THE CANCER LETTER

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PANEL TO LOOK AT CANCER CENTERS PROGRAM, STARTING WITH WEST COAST, HAWAII MEETINGS THIS YEAR, NEXT

The President's Cancer Panel, which spent nearly two years developing a number of important, far reaching recommendations for changes in NIH peer review (The Cancer Letter, Jan. 6), will turn its attention during the next two years or more to the Cancer Centers Program. The Panel tentatively is planning to start with three meetings on the West

(Continued to page 2)

In Brief

WALTER TO RETIRE, SEARCH STARTS FOR NEW DEA DEPUTY; MARY FINK RETIRES; NCCP SEEKS DIRECTOR

WILLIAM WALTER, deputy director of NCI's Div. of Extramural Activities, and Mary Fink, special assistant to DEA Director Barbara Bynum, are retiring this year. Fink's retirement, after 25 years of service with NCI, was effective Jan. 16. Walter will retire this summer after completing an assignment for NCI Director Vincent DeVita, compiling a history of the Cancer Centers Program. Walter has been in government service since 1946, with NCI since 1955. Bynum is in the process of recruiting a new deputy, a Senior Executive Service position with a salary range of $56,945 to $63,800. Those interested should contact Paula Hayes, NCI Personnel Management Branch, Bldg 31 Rm 3A32, Bethesda 20205.... **OTHER NCI** positions for which recruiting is underway include two more SES jobs, in the Div. of Cancer Etiology. DCE Director Richard Adamson is looking for two associate directors, one to head the Biological Carcinogenesis Program and the other to head the Chemical & Physical Carcinogenesis Program. The salary range is also $56,945 to $63,800. Candidates may contact Patricia Rados in the Personnel Management Branch, same address as above, phone 301-496-6864. Also, the Div. of Cancer Prevention & Control is recruiting two branch chiefs, for Community Oncology & Rehabilitation and Cancer Centers. They will report to Jerome Yates, associate director for Centers & Community Oncology. Contact Janet Gregory, Personnel Management Branch, 301-496-6862. The salary range is $48,553 to $63,800.... **SAUL ROSENBERG,** who has served as director of the Northern California Cancer Program since Stephen Carter left to join Bristol-Myers, has decided to devote more time to his position at Stanford, and NCCP is actively seeking a new director. NCCP has an NCI centers core grant and coordinates cancer related activities of Stanford, Univ. of California at Berkeley, San Francisco, and Davis, and various hospitals, research institutions and cancer agencies. NCCP also recently became the prime contractor for NCI's SEER project for the San Francisco Bay Area. Candidates for the position should send CVs to Jerry Lewis, MD, Chairman, NCCP Board of Trustees, P.O. Box 10144, Palo Alto 94303.

PANEL TO ORGANIZE WEST COAST LOOK AT CENTERS AT BIRMINGHAM MEETING

(Continued from page 1)

Coast this year, with another in Hawaii in the early part of 1985.

Panel members will discuss the schedule and agenda for those meetings, along with the issues that will be addressed, when they meet March 9 at Southern Research Institute in Birmingham. That meeting will start at 9 a.m. and will be open to the public, although no public participation in the discussions will be invited.

The public, including local and state leaders--up to the governors, if they are interested--will be asked to take part in the subsequent meetings. NCI Director Vincent DeVita told members of the Board of Scientific Counselors of the Div. of Cancer Prevention & Control that he would recommend the Panel "look at centers in clusters" and consider their geographic distribution. "We may want to see how they relate to the communities... to see if there are any lesions in the matrix, to see if we need more centers. I have a feeling that we do need more. But we may have to establish centers in a different way than we have in the past."

The West Coast meetings probably will start with one in Southern California, either Los Angeles or San Diego, with the following meeting in San Francisco. The final meeting of 1984 would be in the Northwest, probably Seattle, with the Hawaii meeting to be the Panel's first of 1985, most likely February or March. The Panel meets four times a year.

Cancer Program participants in Hawaii have long felt somewhat neglected and out of the mainstream of NCI supported activities. Government budget watchers usually frown on scheduling of meetings in the warm and glamorous areas of the country, fearing charges of junketing to vacation spots. They especially shy away from Hawaii and the longer travel involved.

Hawaii, however, has the highest incidence of cancer of any state in the Union. That, and the distance involved in traveling to mainland centers were factors involved in the award of a Community Clinical Oncology Program to the state, skipping over a number of other applications with better priority scores. Any discussion of geographical distribution of centers would have to include Hawaii, and the research opportunities offered by various ethnic populations and incidence rates could be another matter for consideration by the Panel.

DeVita said he would like to explore "the different personalities of each center or region, find out how the mayors, governors, and people feel about centers, what they think their needs are."

Elliott Stonehill, the Panel's executive secretary, said he hoped that the schedule for the West Coast visits would be drawn up March 9.

DCPC BOARD GIVES CONCEPT APPROVAL TO INTERINSTITUTIONAL NMR STUDIES

Interinstitutional clinical research in nuclear magnetic resonance imaging and spectroscopy of tumors received an unofficial go-ahead from the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control at the Board's meeting earlier this month.

The Board could not vote formally on the concept presented by DCPC staff because it had not been cleared by the NCI Executive Committee. That approval is expected, however, and Board members will vote on the concept by mail. Members indicated in discussing the concept that they would approve it.

The concept had originated with a suggestion by Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center, that research in NMR imaging could best be approached with several institutions collaborating in studies. The Assn. of American Cancer Institutes supported that suggestion.

The NMR concept and others approved by the Board follow. Staff narratives describe the concepts, and Board discussion is included:

Initiation of Interinstitutional Clinical Research in Nuclear Magnetic Resonance Imaging and Spectroscopy of Tumors

Anticipated number of awards: One cooperative agreement.

Duration of awards: Three years

Estimated annual budget: $150,000 direct, $210,000 total in the first year; $250,000 and $350,000 in the second; and $300,000 and $420,000 in the third.

Objectives are (1) establish an operations office in a leading cancer center for coordinating the first interinstitutional research protocols in NMR; (2) establish an interinstitutional NMR committee to set qualifications and guidelines for collaborative group membership and for institutional participation; (3) draw on the clinicians and scientists in 10 to 15 active NMR institutional facilities to identify current needs and opportunities in NMR cancer research; (4) identify steps which will lead to the standardization of NMR research definitions, techniques, and equipment among the collaborating institutions.

Initial NMR clinical studies in cancer have begun in a number of medical centers, and it is clear that NMR scanning is capable of generating diagnostic quality images. In certain cases, NMR imaging is already competitive with other imaging modalities; for example, in the evaluation of tumors in the brain. The major potential of NMR spectroscopy lies in its capacity to make basic biochemical measurements of lesions in patients at the atomic level, noninvasively, with no known adverse biological effects. However, many basic questions remain unanswered concerning the chemical and physical meaning of NMR images and concerning the physiological, biochemical, and pathological significance of NMR spectroscopy parameters.

There is an urgent need to standardize NMR cancer

protocols, techniques, and instruments so that results can be compared and evaluated objectively. It is essential that a broad range of basic scientists and clinical investigators become involved in a collaborative and interinstitutional effort. NCI should carefully provide this form of participation to all institutions which are currently capable of contributing to the development of NMR clinical techniques.

NMR is moving rapidly out of the laboratory and into the clinic, and early results indicate that NMR will prove a valuable addition to existing diagnostic methods. Large commercial interests in the U.S., Europe, and Japan are now building, developing and installing the first generation clinical NMR equipment. Huge investments in this technology have been made by a number of cancer centers in multimillion dollar instruments and in multimillion dollar nonmetallic housing for the instruments. It is the responsibility of NCI to interrelate and channel these diverse NMR efforts. This is both a challenge and an opportunity, briefly available to this division and Board. With a relatively small fiscal investment, NCI could provide the needed focal point for NMR collaborative activity.

Representatives of 22 cancer centers met last October to discuss their current and planned NMR facilities. They concluded that image quality has now reached the stage where comparative clinical evaluation in the cancer field is realistic and necessary.

DCPC proposes establishment of an NMR operations office. The initial function would be to identify and establish a committee of 10-15 leaders in the clinical use of NMR in cancer, each representing an institution with a functioning clinical NMR facility. This committee would (1) establish a set of qualifications and guidelines for collaborative group membership and for institutional participation; (2) screen prospective NMR cancer laboratories to select those properly equipped and staffed to be responsive to the clinical research tasks anticipated; (3) identify initial pilot protocols; (4) establish task oriented protocol subcommittees with appropriate clinical and scientific representation to handle protocol generation and development. n

The NMR operations office would be responsible for planning and funding all meetings. Emphasis would be placed on the prompt distribution of scientific data and on the preparation of minutes after meetings. The staff of the operations office would be responsible for seeing that policies for protocol development are followed and that documentation of protocols is completed in an expeditious manner. Additional responsibilities would include institutional performance review, efforts to improve the quality of collected data, and design of manuals for group operations and for statistical procedures. The operations office would be charged with participation in the design of protocols and with monitoring, collating, and tabulating data from the clinical institutions. The office would design data forms and prepare interim reports regarding protocol performance and scientific issues.

The cooperative agreement mechanism is proposed for focusing and integrating clinical research in this rapidly expanding field. The operations office and participating clinical institutions would function with the advice and guidance of DCPC staff and DCPC Board of Scientific Counselors. Progress would be reported to the BSC at the end of the first and second years.

Board member Harry Eagle had some reservations. "I have a horror of planning from above. That should come from investigators with proposals," he said.

"The idea is to provide a spark, to bring people in early training stages together, to design approches that are the most fruitful," said William Straile, of DCPC's Organ Systems Branch who presented the concept. Straile said that five whole body NMR facilities are in place, and that number will reach 50 this year, 100 next year.

DCPC Associate Director Jerome Yates said the goal of the concept is to bring together individuals from a variety of institutions who represent the country's NMR leadership. "We're not looking to tell them what to do."

Eagle indicated that would take care of his objections. "You are proposing that people with NMRs come together to develop protocols?"

"Yes, and priorities will be set by the scientists," Straile said.

"This would provide a mechanism for coordination," Board member Virgil Loeb commented. "It would help reduce unnecessary duplication. If you don't coordinate protocols, you get only minor variations on a theme."

"Is industry going to pay any attention to the scientific recommendations coming out of this?" Board Chairman Lester Breslow asked.

"I think industry will pay attention to the kind of information we will get," Yates said. "There is a question of whether industry should pay some of the costs. "

"Do you have any for instance protocols?" Eagle asked.

Yates said that protocols have been recommended for glioblastoma, and "probably three or four clinical areas."

"What bothers me is how does this relate to development of new imaging techniques?" Breslow said.

"We hope to get some consistent, useful approaches with clinical revelance, to be able to tell physicians if this is a resectable disease," Yates said.

"In a worst case situation," Board member Charles Cobau commented, "with no coordination, this technology will proliferate uncontrolled the way CT scanning did. You can't say this program will prevent that."

Reduction of Avoidable Mortality from Cancers - Anticipated number of awards (grants): five
Estimated annual budget for all five: $1.425 million total cost, $1.025 million direct cost.
Duration: Step one, 18 months plus six month phase out. Step two, three years.

This RFA will seek to identify and remedy factors that are involved in avoidable mortality from specific cancer sites in defined populations. The focus of this project is limited to access to and availability of health care, including early detection and treatment. The objectives are to identify key factors that contribute to avoidable mortality from the site of concern; implement interventions to reduce

mortality from the identified site; and evaluate the results of the interventions.

A number of cancer sites are thought to be substantially controllable through the application of state of the art cancer control approaches. Nevertheless, they continue to cause an excess number of deaths each year. Examples of such sites are cervix and melanoma. No studies exist to adequately describe the factors that contribute to these avoidable deaths. Such knowledge is critical to determine gaps and inadequacies in current programs and policies for cancer control. Studies directed at this complex problem offer a wide variety of approaches, and use of the grant mechanism is intended to stimulate diverse responses. The design and evaluation of intervention programs will provide concrete information on the potential to actually reduce avoidable mortality. Because the evaluations will be conducted in defined populations, the potential for generalizing of results exists. The knowledge gained in these projects will be used by NCI in the development of application programs to improve cancer control activities in the community.

The project will be developed in a two step process. In step one, NCI expects that applicants will (1) identify specific cancer sites (2) identify factors that contribute to avoidable cancer mortality of that site in cases selected from a defined population, (3) develop a plan of intervention to reduce the avoidable mortality, and (4) propose a protocol to evaluate the impact of the plan. In step two, the applicants will (1) implement the plan of action and (2) evaluate its impact in the defined population. The evaluation design should be capable of measuring changes in process indicators for approaches that have been found to be effective (e.g. placing patients on protocols), as well as some outcome indicator closely related to mortality, such as changes in staging of disease at time of detection. Investigators will be encouraged to consider plans for long term followup to evaluate impact on mortality rates.

It is intended that funding under the RFA will be awarded for both steps. However, because the approach taken in step two will substantially depend on the findings in step one, a peer review will be completed at 18 months (or earlier if requested by the investigator) to determine the merit of continuing each study through step two. The interim merit review will also consider any budgetary changes proposed by the applicants as a result of the findings of step one. Studies found not to merit continuation may be granted a phase out time of up to six months.

Applicants will be required to demonstrate understanding of the problem, by proposing and justifying the selection of specific cancer sites in terms of potential for avoidability of mortality; access to a defined population from which to select cases and in which to evaluate impact; agreements with organizations, agencies or institutions that are critical to ensuring access to case records and implementation of the intervention plan.

This project is directed at correcting deficiencies relating to the provision of health care. It will not support studies of primary prevention, such as smoking prevention, as such studies are covered by other DCPC initiatives.

Because the mechanism to be used is the standard grant, the specific disease problems to be studied or methodologies to be used will be determined by the applicants. The approach selected should be multidisciplinary. Applicable disciplines include epidemiology, oncology, public health, pathology, health services research and social sciences.

Two rounds of announcements and awards are anticipated for this project with the second being optional depending on the number of successful applicants in the first round, number of successful applicants

NCI DIRECTORY PUBLICATION DELAYED AWAITING NEW RELOCATION OF STAFF

Publication of The Cancer Letter's Directory of Frequently Called NCI phone numbers, scheduled for this month, will be delayed for at least a month to permit inclusion of the latest round of staff relocations. The Div. of Cancer Treatment's Developmental Therapeutics Program will be moved from the Blair Building in Silver Spring to the Landow Building in Bethesda; some Div. of Cancer Etiology staff will be moved from Landow to Blair; and various other changes will be made. Publication will be held up until the new room assignments and phone numbers are determined, with distribution to subscribers expected in March.

NCI CONTRACT AWARDS

TITLE: Technical writing, publication distribution and telephone answering services in response cancer-related inquiries
CONTRACTOR: Biospherics Inc., $1,244,965.

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

National Cancer Advisory Board Committee on Organ Systems Programs--Jan. 29, NIH Bldg 31 Rm 7, 6 p.m.
NCAB Committee on Cancer Control & the Community--Jan. 29, NIH Bldg 31 Rm 7, 7:30 p.m.
National Cancer Advisory Board--Jan. 30-Feb. 1, NIH Bldg 31 Rm 6, 8:30 a.m., closed Jan. 31.
NCAB Committee on Innovations in Surgical Oncology--Jan. 31, NIH Bldg 31 Rm 7, 7:30 p.m.
Cancer in the 80s: Breakthroughs in Diagnosis & Treatment--Feb. 1, Biltmore Hotel, Los Angeles. (Previously announced as Feb. 8). Contact Dolores Gay, Hospital of the Good Samaritan, 616 S. Witmer St., Los Angeles 90017, phone 213-977-2352.
Tenth Fred J. Woods/St. Joseph's Community Cancer Center Lecture Series--Feb 2-4, St. Joseph's Hospital, Tampa, Fla. Contact Bruce Collison or Chuck Thomas, St. Joseph's Hospital, PO Box 4227, Tampa 33677, phone 813- 870-4000.
Acquired Immune Deficiency Syndrome--Feb. 5-10, Park City, Utah. Contact UCLA Symposia, 103 MBI, UCLA, Los Angeles 90024.
Advances in Cancer Chemotherapy--Feb. 9, Roswell Park continuing education in oncology.
NCI Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--Feb. 9-10, NIH Bldg 31 Rm 7, 9

a.m. Only agenda item is the site visit of the Laboratory of Pathophysiology.

Professional Oncology Education Review Committee—Feb. 9-10, NIH Bldg 31 Rm 2, open Feb. 9, 8:30-10 a.m.

Laser Neurosurgery--Feb. 9-10, Norris Cancer Hospital & Research Institute, Univ. of Southern California. Laser technologies and their use in medical practice. Contact Carolyn Soter, 213-226-7421.

National Cancer Communications Conference—Feb. 15-17, Shoreham Hotel, Washington D.C. Contact NCI, Office of Cancer Communications, Bldg 31 Rm 4B39, Bethesda, Md. 20205, phone 301-496-6792.

AIDS Symposium—Feb. 16-17, New York. Contact Drug Development Institute of America, 29 State Highway 34, Colts Neck, N.J. 07722.

NCI Div. of Cancer Treatment Board of Scientific Counselors—Feb. 16-17, NIH Bldg 31 Rm 10, open 8:30 a.m.-3:30 p.m. Feb. 16, 8:30 a.m.-adjournment Feb. 17.

Winter Symposium on Hematologic Malignancies—Feb. 18-25, Snowbird, Utah. Contact Dr. Stephen Jones, Univ. of Arizona Cancer Center, Tucson 85724, phone 602-626-6372.

Third Annual Congress for Hybridoma Research & Fourth Annual Congress for Recombinant DNA Research—Feb. 19-22, San Diego. Contact Scherago Associates, 1515 Broadway, New York 10036, phone 212-730-1050.

International Conference on Human Tumor Markers—Feb. 20-22, Vienna. Contact International Society for Preventive Oncology, Suite 303, 207 E. 85th St., New York 10028.

Cancer Symposium of the Desert—Feb. 23-25, West Palm Springs, Calif. Sponsored by Johns Hopkins Oncology Center and Desert Hospital. Contact Atilio Giangreco, M.D., Suite 204, Bldg 01 East, 555 Tachevah Way, West Palm Springs 92262, phone 619-323-4275.

Clinical Trials Committee—Feb. 23-24, NIH Bldg 31 Rm 6, open Feb. 23, 9-9:30 a.m.

18th Annual St. Jude Clinical Symposium—Feb. 24-25, St. Jude Children's Research Hospital, Memphis. Contact Director, St. Jude CRH, Box 318, Memphis 38101. There are no registration or other fees, but attendance is limited to 200 physicians and registration is required.

Intra-arterial & Intracavity Chemotherapy Conference--Feb. 24-25, San Diego. Contact Office of Continuing Medical Education, UCSD School of Medicine, M-017, La Jolla, Calif. 92093, phone 619-452-3940.

UICC Advanced Course on Clinical Cancer Chemotherapy--Feb. 27-March 2, St. Gallen, Switzerland. Contact David Reed, UICC, 3 rue due Conseil-General, 1205 Geneva, Switzerland.

Vitamin A and Cancer Prevention--Feb. 28-29, NIH Bldg 31 Rm 10, 8:30 a.m. Epidemiologic studies and clinical trials. Contact Dorothy Benton, Nutrition Program, NIADDK, 3A Westwood Bldg, Bethesda, Md. 20205, phone 301-496-7823.

Div. of Cancer Etiology Board of Scientific Counselors—March 1-2, NIH Bldg 31 Rm 10, closed 9-11 a.m. March 1, open 11 a.m.-adj. March 1 and 8:30 a.m.-adj. March 2.

Gastrointestinal Oncology—March 1-2, Hoffmann Auditorium, Memorial Sloan-Kettering Cancer Center, New York. Contact Charlene Landis, CME Conference Planner, MSK, 1275 York Ave., New York 10021, phone 212-794-6754.

Infusion Cancer Chemotherapy—March 1-3, New England Deaconess Hospital, Boston. Techniques and clinical trials in systemic and regional chemotherapy. Contact Dept. of Continuing Education, Harvard Medical School, 25 Shattuck St., Boston 02115, phone 617-732-1525.

UCLA Winter Oncology Conference—March 1-3, Miramar-Sheraton Hotel, Santa Monica. Current research results and methods of therapy for more common malignancies. Contact Health Sciences, UCLA Extension, PO Box 24901, Los Angeles 90024, phone 213-825-7257.

Oncology Nursing Conference--March 1, Hilton Hotel, Daytona Beach, Fla. Caring for the patient with advanced cancer. See next item for contact.

Cancer Conference—March 2-3, Halifax Hospital Medical Center, Daytona Beach. Dedication of the new Regional Oncology Center. Address by Vincent DeVita, presentations on lymphomas, GI malignancies, and issues in breast cancer management. Contact Ken Mead, Coordinator, Cancer Conference, PO Box 9054, Daytona Beach 32020, phone 904-258-1544.

Cancer and AIDS—March 2-4, Sheraton Palace Hotel, San Francisco. 19th annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St., Suite 200, San Francisco 94133.

Mediators in Cell Growth & Differentiation--March 6-9, Houston. 37th annual Symposium on Fundamental Cancer Research, sponsored by Univ. of Texas M.D. Anderson Hospital. Contact Office of Conference Services, Box 131, MDA, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

Decade of Progress, Decade of Challenge—March 7-11, Hyatt Regency Capitol Hill, Washington D.C. Assn. of Community Cancer Centers 10th anniversary meeting. Contact ACCC Executive Office, 11600 Nebel St., Rockville, Md. 20852, phone 301-984-9496.

Ultrasonics in Medicine--March 7-12, Strasbourg, France. 5th European Congress. Contact F. Weill, Dept. of Radiologie, Viscerale, C.H.U., 2 Place, St. Jacques, 25000 Besancon, France.

Breast Cancer: Diagnostic & Treatment Options—March 8, Roswell Park continuing education in oncology. Contact Gayle Bersani, Cancer Control Coordinator, RPMI, 666 Elm St., Buffalo 14263, phone 716-845-4406.

President's Cancer Panel--March 9, Southern Research Institute, Birmingham, Alabama, 9 a.m., open.

3rd International Conference on Cancer Nursing—March 12-25, Melbourne, Australia. Contact National Hospice Organization, 2344 Nicollete Ave., Suite 150, Minneapolis 55404.

Gynecologic Oncology—March 15-17, Hyatt Regency Hotel, Baltimore. J.D. Woodruff Symposium, sponsored by Johns Hopkins Medical Institutions. Contact Susan Bavaro, Office of Continuing Education, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

Impact of Biotechnology on the Immunobiology of Cancer--March 15-16, Chapel Hill. 8th annual Cancer Research Center Symposium. Contact Pam Upchurch, Cancer Research Center, Box 30, McNider Bldg, Univ. of North Carolina, Chapel Hill 27514.

Human Values & Cancer—March 15-17, New York. 4th National Conference. Contact Dr. Diane Fink, Ameri-

can Cancer Society, 777 Third Ave., New York 10017.-
American Radium Society—March 18-22, Hotel Del Coronado, San Diego. Contact Sally Polek, American Radium Society, 925 Chestnut St., Philadelphia 19107, phone 215-574-3179.
1984 Mid-Atlantic Central Cancer Registry Conference--March 19, Hilton Hotel, Philadelphia. Operations of registries, applications of registry data in cancer control. Contact Pamela Peters, American Cancer Society, Philadelphia Div., 21 S. 12th St., Philadelphia 19107.
Adjuvant Therapy of Cancer—March 21-24, Tucson Convention Center. 4th International Conference, sponsored by Univ. of Arizona Cancer Center. Contact Mary Humphrey, Conference Coordinator, UACC, Tucscon 85724, phone 602-626-6044.
Appraisal of Interstitial Brachytherapy--March 30, Hoffmann Auditorium, Memorial Sloan-Kettering Cancer Center. Annual Brachytherapy Oncology Update. Contact Charlene Landis, CME Conference Planner, phone 212-794-6754.

FUTURE MEETINGS

Cervical Neoplasia--April 6-7, Stouffers Hotel, Houston. Contact Office of Conference Services, Box 131, M.D. Anderson, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.
Oncology Update 1984--April 14, Sheraton Grande Hotel, Los Angeles. Contact Ann Richards, Administrative Director, Northridge Hospital Medical Center, 18300 Roscoe Blvd., Northridge, Calif. 91328, phone 213-885-8500.
American Assn. for Cancer Research—May 9-12, Sheraton Center and Westin Hotel, Toronto. 75th annual meeting. The program will include three symposia: Growth Factors in Cancer, New Approaches to Cancer Chemotherapy, and Viruses in Human Malignancies and AIDS. The latter will be cosponsored by the American Society of Clinical Oncology which will hold its 20th annual meeting in the same locations May 6-8. Contact AACR, West Bldg Rm 301, Temple Univ. School of Medicine, Philadelphia 19140, phone 215-221-4565.
Current Concepts in Leukemias and Lymphomas—May 19, Harrington Cancer Center, Amarillo. Contact Phillip Periman, M.D., Medical Director, Harrington Cancer Center, 1500 Wallace Blvd., Amarillo, Texas 79106.
Tumor Promotion & Enhancement in the Etiology of Human & Respiratory Tract Carcinogenesis--June 17-20, Hilton Hotel and National Conference Center, Williamsburg, Va. Sponsored by the Environmental Protection Agency. Abstracts are due by March 15. For abstract format and registration forms, contact Dan Tisch, Symposium Coordinator, Northrop Services, PO Box 12313, Research Triangle Park, N.C. 27709, phone 919-549-0652.
American Assn. For Cancer Education—Oct. 30-Nov. 2, New York Medical College, Valhalla. Annual meeting.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Blair building room number shown, National Cancer Institute, NIH, Bethesda, MD. 20205. Proposals may be hand delivered to the Blair building, 8300 Colesville Rd., Silver Spring, Md., but the U.S. Postal Service will not deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-EBP-41020-65
Title: Epidemiologic surveys of leukemia for human T-cell leukemia/lymphoma virus (HTLV): Part A. Surveys to identify clusters of HTLV associated lymphoproliferative malignancies in foreign countries and the United States Part B. Support services for the above surveys
Deadline: April 9

This double procurement originates from the Epidemiology & Biostatistics Program of NCI's Div. of Cancer Etiology. It will necessitate key persons from each contract working for months continuously in foreign countries, and involves (a) acquisition of serum samples from stored banks of sera collected during already completed seroepidemiologic or population based surveys in various countries, and (b) initiation, supervision, and coordination of new seroepidemiologic surveys in the same foreign countries, in order to determine whether a certain subset of leukemia/lymphoma is associated with HTLV through examination of sera for antibody to HTLV. This antibody appears to be a marker for identifying areas where this particular type of leukemia and lymphoma clusters. In this project, a "cluster" is a geographic grouping of cases without consideration of time-space relationships. The main objectives, therefore, will be to ascertain the distribution and determinants of HTLV infection, and to relate it to lymphoid malignancy in man. All sera, regardless of source, will be shipped to the U.S. and tested for antibody to HTLV by NCI.

The contractor of Part B will support the seroepidemiologic and epidemiologic surveys to be undertaken by the contract of Part A. The project manager of Part B and the work done under his/her direction will be supervised by the principal investigator of Part A. One award will be made under each RFP. They are being issued separately so that a respondent may apply for Part A only, or for Part B only, or for both if eligible. Part A will be a research contract. Part B will be a support contract, under which there will be collection of blood/sera and data, and shipment of sera to the U.S. Subcontracting will not be permitted. Each award will be for three years, commencing between July and September, 1984. They will be cost type contracts under which the contractor must pay for contract costs in advance, and claim reimbursement from the government each month. The Part B contractor may be only partially activated initially, because the extent of its involvement will depend on progress made by the PI of Part A.

This procurement is open only to overseas experienced organizations based in the U.S. No foreign contracts will be awarded. The respondent, preferably, should be a university, a university school of medicine, a university school of public health, a noncommercial medical/scientific research institute

or foundation, a U.S. government agency or organization, or an international health organization. Affiliation with these types of organizations has more often resulted in close collaboration and cooperation by many foreign medical/scientific personnel who are usually staff members of parallel or similar organizations in their own country. The respondent must have supported administratively and financially a similar type of overseas project for at least two years in order to be eligible for consideration.

Respondents eligible for a Part A award will also be those nominating one or more principal investigators, all of whom possess an MD, PhD, ScD, or Dr. PH degree, and recently directed and coordinated on site in at least one foreign country, for at least two years, a seroepidemiologic and/or epidemiologic survey research project on cancer, or virus associated infectious disease, or parasitic disease. This must have involved close collaboration with foreign medical/scientific investigators; study of patients and comparison subjects; collection of personal and clinical data, as well as confirmation of pathologic diagnoses. Since it is likely that most of the surveys will occur in Latin America, it would be very advantageous to the respondent if the PI and the project manager can speak and understand Spanish well. Relevant experience in Latin America, especially in Colombia and/or Brazil, would be advantageous. Local personnel will be employed in each country to assist in the surveys and blood/sera and data collection, and they will have to be paid in local currency by the respondent. Use of several PIs must not exceed one full time person in any year, and must not involve multiple PIs in any one country.

An administrative assistant (50 to 100% of time) will support the PI in the respondent's facility. The PI is expected to spend as many months in a single country as is necessary to complete all the surveys and to supervise all the support activities of the Part B contractor. Deliverables will include periodic progress reports, as well as sera from serum banks and from cases and comparison subjects, which will be shipped by the project manager to a repository laboratory in Rockville, Md. The Part A contractor will not engage in laboratory analysis of collected sera. Its PI will merit professional recognition in publications resulting from these surveys. Obtaining the collaboration of many overseas professional personnel is a crucial function of the PI.

Surveys and supporting activities will be undertaken in South America, in Africa, in the People's Republic of China, and in any other location in the world which is reported to be a "hot spot" for HTLV and associated lymphoproliferative malignancies. Surveys in the U.S. will probably be very limited, as HTLV antibodies and HTLV associated malignancies have been found infrequently in the U.S. During the first contract year, serum collections will be undertaken in Colombia, Brazil, and Nigeria. Sera, and personal and clinical data from cases and comparison subjects, will be collected and studied to determine the effects of socio-economic status, race, other ethnic differences, sex, age, geographic variations, climatological factors, and other genetic, ecologic, and environmental factors on the occurrence of HTLV infection and its relationship to lymphoid malignancy in man. Cases will be included from medical centers in all parts of each country, representing a variety of rural and urban environmental and ecologic situations. In addition, existing collections of sera which are well characterized and informative normal population sera collected for other purposes (i.e. infectious or parasitic disease epidemiologic surveys, or general population surveys) will be sought out for testing under this procurement, with the PI serving to identify these collections and develop collaborations to obtain 0.5 ml samples of representative sera through professional collaborators.

Contracting Officer: Sydney Jones
RCB Blair Bldg Rm 114
301-427-8888

RFP NCI-CP-EBP-41021-65
Title: An epidemiologic cohort study of residents of chlordane treated housing rt study of residents of
Deadline: April 20

The Environmental Epidemiology Branch, Div. of Cancer Etiology, in cooperation with the U.S. Air Force, is planning a cohort study of residents of chlordane treating housing on military bases. A contractor will be needed to support this four year effort, which will begin in August or September, 1984.

The objectives of this study and its support contract are:

1. To determine and compare the incidence of cancer and other diseases (e.g. circulatory, neurological, cutaneous) among former residents of chlordane treated military housing and residents of housing without or with limited chlordane exposure.

2. To determine and compare mortality among former residents of chlordane treated military housing, residents of housing without or with limited chlordane exposure, and the U.S. general population.

3. To evaluate the effects on incidence and mortality of age, sex, and level (dose), duration, and latency of chlordane exposure.

Approximately 7,200 housing units on 18 bases were treated with chlordane. Study subjects will include all service personnel and their dependents from selected bases who lived in housing units after the date of first chlordane treatment. A comparison group of former residents of military housing with little or no chlordane exposure will be identified from base housing records. The U.S. general population will also serve as comparison subjects. The effects of the following host and environmental factors on incidence and mortality will be evaluated: age, sex, housing unit air sampling measurements, housing construction type (e.g. slab, crawl space), chlordane treatment technique (e.g. subslab injection post construction, trenching post construction), duration of residence in treated unit, and latency and recency of exposure.

A contractor for this support project will be solicited by a competitive RFP. The contractor must provide a principal investigator (50% time) with at least three years experience in conducting epidemiologic cohort studies, and with at least one study involving multiple field locations; and a data

manager (100% time) with at least three years experience managing field activities for similar epidemiologic cohort studies. The PI and the data manager must be experienced in abstracting occupational and medical records; interviewing; obtaining and validating data on cancer occurrence; tracing a population to ascertain vital status; obtaining death certificates; and coding, keying, and editing data into computer readable form. Other staff needed are a computer programmer (50% time), abstractors, coders, keyers, nosologists, interviewers, and clerks.

Among other duties, the contractor will abstract and code the required information on the cohort; obtain USAF air sampling data on chlordane levels in the treated housing units; ascertain the incidence of cancer and other adverse health effects in the study population using the data resources indicated by a feasibility study; trace residential histories and determine the current vital status of the cohort members; obtain copies of death certificates; obtain pathologic blocks and slides; and conduct mail, telephone or in person interviews with a sample of the cohort members, their next of kin, friends, or military coworkers.

Data tapes, without identifiers, will be delivered to NCI. Access will be limited to the EEB staff who are involved in the study and who will analyze the data. Monthly, annual, and other reports will be required.

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RFP NCI-CP-FS-41022-60
Title: Support services for a mortality study of workers exposed to acrylonitrile

Deadline: April 20

The Occupational Studies Section of the Environmental Epidemiology Branch, Div. of Cancer Etiology, undertakes studies of occupational groups that have exposures to known or suspected carcinogenic substances to determine whether a human cancer risk exists and to provide quantitative estimates of that risk. Studies require the collection of data on selected groups of individuals including employment histories, levels of exposure to specific substances, vital status information, official death certification documents, and pathology specimens/slides for selected cancer deaths.

NCI wishes to contract with an organization which is highly experienced in conducting and managing all support phases of nationwide epidemiologic studies concerning chemical exposures among occupational groups. These include: (1) developing data collection forms and quality control procedures to ensure accurate collection and handling of data; (2) preparing manuals for abstracting, coding, interviewing and tracing; (3) abstracting, coding, keying, editing, and updating data; (4) tracing individuals; (5) obtaining death certificates; (6) interviewing; (7) conducting industrial hygiene sampling and assessing other available workplace exposure information; (8) obtaining and reviewing pathology specimens/slides from hospitals; and (9) creating and manipulating data files. All potential contractors must be able to demonstrate that they are capable of providing support to a nationwide study involving multiple data collection sites.

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RFP NCI-CP-EBP-41018-67
Title: Followup study of patients treated for hyperthyroidism (amendment)

This announcement was published in The Cancer Letter Jan. 13, and is hereby amended to add the following:

The RFP contains two parts, Parts A and B. Part A is for prospective contractors to conduct collaborative research in three well defined geographic regions and a fourth region scattered throughout the United States.

Part B is for prospective contractors to conduct support activities of the coordinating center.

Prospective contractors may propose on either Part A or Part B or on both A and B.

RFP NCI-CP-51000-78
Title: Collection of human tissues and cells from patients with an epidemiological profile

Deadline: April 27

The contractor shall collect viable surgical biopsy and autopsy specimens from a variety (lung, bronchus, colon, liver, pancreas) of human tissues and cells from donors with an epidemiological profile. The contractor must collect the epidemiological data from patients using a questionnaire provided by NCI. The contractor must collect on an annual basis at least 40 surgical specimens each of the colon and lung. Collection on an annual basis of at least eight immediate autopsy specimens each of colon, trachea, bronchus, lung, liver, and pancreatic duct must also be done by the contractor. In addition, tissue must be collected for pathological examination, i.e. including ischemic damage, viability determination by the contractor. The contractor must also evaluate these tissues by routine light microscopy, high resolution light microscopy, cytochemistry, immunocytochemistry, and electron microscopy.

The RFP contains a mandatory requirement that offerors must demonstrate in their proposal their ability to facilitate rapid delivery of nonfrozen tissues to NIH at all times, both day and night.

The incumbent contractor currently performing this effort is the Univ. of Maryland School of Medicine.

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