases.

Patients selected for this protocol will have surgically confirmed stage 2 (positive axillary nodes) breast cancer. Patients will be stratified by age, number of involved nodes, and estrogen receptor status, and then randomized to either a control (40 percent fat) or a low fat (20 percent fat) diet. All patients will receive protocol specified adjuvant chemotherapy for six months. Diet manipulation will begin between chemotherapy cycles and will continue indefinitely after completion of chemotherapy. Techniques of behavioral modification will be employed to increase adherence to the protocol diet. Adherence will be monitored by random phone call dietary recalls and periodic determination of plasma lipids.

The other breast cancer study will be a phase 3 trial of a low fat diet in women who have a high risk of breast cancer, with the objective of reducing the incidence of the disease in those women. It also will attempt to evaluate the impact of this diet on incidence of other cancers and overall morbidity.

Women in this study will be drawn from the 280,000 registrants of the Breast Cancer Detection Demonstration Project, plus other screening registries. BCDDP was carried out to test the value of mammography in detecting early breast cancer. DRCCA staff estimated that three percent of those registrants will meet the study criteria and that they will have an annual incidence of breast cancer of one percent.

This study also will be competed through an RFA for cooperative agreements, with the same three categories of participants—clinical centers, one or more nutrition coordinating centers, and a statistical center. Estimated annual cost is $1.75 million for the clinical centers, $500,000 for the nutrition centers, and $250,000 for the statistical center.

Since the potential study subjects are already registered, accrual should be completed within the first six months of the project. This will be followed by five to eight years of followup.

The staff narrative describing the project:

For this protocol we assume that a substantial fraction of the study population have had an "initiation" event at some time in the past and the protocol will test whether dietary manipulation will slow the subsequent series of events designated as the promotion and progression phases of carcinogenesis and result in a delay in the appearance of detectable breast cancer, i.e., a reduction in incidence of breast cancer.

Persons selected for this protocol will have two or more of the following risk factors:

1. Breast cancer in a first degree relative.
2. Nulliparous or age at first pregnancy over 30.
3. Two or more breast biopsies for benign disease.

Patients entering the protocol would be stratified as to age and then randomly assigned to either a control (40 percent fat) or a lowfat (20 percent fat) diet. Diet manipulation will begin at randomization and will continue indefinitely. Techniques of behavioral modification will be employed to increase adherence to the protocol diet. Adherence will be monitored by random phone call dietary recalls and periodic determination of plasma lipids.

Although the DRCCA Board approved both studies, some members expressed reservations, and Charles Moertel and Loretta Itri voted against the study of stage 2 patients. Moertel also opposed the high risk group study.

Moertel based his objections on the cost, his concern that too many treatment variables would confound results, and that dietary compliance might be difficult to achieve. "There's been a fair amount of publicity on fat and fiber," Moertel said. "I see a lot of patients who arbitrarily adjust their diet. When you get informed consent in this study, you will have to tell the control patients that a reduced fat diet might do them some good. Some will put themselves on it. In the treatment arm, you will have some obese patients who have tried and tried to lose weight and can't. They will find the (low fat) diet difficult to follow."

William DeWys, director of DRCCA's Prevention Program, said the control group will not get the special intervention techniques which will be applied to the low fat diet group to encourage them to stay on the diet. Also, the timing of the dietary manipulation is important, DeWys said, referring to the plan to permit patients on the low fat diets to consume their normal meals on days they are receiving chemotherapy. There may be a tendency to associate the higher fat foods with discomfort by the drugs and thus make it easier for them to avoid those foods.

Wynder, a member of the DRCCA Board, defended the studies by citing data from Japan, where the diet is substantially lower in fat than in the U.S. "Japanese women not only have a lower incidence of breast cancer but once they have it, recurrence is 50 percent lower than ours. This suggests that a low fat diet is getting results better than anything we are getting from chemotherapy. Diet, unlike chemotherapy, does not do harm. My suggestion is that we randomize a group of patients to the low fat diet without chemotherapy. My bet is that the group without would do better."

Board member Jerome DeCosse objected to the manipulation of the diet in timing it with the chemotherapy. "Is the idea for them to eat and throw up, to get a Pavlovian response?"

"That's not what I presented," DeWys said. "Patients on the low fat diet will be permitted to return to the normal diet on the day before and after chemotherapy, and perhaps develop an aversion to the normal diet."

"That's distasteful," DeCosse said.

Board Chairman Lester Breslow asked that the design of both studies be presented to one of the Board's committees before the RFAs are issued, with the prospect that the full Board be polled by mail if necessary to resolve any questions. DeWys and DRCCA Director Peter Greenwald agreed.

Wynder suggested, in the discussion on the reduction of incidence study, that DeWys "take Claude Lenfant (director of the National Heart, Lung & Blood Institute) to lunch and tell him there's something here for him." NHLBI should be interested in helping support a study in which reduced fat also could contribute to reduced incidence of diseases of the cardiovascular system, Wynder said.

Moertel objected to the incidence study as well as the recurrence trial, although he said, "I have far less problem with this. This one at least belongs with this division. The problem here again is one of compliance, at least 50 percent. I don't think Weight Watchers get that much, and this is a more difficult diet. I think perhaps we should first have a feasibility study to make sure you can get maybe 75 percent compliance."

CONCEPT REVIEW FIGURES ARE ESTIMATES ONLY; RFPs, RFAs NOT YET AVAILABLE

The dollar estimates with each concept review brought before the various boards of scientific counselors are not intended to represent maximum or exact amounts which will be spent on those projects. They are intended only as guides for board members to help in determining the value of the projects in relation to resources available to the entire program or division. Responses should be based on the workscope and description of goals and methods included in the RFPs (contracts) and RFAs (grants and cooperative agreements). Availability of RFPs and RFAs will be announced when the Institute is ready to release them.

DeWys insisted that studies have been done and are in the literature which show that compliance can be achieved with the proposed methods. "Those data are available. If we can extract that information from ongoing studies, would that satisfy your objections?" DeWys asked Moertel.

"I would feel better about it," Moertel answered.

"What we're talking about here is a change in lifestyle," Breslow said. "I'm optimistic about compliance, based on the fact that this is a special group of women. They volunteered in the first place, and it is a reasonable expectation that this will be successful."

The Board unanimously approved issuing an RFA for clinical trials to assess the role of micro and macro nutrients in cancer prevention.

DRCCA hopes to award a number of grants (cooperative agreements) and has committed a total of $3 million a year for five years to the program. Winfred Malone, acting chief of DRCCA's Chemoprevention Branch, presented the description of the program:

A number of micro and macro nutrients have been asso-

ciated in animals and test systems with the inhibition of carcinogenesis or have been associated with reduced cancer incidence in epidemiological investigations.

Results in animal studies and cultured cells suggest that a number of these compounds affect the later stages of carcinogenesis. They are therefore particularly suitable for evaluation in controlled clinical trials where reduction in risk might be measurable within five years. Clinical trials are the only method to confidently address the question of effectiveness and safety of chemopreventive agents in humans.

Preventive measures, especially those which may be relevant over a long period of time to millions of people deserve rigorous investigation and evaluation. Apart from reducing exposure to carcinogens, this is one of the few lines of research that offers medium term hope of achieving a substantial reduction in cancer incidence rates.

This is an RFA to support studies which are directed toward examining the role of micro and macro nutrients in the prevention of cancer. This is a followup to an earlier RFA that was released in March 1982, which had requested grant proposals in this area. Some 50 applications were received and 22 were approved by the special study section. Of that number, several with acceptable priority scores will be funded this spring. The current RFA is directed primarily to intervention studies but will exclude skin cancer studies. It will include a request for studies of not only micronutrients, but also macronutrients. The micronutrients include, but are not limited to, beta carotene, vitamin A or analogs, vitamin C, selenium and alpha tocopherol. Macronutrients include fats, vegetables, fruits, cereals and fibers. A number of investigators who experienced difficulties with access to inhibitory agents, high risk groups, and/or clinical chemistry monitoring capabilities are now in a more favorable position to apply and consequently a greater number of high quality applications is expected.

Applicants will develop their research protocols in accordance with their individual strengths and interests. NCI staff will be involved in the approval of the protocol, in the safety aspects of the study, in obtaining investigational new drug permits from the Food & Drug Administration, and in the quality assurance aspects of the clinical laboratory procedures.

Board member Saxon Graham was critical of what he said was the prospect that only four of the 50 applications responding to the previous RFA will be funded. Greenwald said that those are still in review and the final number that will be funded has yet to be determined.

DeWys noted that investigators were not yet geared up for clinical trials of this nature and that they are better prepared now to respond to this RFA.

"This is one of the more innovative items this division can get into," Wynder said. "However, it will be difficult to do. DRCCA should set up specific guidelines for clinical trials. The kind of questions being asked are stupendous. There could be people in a group at such high risk that intervention won't work. You also have to consider age. Some studies should start with children, and you might not find the answers for 43 years. Some studies started at age 35 might not work. I'm very enthused, but we better make sure at the beginning that we look at the studies in great detail."

The U.S.-Finland collaborative study will investigate the efficacy of beta carotene supplementation in lung cancer prevention and seek or corroborate correlations between early infant cancer and prenatal maternal nutritional status, selenium and nutritional status and breast cancer risk, and specific nutrient intake and cancer incidence of all sites.

There are unique circumstances and resources in Finland. The government operates several health related registers including a national cancer registry. A tuberculosis surveillance system exists which regularly screens the entire adult Finnish population. Dietary intake of various nutrients, notably fats, fiber, selenium and beta carotene is well defined and differs significantly from that seen in the U.S.

The five year study is expected to cost a total of $3.3 million.

The interagency agreement with the U.S. Dept. of Agriculture will support a study of selenium pharmokinetics and analysis of beta carotene supplementation. It will cost an estimated $1.8 million over three years.

A retrospective dietary assessment study, to be undertaken with the National Institute of Aging through its Gerontology Research Center, will cost $50,000 over 18 months. It will attempt to determine whether and to what degree it is possible to obtain accurate information regarding past diet.

The Board approved recompetition of the contract for technical management and logistical support services for the division, the contract presently held by JWK Inc. The five year total cost of the new contract was estimated at $3.7 million.

JWK is no longer eligible to compete for the contract, having outgrown the small business category. NCI anticipates that the new competition will be limited to "8a" firms, meaning those that are minority owned. Work will be performed as task orders, covering specific tasks such as slide preparation, art design, meeting arrangements, assistance in computer system designs and programming.

The contract also will be used to supply support personnel for the organization of meetings and conferences, performing data collection and analysis for special projects, offering document preparation and editorial services, preparation of art design and photographic work, and arranging for conslultation of a scientific nature.

The interagency agreement with NIOSH will support collaborative medical evaluation and intervention studies in occupational cancer control.

The Board approved the concept of a master agreement with a number of centers to permit quick funding of targeted cancer control research projects.

That concept, recommended by Jerome Yates, director of the Centers & Community Oncology Program (***The Cancer Letter***, Nov. 26, 1982), would not carry with it any immediate funding.

Here's how NCI described the proposal:

DRCCA proposes to utilize the master agreement for the identification and development of a pool of competent research organizations capable of responding promptly to specific task orders addressed to the mission and programmatic objectives of the division. The goal of this program would be the rapid mobilization of the professional expertise and resources (i.e., patients, facilities) which exist in established cancer research centers and other qualified organizations (e.g., state and local health agencies, universities) for the verification of those emerging concepts in cancer detection, diagnosis, treatment and prevention which can be expected to have a major impact upon public health.

DRCCA proposes initially to construct and advertise a master agreement focused upon two phases of cancer control research encompassing three subject areas. Two studies (dysplastic nevi and acquired autoimmune deficiency syndrome) involve phase 2 cancer control studies in identification of high risk populations. A third study (retinoids) is directed to phase 1 (pharmacological) chemoprevention studies.

Acquired Autoimmune Deficiency Syndrome

In the past two years Kaposi's sarcoma emerged initially in the male metropolitan homosexual populations. Cases have received increasing attention. The resulting expansion of knowledge suggests an increases susceptibility among Haitian migrants to the United States, drug addicts using intravenous heroin, hemophiliacs receiving concentrated blood products, and male homosexuals involved with multiple sex partners. A second equally unusual disease, pneumocystis carinii pneumonia, is most commonly seen in immunosuppressed patients. That and reflection on the occurrence of Kaposi's sarcoma in patients with malignant lymphomas and those undergoing immunosuppression for renal transplants led to the conclusion that an immunological abnormality may explain the increasing incidence of these two diseases. Immunological assessments have demonstrated T-cell abnormalities, and epidemiologic studies have suggested a probable viral type agent causing the immunological abnormalities which appear to be the common denominator in all situations.

Because of the availability of expertise, study population, and public health needs, two administrative supplements to existing cancer center grants were made to facilitate the study of Kaposi's sarcoma. This underlines the need for a more rapid mechanism for providing appropriate research support to develop needed information for rapid public health application. Treatment of both Kaposi's sarcoma and pneumocystis carinii pneumonia has not been accomplished without significant mortality. Because the incidence of these afflictions appears to be increasing and may be largely preventable with a better understanding of their etiology, urgent research efforts should have future public health impact.

Dysplastic Nevi

An unusual mole that may represent a marker of increased risk for melanoma has been identified by scientists at NCI and the Pigmented Lesion Clinic, Hospital of the Univ. of Pennsylvania. These atypical moles may undergo cellular changes which transform them into malignant melanoma. Removal of these unusual moles could prevent the progress to malignant lesions in high risk persons.

Phase 1 (Pharmacology) Clinical Trials of Chemopreventive Agents

Several retinoid analogs are currently in clinical trials as cancer preventive agents, but animal model studies suggest that other analogs may have greater chemopreventive potential. These analogs require phase 1 trials in humans prior to broader scale clinical testing.

Offerors for a project of this nature would formulate a proposal for a phase 1 trial of a retinoid analog. The proposal should include documentation of the availability of a multidisciplinary team, including clinicians, pharmacologists, and nutritional scientists. Since the maximum tolerated dose may differ, based on the patient's baseline nutritional status, an ability to evaluate nutritional parameters, including determination of blood levels of carotenoids, retinoids, and retinol binding protein must be demonstrated by the offeror. The offerors would also document the availability of a study population which is suitable for administration of a retinoid with therapeutic intent. The proposal should include a protocol which includes, but is not limited to, the following specifics: criteria for participant selection, a dosage schema, a schema for the study of pharmacokinetics, a description of the possible toxic effects of the drug, a strategy for monitoring participants for evidence of toxic reactions, criteria for adjustment of doses and schedules, a plan for data analysis, and a plan for reporting adverse reactions to NCI, and a written informed consent document. The offerors should document their previous experience and their willingness to collaborate with NCI scientists in the selection of agent(s) and dose.

The mechanism will be the master agreement and master agreement order. This provides a broad scope within which specific master agreement orders can be implemented. The master agreement is a legal document between the federal government and a research source or organization setting forth general terms and conditions for performance of immediate or future and unspecified studies in a targeted, identified project area specified in the agreement.

The master agreement and master agreement orders would be reviewed by an ad hoc committee. Announcements of master agreements and master agreement orders are reviewed by the NIH Div. of Contracts & Grants and the Office of Extramural Affairs to assure conformity to established guidelines. Applications submitted in response to announcements and solicitations are reviewed by ad hoc peer review groups.

Board member Harry Eagle expressed some reservations about the proposal. "I don't understand the rationale for selecting someone on the basis of present capability to do a study in the future. I don't see how you can gain very much."

"There are institutions with high risk populations," Yates said. "I would expect only a few institutions to be interested in this."

"You try to identify a group with resources which can respond quickly," Moertel said. "It has been done rather well in DCT."

Board member David Eddy noted that the master agreement could save nine to 12 months in administrative review, "but at a cost of some flexibility, perhaps limiting your choice of the best investigators. There may be some loss of quality. Also, the cost could be higher. Once this is in place, there would be the temptation to use it even if not necessary. I don't see any rapidly moving biology that will require us to move that fast."

"I have some of the same qualms," Yates said. "The fact is, we have centers in place, with investigators available. I'm optimistic and like to think we will have emerging ideas."

DeCosse's motion to approve carried, with Eagle abstaining.

The Board first disapproved and then agreed to postpone until the May meeting action on concept approval of a sole source contract with the Univ. of Miami for support of a prostate tissue collection

center. The university has been doing that work for the National Prostatic Cancer Project with grant funds supplied by the NPCP. With the changes being made in the Organ Site Program, DRCCA staff decided that work should be converted to a contract, at an estimated cost of $175,000 a year.

Eagle, Wynder and Barbara Hulka objected, citing a lack of information on accomplishments of the tissue collection effort. Moertel suggested that the contract should be competitive, pointing out there are other institutions capable of collecting and storing tissue.

The Board agreed to reconsider the proposal in May, when further information will be presented.

MORE DEBATE DUE ON OSP; FIRST ROUND TO BE REVIEWED BY DRG "SLAUGHTERED"

The National Cancer Advisory Board Committee on Organ Systems Program will meet Saturday night and Sunday, Jan. 29 and 30, in what could be a marathon session to develop further recommendations on the program to take to the full Board next week.

The committee meeting had been scheduled after the Board's November meeting to permit members to develop suggestions for the request for applications which will open the competition for the new consolidated headquarters. Committee Chairman William Powers and other Board members had expressed concern that the RFA language should reflect the intent of the Board in the changes approved last May.

New developments since the November meeting are likely to be on the agenda this weekend, however:

- Unofficial (and unadmitted, by NCI) results are in from the first round of applications from Organ Site Program grantees to be reviewed by NIH Div. of Research Grants study sections. Those results: "A slaughter," one OSP participant said. Of approximately 20 grants reviewed, only three or four were approved.
- The Senate Appropriations Committee adopted language in its report on the continuing resolution which funded NCI through the 1983 fiscal year. While not overturning the NCAB modifications as sought by OSP lobbyists, the committee left the issue very much up in the air. The committee directed NCI to continue funding the four projects—bowel, pancreas, prostate, bladder—at the 1982 level

Supporters of the pre-May 1982 status quo of the program have indicated they do not intend to cease their efforts to get the NCAB's action overturned by Congress, or at least softened. They feel that the results of the first DRG review proves one of their major contentions, that the regular study sections will not give targeted research grants a fair break.

"Why have all the planning and coordination if the grants that come out of it are disapproved, or approved with such poor scores they have no chance of being funded?" a member of one of the projects commented. "My feeling is that if they're going to let DRG review the grants, we might as well forget the whole thing, close up the four headquarters and forget about the new consolidated headquarters."

The Board of Scientific Counselors of the Div. of Resources, Centers & Community Activities last week approved a motion asking the NCAB to stand by its decision of last May. The motion stated:

"After thoughtful deliberation the (BSC) unanimously reaffirms support of the concept of the Organ Systems Program (OSP) as modified and approved by the National Cancer Advisory Board at its May 1982 meeting, and the BSC enthusiastically supports the issuance of a request for applications for implementation of this program.

"The BSC recognizes the importance of the OSP in stimulating clinical and basic research in disease sites of high cancer incidence. We endorse the principle of coordinating administration of the OSP under a single extramural operations center to be established after competitive review. We unanimously agree that funding support under this program should be allocated on a priority basis utilizing the traditional NIH/NCI peer review mechanism."

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

National Cancer Advisory Board Committee on Organ Systems Programs—Jan. 29-30, NIH Bldg 31 Rm 9, 7:30 p.m.-adjournment Jan. 29, 9 a.m.-adjournment Jan. 30.
National Cancer Advisory Board—Jan. 31-Feb. 2, NIH Bldg 31 Rm 6, 8:30 a.m. each day, closed Feb. 1.
NCAB Committee on Planning & Budget—Jan. 31, NIH Bldg 31 Rm 11A10, closed 7:30-8:15 p.m., open 8:15-adjournment.
Interagency Collaborative Group on Environmental Carcinogenesis—Feb. 2, NIH Bldg 31 Rm 4. Contact Dr. Herman Kraybill, Chairman, phone 301-496-1625.
Gynecologic Oncology Group—Feb. 3-5, Ramada Towne-House, Phoenix. Contact John Kellner, GOG Headquarters, 1234 Market St. Suite 430, Philadelphia 19107, phone 215-854-0770.
NCI Div. of Cancer Cause & Prevention Board of Scientific Counselors—Feb. 7-8, NIH Bldg 31 Rm 10. Open Feb. 7, 1 p.m.-adjournment, Feb. 8, 9 a.m.-adjournment.
President's Cancer Panel Ad Hoc Working Group—Feb. 7, NIH Bldg 31 Rm 9, 8:30 a.m., open. The group will consider parameters for the new Outstanding Investigators Award.
DCCP Board of Scientific Counselors Committee on Radiation Tables—Feb. 9, NIH Bldg 31 Rm 10, 9 a.m., open.
Children's Cancer Study Group—Feb. 10-13, Salt Lake City. Contact R. Honour, 1721 Griffin Ave., Los Angeles 90031.
Recent Advances in Bone Marrow Transplantation—Feb. 13-18, Park City, Utah. Contact Robert Gale, UCLA.
Div. of Cancer Biology & Diagnosis Board of Scientific Counselors—Feb. 17-19, NIH Lister Hill Center, Bldg 38A, Rm B1N3OB. Open Feb. 17, 1-6 p.m. and Feb. 18, 9 a.m.-6 p.m., closed Feb. 19.
Fifth Annual Oncology Update—Feb. 18-19, Cedars Medical Center, Miami. Practical course for physicians. Contact Thelma MacGregor, Medical Education, 1400 NW 12th Ave, Miami, Fla. 33136, phone 305-325-5558.

Ovarian Cancer: New Approaches to Treatment of Adults & Adolescents—Feb. 19, Roswell Park continuing education in oncology.

Boyne Winter Imaging Seminar—Feb. 20-25, Boyne Highlands Inn, Harbor Springs, Mich. Contact Mrs. Margaret Eager, Diagnostic Radiology, William Beaumont Hospital, Royal Oak, Mich 48072.

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

17th Annual Clinical Symposium—Feb. 25-26, St. Jude Children's Research Hospital. Open to all physicians, no fees, registration required. Contact Associate Director for Clinical Research, St. Jude Children's Research Hospital, Box 318, Memphis, Tenn. 38101.

Cellular Resistance to Anticancer Drugs—Feb. 25, NIH Bldg 1 Wilson Hall, 8:30 a.m. Open, preregistration required. Contact Dr. Robert Shoemaker, Drug Evaluation Branch, DTEP, Div. of Cancer Treatment, NCI, Bethesda Md. 20205, phone 301-427-8700.

Oral Cancer—Feb. 26, Toledo Hospital Auditorium, 8:30 a.m. Symposium for dentists, dental hygienists, and primary physicians. Preregistration is required. Contact Joanne Wayne, RN, Coordinator, Toledo Hospital, 2142 N. Cove Blvd., Toledo, Ohio 43606, phone 419-473-4649.

New Horizons in Oncology: A Clinical Update: Feb. 27-March 3, Kona Surf, Hawaii. Sponsored by the Univ. of Michigan Medical School. Contact Office of Continuing Medical Education, Towsley Center, Univ. of Michigan Medical School, Ann Arbor, 48109, phone 313-763-1423.

Cancer Control Grant Review Committee—Feb. 28-March 1, NIH Bldg 31 Rm 8, open Feb. 28, 8:30-9 a.m.

Postgraduate Course on Clinical Cancer Chemotherapy—Feb. 28-March 4, Caracas. Major aspects of medical oncology, including patient workup and management. Contact David Reed, Assistant to the Director, UICC, 3 rue du Conseil-General, 1205 Geneva, Switzerland.

Cancer Invasion & Metastasis—March 1-4, Shamrock Hilton, Houston. 36th Annual Symposium on Fundamental Research sponsored by M.D. Anderson. Contact Office of Conference Services, Box 18, M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

Breast Disease Update—March 2-6, Lake Buena Vista, Fla. Contact Lourdes Fuentes, Conference Coordinator, Mt. Sinai Medical Center, 4300 Alton Rd., Miami Beach 33140, phone 305-674-2424.

President's Cancer Panel—March 4, Univ. of Texas Main Bldg 10th Floor, 1100 Holcomb Rd., Houston, 9 a.m. Open. Grant award procedures.

Hyperthermia & Radiation Therapy in the Treatment of Cancer—March 5-6, Sheraton Palace Hotel, San Francisco. 18th annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St. Suite 200, San Francisco 94133, phone 415-981-4590.

Cancer Centers Directors/Administrators Workshop—March 8-9, NIH Bldg 1 Wilson Hall, 9 a.m. Invited participants only.

Current Approaches to Radiation Oncology—March 9-11, San Francisco. Contact Dr. Theodore Phillips, Ext. Program in Medical Education, Rm 569-U, Univ. of California, San Francisco 94143.

Update in Malignant Melanomas—March 10, Roswell Park continuing education in oncology.

American Society for Head & Neck Surgery—March 10-13, Palm.Springs, Calif., 25th annual meeting. Contact J. Goldstein, American Society for Head & Neck Surgery, Albany Medical College, Albany, N.Y. 12208.

Clinical Research Issues in the Community—March 11-13, Hyatt Regency Hotel on Capitol Hill, Washington D.C. Ninth annual meeting of the Assn. of Community Cancer Centers. Contact ACCC 1983 Conference, 11600 Nebel St. Suite 201, Rockville, Md. 20852.

Breast Cancer Task Force—March 14-15, NIH Bldg 31 Rms 6 & 7, 8:30 a.m.

Cell Kinetics Society—March 16-19, Baltimore. Seventh annual meeting. Contact Dr. Bruce Kimier, Dept. of Radiation Therapy, Univ. of Kansas Medical Center, Rainbow Bldg. at 39th St., Kansas City, Kan. 66103.

Human Genetics & Cancer—March 17, Roswell Park continuing education in oncology.

Industrial Cancer & Its Epidemiology—March 17-23, Southampton, UK. Contact Course Dept. British Council, 65 Davies St., London W1Y 2AA, UK.

International Assn. for Breast Cancer Research—March 20-24, Fairmont Hotel, Denver. Contact Dr. Philip Furmanski, AMC Cancer Research Center, 6401 W. Colfax Ave., Lakewood, Colo. 80214, phone 303-233-6501.

Cell Biochemistry & Function—March 23-25, Guildford, England. First international meeting. Contact Stella Dutton, Butterworth Scientific Ltd., Journals Div., PO Box 63, Westbury House, Burty St., Guildford, Surrey GU2 5BH, England.

British Assn. for Cancer Research—March 23-25, York, UK. Contact M. Enbleton, CRC Lab., Nottingham Univ., Nottingham NG7 2RD, UK.

American Society for Preventive Oncology—March 24-25, Holiday Inn, Bethesda, Md. Seventh annual meeting. Contact Dr. David Schottenfield, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021.

J.D. Woodruff Symposium on Gynecologic Oncology—March 24, Cross Keys Inn, Baltimore. Update on the biology of cancer. Contact Susan Bavaro, Office of Continuing Education, Turner 22, 720 Rutland Ave., Baltimore, Md. 21205, phone 301-955-6046.

Development of Target Oriented Anticancer Drugs—March 24-25, Univ. of North Carolina, Chapel Hill. Contact Dr. Yung-Chi Cheng, Cancer Research Center, Box 30 MacNider Bldg., UNC, Chapel Hill 27514.

Interspecialty Facial Surgery Congress for Aesthetic, Cancer & Reconstructive Surgery—March 27-30, New York. Contact Dr. Pierre Guibor, 630 Park Ave., New York 10021, phone 212-734-1010.

Third Breast Cancer Working Conference—March 27-29, Amsterdam. Contact J. Van Dongen, Congress Bureau, Oudezids Achterburgwal 199, 1012 DK Amsterdam, The Netherlands.

Non-HLA Antigens in Health, Aging & Malignancy—March 28-29, Roswell Park Memorial Institute. Contact Dr. Elias Cohen, RPMI, 666 Elm St., Buffalo N.Y. 14263, phone 716-845-5778.

FUTURE MEETINGS

Ninth Annual Symposium on Diagnosis & Treatment of Neoplastic Disorders—Medical, Surgical & Radiotherapeutics Aspects—April 7-8, Johns Hopkins Medical Institutions, Baltimore. Includes sessions on lung cancer, autologous marrow transplantation, management of chemotherapy induced nausea and vomiting, endocrine and sexual consequences of chemotherapy, management of fibrocystic disease of the breast, new approaches to cancer therapy. Contact Program Coordinator, Continuing Education, Turner Auditorium Rm. 22, 720 Rutlant Ave., Baltimore, Md. 21205, phone 301-955-6046.

Diet, Nutrition & Cancer: Etiologic & Treatment Issues—June 2-4, New England Deaconess Hospital, Boston. Contact Dept. of Continuing Education, Harvard Medical School, 25 Shattuck St., Boston 02115, phone 617-732-1525.

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 NCI-CM-37577-25

Title: *Development and marketing of SR-2508 as a radiosensitizer*

Deadline: *Approximately April 1*

NCI desires to engage in a no cost contract with an appropriate organization for the joint development of the drug SR-2508 N-(2-hydroxyethyl)-2-)2-nitro-1-imidazolyl) acetamide, as an agent for sensitizing tumors to the effects of radiation therapy.

In vitro and in vivo studies (Int. J. Radiation Oncology Biol. Phys., Vol. 7, No. 6, pp. 695-703, June 1981) have shown that the radiosensitization efficiency of SR-2508 is equal to that of misonidazole but that 3.1 times greater doses are needed to produce equivalent neurotoxicity in the mouse. Drug levels in the dog are approximately 2.4 times greater than those achieved with misonidazole. Extrapolating from the mouse and dog data it would be expected that levels of SR-2508 of at least 7.5 times those of misonidazole can be achieved in human tumors for the equivalent level of neurotoxicity. The increased tumor levels of SR-2508 and the reduced neurotoxicity should permit maximum radiosensitization of hypoxic human tumor cells to be achieved in conventional daily fractionation therapy schedules.

An investigational new drug application for this drug has been filed with the Food & Drug Administration and phase 1 clinical studies are currently being planned. As is the case with most other radiosensitizing drugs, the potential market for SR-2508, should it reach that stage, is considered to be low in comparison to the market level considered to be financially advantageous by the pharmaceutical industry. Since the market is considered small, it is deemed essential to the public that the government maintain its involvement with the drug.

It is planned that a written agreement will be consummated with a competitively selected organization to share in the further development of SR-2508. The U.S. government owns the U.S. patent rights to the use of SR-2508 as a radiation sensitizing agent and anticipates granting a license to the successful organization in consideration for the significant sharing in further development of the drug in the preclinical and clinical stages.

Respondents to this RFP should include any request for license (exclusive or nonexclusive) that the respondent may require of the government under patent pending (application 180,373) in accordance with 41 C.F.R. 101-4.104-2 or 41 C.F.R. 101-4.104. 3. It is anticipated that the selected firm will use the data developed jointly with NCI to process a new drug application with the FDA should such action be deemed worthwhile based on the clinical results obtained. This should lead to the eventual sale of the formulated drug by the selected firm to fill the nation's requirements.

The government does not intend any reimbursement for services rendered. Cost recovery and profit earned, if any, will be by means of sale of SR-2508 by the successful offeror.

Contracting Officer: Nancy Coleman
RCB, Blair Bldg. Rm 228
301-427-8787

SOURCES SOUGHT (REVISION)

Project No. NCI-CO-33852-30

Title: *National survey of public knowledge, attit- attitudes and practices related to cancer*

New deadline: *Feb. 18 for submission of qualification statements*

This announcement was published Jan. 14 in ***The Cancer Letter.*** NCI has since revised it, changing the Small Business Administration criteria. Those changes were:

- The requirement that potential offerors must "demonstrate an appropriate understanding of the technical issues faced in a study such as this" was dropped.
- The requirement that potential offerors must "show the capability to prepare high quality technical reports of the type likely to come out of this study" was dropped.
- The requirement that potential offerors must "have an appropriate management and administrative structure conducive to the successfull accomplishment of a study of this size" was dropped.
- The definition of a small business eligible to compete for this contract was changed from one whose average annual receipts for the past three fiscal years did not exceed $2 million to one whose number of employees does not exceed 500.
- The deadline for submission of statements of qualifications was extended from Jan. 28 to Feb. 18.

RFP NCI-CN-35012-46, titled, Epidemiologic study of black/white differences in cancer patient survival (***The Cancer Letter,*** Jan. 14), is being amended. The changes will be published when NCI makes them available.

The Cancer Letter _Editor Jerry D. Boyd

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.