THE CANCER LETTER

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OMB CAUSED THE PROBLEM BUT DID NOT ORDER TRANSFER OF $20 MILLION FROM CENTERS PROGRAM TO GRANTS POOL

The White House Office of Management & Budget did not order NCI to transfer $20 million from cancer centers to R01/P01 grants in the 1984 fiscal year budget, nor did OMB decree any of the other specific transfers NCI had to make in order to fund an additional 306 grants.

OMB did make large scale reprogramming of funds in the 1984 budget request necessary by (1) requiring NIH to continue the policy of supporting 5,000 new and competing renewal grants and (2) refusing to add $184 million to the budget to pay for the 1,300 additional grants.

But the decision to reprogram money from centers was made in discussions between HHS budget officials and NIH, ***The Cancer Letter*** has learned. The decision required the concurrence of NIH Director James Wyngaarden, Asst. Secretary for Health Edward Brandt, and HHS Secretary Margaret Heckler.

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In Brief

MONEY BUYS PROGRESS IN CANCER RESEARCH, DEVITA SAYS; JOHN MONTGOMERY TO GIVE CLOWES LECTURE

MONEY DOES buy progress, NCI Director Vincent DeVita told the House Labor-HHS-Education Appropriations Subcommittee last week at the hearing on NCI's FY 1984 budget. Responding to a request from Congressman John Porter (R.-Ill.) to "subjectively discuss the relationship of money to progress in cancer research," DeVita said, "Money puts good scientists to work." Progress follows, after some lag time. "There is a relationship." . . . **RICHARD HONOUR**, executive director of the Children's Cancer Study Group for the past eight years, is leaving that position to become president and director of a new genetic engineering firm, Zymos, located in Seattle. "He is one of the best cooperative group administrators in the business," CCSG Chairman Denman Hammond said. Hammond is trying to recruit a replacement. Those interested in applying or offering suggestions may contact Hammond at the CCSG Operations Office, 1721 Griffin Ave., Los Angeles 90031, phone 213-223-1373. . . . **LANCE LIOTTA**, chief of NCI's Laboratory of Pathology, has recieved the Arthur S. Flemming Award for his research on the specific biochemical mechanisms that play a role in tumor invasion and metastasis. The award is presented annually to outstanding federal government scientists or administrators under age 40. . . . **JOHN MONTGOMERY**, senior vice president and director of the Kettering-Meyer Laboratory, Southern Research Institute, and the new member of the President's Cancer Panel, will present the 11th annual Clowes Lecture May 4 at Roswell Park Memorial Institute. His topic will be "Nucleoside Analog Metabolism and Anticancer Activity."

CENTERS FUND TRANSFER MADE IN HOPE THAT CONGRESS WILL RESTORE MONEY

(Continued from page 1)

The decision was made in the full expectation that Congress will not permit large scale reductions in NIH support of centers, especially cancer centers, and that enough money will be added by the House and Senate to support 5,000 grants without the reprogramming. For NCI, that would require about $30 million more than requested by President Reagan in the January budget. Indications are that Congress not only will come up with that much, but enough more to fund most grants at recommended levels, and perhaps to restore some of the lesser cuts.

Using the center core grants as the pawn in a "Washington Monument ploy" may be risky business, considering the devastating impact that could have on the National Cancer Program is Congress decides not to go along with the White House and fails to add anything to the NCI budget.

"What else could they do?" an HHS budget official commented to ***The Cancer Letter.*** "Where else in the NCI budget could they cut $20 million? Contracts, maybe, but that has been cut back a lot already."

Members of the House Labor-HHS-Education Appropriations Subcommittee left little doubt last week at the hearing on the NCI budget that they will add substantially to the amount requested by the Administration, and will not leave centers hanging out to dry.

"We'll mark you up a good bill, doctor," Subcommitte Chairman William Natcher (D.-Ky.) told NCI Director Vincent DeVita at the close of the hearing.

Subcommittee members were award of the game OMB and HHS were playing with the NIH budget, and most of them expressed disbelief in the assurances by Wyngaarden and DeVita that the budget was adequate.

Once, after Congressman Joseph Early (D.-Mass.) had tried to wring something from DeVita to the effect that NCI needed more money (without success), Congressman John Porter (R.-Ill.) cracked, "Dr. DeVita, I think you must feel that being squeezed between Mr. Early and Mr. Stockman (OMB director) is the worst kind of carcinogen."

DeVita and Wyngaarden sounded like broken records:

"Do you have enough money to appropriately run the Cancer Institute?" Natcher asked.

"We have a good deal of money. We are supporting the highest priority research," DeVita said. That was the refrain through the hearing, that investigator initiated research was the top priority and that there was enough in the budget to support it. Significant deviation from that line could be considered "budget busting" and get DeVita and Wyngaarden one way tickets out of town.

"How does the biomedical research effort we are supporting look to you?" asked Silvio Conte, Massachusetts, the top ranking Republican on the subcommittee. "Is it expanding or contracting? Is it as strong as ever?"

"Is is very strong," DeVita said, hurrying on to elaborate on discoveries in recent years which he said have made it strong and not directly answering Conte's questions.

Referring to the increase for grants and "large decline for centers," Conte asked, "What do you think of this tradeoff?"

"The budget reflects our first priority," DeVita said. But when Conte asked him to comment on the effect the cut in centers might have, DeVita said, "We count on centers to help meet our national goals. It is a tradeoff. The number of centers we have now is probably shy of the number we need. We don't know yet how the centers (the 20 up for renewal in FY 1984) will fare in review. I hope we will have time to make some adjustments."

Congressman Bernard Dwyer (D.-N.J.) pressed DeVita on the tradeoffs. "No one likes budget cuts," DeVita said. "But we are in fact getting it done, although not as rapidly as we would like."

"Not as rapidly means someone is going to die unnecessarily," Dwyer said. "Would you feel more comfortable if the tradeoffs did not have to be made?"

"I'm not the most popular person around these days," DeVita responded.

"Will closing those centers be harmful?" Dwyer asked.

"It would have an impact," DeVita said.

Congressman Steny Hoyer (D.-Md.) managed to extract from DeVita the figures NCI had requested in the bypass budget ($1 billion, 78 million), which was also the amount originally submitted by NCI to NIH; the amount NIH forwarded to HHS for NCI ($1 billion, 17 million); and the amount HHS sent on to OMB ($1 billion, 9 million). OMB pared that to $989 million in the January budget it sent to Congress, then cut it to $986.6 million this month.

"How much has NCI assessed the pain of the tradeoffs?" Early asked.

"Until we have the review of centers with the renewal grants, we can't assess it," DeVita answered.

"Those tradeoffs are really a political maneuver," Early said. "There's no way you can say you are making an all out effort against cancer. . . . I have serious reservations about this budget. The transfer of money (centers to grants) makes absolutely no sense to me. Is that enough to do the exciting things?"

"We can do the highest priority research," DeVita said.

"That tells me nothing," Early shot back. "Are those things just under 'highest priority' not exciting?" DeVita had no response.

Early suggested that $1 billion has been a psychological barrier, since NCI's budget has hovered just under that for four years.

"I'm not sure I would agree that we should stay under that barrier," DeVita said, choosing his words carefully.

"Do you have enough money to keep going with the biological explosion we are hearing about?" Early asked.

"I can truthfully say that we are not leaving a high priority program uncovered," DeVita said, and then explained that the rollover in clinical trials, with a substantial number ending each year, frees up money to support new ones.

Early commented that "NCI has been unfairly criticized. . . the media has been very unfair. I hope these reductions are not pointed to them."

Natcher addressed the next question to Wyngaarden. "People sometimes tell us that the resources we give to NCI have not been used as effectively as they should. What does the medical community feel about that, and what do you feel?"

"The Cancer Program in the past decade has been the great success story of NIH," Wyngaarden said. "Knowledge has been growing. Oncogenes have completely revolutionized the approach to cancer. In the medical community there is great excitement about progress being made. I hope that the rate of progress can be maintained and increased.

"The general view is that the Cancer Institute is very well managed," Wyngaarden said.

Natcher tried again to elicit some comment from DeVita on the budget cuts. "Your revised budget of $986.6 million is an increase of three tenths of one percent over 1983," Natcher said. "The 1984 budget has been drastically revised since January. How do you feel about the changes in the 1984 budget?"

"They reflect the priority NIH has placed on supporting investigator initiated research," DeVita said. "In that sense, I support it. None of the tradeoffs is easy."

Noting that the budget would cut $20 million and 16 centers, Natcher asked DeVita how he planned to achieve that reduction.

"Through the review process," DeVita answered. "I hope it will allow as many of those centers to survive as possible. Many are excellent centers."

"That is a major reallocation of resources," Natcher said. "In your professional judgment, do you regard the revised budget as good as the original one?"

Natcher got a minor breakthrough on that one, with DeVita expressing an opinion which indicated that the goal of 5,000 grants was not sacrosanct with him.

"We debate these issues at NIH," DeVita said. "I don't believe you can trade numbers for support. We may not be doing justice to either centers or investigator initiated research. . . . The absolute number itself ought to be considered."

DeVita told Natcher that new and competing renewal grants would be reduced 14 percent from recommended levels under the proposed 1984 budget.

"What reaction will that get from grantees?" Natcher asked.

"No one likes reductions," DeVita said. "They have been extraordinarily cooperative, and most have agreed that it is better to stretch the dollars rather than close down some labs. I think we all recognize that this can't go on indefinitely."

Conte noted that "there has been some controversy connected with the Organ Site Program," and asked DeVita to explain. DeVita briefly reviewed the history of the program and the revisions made by the National Cancer Advisory Board. The program is important but needs to become more flexible, DeVita said. "The Organ Site Program has done a very fine job. The new system will provide the flexibility to change directions when required."

Conte wrapped up his questioning by calling DeVita "a rare personality in an otherwise drab establishment."

Conte said this about Jane Henney

Congressman David Obey (D.-Wisc.), who in previous years has been severely critical of NCI over one issue or another, made a brief appearance at the hearing to ask DeVita about the effectiveness of CT scanning.

Obey said that a member of his family recently had died of cancer following surgery to remove a tumor which had not been detected until the third time she had undergone a CT scan.

"People have faith that technology will help," Obey said. "Many, including yours truly, feel that more should be expected from these machines."

DeVita said that CT scans usually cannot spot tumors less than a half centimeter in size, and that it possibly had been picked up the third time only because it had grown since the previous two. He described the newer technology of NMR imaging and predicted that within five years, CT machines would be obsolete.

"What should we be prepared to expect in replacement cost for that kind of technology?" Obey asked.

DeVita said the estimate is that within a year, 30 to 50 NMR machines will be placed into operation at hospitals around the U.S. "I feel it will be the same as when linear accelerators replaced cobalt machines (for radiotherapy). They were replaced as they wore out. Some cobalt machines are still used for some treatment. We may see NMR used for

screening, CT scans for those with symptoms, and NMR for followup after therapy."

Natcher read portions from what he said were "hundreds" of letters he and other congressmen have received criticizing NCI and the National Cancer Program. Examples:

"Over $1 billion is spent annually, administered by the American Cancer Society and National Cancer Institute, and still 400,000 lives a year are lost. Why has the Cancer Institute cost us so much and given us so little."

"The cancer establishment wastes billions perpetuating the myth that chemotherapy and radiotherapy have increased the cure rate to 40 percent. The truth is, these toxic therapies destroy the body and produce no cures."

Natcher asked DeVita, "Is there any truth to that?"

"Not a shred," DeVita said, and recited the figures which show that relative survival has increased from 40 percent to 46 percent in the last 10 years, much of it due to chemotherapy and improvements in radiation therapy.

DeVita also pointed out that, although more than 400,000 Americans die of cancer each year, more than 300,000 cancer patients are saved. "That's not 'nothing.' There is not an epidemic of cancer. The incidence is not increasing, with a very few exceptions. More people are dying of cancer because the population is larger and people are living longer."

Natcher asked DeVita what he thought had brought on the flow of negative letters. DeVita blamed it on laetrile advocates, noting that a pro-laetrile magazine had published an article attacking the Cancer Program and calling on readers to write to Congress. Suggested letters were included.

The laetrile fanatics have been attacking NCI ever since the clinical studies supported by NCI proved conclusively that laetrile is totally ineffective in treating cancer.

In his prepared statement, DeVita covered recent progress in basic and clinical research, emphasizing prevention—especially chemoprevention—and oncogenes.

"We have many areas with potential for payoff. One example is the area of research concerned with RNA tumor viruses. Pieces of the puzzle started falling into place when scientists studying RNA viruses isolated oncogenes. Although oncogenes occur in normal cells, they are regulated by normal cellular mechanisms. But when put under the control of RNA viruses, the oncogene can cause cancer. We've seen this in laboratory animals and in cultures of cells grown in the laboratory. We know now of about 15 such genes that exist in all cells of your body and mine.

"The latest experiments implicate this set of oncogenes in human cancer. Last year, NCI grantees from three different institutions independently isolated oncogenes from human bladder, lung and colon cancers. These genes were able to change normal mouse cells to cancer cells.

"Still other research in the virus area indicates that oncogenes are associated with chromosome rearrangements that characteristically occur in nearly all patients with certain forms of lymphoma and leukemia. In the case of Burkitt's lymphoma, the rearrangement appears to activate an oncogene.

"These studies suggest that a limited set of genes, occurring normally in all of us, can be corrupted and deregulated to trigger cancer-like changes. Research is advancing rapidly. We should soon know what role the oncogene plays in cancer causation and whether it is involved in a final common pathway. This is very exciting. We've never before had information that pointed to a final common pathway in cancer causation. We also should know whether we can use other new technology to find and attack the protein products produced by oncogenes as a form of diagnosis and treatment. The new cancer drug discovery groups will pay close attention to this area."

HAWAIIANS HAVE HIGHEST INCIDENCE OF CANCER IN U.S., SEER REPORT SAYS

Hawaiian men and women have the highest incidence of cancer (465.0 and 408.5 per 100,000 respectively) in the entire United States, according to "Cancer Facts & Figures for Minority Americans, 1983" issued in conjunction with the Second National Conference on Cancer Among Minorities in Memphis this week.

The supplement to the American Cancer Society's "Facts & Figures, 1983" also revealed that in the continental U.S. black American men have the highest incidence rate (454.3) compared to the national rate for all races both sexes (331.5), and to white American men (371.6). On the other hand the cancer incidence of black American women (228.7) is lower than that of white American women (301.2). It also points out that:

- Great contrast in cancer incidence per 100,000 is shown between Hawaiian Chinese (262.9) and Japanese men (327.6) versus the same groups in San Francisco-Oakland (325.6 and 222.0 respectively). There were similar rates between the Chinese and Japanese women of these two areas (263.0 and 283.6 versus 220.0 and 224.0 respectively).
- Great differences are observed among men. The Japanese of San Francisco-Oakland have much lower rates than the Japanese of Hawaii. On the other hand San Francisco-Oakland Chinese men have higher rates than those in Hawaii. New Mexico hispanic men have nearly the same rates as Puerto Rico hispanics. On the other hand the rate of hispanic women in New Mexico is higher than those of Puerto Rico.

Female rates are generally lower than males, but

the rates of male and female Japanese of San Francisco-Oakland are the same. American Indian and hispanic males of New Mexico have lower rates than the females.

• Sites where black Americans have significantly higher rates per 100,000 in cancer incidence include prostate (black men 103.9 versus 66.2 white men); esophageal (black men 16.9 versus 4,8 white men and 4.5 black women versus 1.6 white women); lung (black men 110.0 versus 76.4 white men and black women 24.3 versus 21.8 white women); cervix (black women 25.7 versus 10.9 white women). Breast cancer incidence is lower among black women with 70.2 versus 85.6 white women.

Available data indicate that in 1983 about 955,000 will be diagnosed as having cancer. Of these about 83,000 will be black Americans. In 1983 about 440,000 people will die of the disease of which about 49,000 will be black Americans. Each day 134 black Americans will die, or one every 11 minutes. Of every five deaths of blacks in the U.S., one will be from cancer. Among black American children, 255 under the age of 15 will die of cancer.

The incidence data of the publication are based on the National Cancer Institutes Surveys of 1947-69 and the SEER report (Surveillance, Epidemiology & End Results) 1973-77. Mortality figures are from the National Center for Health Statistics, based on the latest available information through 1978.

In a message in the publication, LaSalle Leffall, chairman of the National Advisory Committee on Cancer in Minorities and ACS past president, notes that since 1979 when the Society focused on the problem of cancer among black Americans it has moved to bring cancer control programs to other ethnic populations.

Leffall noted the significant advances made in cancer control. "The special problem regarding cancer in minorities is how to deliver these advances to them? How do we guarantee that they receive the special knowledge that can result in better living habits that may prevent cancer. Key to this particular challenge is the expansion of programs to improve the quality of life for the patient and family," Leffall said. "While we are proud of our pioneering role in tackling the problem of cancer in minorities, this is not the time to rest on our laurels. It is a path that must be trod to the end—the control of cancer among all people."

YARBRO-CHABNER DEBATE CONTINUES

John Yarbro, president-elect of the Assn. of Community Cancer Centers, responding to the letter from Bruce Chabner, director of NCI's Div. of Cancer Treatment, which criticized Yarbro's remarks concerning NCI approval of protocols (***The Cancer Letter,*** April 15), wrote to Chabner:

"I did not have you in mind when I spoke and have never considered you a bureaucrat, but in view of your letter I must have hit a raw nerve. Obviously, I cannot respond to all of the details you raise, but perhaps an answer to your main points is in order:

"Point Number One: You suggest that NCI has a public and congressional mandate to regulate research. I disagree because I see the mandate as one to encourage research; encourage and regulate are considered opposites by scientists; it is only bureaucrats who consider them synonymous.

"Point Number Two: You say that NCI is not really regulating research because 'we have returned only a small number of protocols' since the beginning of what you term 'the recent tightening of procedures.' Perhaps, but the perception of investigators all across the land is quite contrary to this, and if NCI does not intend to dominate protocol selection you should make this quite clear since many suspect you intend to do precisely this.

"Point Number Three: You point out that the people doing the regulating are very smart. Unfortunately, regulation of research (like regulation of speech) is one of those activities in which the talents of the regulators are not the issue; it is the act itself that is wrong.

"But, all debating points aside, there is a single large issue here: When the old extramural program (grants) was merged with the old intramural program (contracts), the grants and grantees were brought under the control of people with a contract mentality. The contract philosophy calls for tight management from NCI, whereas, the grant philosophy has always encouraged loose management and maximum investigator initiated activity. NCI is now in a tightening up phase. Perhaps in the long run this will be good (though I do not think so) but it is certainly a change of philosophy for NCI and differentiates NCI from NIH as a whole.

"I hope we can talk at greater length about these matters because I believe they are very important."

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR MAY, JUNE, FUTURE

Society of Surgical Oncology—May 1-4, Denver. Annual Meeting. Contact W. Maloney, SSO, POB 1565, Manchester, Mass. 01944.

Gastroenterological Society of Australia—May 1-4, Perth. Contact T. Bolin, G.E. Soc. of Australia, 145 Macquarie St., Sydney NSW 2000, Australia.

Advanced Course on Clinical Cancer Chemotherapy—May 2-6, Sao Paulo, Brazil. Contact David W. Reed, Asst. to the Director, UICC, 3 rue Conseil-General, 1205 Geneva, Switzerland.

European Study Group for Cell Proliferation—May 4-6, Budapest. 12th meeting. Contact MOTESZ Congress Bureau, POB 32, Budapest, 1361, Hungary.

NCI Div. of Resources, Centers & Community Activities Board of Scientific Counselors—May 5-6, NIH Bldg 31 Rm 6, 8:30 a.m. both days.

Biometry & Epidemiology Contract Review Committee–May 5-6, NIH Bldg 31 Rm 10, open May 5, 9-9:30 a.m.

Society for Clinical Trials–May 8-11, St. Louis. Fourth annual meeting. Contact Dr. Christian Klimt, Secretary, SCT, 600 Wyndhurst Ave., Baltimore, Md. 21201.

Bat-Sheva Seminar on Tumor Metastasis: Control Mechanisms–May 8-13, Rehovot. Contact Dr. Avraham Raz, Dept. of Cell Biology, Weizmann Institute of Science, POB 26, Rehovot, 76100, Israel.

10th World Congress on the Prevention of Occupational Accidents & Diseases–May 8-13, Ottawa. Includes sessions on occupational carcinogens. Contact Canadian Center for Occupational Health, 500-300 Slater St., Ottawa, Ontario, K1P 6A6, Canada.

Electrophoresis '83–May 9-12, Tokyo. International conference and third annual meeting of the Electrophoresis Society. Contact Secretariat Electrophoresis '83, Dr. Nobuya Hashimot, Dept. of Internal Medicine, Jikei Univ. School of Medicine, 3-25-8, Nishishimbashi, Minato-ku, Tokyo 105, Japan.

8th International Symposium of the Fundacion Argentina de Endocrinologia (FAE)–May 9-13, Buenos Aires. Contact Secretary, Fundacion Argentina de Endocrinologia, Suipacha 1322-2 F, 1011 Buenos Aires, Argentina.

Management of Neoplasms of the Floor of the Mouth and Mobile Tongue–May 11, Univ. of Wisconsin Hospital, 8 a.m. Yves DeCroix, director of curietherapy at the Curie Institute, speaker.

NCI Div. of Cancer Biology & Diagnosis Board of Scientific Counselors–May 12, NIH Bldg 31 Rm 8. Open 1 p.m.-adjournment (closed session 10 a.m.-noon).

Clinical and Basic Aspects of Breast Cancer–May 12, Roswell Park continuing education in oncology.

Unique Aspects of Aging & Cancer: Clinical & Psychosocial Issues–May 13, Red Lion Inn, Sacramento. Focus will be on medical psychosocial, and ethical issues relevant to the management of the elderly cancer patient. For physicians, nurses, physician assistants, social workers, clergy, and other health professionals. Contact Gail Catlin, Administrative Coordinator, Sutter Community Cancer Center, 52nd and F Sts., Sacramento, Calif. 95819, phone 916-454-3460.

National Cancer Advisory Board Committee on Organ Systems Programs–May 15, NIH Bldg 31 Rm 8, 6 p.m.

National Cancer Advisory Board–May 16-18, NIH Bldg 31 Rm 6, 8:30 a.m.–adjournment each day, closed all day May 17.

NCAB Planning & Budget Committee–May 16, NIH Bldg 31 Rm 11A10, 7:30 p.m.

NCAB Committee on Review of Contracts & Budget for Office of the Director–May 18, NIH Bldg 31 Rm 7, 1 p.m.

International Conference on Cancer in the Workplace–May 16-18, Vancouver. Contact Dr. H.F. Stich, Environmental Carcinogenesis Unit, British Columbia Cancer Research Center, 601 W. 10th Ave., Vancouver BC, Canada V5Z 1L3.

Role of Cocarcinogens & Promoters in Human & Experimental Carcinogenesis–May 16-18, Budapest. Sponsored by the Hungarian Cancer Society and International Agency for Research on Cancer. Contact M. Borzsonyi, National Inst. of Hygiene, Gyali ut 2-6, 1966 Budapest, Hungary.

Oncology Nursing Society–May 18-21, Town & Country Hotel, San Diego. Eighth annual meeting. Contact ONS, 701 Washington Rd., Pittsburgh, Pa. 15228, phone 412-344-3899.

Multidisciplinary Course on Bone and Soft Tissue Tumors–May 18-20, Rochester, Minn. Contact William Nietz, Meeting Planner, Mayo Clinic/Mayo Foundation, Rochester, Minn. 55905, phone 507-284-2085.

Modern Management Concepts in Leukemia & Lymphoma–May 19, Roswell Park continuing education in oncology.

Leukemia Update–May 19-21, Contemporary Hotel, Walt Disney World, Lake Buena Vista, Fla. Contact the Leukemia Society of America, Central Florida Chapter, 3101 Maguire Blvd., Suite 252, Orlando 32803.

National Conference on Breast Cancer–May 19-21, Sheraton Hotel, Boston. Sponsored by the American Cancer Society. Contact ACS, 4 West 35th St., New York 10001, phone 212-736-3030.

American Society of Clinical Oncology–May 22-24, Town & Country Hotel, San Diego. Contact Alfred Van Horn, Executive Director, 435 N. Michigan Ave., Suite 1717, Chicago, Ill. 60611.

6th Congress of the European Assn. of Urology–May 23-26, Copenhagen. Contact Spadille Cong. Serv., Sommervej 3, 3100 Hornbaek, Denmark.

Experimental Manipulation of Gene Expression–May 24-25, Stony Brook, N.Y. Contact Stony Brook Symposium, Dept. of Biochemistry, SUNY, Stony Brook, N.Y. 11794.

European Nuclear Medicine Society–May 24-27, Brussels. Contact P. Blockx, Brussels Jut' P. Trade Fair, Parc Des Expositions, 1020 Brussels, Belgium.

American Assn. for Cancer Research–May 25-28, Town & Country Hotel, San Diego. Contact Margaret Foti, AACR, Temple Univ. Medical School, Student-Faculty Center LB-41, Philadelphia, Pa. 19140.

RNA Tumor Virus–May 25-29, Cold Spring Harbor, N.Y. Contact Cold Spring Harbor Lab., New York 11724.

American Assn. for the Advancement of Science–May 26-31, Detroit. Contact Joan Wrather, AAAS Meetings Office, 1101 Vermont Ave., Washington D.C. 20005, phone 202-467-5441.

International Congress of Colon Cancer–May 26-28, Rotterdam. Contact Congress Secretariat, Comprehensive Cancer Center (IKR), POB 1738, 3000 DR Rotterdam, The Netherlands.

Cancer Research Manpower Review Committee–May 26-27, Mission Valley Inn, San Diego, open May 26, 8:30-9 a.m.

Interagency Collaboratorive Group on Environmental Carcinogenesis–June 1, NIH Bldg 31 Rm 4. Contact Dr. Herman Kraybill, phone 301-496-1625.

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

Third Annual Leukemia-Lymphoma-Myeloma Conference–June 3-4, Colony Conference Center, Longboat Key, Fla. Sponsored by the American Cancer Society Florida Div. and Univ. of South Florida College of Medicine. Contact Dr. Henry Azar, Laboratory Service, James A. Haley Veterans Hospital, 13000 N. 30th St., Tampa 33612, phone 813-972-2000, ext. 500 or 504.

International Symposium on Cell Differentiation and the Plasma Membrane–June 5-8, Noordwijkerhout, The Netherlands. Contact Dr. C.A. Feltkamp, Secretary, The Netherlands Cancer Institute, 121 Plesmanlaan, 1066 CX, Amsterdam.

American Society of Colon & Rectal Surgeons–June 5-9, Boston. Contact H. Gibson, American Society of Colon & Rectal Surgeons, 615 Griswold, Suite 516, Detroit, Mich. 48226.

UICC Postgraduate Course on Clinical Cancer Chemotherapy–June 6-13, Nurnberg. Contact W. Gallmeier, 5 Medizinische Klinik, Klinikum der Stadt Nurnberg, Flurstr., 17, 8500 Nurnberg, Fed. Rep. of Germany.

NCI Div. of Cancer Cause & Prevention Board of Scientific Counselors–June 6-7, NIH Bldg 31 Rm 10, closed June 6, 9-11 a.m., open for the rest of the meeting.

Cancer Control Grant Review Committee–June 6-7, Bethesda Holiday Inn, open June 6, 8:30-9 a.m.

Nutrition & Cancer–June 8, Biltmore Hotel, Los Angeles. Contact Bonnie VanWaardenburg, Hospital of the Good Samaritan, 616 S. Witmer St., Los Angeles, Calif. 90017, phone 213-977-2345.

NCI Div. of Cancer Treatment Board of Scientific Counselors–June 9-10, NIH Bldg 31 Rm 10, 8:30 a.m. Closed June 9, 12 noon-3:30 p.m., open for the rest of the meeting.

UICC Postgraduate Course on Clinical Cancer Chemotherapy–June 13-18, Ljubljana, Yugoslavia. Contact S. Plesnicar, Onkoloski Institut, Zaloska 2, 6100 Ljubljana.

Bladder Cancer Review Committee–June 13-14, Logan Airport Hilton, Boston, Mass. 8:30 a.m., all open.

Disciplinary Approach to Adolescent Oncology–June 16, Roswell Park continuing education in oncology.

8th International Congress of Cytology–June 19-23, Montreal. Contact Dr. Alexander Meisels, Secretary-General, 8th International Congress of Cytology, 1050 Chemin Sainte-Foy, Montreal, Quebec, Canada G1S 4L8.

46th Annual Meeting of the Canadian Assn. of Radiologists–June 19-23, Quebec City, Canada. Contact the Association, 1440 St. Catherine St. W, Suite 806, Montreal H3G 1R8.

Assn. of American Cancer Institutes–June 19-21, Hilton Hotel, Denver. Semiannual meeting, starting with Progress in Cancer Control, June 19. Contact Dr. Edwin Mirand, Roswell Park Memorial Institute, 666 Elm St., Buffalo, N.Y. 14263.

The Contribution of Pediatric Oncology to the Clinical Investigation of Cancer–June 20, Univ. of Wisconsin Hospital. Denman Hammond, chairman of the Children's Cancer Study Group, speaker.

Platinum Coordination Complexes in Cancer Chemotherapy–June 22-24, Shelburne Farms, Burlington, Vt. Convened by the Norris Cotton Cancer Center and the Vermont Regional Cancer Center. Contact J. MacKenzie, VRCC, 1 South Prospect St., Burlington 05401, phone 802-656-4414.

1972-1982: A Decade of Achievements and Challenges in Large Bowel Cancer Research–June 22-23, Four Seasons Hotel, Houston. Contact Jessie Huerta, National Large Bowel Cancer Project, Box 210, Univ. of Texas M.D. Anderson Hospital & Tumor Institute, 6723 Bertner Ave., Houston 77030, phone 713-792-3391.

Treatment of Advanced Gastrointestinal Cancer–June 23-24, Padova, Italy. EORTC symposium. Contact D. Eechoudt, Executive Secretary, EORTC Data Center, 1 rue Heger-Bordet, 1000 Brussels, Belgium.

Fourth International Conference on Automation of Cancer Cytology & Cell Image Analysis–June 24-25, Montreal. Contact P. Bartels, Chicago Univ., HM 449, 5841 Maryland Ave., Chicago Ill. 60637.

FUTURE MEETINGS

First International Symposium on Tumors of the Urinary Bladder–July 4-6, Intercontinental Hotel, Paris. Contact Saad Khoury, M.D., Clinique Urologique Hopital de la Pitie 83, Boulevard de l'Hopital, 75634, Paris Cedex 13, France; or James Karr, PhD, Roswell Park Memorial Institute, 666 Elm St., Buffalo, N.Y. 14263.

Oncology in 1983–Aug. 16-19, Norris Cotton Cancer Center. Sessions on new approaches to diagnosis, treatment, biology and kinetics ethical issues; new developments in prevention; and palliation. Contact Jane Bassick, Project Coordinator, Norris Cotton Cancer Center, Hanover, N.H. 03756, phone 603-646-5546.

Third National Seminar on Community Cancer Care–Sept. 16-18, Hyatt Regency Hotel, Indianapolis. Contact Office of Continuing Medical Education, Methodist Hospital of Indiana, 1604 N. Capitol Ave., Indianapolis 46202.

Doctor Involvement in Public Education About Cancer–Oct. 16-18, Kibbutz Shefayim, Israel. UICC workshop. Contact David Reed, UICC, 3, rue du Conseil-General, Ch-1205 Geneva, Switzerland.

Newer Perspectives in Human Lymphoma–Nov. 9-12, Shamrock Hilton Hotel, Houston. Controversial aspects of diagnosis and management of lymphomas. Contact Office of Conference Services, Box 18, M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

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-CP-FS-31033-77

Title: *Cancer risk in women irradiated for benign gynecological disorders*

Deadline: *June 17*

The Radiation Studies Section of the Environmental Epidemiology Branch, NCI, plans and conducts epidemiologic studies which examine the risk of cancer in populations exposed to ionizing radiation. In this project, the Radiation Studies Section plans to conduct a followup study of women irradiated for benign gynecological disorders to determine cancer incidence and mortality in relation to radiation dose.

This RFP seeks technical and business proposals from organizations who are able to identify and have documented access to a population of at least 1,500 women who were irradiated for benign gynecological disorders between 1930-1960. The objectives of the study are (1) to determine cancer incidence and mortality, and (2) to estimate the risks of radiation induced cancer in women irradiated for benign gynecological disorders. This project involves both research and support activities and does involve analysis of the pooled data. These organizations must be experienced in designing, conducting, managing, and analyzing epidemiologic followup (cohort) studies. The organization's main office must be located in the same geographical region as the population to be studied.

Multiple awards will be considered so to achieve a study size of approximately 5,000 exposed women. This project is expected to last for three years.

No government personnel may be contacted in

connection with this announcement except for the individual named below.

Contract Specialist: Patrick Williams
RCB, Blair Bldg. Rm. 114
301-427-8888

RFP NCI-CM-37611-21

Title: *Synthesis of radiosensitizing agents*
Deadline: *Approximately June 28*

The Radiation Research Program of the Div. of Cancer Treatment, NCI, requires organizations with the facilities and expertise to synthesize and screen novel radiosensitizers. This procurement is a re-competition of the present contracts held by SRI International and Institute of Cancer Research.

The emphasis of the proposed work is the design, development, synthesis and biologic testing of non-nitro electron affinic radiosensitizers or non-nitro compounds that operate by mechanisms other than electron affinity (i.e., bioreductive agents, shoulder modifiers, PLD blockers, GSH depleters, etc.).

For example, members of the following classes hold promise and are worthy of a systematic structure-activity relationship study: (1) compounds containing other electron-withdrawing groups (e.g., SO_2NH_2, $-SO_2R$, -CN, $N\rightarrow O$, $-O_2SCF_3$) that by virtue of the presence of these additional groups become sufficiently reducible; (2) quinones: both aromatic (such as benzoquinones and napthoquinones) and heteroaromatic (such as isoindoloquinones, quinoxaline-5, 8-diones, etc.) with proper substituents; and (3) 1,2-dicarbonyl compounds (such as glyoxals and (pyruyates) and properly substituted derivatives. In addition, some effort may be directed for the systemic investigation of nitroheterocyclic classes such as nitropyridines, nitro-s-triazoles, nitrotriazoles, nitrothiodiazoles, etc.

It is anticipated that a multiyear, incrementally funded type, level of effort contract will be awarded for a period of three years. Each increment will be for a 12-month period with a total level of effort each year of 6 staff years.

Contract Specialist: Barbara Shadrick
RCB, Blair Bldg. Rm. 228
301-427-8737

RFP NCI-CM-37577-25

Title: *Development and marketing of SR-2508 as a radiosensitizer*
Deadline: *June 2*

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-nitro-1H-imidazolyl-1-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 efficacy 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 (IND) for this drug has been filed with the Food & Drug Administration and phase 1 clinical studies are currently being planned. 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 No. 4371540 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. This is a reissuances of the RFP which was first issued Feb. 16, 1983. The due date for receipt of proposals is extended to June 2.

Contracting Officer: Nancy Coleman
RCB, Blair Bldg. Rm. 228
301-427-8737

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