

DRS
2/25/83

P.V.N. → ~~to name K~~
~~Harriet P~~

THE

CANCER LETTER

P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

Vol. 9 No. 8
Feb. 25, 1983

© Copyright 1983 The Cancer Letter Inc.
Subscription \$125 year North America
\$150 year elsewhere

COST OF CANCER: \$40 BILLION IN 1980, NOW PROBABLY BETWEEN \$50-80 BILLION; "THE TIP OF THE ICEBERG"

The cost of cancer in the United States, in medical care expenditures and lost earnings, had reached \$40 billion a year in 1980 and probably is well over \$50 billion, and possibly as high as \$80 billion now, accord-
(Continued to page 2)

In Brief

HOUSE APPROPRIATIONS SUBCOMMITTEE PLANS HEARING ON NCI BUDGET MARCH 24; NEW DTP DIRECTOR SOUGHT

FIRST HEARING on NCI's 1984 fiscal year budget has been scheduled by the House Labor-HHS Appropriations Subcommittee for March 24, 2 p.m., in the committee's Rayburn Office Building hearing room. William Natcher (D.-Ky.) returns as chairman of the subcommittee. The Senate Labor-HHS Appropriations Subcommittee, with new Chairman Lowell Weicker (R.-Conn.), tentatively plans to hold its NCI hearing in April, but no date has been set. . . . **NCI WILL START** accepting applications April 1 for an associate director in the Div. of Cancer Treatment to head the Developmental Therapeutics Program. **JOHN DRISCOLL**, who has been acting director of the program for the past two years, has told DCT Director **BRUCE CHABNER** that he does not want the permanent appointment to the job. It is a Civil Service position in the Senior Executive Service with a salary range from \$56,945 to \$63,800; physicians are eligible for the additional \$10,000 comparability allowance, or candidates may be eligible for appointment to the USPHS Commissioned Corps. The program plans, directs, and conducts basic and applied research in the preclinical development of chemotherapeutic agents. Send applications to, or contact for further information, Mrs. Sara Benesch, Personnel Management Branch, NCI Bldg. 31 Rm. 3A34, Bethesda, Md. 20205, phone 301-496-6862. Applications will be accepted until April 30. . . . **REWARD OF \$15,000** has been offered by friends of the late Fred Conrad for information leading to the arrest and conviction of his murderer. Conrad, vice president for patient care at M.D. Anderson Hospital, was shot and killed while working in his office Dec. 17. . . . **MICHAEL ZEVON** has been named director of psychology services at Roswell Park Memorial Institute. Zevon has been assistant professor of psychology at State Univ. of New York (Buffalo). . . . **NCI'S 1985 FISCAL** year "bypass budget" will be 10-14 percent higher than the 1984 bypass request of \$1.074 billion (which the White House scaled down to \$989 million). The National Cancer Advisory Board Committee on Planning & Budget agreed to develop a 1985 budget that would cover inflation, mandatory increases, and funds for selective high priority programs. The new budget, with initial program distributions, will be presented to the full Board at its May meeting.

Center Directors
To Hear "Creative"
Approach To Funding
Cancer Control
... Page 5

Entire Construction
Budget In 1983 Goes
To Two Grants; Help
May Be On The Way
... Page 4

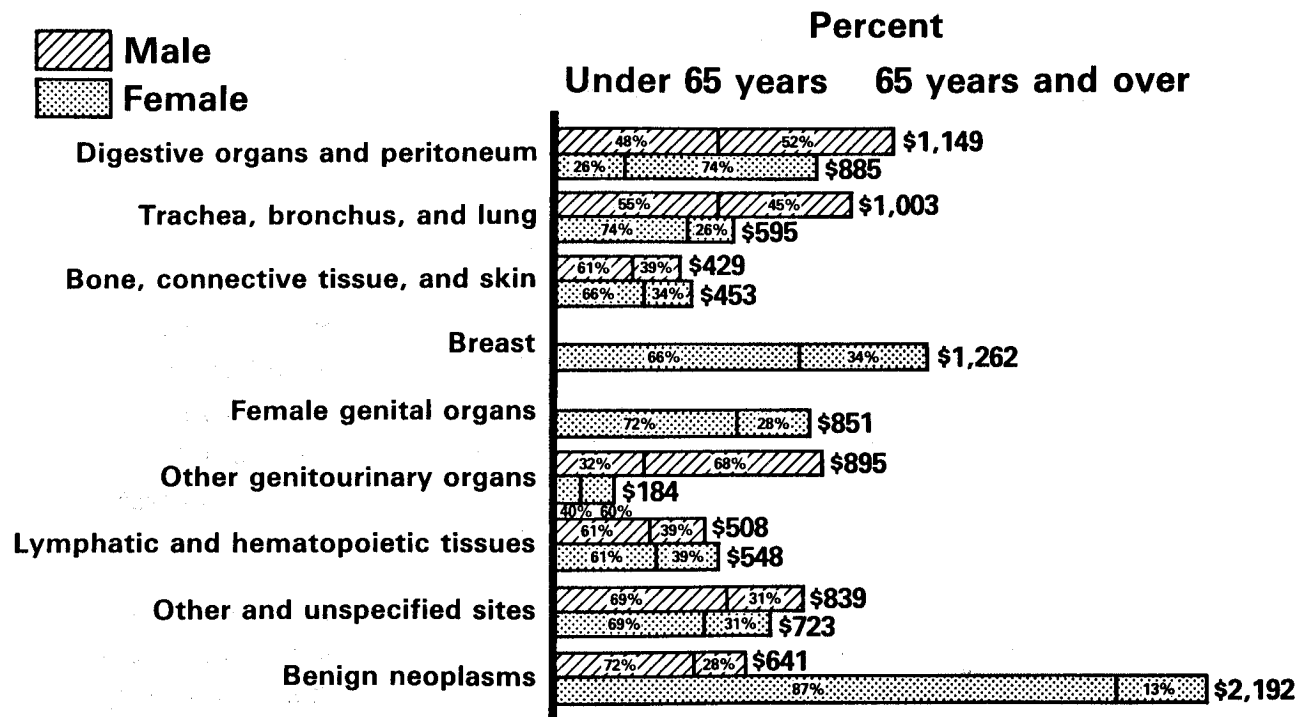
NCI Advisory Group,
Other Cancer Meetings
... Page 6

Contract Awards
... Page 6

RFPs Available
... Page 8

Medical care expenditures for neoplasms, 1980

\$13,160* million



*Excludes Nursing Home Care

SOURCE: National Center for Health Statistics

MEDICAL CARE FOR CANCER PATIENTS AMOUNTED TO \$13.6 BILLION IN 1977

(Continued from page 1)

ing to figures compiled by the National Center for Health Statistics.

That probably does not begin to tell the full story. "It's the tip of the iceberg," National Cancer Advisory Board member Richard Bloch commented after hearing the presentation by Thomas Hodgson of NCHS' Office of Health Research, Statistics & Technology.

Hodgson offered a variety of cost figures, broken down by disease site, sex, and age and compared the totals with the cost of other diseases and injuries.

The NCHS figure for medical care cost of cancer was \$13.6 billion in 1980, the latest year for which that figure had been compiled. The latest year for determining lost earnings due to cancer was 1977, when that amounted to \$26.3 billion.

With medical care costs inflating at 20 percent a year or more, those costs could be \$40 billion or more in 1983. Inflation for the entire economy has been averaging about 10 percent a year since 1977, so the lost earnings total now also could be approach-

ing \$40 billion. (Hodgson made no estimates on the effect of inflation from the 1977 and 1980 figures.)

Board member Irving Selikoff pointed out what could be a major hidden part of the iceberg when he asked if the figures included any consideration of the costs of other diseases which may result from cancer. Hodgson said that they do not.

Selikoff noted that a Yale economist has calculated the potential liability facing industry as a result of asbestos exposure could be \$2 billion a year for the next 30 years. "That would increase significantly if the torts are applied to other substances, such as benzene," Selikoff said. Hodgson said those figures were not included in his estimates.

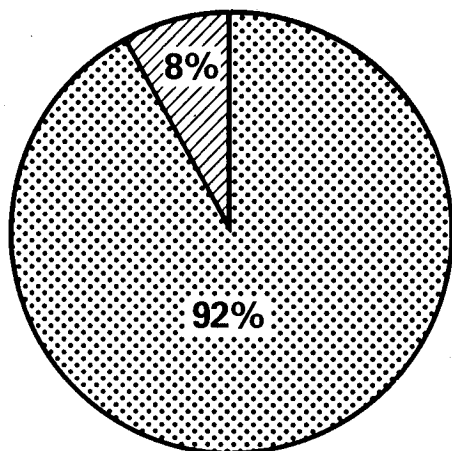
Board member William Powers noted that the NCI budget of \$1 billion a year was not included (neither were the budgets of the American Cancer Society and other cancer related organizations, nor were the direct and indirect contributions to cancer research and control by state and local governments).

Powers said that the NCHS compilations include medical care costs that start only when a diagnosis of cancer has been made. "If an individual has had any other physician or hospital visits prior to diagnosis, that is not included. Also, any workup for cancer in-

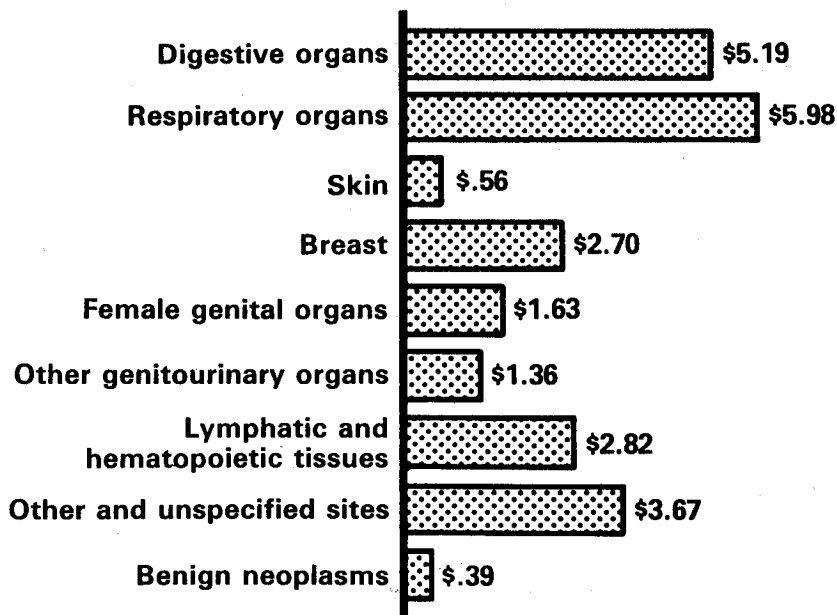
Lost earnings due to neoplasms, 1977

\$26.3 billion

 **Morbidity**  **Mortality**



All neoplasms



cludes a significant amount to rule out cancer. . . . The cost of cancer care is going up, while the research budget stays the same.”

Bloch suggested that other useful information which might be obtained would be the cost per patient for those properly treated vs. improper treatment, and the cost differential from one geographic area to another.

Powers added that the cost of medical care for patients cured of cancer differs from that of those who fail, and said that funding is needed for surveys to determine that and other information.

Joseph Fraumeni, director of NCI’s Field Studies & Statistics Program, said that the Third National Cancer Survey by NCI in the early 1970s did provide some cost information, with emphasis on hospital costs, but the program has developed nothing since on the economics of cancer. “It is possible we could use SEER to do that (the national Surveillance, Epidemiology & End Results program funded by NCI). However, there is no economist on our staff.”

“I’m glad we don’t have an economist on the staff, to further confuse us,” Board member Ed Calhoun cracked. He noted that “it is very difficult to come up with preadmission figures.”

Board member Morris Schrier said that it is important for the total cost of cancer to be ascertained, “to justify research expenditures.”

Board member Sheldon Samuels said that perhaps more important than cost “is the social impact of cancer on families. You can’t measure the actual impact on a family, such as disrupted education, and changed roles of survivors in the household.”

“We don’t cover that at all but that could be most important,” Hodgson agreed.

In the figures presented by Hodgson, the cost of medical care for cancers of the digestive organs and peritoneum (\$2 billion) exceeded that of any other sites in his breakdown. Cancer of the trachea, bronchus and lung was second, at more than \$1.5 billion.

However, in lost earnings, cancer of the respiratory organs led with \$5.98 billion, ahead of digestive organs, \$5.19 billion.

The \$13.6 billion in the NCHS total for medical care expenditures included \$2.8 billion for benign neoplasms. The chart on page 2 shows the lesser total of \$13.16 billion, with cost of nursing home care excluded.

In medical expenditures, percentages of costs for hospital care, physicians’ services and other services varied by disease site. Hospital costs accounted for 55 percent of the total in the bone, connective tissue and skin category, and 82 percent in respiratory cancers.

Other figures presented by Hodgson included:
—In 1977, 6.5 million person years were lost to

neoplasms, 97 percent due to mortality (person years lost determined by normal life expectancy at age of death), three percent to morbidity.

—The cost of medical care for males was greater than for females in cancers of the digestive organs and peritoneum (\$1.5 billion vs. \$885 million); respiratory system (\$1 billion vs. \$595 million); genitourinary organs other than female genital organs (\$895 million vs. \$723 million). The cost of care for women was slightly higher in the bone, connective tissue and skin category (\$453 million vs. \$429 million); and vastly greater in benign neoplasms (\$2.2 billion vs. \$641 million), the major part of the difference probably due to benign breast lumps.

—Health care expenditures in 1980 were \$1,075 per person, third behind food (\$1,485), and housing (\$1,148), and ahead of education (\$717), national defense (\$587), clothing (\$479), and autos (\$259).

—Health expenditures amounted to 9.5 percent of the gross national product in 1980, again behind food (13.1 percent) and housing (10.1 percent), and ahead of the others in the same order.

—Total economic cost for all diseases in 1977 was \$325 billion, with heart disease the single highest category at \$46 billion, followed by neoplasms at \$35 billion, and stroke, at \$11 billion. However, in 1980 figures and using medical care expenditures rather than total economic costs, the leading category was injuries (not included in the 1977 chart), at \$19.2 billion, followed by heart disease, \$14.5 billion; neoplasms, \$13.6 billion, and stroke, \$5.1 billion.

—In 1980, 67 percent of the \$13.6 billion in medical care expenditures for neoplasms went for hospital care, 23 percent for physicians' services, five percent for drugs, four percent for nursing home care, and one percent for other professional services.

—In 1980, short stay hospital days for heart disease totaled 30.4 million; for neoplasms, 26 million; for injury, 27.7 million; and for stroke, 10.1 million.

—Physician visits in 1980 were 109.6 million for injury, 33.4 million for heart disease, 27.8 million for neoplasms; and 3.6 million for stroke.

—Nursing home residents totaled 103,500 for stroke, 75,300 for heart disease, 39,900 for accidents and 28,900 for neoplasms.

—Years of life lost per death in 1977 were 36 attributed to accidents, 16 to neoplasms, 12 to heart disease, and 11 to stroke.

—Earnings lost per death in 1977 totaled \$191,000 for accidents, \$62,000 for neoplasms, \$41,000 for heart disease, and \$32,000 for stroke.

—Earnings per person year lost in 1977 were \$6,310 for accidents, \$4,607 for all diseases, \$4,046 for neoplasms, \$3,613 for heart disease, and \$3,000 for stroke.

NCI 1983 CONSTRUCTION BUDGET GOING TO TWO GRANTS; HELP MAY BE ON WAY

Dedication earlier this month of the Norris Cancer Hospital & Research Institute at the Univ. of Southern California may have left some cancer research administrators around the country misty eyed, not necessarily for any sentimental feeling toward USC but for the awareness that it has been a long time since NCI has been awarding \$12 million construction grants like the one that helped build Norris, and it may be longer still before that kind of award is seen again.

In the current (1983) fiscal year, NCI will dispense \$1.5 million in construction grants. That amount will be spread over two institutions—\$1.2 million for a grant which will be reviewed by the National Cancer Advisory Board in May for the first time, and \$300,000 to Albert Einstein School of Medicine for renovations to the Forchheimer Building. Einstein will have received \$1.3 million for that project, still not enough to complete the job, which includes installation of new mechanical systems, lab facilities and other fixed equipment.

That's a far cry from the days when the construction budget was in the neighborhood of \$40 million, and a far cry also from the \$25 million a year the NCAB had decreed would be spent on construction until the backlog of construction needs had been cleared up. People with more clout in such places as NIH, HHS, and OMB decreed otherwise.

What backlog? There is not at this moment a single approved, unfunded construction grant gathering dust at NCI. One new application did come in for the Feb. 1 deadline, and Donald Fox, chief of the Research Facilities Branch in the Div. of Resources, Centers & Community Activities, expects several more for the June 1 deadline. "And we're looking for a major influx of applications for the Oct. 1 deadline," Fox said. All of these, from the February, June and October rounds will go to the NCAB in May, 1984—study section reviewers willing—for funding with 1984 money.

The 1984 budget, as it stands now, has only \$2 million in it for construction, and probably half of that will be required for NCI renovations on campus and at Frederick Cancer Research Facility. However, those fundable applications left without '84 money may be held over for a year, with a chance at the 1985 budget. By then, the results of the survey now being conducted by HHS will be in and possibly could have some impact on the budget.

The NCAB's decision in 1978 to spend \$25 million a year on construction was based on a survey by Fox and his staff and the NCAB's Committee on Centers & Construction. That survey found that estimated needs for the following five years, for new and renovated laboratory and clinical space, for biohazard

containment and upgrading of animal facilities to meet federal requirements, amounted to something well over \$400 million. The committee reduced that estimate substantially and determined that NCI's share would be about \$150 million. The full Board agreed to a resolution calling on the NCI director to include \$20-25 million in the budget every year until further notice. That has been done, in the bypass budget, but has been ignored in budgets prepared outside NCI.

The slashing of the construction budget has discouraged institutions from going to the trouble of writing applications, reinforcing the feeling at HHS and OMB that there really isn't a need for construction money at cancer research institutions.

The situation may have turned around when the President's Cancer Panel and Chairman Armand Hammer entered the picture. The Panel called for a new survey, and Hammer vowed to take the matter directly to the Oval Office and to Congress if the need can be substantiated. This time they were listening at HHS and agreed to do the survey themselves and even pay for it out of the HHS budget. The office of the assistant secretary for program evaluation is doing the survey and expects to be finished before the end of 1983.

NCI staff is not involved in the survey, so there should be no question of bias.

In the meantime, investigators and administrators who feel they can convince reviewers of the need for some construction money and of the high quality of science which will result should not wait any longer to write their applications. The long dry spell could be coming to an end.

CENTER DIRECTORS TO HEAR "CREATIVE NEW APPROACH" TO CONTROL FUNDING

Several issues which have been bothering cancer centers are on the agenda for the workshop for center directors and executive officers scheduled by NCI for March 8-9 in Bethesda. Foremost is the question of whether and how NCI will provide cancer control core support to centers, many of which have built cancer control staff in part with NCI help but have now had those funds taken away.

Other items on the agenda include a discussion of the core grant review, distribution of investigational drugs by centers, review of protocols developed by centers, and future center initiatives.

The agenda for March 9, primarily for center executive officers, will include a discussion of core grant guidelines, grant preparation, and management of grants.

Centers with extensive outreach and other cancer control efforts, encouraged and, in the case of comprehensive centers, mandated by NCI, have been hurting since the decision by the Div. of Resources, Centers & Community Activities to end cancer con-

trol core grants which centers used to help support those activities. DRCCA, on the advice of its Board of Scientific Counselors and with the full support of DRCCA Director Peter Greenwald and NCI Director Vincent DeVita, decided to switch the emphasis from outreach and demonstration programs to cancer control research.

DRCCA executives have maintained that most outreach efforts worth keeping could be retooled into research programs and thus could qualify for the division's investigator initiated cancer control grants. But that would not provide any support for a center's director of cancer control or other core needs related to control.

Centers asked NCI to consider changing the guidelines for their (non-cancer control) core grants to permit payment of some control costs from that mechanism, and they asked that money used for that purpose be taken from DRCCA's line item cancer control budget rather than from the center core grant budget.

DRCCA executives and the Board of Scientific Counselors went along with the first request, but Greenwald objected to the second. The Board was divided over that issue.

The Assn. of American Cancer Institutes, which includes nearly all cancer centers in its membership, unanimously passed a resolution asking that control core support for centers be funded from DRCCA's control budget (*The Cancer Letter*, Feb. 11).

Timothy Talbot, AACI outgoing president, commented at the organization's meeting in Memphis that he was "confused." Referring to the new Cancer Control Research Units and Cancer Control Science Programs, which will get most if not all the money diverted from the late cancer control core grant program, Talbot said "there are hundreds of people, with more to come, getting blank checks, worth millions. They are developing a fairly large nest within NCI. I don't quarrel with that. But the dilemma is that we're seeing all the opportunity to fund some ongoing operations in our institutions disappear.

"There's some idiocy," Talbot continued, "in permitting us to fund a cancer control director and then someone makes the decision that cancer control money can't be used for it. That's stealing on the one hand, and providing no resources on the other. I'm confused."

"So am I, Tim," responded Joseph Cullen, DRCCA deputy director. "We're in a period of transition. Should there be money for cancer control directors? I believe yes, there ought to be funds in the core program for control. My bias is that I believe that should come from the centers core budget."

Cullen argued that centers which develop cancer control activities that are supported by other mechanisms should receive core support from control funds. The problem, he said, is in the transition

period. "How do you fund it? I don't have the answer."

Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center, said, "It would be a mistake not to stand back at this point and say, while we're laying the groundwork for a new thrust in cancer control, are we allowing the groundwork to evaporate by not taking steps to maintain staff? We need help now. . . . I'm concerned that, although the new initiatives are excellent, inadequate attention has been given on how the CCRUs, CCSPs, and CCOPs will interrelate to each other."

Cullen told *The Cancer Letter* this week that "We have come a long way since Memphis" and that DRCCA staff has developed "a couple of creative approaches, along with some additional approaches to the cancer center core grant." Those new approaches will be presented to the center directors at the March meeting.

The directors also will hear from the Div. of Cancer Treatment about the distribution of investigational drugs. DCT provides drugs free to investigators for clinical trials, and also provides free the "Group C" drugs to physicians. Those are drugs which have been proven effective in one or more cancer sites but are not yet approved by FDA for marketing.

DCT staff also will present their plan for reviewing protocols developed by centers. In many cases, those protocols are not now reviewed by DCT, although those of the cooperative groups are. The issue came up with the advent of the Community Clinical Oncology Program, with CCOPs gaining access to both group and center protocols. Some NCI advisors have felt that it was neither fair nor wise to permit CCOPs to take on protocols from centers which have not been reviewed by NCI while using those from the groups which have.

It has been two years now since the National Cancer Advisory Board finally approved new guidelines for cancer center core grants. NCI does not anticipate any significant changes in them at this time.

"The current guidelines are quite sound," Charles Moertel, director of the Mayo Comprehensive Cancer Center, said at the last DRCCA Board meeting. "They interfere very little with good science, provided good science can be presented fairly to peers and is approved by peers. Some of these issues just involve dusting off a few corners."

Greenwald said he agreed with Moertel's comments on the need for stability. "We will think long and hard before we make any changes in the guidelines."

Any changes in the core grant guidelines would have to be approved by the NCAB. The last time NCI decided to make significant changes, opposition from AACI and center directors influenced NCAB members to insist on a compromise acceptable to all parties. That effort required more than four years to work out.

Ernst Wynder, a member of the DRCCA Board, asked, "Shouldn't we encourage comprehensive centers to become involved in smoking cessation? They could train nurses to run them. Centers should provide smoking cessation help for patients, their relatives, and the community."

"A lot of centers are looking at that very seriously, using their own resources," Moertel said. "They are not necessarily thinking that old ways are best."

"I would like to know how many centers are involved, how many people they have helped give up smoking," Wynder said. "I don't know of any comprehensive center which has reported this in the literature."

"I believe in Ernst's recommendations thoroughly," Cullen said. "Every comprehensive center should be involved in smoking cessation."

Board Chairman Lester Breslow said that some centers "make extensive use of well trained volunteers. That could be extended to smoking prevention and cessation. There are lots of people out there who would like to serve as volunteers."

One subject not on the March meeting agenda but which will affect cancer control activities at centers and elsewhere is the impending change in guidelines for investigator initiated cancer control grants.

DRCCA staff has been in the process of writing the new guidelines for several months, and plans to submit them to the NIH Div. of Research Grants by mid-March. They will be made public after DRG approval.

Cullen said NCI would welcome comments after publication but probably will not make any modifications in the new guidelines "unless a serious problem turns up."

Cullen said he would be prepared to discuss these guidelines at the center directors meeting.

NCI CONTRACT AWARDS

Title: Maintenance of an animal holding facility and provide attendant research services

Contractor: Bioqual Inc., Rockville, Md., \$2,103,418.

Title: Serum collection from patients scheduled for breast biopsy

Contractor: Butterworth Hospital, Grand Rapids, Mich., \$197,113.

Title: Biochemical genetic monitoring of rodents

Contractor: Texas A&M Research Foundation, \$271,536.

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

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, Texas 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, Calif. 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.

Cancer: The Urban Picture—March 10, Johns Hopkins Medical Institutions, 8 a.m.-4:30 p.m. Symposium focusing on increased incidence and mortality of specific types of cancer for city dwellers, for physicians and allied health professionals. Contact Program Coordinator, 720 Rutland Ave., Baltimore, Md. 21205, phone 301-955-6046.

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. Program includes scientific session on feasibility of dietary studies, meetings of epidemiology/experimental biology and diagnosis/treatment groups.

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

Cancer Preclinical Program Project Review Committee—March 17-18, NIH Bldg 31 Rm 10, open March 17, 9-10 a.m.

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.

Biometry & Epidemiology Contract Review Committee—March 21, Vanderbilt Univ., open 8:30-9 a.m.

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.

Cancer Centers Support Grant Review Committee—March 31-April 1, NIH Bldg 31 Rm 6, open March 31, 8:30-9:30 a.m.

Mechanisms of DNA Replication and Recombination—April 4-9, Keystone, Colo. Organizer is Nicholas Cozzarelli.

4th Congress of the Iberian-Latin American Radiotherapists Group—April 4-8, Buenos Aires. Contact G. Gonzales, CRILA, Billingham 1135, 1174 Buenos Aires, Argentina.

American Radium Society 65th Annual Meeting—April 5-9, Hyatt Regency Hotel, Savannah. Contact Mrs. Salley Polek, Office of the Secretariat, American Radium Society, 925 Chestnut St., Philadelphia, Pa. 19107, phone 215-574-3179.

Conference on Occupational & Environmental Health—April 5-8, Park City, Utah. Contact RMCOEH/C.E., Attn: K. Blosch, Univ. of Utah, Bldg 512, Salt Lake City 84112.

Interagency Collaborative Group on Environmental Carcinogenesis—April 6, NIH Bldg 31 Rm 4. 66th meeting. Contact Dr. Herman Kraybill, phone 301-496-1625.

National Council on Radiation Protection & Measurements—April 6-7, Washington D.C. 19th annual meeting. Contact National Council, 7910 Woodmont Ave., Suite 1016, Bethesda, Md. 20814.

Ninth Annual Symposium on Diagnosis & Treatment of Neoplastic Disorders—Medical, Surgical & Radiotherapeutics Aspects—April 7-8, Johns Hopkins Medical Institutions, Baltimore. Contact Program Coordinator, Continuing Education, Turner Auditorium Rm. 22, 720 Rutland Ave., Baltimore, Md. phone 301-955-6046.

Repair of Genomic Damage in Living Organisms—April 7-15, Keystone, Colo. Organizers are Errol Friedberg and Bryn Bridges.

1983 Oncology Update Symposium—April 9, Biltmore Hotel, Los Angeles. Sponsored by Northridge Hospital Medical Center. Contact Sandra Rozzen, 213-885-5311.

Federation of American Societies for Experimental Biology—April 10-15, Chicago. Contact FASEB, 9650 Rockville Pike, Bethesda, Md. 20814.

Role of the Laboratory in the Management of Cancer—April 14, Roswell Park continuing education in oncology.

Clinical Cancer Program Project Review Committee—April 15-16, NIH Bldg 31 Rm 10, open April 15, 8:30-10 a.m.

Second Symposium on Management of Advanced Cancer—April 15-16, Don and Sybil Harrington Cancer Center, Amarillo, Texas. Will include management of locally advanced

breast cancer, new developments in management of advanced colon cancer, new methods of radiation therapy, and chemotherapy sensitivity assays of tumor cells. Contact Robert Lange, Dept. of Communications, Don & Sybil Harrington Cancer Center, 1500 Wallace Blvd., Amarillo 79106, phone 806-353-3571.

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

President's Cancer Panel—April 18, Northwestern Univ. Medical School Alumni Center, Chicago, 9 a.m. Discussion of peer review and grant award procedures.

Clinical Cytopathology for Pathologists—April 18-19, Johns Hopkins Univ. School of Medicine and Johns Hopkins Hospital, Baltimore. Contact John Frost, M.D., 610 Pathology Bldg, Johns Hopkins Hospital, Baltimore 21205.

2nd International TNO Meeting on the Biology of the Interferon System—April 19-22, Rotterdam, Netherlands. Contact D. Velden, Interferon 1983, Primate Centre TNO, POB 5815, 2280 HV Rijkwijk, Netherlands.

American Roentgen Ray Society Annual Meeting—April 19-22, Atlanta. Contact the Society, Harper-Grace Hospitals, Dept. of Radiology, 3990 John R., Detroit, Mich. 49201.

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, sponsored by M.D. Anderson Hospital. Contact Jeff Rasco, Office of Conference Services, UTMDA, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

Protein Transport & Secretion—April 23-29, Keystone, Colo. CETUS-UCLA symposium. Organizer is Dale Exender, Univ. of Michigan.

Carcinogenesis, Immunology, and Transplantation: Environmental Host Factors—April 25-27, Roswell Park Memorial Institute, Buffalo. Leading scientists and clinicians will present current information on certain aspects of cancer and their interrelationship with transplantation. Contact Dr. Gerald Murphy, Director, RPMI, 666 Elm St., Buffalo N.Y. 14263, phone 716-845-5770.

Head & Neck Conference—April 26-27, Dayton, Ohio. Annual Nicholas J. Thompson Cancer Update. Contact Mary Fisher, Arrangement Coordinator, Wright State Univ. School of Medicine, Greene Memorial Hospital, 1141 N. Monroe Dr., Xenia, Ohio 45385, phone 513-429-3200, ext. 377.

3rd Breast Cancer Working Conference—April 27-29, Amsterdam. European Organization for Research on Treatment of Cancer. Contact J. Van Dongen, Congress Bureau, Oudesijds Achterburgwal, 199, 1012 DK, Amsterdam, The Netherlands.

FUTURE MEETINGS

Advanced Course on Clinical Cancer Chemotherapy—May 2-6, Sao Paulo, Brazil. Designed for persons already specializing in cancer chemotherapy, intended to update them on developments in cytotoxic drugs and treatment protocols. Contact David W. Reed, Asst. to the Director, UICC, 3 rue Conseil-General, 1205 Geneva, Switzerland.

American College of Epidemiology—Sept. 22-23, Centers for Disease Control, Atlanta. Annual meeting. Contact Dr. Philip Brachman, CDC, 1600 Clifton Rd. N.E., Atlanta, Ga. 30333.

Clinical Trials in Cancer Medicine: Past Achievements & Future Prospects—Oct. 19-21, Fondazione G. Cini, Venice. Sixth

annual Bristol-Myers Symposium on Cancer Research. Contact Kathryn Bloom, Bristol-Myers Co., 345 Park Ave., New York 10154. Deadline for registration is May 31.

Seventh Annual Cancer Symposium and Third Annual Cancer Symposium for Nurses—Oct. 31-Nov. 2, 1983, Sheraton Harbor Island Hotel, San Diego. Sponsored by Scripps Memorial Hospital Cancer Center. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, Calif. 92121, phone 619-453-6222.

Sixth Annual San Antonio Breast Cancer Symposium—Nov. 4-5, San Antonio, Texas. Abstract deadline is May 20. Contact Terri McDaniel, RN, Cancer Therapy & Research Center, 4450 Medical Dr., San Antonio 78229, phone 512-690-0655.

Fourth Conference on Human Tumor Cloning—Jan. 8-10, 1984, Univ. of Arizona Cancer Center, Tucson. A combination of invited and competitively selected papers, demonstrations, and posters. Sydney Salmon and Jeffrey Trent are cochairmen. Contact Mary Humphrey, Conference Coordinator, UA Cancer Center, Tucson 85724, phone 602-626-6044.

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 N01-33610-68

Title: *Production and testing of human and murine interleukin-2*

Deadline: *April 4*

The Surgery Branch of the Clinical Oncology Program, Div. of Cancer Treatment, NCI, is seeking an organization qualified to produce human and murine interleukin-2 by methods specified by the Surgery Branch. The contractor's facilities must be within 50 miles of the NIH campus in Bethesda, Md. to enable prompt pickup and delivery of materials without compromise to the biologic activity of the material.

It is anticipated that one award will be made as a result of the RFP and that an incrementally funded contract will be awarded for a period of 36 months (Oct. 27, 1983 through Oct. 26, 1986). The RFP represents a recompetition of the project with the same title being performed by Litton Bionetics Inc. in Kensington, Md.

Contract Specialist: Karlene Wakefield
RCB, Blair Bldg. Rm. 212
301-427-8737

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. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Violators risk criminal penalties and \$50,000 damages.