THE CANCER LETTER

Vol. 10 No. 17
April 27, 1984


Subscription $150 year North America
$175 year elsewhere

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## NCI WOULD ADD MONEY FOR CENTERS IF NUMBERS GO UP, GREENWALD SAYS; FIVE OPTIONS FOR CHANGES LISTED

NCI will add money to the budget for cancer center core grants if the suggestions to increase the number of centers supported by the Institute actually result in more grants awarded, Div. of Cancer Cause & Prevention Director Peter Greenwald said this week. Greenwald's comment was made Monday at a meeting of the DCPC Board of Scientific Counselors Committee on Centers & Community Oncology.

(Continued to page 2)

*In Brief*

### ROSENBERG TO GIVE KARNOFSKY LECTURE AT ASCO, MINNA TO PRESENT ROSENTHAL LECTURE AT AACR

**SAUL ROSENBERG** will deliver the 15th annual David A. Karnofsky Memorial Lecture May 7 at the meeting of the American Society of Clinical Oncology in Toronto. The title: "Low Grade Non-Hodgkin's Lymphomas: Challenges and Opportunities." ASCO President Phillip Schein will follow with the presidential address. . . . **JOHN MINNA** will present the Richard and Hinda Rosenthal Foundation Award Lecture at the American Assn. for Cancer Research meeting May 9, also in Toronto, entitled, "Recent Advances of Potential Clinical Importance in the Biology of Lung Cancer." The G.H.A. Clowes Memorial Award Lecture will be given by **EMMANUEL FARBER** on the topic, "Cellular Biochemistry of the Stepwise Development of Cancer with Chemicals" on May 11. AACR President Gertrude Elion will deliver her presidential address May 9 on "Selectivity: Key to Chemotherapy." Elion and George Hitchings will collaborate on the Cain Memorial Award Lecture, entitled "Layer on Layer." A joint ASCO/AACR symposium is scheduled May 9 on viruses in human malignancy and AIDS. . . . **LILLIAN KAMAL,** who has been assistant administrator of the Lombardi Cancer Research Center at Georgetown Univ., has been appointed administrator by Director John Potter. She replaces Richard Brvenik, who has resigned. . . . **MARK ISRAEL** has been named chief of the new Molecular Genetics Section in the Pediatric Branch of NCI's Div. of Cancer Treatment. He has been a clinical associate and senior investigator in the branch since 1981. . . . **FREE COPIES** of the NCI publication, "Good News, Better News, Best News...Cancer Prevention" are available. Contact Rose Mary Romano, NCI, Bldg 31 Rm 10A18, Bethesda, Md. 20205, phone 301-496-6792. . . . **UNIV. OF DELAWARE** College of Nursing is offering a new option, oncology nursing, in the graduate medical-surgical nursing concentration in the Dept. of Advanced Nursing Science. The program offers a master of science degree with a major in nursing and prepares clinical nurse specialists in oncology nursing. Students may enroll full or part time.

## PLANNING COMMITTEE ASKS RETAINING OF CORE GRANTS FOR BASIC CENTERS

(Continued from page 1)

The committee was considering recommendations which came from a meeting of an ad hoc planning committee on centers which parallel issues being considered by the President's Cancer Panel. The Panel and the planning committee have been delving into the questions of how to encourage minority institutions to develop cancer centers, how to encourage development of centers to achieve better geographic distribution, and whether centers involved only in basic research might be better supported through the program project mechanism than by core grants.

The planning committee earlier this month drew up a set of recommendations for consideration by the DCPC Board, and, ultimately, the Panel and the National Cancer Advisory Board. The recommendations did not support the suggestion that basic research centers should switch from core grants to program projects.

BSC member Charles Cobau commented that the recommendations would inevitably increase the number of centers seeking NCI support. "If we are going to have more centers, you have to have more money in the program," Cobau said. "It is unrealistic to try to encourage more centers to compete for the same pot of money."

"We do intend to increase the amount of money for centers," Greenwald said.

Recommendations of the planning committee were:

A. General recommendations

1. Existing core grant mechanism supporting mostly basic science and some clinical research activity is functioning well and requires little modification. Facilitation of clinical research and cancer control training and research through additions to the grant guidelines should not compromise basic science research in the centers. Also, present core grant support to existing centers should not be compromised by the addition of new centers or new center activities.

2. Training by centers—strategy. A working committee addressing issues related to the training of scientists consisting of Drs. Robert Cooper, Alan Sartorelli, Richard Steckel and NCI staff will meet to address the following issues:

a. A significant proportion of the senior scientists at cancer centers will be of retirement age within the next decade or so. It is important that a national effort be devoted toward the training of oncologists skilled in laboratory science, a process that can take five to 10 years. The centers should become involved in the training of these replacement scientists.

b. Increased support should be provided for training both predoctoral and postdoctoral students, as well as academic physicians in laboratory research. To attract the best young scientists and clinicians into such a program, it is critical that adequate stipend levels be provided.

3. An assessment of existing regional needs, expertise and interested investigators working together to generate research applications in cancer control should be encouraged by NCI staff. Special areas of interest are:

a. Identifying and describing differences in morbidity/mortality according to race and ethnicity.

b. Developing ways to increase the number of trained cancer control experts available at or near centers.

c. Improving the cohesion and coordination of cancer control regionally.

d. Promoting the integration of basic research and clinical research; clinical research and cancer control research; and cancer control research and health practices.

4. Specific goals should be set for the national Cancer Centers Program. For example, the following items must be addressed:

a. Type, number of centers, location.

b. Intracenter, intercenter, and regional collaboration.

c. Role of centers in the NCI goals set for the year 1990; for the year 2000.

Major questions include:

a. Whether it is appropriate to alter existing guidelines to facilitate initiation of clinical centers to serve selected geographic areas or minority and ethnic populations not represented currently in the centers program.

b. What is the role of centers in cancer control? A meeting on April 30 will be devoted to discussions of the role of centers in cancer control with Drs. Robert Day, Charles Cobau, and Charles Smart participating from the parent (BSC) committee along with Drs. Carlos Caban, Knute Ringen, and Jerome Yates from NCI staff. Several guest investigators will be invited.

B. Considerations in improving cancer centers

1. Encouragement of interaction between laboratory research centers and clinical research centers to maximize the contribution of basic science to the prevention and therapy of cancer is desirable. Basic science centers should interact where possible directly with clinical cancer centers or comparable academic clinical cancer groups involved in cancer prevention and cancer patient care. Such interaction should include, when possible, one or more of the following:

a. Collaborative research programs between members of the laboratory research center and the

clinical members of the clinical center or equivalent.

b. Joint training programs involving the basic science center and clinical personnel for the purpose of training clinical and/or medical personnel.

c. Other programs joined between the basic science center and the clinical center directed towards enhancing the transfer of basic science knowledge to clinical application.

A proposal to add additional discretionary developmental funds to initiate venture research projects that involve both basic and clinical investigators was met with mixed reactions because of the net reduction that would occur from present practice in the flexibility for the use of such funds.

2. Renovations and construction: One of the most significant factors in limiting the growth and expansion of laboratory research in cancer centers is the availability of adequate laboratory space for new programs. Renovation for new methods of planned research, animal facilities and disposition of potentially toxic products of research require attention. Support should be provided at two levels:

a. Development of new facilities.

b. Provision of funds for laboratory renovations designed to effect more efficient utilization of existing space.

3. Equipment: There is a need at two levels:

a. Provision of newly developed and (usually) very costly shared equipment (e.g., nucleic acid synthesizers, high pressure liquid chromatography).

b. Replacement of existing equipment which has become obsolescent either through advances in technology or use.

Thus it is recommended that a mechanism to address the replacement and acquisition costs of state of the art equipment be as follows:

a. The annual provision of up to 5% of the replacement costs of all equipment inventoried in the center with an original purchase value of $7,500 ore more.

b. Replacement of obsolescent equipment using this mechanism would come within the 50% cap on incremental funding for renewal applications.

4. Staff investigators' salaries: Inability to plan for the funding level for individual staff investigators' salaries because of the changing eligibility status for investigators between the time of the grant submission and the award (which may sometimes exceed nine months) places center administrators in a difficult position. It is recommended that eligibility should be determined and fixed on a more timely basis. Grants management staff is working on a solution to this problem.

C. Clinical research issues

1. The current requirement to have $750,000 in base peer reviewed funding for eligibility of core grant support has sometimes prevented development of cancer centers, possibly resulting in an underrepresentation of minority institutions and/or some geographic areas of the country because there is no adequate laboratory component.

New mechanisms should be developed to allow support of clinical cancer research centers based on clinical research excellence. Also, special population needs for particular centers should be a focus. The Basic Science Centers & Community Oncology Subcommittee will review potential options and make a recommendation to this ad hoc planning committee regarding clinical centers.

2. Presently, most clinical research centers have not established research affiliations with physicians in communities interested in participating in clinical research. The development of a network to encourage collaboration between existing centers, cooperative and regional clinical trials and the Community Clinical Oncology Programs in a combined community cancer control effort should be encouraged.

Representation from these groups should provide input to national programs (CIS, PDQ, NCI goals). The same level of research excellence should be expected from these efforts with adequate informational exchanges between NCI and extramural participants during the program evolution. An evaluation plan should be in place prior to program implementation. Mechanisms to involve the extramural community in national program development and the evaluation plan for such programs is desirable.

D. Cancer control effort

1. Gaps in the application of existing knowledge in detection, treatment, and management exist in many areas of the country. It is recommended that an integrated national effort to cover the country to the extent possible be developed using existing resources for developing a data base which will serve as the foundation for targeted efforts. It is recognized that many areas of the country do not and will not have the skills necessary to develop the effector portion of this program. Thus, it is recommended that if cancer centers do not have such capability or skills, NCI through the RFA or other mechanisms such as CCOP, the Cooperative Group Outreach Program, or other regional program participants should offer the opportunity to provide this service. A special subcommittee chaired by Dr. Day will examine the present situation and develop program objectives.

2. Participation of cancer centers has been modest in the area of cancer prevention. The following efforts are recommended:

a. Centers (or other organizations) should have a place in the development of networks to provide both professional and public information on primary prevention.

b. Centers (or other organizations) should be supported to develop ways to assure national coverage and monitor regional activities.

c. Reviews of successful programs should be made available as prototypes.

3. Efforts in secondary prevention should be encouraged as well as prevention studies, dissemination of information about optimal practice methods, development of new screening techniques, and methods of assessing relative risk.

Some methods should be developed to encourage greater cancer center participation in these activities and utilizing fully existing center or consultant expertise and regional resources.

4. Cancer control activities vary at the different cancer centers. Cancer centers should be encouraged to participate in existing cancer control research and science units where possible. As centers develop adequate RO1 and PO1 support in cancer control, centers merging both prevention and management should be encouraged.

While no requirement of participation in cancer control activities should be imposed on existing clinical research centers and the creation of new units, applications for cancer control grants are to be encouraged from those institutions where cancer control expertise is present.

5. Gaps in the outcome for patients with comparable diseases residing in different areas of the country continue to exist. To satisfactorily address these issues, the gaps must be identified and then ascertained if these are truly the result of deficiencies which can be eliminated with existing knowledge.

Priorities should be set that include information on the responsiveness of particular centers and, where appropriate, intermediate process variables or mortality variables should be used in the evaluation. Comparisions of programs implemented in different regions of the country addressing the same diseases will provide meaningful, comparative information.

**Yates, director of DCPC's Centers & Community Oncology Program, said that recommendations coming from the series of meetings would be presented to the division's Board of Scientific Counselors at its May meeting.**

Those recommendations will include a series of five options presented to the subcommittee Monday, with comments of subcommittee members noted. The options represent various methods by which development of clinical centers in "underserved" regions of the country might be encouraged. "Underserved" was defined as not having an institution within the region which has a core grant supporting a clinical or comprehensive cancer center.

Fourteen states presently do not have clinical or comprehensive centers with core grants although they do have institutions which are eligible for them—Colorado, Georgia, Indiana, Kansas, Kentucky, Louisiana, Missouri, Nebraska, New Jersey, New Mexico, Oklahoma, Oregon, South Carolina, and Utah. Some of these are served by nearby centers in adjacent states, some have institutions which had core grants but lost them through peer review, and some have institutions preparing to submit applications.

Eleven states do not have eligible institutions, although some are served by those in nearby states—Alaska, Arkansas, Delaware, Idaho, Mississippi, Montana, Nevada, North and South Dakota, West Virginia, and Wyoming.

One of the five options includes a suggestion by Robert Frelick, DCPC program director for CCOPs, for an "Academic Clinical Oncology Program." The options, which were developed by NCI staff and which Yates emphasized were "in the preliminary draft stage," are:

Option 1—"If it is a goal of NCI to fund additional clinical centers in these underserved areas, perhaps a first step should be to encourage the eligible institutions to apply (or reapply) for a core grant or, alternatively, a planning grant if it appears that a core grant application would be premature. In other words, use the mechanisms which have been successful in the past."

Option 2—"The planning grant mechanism could also be used to encourage "ineligible" institutions in those states without eligible institutions. Such support could be used to plan methods of expanding research activities in order for those institutions to become eligible."

Option 3—"The $750,000 research base requirement could be lowered, perhaps on a selective case by case basis, in order to allow selected ineligibles to apply for core grants for clinical centers. Such exceptions would be made only after concurrence by the NCI Executive Committee and the National Cancer Advisory Board."

(Concurrence of the NCAB will be required for any changes in guidelines governing award of and eligibility for center core grants).

Option 4—"Start a new program (ACOP—see below) to enable additional clinical research activities at selected institutions to be eligible for core support and thereby create a clinical center at an institution doing mainly laboratory research."

Option 5—"A number of the eligible institutions had core grants in the past and lost them through

the peer review process. Review criteria could be modified in order to establish centers in these areas. Perhaps separate ad hoc review committees should be utilized."

"That's an offensive option," Subcommittee Chairman Virgil Loeb commented. "Are you suggesting that if someone loses a core grant through peer review, we should change the peer review, bend the rules?"

"We're talking about coming back with a different set of rules," Greenwald said.

"Centers fall into two groups, basic or clinical, but almost never just pure clinical with no research," subcommittee member Robert Cooper said.

"We could change the focus," Yates said. "There are institutions where RO1 and PO1 support does not exist."

Frelick said his idea for "academic CCOPs" came about when a number of new medical schools and others with less developed cancer research clinical trial activities expressed interest in CCOPs but were not eligible. Also, the recent RFA recompeting and expanding the Cooperative Group Community Outreach Program resulted in some groups indicating interest in including some university unfunded group members in the application. Cancer Clinical Investigation Review Committee (which reviews cooperative groups) policies preclude many such institutions from the normal cooperative group funding through the Div. of Cancer Treatment.

Frelick said critical elements of an ACOP might be that it be a single institution or affiliated with other physicians and hospitals; have potential for accruing 50 patients per year on NCI approved studies or at least 20 percent of eligible patients; include a multidisciplinary team committed to participate; have a defined demographic status, with regional programs encouraged; have affiliation with one or up to five NCI supported research bases; be able to meet quality control performance levels required by the research bases. Concurrent funded participation with cooperative groups or CCOPs would not be permitted except during a disengagement process.

Yates said that Robert Wittes, director of DCT's Cancer Therapy Evaluation Program, had suggested that "before we put more money into this, we should put more into DCT clinical trials. I think that we do need more money for clinical trials, but this might be a mechanism to wake people up."

"An academic CCOP is an interesting idea," Cobau said. "But I think it should not be a place where an academic institution which can't pass CCIRC review comes to get money."

"You're not worried about competition for CCOPs are you?" Yates needled. Cobau is the principal investigator for the Toledo CCOP.

"CCOPs can hold their own," Cobau responded. After eliciting the commitment from Greenwald to put more money into the centers program, Cobau said he favored options one, two, and four. "I do not favor creating second class centers, so I would throw out options three and five."

Loeb said he agreed, "although I would have to think more about number four (ACOP). One and two certainly is the way to go."

NCI staff had recommended that all five options be available for use. "Which ones to use should be tailored to the individual institution to be supported," the staff paper said.

Greenwald suggested that options four and five could be combined.

"One of the beauties of the core grant is that it gives time to develop leadership, use of shared resources," Cooper said. He expressed caution about the use of planning grants. "That is not merely for planning by itself. The center must have the capability to move ahead when the planning is completed. For some of the minority institutions, that means they would have to recruit new people. The planning grant is very good if properly used."

(Yates presented a "preliminary draft" statement on ways to encourage minority center development, but asked that it not be considered at this time. It will be brought up prior to the Board's meeting in September. **The Cancer Letter** will publish the draft in next week's issue).

Yates referred to the somewhat acrimonious discussion on the first day of the planning committee's meeting. Several basic research center directors felt threatened by the proposals to change the funding mechanism, although "we did our best to assure them that support for laboratory centers would not be diminished. No matter how that was articulated, there was still concern about funding. It colored the discussion."

Loeb noted that the report (recommendations presented above) "sounds more harmonious" than the meeting actually was.

Cooper described some of the issues which bothered centers representatives. "Peter and Jerry are trying to develop some sense of social consciousness on the part of centers toward regional problems. There is a misapprehension of what is being done. Center directors feel they have been asked to do some things, they have done them and have done them very well. Complaints about funding is understandable, when funds have been cut 15 percent under recommended levels. I do believe you got the attention of center directors on the broader issues. It is important to remember that essentially all of the centers developed since 1974 are related with academic institutions. You must ask what those institutions value, which is acquiring

new knowledge and the use of it. What you are asking now are some things not previously thought to be their mandate."

Greenwald commented that NCI remains committed to basic research as at the top of the priority list. "But now is the time to start looking at what can be achieved nationwide in reducing morbidity and mortality. We are asking centers to provide the leadership. This goes beyond what's best for science and the university. There aren't many fields in cancer research where centers aren't there saying, 'here's what should be done.' We're looking for that kind of leadership in applying cancer research."

"The feeling was that, in the context they heard, you were asking, 'Why haven't you done this?' Cooper said. "Many of us were already doing it. I do feel, at the end of the meeting, there was more of a social consciousness about what needs to be done."

"At the end of the meeting, there was not only understanding but cautious enthusiasm," Loeb said.

## GALLO'S FINDING: HTLV-III IS THE CAUSE OF AIDS; BLOOD TEST SOON

HHS Secretary Margaret Heckler made the official announcement this week: The probable cause of AIDS has been found, and it was found by an NCI team headed by Robert Gallo.

This stunning development in the federal government's frantic and often criticized effort to deal with the deadly disease will, almost immediately, provide an inexpensive method to screen blood donors and blood samples for evidence of the virus, a variant of the human tumor leukemia virus first identified by Gallo four years ago. This one is known as HTLV-III. Eliminating blood transfusions as an AIDS threat alone is worth the $75 million the government has invested in the effort so far.

Another early benefit from Gallo's finding will be the ability to screen populations at risk, to identify those with the virus before symptoms appear. Whether earlier treatment will be more effective remains to be seen, but early identification at least may help limit contacts and reduce the spread.

The ultimate benefit will be development of a vaccine. Heckler told a news conference Monday that a vaccine could be ready for testing in two years; some scientists feel it will take longer than that.

When NCI was given the primary responsibility for AIDS research two years ago, Director Vincent DeVita made Gallo, who heads the Laboratory of Tumor Cell Biology in the Div. of Cancer Treatment, scientific director of the effort. Samuel Broder, NCI clinical director, coordinated AIDS intramural research and John Killen, of DCT's Cancer Therapy Evaluation Program, coordinated the work of NCI grantees who had received AIDS grants. NCI Associate Director Peter Fischinger was overall coordinator of the NCI AIDS task force.

The discovery of HTLV-III was made possible when Gallo developed a system which allows the growth of the specific virus from sera collected from AIDS victims. Four papers describing the process and the detection and isolation of HTLV-III will be published in the May 4 issue of "Science."

Meanwhile, a French team headed by Luc Montagnier at Pasteur Institute, has claimed it has also isolated what seems to be the virus which causes AIDS. A media controversy over who found it first has been played down by Gallo and by the French scientists, all of whom agree that the two teams have been collaborating on their research. Gallo is convinced that the French virus will turn out to be HTLV-III, and the process is under way to determine if it is.

The AIDS research effort, which included work by the Centers for Disease control, is a "good example of how a special initiative can solve a problem," DeVita said.

## NCI CONTRACT AWARDS

TITLE: Preparation & purification of viral components

CONTRACTOR: Litton Bionetics, $499,562.

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

**Oncology Nursing Society**--May 2-5, Toronto. Ninth Annual Congress. Contact ONS, 3111 Banksville Rd., #200, Pittsburgh, Pa. 15216, phone 412-344-3899.

**Div. of Cancer Prevention & Control Board of Scientific Counselors**--May 3-4, NIH Bldg 31 Rm 10, 8:30 a.m. both days, open.

**American Society of Clinical Oncology**--May 6-8, Toronto. 20th annual meeting. Contact ASCO, 435 N. Michigan Ave., Suite 1717, Chicago 60611.

**Surgical Pathology of Neoplastic Diseases**--May 7-11, New York. Contact Dr. Philip Lieberman, Chief, Surgical Pathology Service, Memorial Hospital, 1275 York Ave., New York 10021.

**Use of Animals in Research & Testing**--May 7, Washington Plaza Hotel, Washington D.C. Contact Sklar, Idelson, 800 18th St. NW, #403, Washington D.C. 20006.

**Biometry & Epidemiology Contract Review Committee**--May 8-11, NIH Bldg 31 Rm 8, open May 8 9-9:30 a.m.

**American Assn. for Cancer Research**--May 9-12, Toronto. 75th annual meeting. Contact AACR, West Bldg Rm 301, Temple Univ. School of Medicine, Philadelphia 19140, phone 215-221-4565.

**Molecular Biology & Its Relevance to the Treatment of Colon Cancer**--May 12, Roswell Park continuing education in oncology. Contact Gayle Bersani, Cancer Control Coordinator, RPMI, 666 Elm St., Buffalo 14263.

**Joint Annual Meeting of the Society of Surgical Oncology and Society of Head & Neck Surgeons**--May 13-17, New York. Contact SSO/SHNS, 13 Elm St., Manchester, Mass. 01944.

**Society for Clinical Trials**--May 13-16, Omni

International Hotel, Miami. Contact SCT, 600 Wyndhurst Ave., Baltimore 21210, phone 301-435-4200.

**National Cancer Advisory Board Committee on Organ Systems Programs**—May 13, NIH Bldg 31 Rm 8, 6 p.m., closed.

**National Cancer Advisory Board**--May 14-15, NIH Bldg 31 Rm 6, 8:30 a.m. each day, closed May 15, 10:45 a.m.-adjournment, open May 15 8:30-10:30 a.m.

**NCAB Committee on Construction**--May 14, NIH Bldg 31 Rm 6, 5 p.m., closed.

**NCAB Committee on Innovations in Surgical Oncology**--May 14, NIH Bldg 31 Rm 11A10, 6 p.m., open.

**NCAB Committee on Planning & Budget**--May 14, NIH Bldg 31 Rm 11A10, 7:30 p.m., open.

**National Tumor Registrars Assn.**--May 15-18, Hotel Continental, Chicago. Tenth annual meeting. Contact Suzanna Hoyler, American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312-664-4050.

**Reach to Recovery**—May 15-18, Jerusalem, Israel. 3rd European Conference. Contact Secretariat, Reach To Recovery, PO Box 50006, Tel Aviv 61500, Israel.

**Cancer Research Manpower Review Committee**--May 17-18, NIH Bldg 31 Rm 4, open May 17 8:30-9 a.m.

**Current Concepts in Leukemias & Lymphomas**—May 19, Amarillo. Contact Dr. Phillip Periman, Medical Director, Harrington Cancer Center, 1500 Wallace Blvd., Amarillo, Texas 79106.

**Regional Breast Cancer Symposium**--May 21-22, Kansas City, Kan. Contact Jan Johnston, Office of Continuing Education, Univ. of Kansas Medical Center, 39th & Rainbow Blvd., Kansas City, Kan. 66103, phone 913-588-4480.

**International Symposium on Liver Metastases**--May 24-25, Leiden, The Netherlands. Contact Dr. Paul Sugarbaker, NCI, Bldg 10 Rm 2B07, Bethesda, Md. 20205, phone 301-496-1437.

**Recent Trends in Clinical Radiation Oncology**--May 24-26, Williamsburg, Va. Contact Sheri Rosner, Program Coordinator, Box 48, MCV Station, Richmond, Va. 23298.

**Developmental Therapeutics Contract Review Committee**--May 31-June 1, NIH Bldg 31 Rm 8, open May 31 9-9:30 a.m.

**NCI Div. of Cancer Treatment Board of Scientific Counselors**--June 4-5, NIH Bldg 1 Wilson Hall, open June 4 8:30 a.m.-adjournment and June 5 11 a.m.-adjournment.

**Cancer Resources & Repositories Contract Review Committee**--June 6-7, NIH Bldg 31 Rm 9, open June 6 9-9:30 a.m.

**NCI Div. of Cancer Etiology Board of Scientific Counselors**--June 7-8, NIH Bldg 31 Rm 10, 8:30 a.m.

**Prevention of Cancer**--June 7, Roswell Park continuing education in oncology.

**AIDS: Diagnosis & Management**—June 8-10, Warwick Post Oak Hotel, Houston. Sponsored by Univ. of Texas System Cancer Center/M.D. Anderson Hospital. Contact Office of Conference Services, Box 131, MDA, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

**RNA Tumor Viruses in Human Cancer**--June 10-14, Denver. International conference. Contact Dr. Jean Hager, Conference Coordinator, AMC Cancer Research Center, 6401 W. Colfax Ave., Denver 80214, phone 303-233-6501.

**NCI Div. of Cancer Biology & Diagnosis Board of Scientific Counselors**--June 11, NIH Bldg 31 Rm 8, 8:30 a.m., open.

**Second International Conference on Malignant Lymphoma**—June 13-16, Lugano, Switzerland. Contact Dr. F. Cavalli, Div. of Oncology, Ospedale San Giovanni, 6500 Bellinzona, Switzerland.

**National Conference on Radiation Oncology—1984**--June 14-16, Hilton Hotel, San Francisco. Contact American Cancer Society, National Conference on Radiation Oncology, 777 Third Ave., New York 10017.

**Cancer Precursors of the Cervix, Vagina and Vulva**--June 15, Sacramento. Contact Office of Continuing Medical Education, School of Medicine, TB 150, Univ. of California, Davis 95616.

**Assn. of American Cancer Institutes**--June 17-19, Memorial Sloan-Kettering Cancer Center, New York. Annual meeting.

**Tumor Promotion & Enhancement in the Etiology of Human & Experimental Respiratory Tract Cancer**--June 17-20, Williamsburg, Va. Contact Dan Tisch, Symposium Coordinator, Northrop Services Inc., PO Box 12313, Research Triangle Park, N.C. 27709, phone 919-549-0652.

**Peptide Hormones in Lung Cancer**--June 18-20, Marburg, West Germany. Contact Prof. G.D. Soerenson, Dept. of Pathology, Dartmouth Medical School, Hanover, N.H. 03755.

**Research & Clinical Applications of Nuclear Magnetic Resonance in Cancer**--June 20-22, Hyatt Regency Hotel, New Orleans. Contact National Pancreatic Cancer Project, NMR Symposium, Dept. of Surgery, LSU Medical Center, 1542 Tulane Ave., New Orleans 70112.

**International Conference on Head & Neck Cancer**--June 22-27, Baltimore. Contact Program of Continuing Education, Univ. of Maryland School of Medicine, 10 S. Pine St., Baltimore 21201.

**Clinical Cancer Investigation Review Committee**--June 25-26, NIH Bldg 31 Rm 6, open June 25 8:30-9 a.m. and June 26 1:30-3 p.m.

**Ninth International Convocation on Immunology**--June 25-28, Amherst, N.Y. Contact Dr. James Mohn, Director, Ernest Witebsky Center for Immunology, 210 Sherman Hall, SUNY, Buffalo, N.Y. 14214, phone 716-831-2848.

**Fourth International Conference on Prolactin**--June 27-29, Charlottesville, Va. Contact Robert MacLeod, Chairman, Prolactin Congress, Univ. of Virginia School of Medicine, Charlottesville 22908.

## FUTURE MEETINGS

**Pediatric Hematology-Oncology Update**--Sept. 5-7, Memorial Sloan-Kettering Cancer Center. Contact Charlene Landis, Conference Planner, Dept. of Continuing Education, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

**Psychiatric Service Postgraduate Course**--Sept. 17-21, Memorial Sloan-Kettering Cancer Center. Contact Charlene Landis, address above.

**Rehabilitation & Continuing Care in Cancer**--Sept.

27-28, Overland Park, Kan. Contact Jan Johnston, Office of Continuing Education, Univ. of Kansas Medical Center, 39th & Rainbow Blvd., Kansas City, Kan. 66103, phone 913-588-4480.

**First International Symposium on Testicular Tumors**—Oct 8-10, Hotel George V, Paris. Contact Clinique Urologique, Hopital De La Pitie-83, boulevard de l'Hopital, 75634 Paris Cedex 13, France.

**Second International Symposium on the Modulation & Mediation of Cancer by Vitamins & Micronutrients**—Feb. 10-13, 1985, Tucson. Sponsored by the Univ. of Arizona Cancer Center. Frank Meyskins, Univ. of Arizona, and Kedar Prasad, Univ. of Colorado, are cochairmen. Abstract deadline is Nov. 1. Contact Mary Humphrey, Conference Coordinator, Univ. of Arizona Cancer Center, Tucson 85724, phone 602-626-6044.

**International Assn. for Breast Cancer Research**—March 24-27, 1985, London. Contact Dr. Marvin Rich, AMC Cancer Research Center, 6401 W. Colfax Ave., Lakewood, Colo. 80214.

## 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-CM-47688-68

**Title: Production and testing of murine interleukin 2 and immune cells**

Deadline: July 12

The Surgery Branch of NCI's Clinical Oncology Program in the Div. of Cancer Treatment is seeking an organization qualified to produce murine interleukin-2 (IL-2) and immune cells for use by NIH by specified methods. At the discretion of the project officer, the contractor shall supply lectin-free murine IL-2 or concentrated EL-4 derived IL-2 each week. Designation will be made on a monthly basis. Additionally, lymphokine activated killer (LAK) cells and/or cloned murine immune cells shall be produced at regular intervals throughout the year. The contractor must be able to provide functionally active immune cells as specified in the RFP to the Surgery Branch in Bethesda, Md. Offerors must be able to deliver the required immune cells in that condition.

It is anticipated that a cost reimbursement incrementally funded type contract will be awarded as a result of the RFP for a period of 36 months, beginning approximately Jan. 28, 1985. The RFP represents a recompetition of the project "Production and Testing of Human and Murine Interleukin-2" being performed by Litton Bionetics Inc., Kensington, Md.

Contract Specialst: Karlene Ruddy
RCB Blair Bldg Rm 212
301-427-8737

### RFP NCI-CP-EB-41026-60

**Title: Investigations of cervical cancer in Latin America**

This RFP has been amended to notify potential respondents that the deadline for receipt of proposals has been extended to June 15.

### RFP 223-84-4262

**Radiation control program for radiation therapy**

Deadline: Approx. June 15

The Food & Drug Administration requires assistance within the states in the development of their own radiation control program for radiation therapy. FDA is interested in developing a model program in this regard to assure the safe and effective use of radiation to perform high quality therapy with the least exposure of normal tissue and nonpatients. There will be a competitive procurement, but competiton will be limited to state government agencies having regulatory authority in medical radiation control or organizations representing such states collectively. Contact Charlotte Mattews, 301-443-6604.

### RFP NO1-CO-44014-37

**Title: Systems planning services for NCI**

Deadline: Approximately June 17

The contract period will be three years. Services required will be described by work orders issued during the period of performance. Work orders will be issued under the following four areas: work orders administration, documentation and presentation, conference and meeting management, and planning related support.

These services will be provided under a level of effort, cost plus fixed fee contract for 27,111 person hours. Offerors will not be considered eligible for award unless they can demonstrate their ability to meet with the project officer in Bethesda and then provide certain deliverables, such as slides or charts, to Bethesda within 24 hours.

The proposed contract described here is a 100 percent small business set aside.

Contract Specialist: Edward Hodges
RCB Blair Bldg Rm 314
301-427-8877

**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. 