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WEST VIRGINIA CCOP WILL BE FUNDED; NASSAU JOINS CINCINNATI AS THE TWO CUT FOR SLOW PATIENT ACCRUAL

The West Virginia Cooperative Clinical Oncology Program is still alive and will be funded for another year by NCI, contrary to the report in last week's issue of **The Cancer Letter.** The report, that two of the 62 CCOPs would not be funded for a second year, was correct in identifying the Tri-State CCOP in Cincinnati as one of the two

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In Brief

ONS INVITES PROPOSALS FOR RESEARCH ON HAZARDS OF CHEMOTHERAPY; UTSCC ADOPTS CODE OF ETHICS

ONCOLOGY NURSING Society's Research Committee has invited ONS member researchers to submit proposals to investigate the potential health hazards associated with cancer chemotherapeutic agents. ONS said it is looking for "high quality research grant proposals that address mutual interests and concerns about the handling of chemotherapeutic agents, to reduce the knowledge gap about the hazards of handling chemotherapy, and to contribute to the understanding of the precautions necessitated by working in this area." The award will total about $5,000. Application deadline is Nov. 1. Contact the ONS national office, 3111 Banksville Rd., Pittsburgh 14216, phone 412-344-3899.... **UNIV. OF TEXAS** System Cancer Center has become the first comprehensive cancer center to adopt a formal code of ethics "to help guide staff members in making professional decisions," President Charles LeMaistre said. The code was developed after two years of study by a committee headed by Jan van Eys and James Bowen. They agreed that the code is "not a set of hard and fast rules but a set of principles" and that it is not "an end. . . but a beginning to continued debate on ethical issues." The code lists 10 principles related to patient care, research, concern for the rights of patients, and commitment to basic research, among others.... **ERNEST BOREK,** adjoint professor at the Univ. of Colorado Medical School and chairman of molecular biology at AMC Cancer Research Center, left his native Hungary as a young man because the fascist regime in power then prevented him from attending college because of his religion. Times change. Borek recently returned to Hungary to accept an honorary MD degree from the Univ. of Szeged, near the area where he grew up.... **AVERY SANDBERG,** chief of the Genetics & Endocrinology Dept. at Roswell Park Memorial Institute, received the eighth annual Dr. William H. Wehr Award in recognition of his distinguished 30 year career at the institute.... **NCI ANNOUNCED** that effective Feb. 1, 1985, all construction grants will have an annual receipt date of Feb. 1. Funding based on that receipt date will be made available during the following fiscal year.

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WEST VIRGINIA OVERCAME PROBLEMS, CONVINCED NCI IT COULD MEET GOALS

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which has been dropped because of failure to enter a sufficient number of patients into research protocols. But West Virginia, which like many other CCOPs had some problems in getting started, overcame those problems by the time of review.

The second CCOP which will not be funded is Nassau Hospital in Mineola, N.Y., with Larry Nathanson as the principal investigator. The Nassau application did well in the original review, with a score of 197. The group had estimated it would place 83 patients a year on protocols but had fallen far short of that schedule by the time of the NCI staff review, with little indication that the problem would be corrected. Nassau had placed less than 10 per cent of that number on protocols nine months after startup, with no indication that the situation would improve.

NCI's action in refusing to fund the two CCOPs for a second year is appealable, and Nassau has indicated that it might appeal to the NIH Div. of Research Grants.

Another possibility for both the Nassau and Cincinnati groups is that they could continue their programs and, if by next year are meeting the patient entry requirements, apply for third year funding. Cincnnnati reportedly is considering that option.

The West Virginia CCOP had problems in getting patients onto protocols early in the year and was placed on notice by NCI that it would be in trouble if a certain number were not entered by July. The organization worked hard to meet that goal, did so, and convinced NCI that it had the ability to fulfill its obligations.

The CCOP in West Virginia is a statewide operation, and some NCI staff members feel that it was underfunded. The review committee did not adequately consider the extra problems and costs involved in that type of organization. The organization is succeeding in part because participating physicians are taking on more responsibility and assuming more of the work in data collection and handling than are their colleagues in other CCOPs.

The West Virginia group also was caught in the middle of administrative problems over which it had no control related to one of its research bases, Cancer & Leukemia Group B. CALGB's member at the Univ. of West Virginia was not funded, leaving the CCOP without its connection to the group until an administrative remedy could be worked out.

Similar hassles have afflicted many of the other CCOPs, delaying startup and patient entry. One of the major problems limiting patient entry, however, has been lack of a sufficient number of good protocols to accomodate the type and number of eligible patients available in the communities. That situation is especially apparent where cancer centers are serving as the research bases.

In the past, centers have not been required to obtain NCI approval of their protocols. The guidelines for CCOP require that patients be entered only in protocols approved by NCI, which was not a problem for the cooperative groups since that has been their practice for many years. The centers, however, had to get their protocols together, submit them to NCI, and await approval. Many centers traditionally have focused their efforts on pilot studies with exotic protocols, many of which are not appropriate for CCOP patients and which do not require the numbers of patients now available from the communities.

More and better protocols are needed from the cooperative groups and the centers, NCI staff members feel, before the full potential of CCOP can be realized.

NEW STUDIES FIND PROTOCOL PATIENTS LOSE MONEY FOR HOSPITALS UNDER DRGs

New data from two studies being reported this month and next offer further evidence that patient care cost is substantially higher for those entered in clinical research protocols than the average reimbursible costs allowed by the appropriate diagnosis related groups in the government's Medicare/Medicaid reimbursement system.

Claudia Lee, director of the Hospital Cancer Program at Memorial Medical Center of Long Beach, Calif., and Lee Mortenson, executive director of the Assn. of Community Cancer Centers, used records from Lee's institution for patients admitted from June through August, 1983. The report of their study appears in the current issue of "Cancer Program Bulletin," an ACCC publication.

"While the period under study preceded implementation of the DRGs, we were able to use the DRG grouper methodology to identify all patients who would have been admitted under the same DRG category," Lee and Mortenson wrote. "Total charges, total reimbursement, profit and loss and reimbursement as a percentage of charges were then computed for all Medicare admissions within a given DRG, and for those admissions that represented patients on formal clinical trials."

There were 15 admissions for patients on clinical trials over the three month period studied, and 12 admissions within the same DRG categories for patients not on clinical trial. Protocol patients were registered on Gynecologic Oncology Group trials.

Five DRGs included all 27 admissions. Two of the

DRGs are for nonradical hystorectomy, two are for malignancy of the female reproductive system, and one is for all inpatient chemotherapy.

The 15 DRG admissions for patients on clinical trials generated total charges of $91,305 and total reimbursement of $49,906, a loss of $41,399. "This represents an average reimbursement as percentage of charges of 55 per cent, well below the average for all cancer patients during the period (78 per cent) and clearly well below costs (even using federal reimbursement formulas)," the authors said.

"When these patients were averaged with other patients within their same DRG, the total reimbursement as a percentage of charges rises to 70 per cent, still significantly below the average for all cancer patients. Moreover, the total loss for all 27 admissions from the five DRG categories was only $45,112. Thus, the clinical trials patients, 56 per cent of the admissions, generated 92 per cent of the loss. Average loss per clinical trial admission was $2,759. Average loss for the 12 nonprotocol admissions was $309, a difference of $2,459."

The authors concluded, "There seems little doubt that clinical research patients cost more and will be found by hospital administrators to be a readily identifiable 'loser.'. . We can only hope that the problem is recognized and a solution adopted before hospital administrators, dealing with smaller samples of real world data, begin to reject involvement in clinical research."

Gale Katterhagen, a member of the National Cancer Advisory Board and director of oncology at Tacoma General Hospital, collaborated with Mortenson on a report in the September issue of "Seminars in Oncology" on a review of costs involving 50 patients entered on clinical trials in Tacoma in the first half of 1984.

Of the 50 patients, only six required inpatient admissions for a total of 16 admissions. There were two leukemia, two lung cancer, one bowel cancer and one ovarian cancer patients.

Noting that Washington historically has had shorter hospital lengths of stay than the national average and that Tacoma General has a shorter stay than the state average, the authors reported that every one of the 16 discharges produced a loss for the hospital. Total charges were $107,918; Medicare reimbursed $19,253. The loss per patient varied from $650 to $42,000.

Comparing patients on protocol with those in the same DRG not on protocol, losses ensued in every case.

The authors suggested as the solution "DRG 471," offered by ACCC, a DRG for clinical research. Without it, they concluded, "at best, we are faced with a substantial slowdown in research. At worst, given the disincentives, a whole range of potentially more effective cancer treatments may never be tested."

John Yarbro, professor of oncology at the Univ. of Missouri and current ACCC president, collaborated with Mortenson on an article which will appear in an upcoming issue of "Journal of the American Medical Assn." Citing the studies reported above and others which demonstrate that DRG schedules do not adequately reimburse for patient care when those patients are on research protocols, they also suggest DRG 471 as the solution. They recommend it be limited only to studies approved by NIH and that it include all clinical research, not just cancer.

The House Labor-HHS Appropriations Subcommittee recognized the problem with language in the report on the FY 1985 appropriations bill. The subcommittee instructed the Health Care Finance Administration and NIH to undertake a study of the impact of DRGs on clinical research and report back before the 1986 budget is considered.

Impact of DRGs is one of the topics that will be covered in ACCC's midyear meeting Oct. 9-13 at the Broadmoor Hotel in Colorado Springs with the theme, "Oncology Economics '84." The meeting will include sessions on health care and cancer program marketing, the changing health care marketplace, the prospect of physician DRGs, office practice management systems, office computerization, clinical research, standards for community cancer centers, and discussions of clinical practice issues. Contact Elm Services, 11600 Nebel St., Suite 201, Rockville, Md. 20852, phone 301-984-1242.

WALLENS PLEADS GUILTY TO LESSER CHARGES, PAYS CALGB, FDA $20,000

William Wallens, the Niagara Falls physician accused of submitting false data on patients he had entered onto Cancer & Leukemia Group B protocols (**The Cancer Letter,** March 30), has pled guilty to five counts of violating the Food, Drugs & Cosmetics Act.

Wallens originally had been charged under a federal grand jury indictment with 11 counts of mail fraud and making false statements to the government (in this case, NCI and the Food & Drug Administration). Those were all felonies.

In a plea agreement, the U.S. attorney in Buffalo accepted Wallens' plea to the misdemeanor charges of submitting false records under Title 21, U.S. Code Section 31e, the FDC Act. Each of those charges carries a maximum penalty of one year in jail and a $1,000 fine.

In return, Wallens agreed to reimburse CALGB $7,125 for costs involved in purging the data he

submitted on patients entered in group protocols; and $12,875 to FDA for costs incurred in conducting the investigation.

Wallens is still subject to the penalties, and sentencing has been set for Sept. 24.

NCI withdrew Wallens' investigational drug privileges when the allegations against him were first made, and that suspension remains in effect. Also, his name has been placed in the NIH ALERT system, which requires that NIH staff responsible for funding decisions be made aware of charges against potential grant applicants. Wallens has never been funded directly by NIH, so the question of debarment did not come up.

NEW ACS PROGRAM HONORS MARY LASKER, TO SUPPORT MEETINGS OF SCIENTISTS

The American Cancer Society has initiated a program "in recognition of Mrs. Mary Lasker's creative leadership in biomedical research." The program will consist of a series of meetings of the world's leading investigators, basic and/or clinical, to analyze promising new developments in cancer research and to develop plans for future action.

"Bringing scientists and physicians together in such a frontier enterprise has long been a philosophy of Mrs. Lasker and the American Cancer Society," ACS said in making the announcement. "In this era of accelerated research, we believe this program can expeditiously bring us closer to our goal of cancer control."

The fund also will provide costs of travel and subsistence to assist scientific interchange in the U.S. by small grants to young investigators who wish to work with other American scientists for periods of two weeks or less.

Requests for support of frontier meetings and for travel grants will be peer reviewed, possibly within three months of submission, and should be sent at any time to Saul Gusberg, special consultant to the Depts. of Medical Affairs & Research, or to Frank Rauscher, senior vice president for research, at ACS, 777 Third Ave., New York 10017.

All requests must have the endorsement of the department chairman who will assume responsibility for the grant and the program.

NCI CONTRACT AWARDS

TITLE: Latin American Cancer Research Information Project
CONTRACTOR: Pan American Health Organization, Washington D.C., $632,410.

REQUESTS FOR APPLICATIONS.

RFA 84-CA-22
Title: Cooperative agreements for National Cooperative Drug Discovery Groups
Application Receipt Date: Dec. 14

This is a reissuance of the request for applications issued last year which resulted in the funding of two groups, one headquartered at the Northern California Cancer Program and the other at Roswell Park Memorial Institute. NCI has set aside another $1.5 million for first year support of five year awards, hoping to fund additional groups.

Exciting leads in molecular biology, medicinal and organic chemistry, biochemistry, and pharmacology present unprecedented opportunities for design and preclinical evaluation of powerful new entities and strategies for the treatment of cancer. Exploitation of these leads and their extrapolation to new treatments can be accomplished by mobilizing the most creative scientists in a number of scientific disciplines regardless of their organizational affiliation. The NCDDG program will assist these scientists to interact, with NCI support, as a unit.

It is envisioned that each NCDDG will be multidisciplinary and multi-institutional; and will consist of a group director and a number of program leaders. The group leader will be responsible for the application and for performance of the group and will be accountable for funds awarded. Thus, each NCDDG will have capacity to generate new inventions, to translate rapidly their concepts into new treatments, to conduct preclinical biological, biochemical, and/or pharmacological testing pertinent to the selection of new treatment entities worthy of development to the clinic.

Awards will be made as cooperative agreements. These are assistance relationships involving substantial involvement of NCI staff during performance of the project. The nature of NCI staff participation is included in the RFA. However, the applying group must define its objectives in accord with its own interests and perceptions of novel approaches to the discovery of more effective cancer treatment. The role of NCI staff will be to provide assistance, advice, and guidance via information input at group meetings. Final decision making authority during performance will rest with the group director.

The RFA is available from Dr. John Venditti, Chief, Drug Evaluation Branch, Div. of Cancer Treatment, NCI, Landow Bldg Rm 5C03, Bethesda, Md. 20205, phone 301-496-8752.

RFA 84-CA-21
Title: Application of recombinant DNA technology to diagnosis of cancer.
Application receipt date: Nov. 30

The Div. of Cancer Biology & Diagnosis of NCI is inviting grant applications from interested investigators to search for new applications of recent advances in recombinant DNA technology for the diagnosis of patients with cancer. The development of molecular approaches to the identification of malignant and premalignant cells may result in earlier detection of the disease, lead to improved methods for classification of tumors and improve the accuracy of cancer diagnosis.

This type of solicitation (the RFA) is issued to encourage investigator initiated research projects

in areas of special importance to the National Cancer Program. Support for such awards is through the customary NIH grant in aid and is governed by the policies applicable to such grants. All applications in response to this RFA will be reviewed by an appropriate peer review group of NIH.

DCBD has a major responsibility to support research designed to improve the detection and diagnosis of cancer. The current state of the art in molecular genetics and recombinant DNA technology and the relatively little attention directed to clinical diagnosis using this technology make it important to encourage research on applications of this technology to cancer diagnosis. In this RFA, the program is expressing interest in grant applications proposing new approaches to diagnosis of cancer exploiting cellular changes at the molecular level.

Applicants will plan and execute their own programs. Approximately $600,000 will be set aside to fund applications which are submitted in response to this RFA. It is anticipated that four to five applications can be funded. These applications will not compete for funding within the general pool of dollars available for other investigator initiated research proposals. However, all applications received will be evaluated by the rigorous standards of study section review. The expected starting date is July 1, 1985. Although this program is provided for in the financial plans of NCI, the award of grants pursuant to this RFA is contingent upon availability of funds appropriated for fiscal year 1985. Only applications of sufficiently high scientific merit will be funded.

Copies of the RFA may be obtained from Sheila Taube, PhD, Chief, Biochemical Diagnosis Section, Diagnosis Branch, DCBD, NCI, Westwood Bldg Rm 1A15, Bethesda, Md. 20205. Inquiries concerning this announcement are encouraged and should be directed to Taube by mail or phone, 301-496-7147.

RFA 84-CA-13
Title: Reduction in avoidable mortality from cancer
Application receipt date: Nov. 15; letters of intent, Sept. 15

The Div. of Cancer Prevention & Control of NCI invites grant applications from investigators interested in developing intervention projects to reduce avoidable mortality from cancer.

The goal of this RFA is to identify and remedy key factors that contribute to avoidable mortality from specific cancer sites in defined populations. The focus of the RFA is limited to patterns of medical care use and provision. Studies related to primary prevention of cancer (e.g. prevention of smoking) are funded elsewhere in DCPC and will not be supported by this RFA. The investigators will: (1) determine the cancer site(s) to be studied; (2) identify factors that contribute to avoidable mortality for that cancer site in cases drawn from a defined population; (3) implement an intervention program to reduce mortality from the identified site; (4) evaluate the results of the intervention program in the defined population; and (5) identify prototype approaches to the reduction of avoidable mortality based on the findings of this project.

Applicants are strongly encouraged to submit a letter of intent and consult with NCI program staff before submitting an application because of the need for a clear understanding of the cancer control research issues involved and to facilitate planning for the review of applications.

Nonprofit and for profit institutions within the U.S. are eligible to apply for project periods of up to five years. It is anticipated that a maximum of five awards will be made as a result of this RFA. Approximately $1 million has been set aside to support all projects for the first year.

Copies of the RFA may be obtained from Dr. Knut Ringen, Cancer Control Applications Branch, DCPC, NCI, Blair Bldg Rm 4A01, Bethesda, Md. 20205, phone 301-427-8597.

RFA 84-CA-10
Title: Modification of eating behavior and cancer prevention
Application receipt date: Nov. 15; letters of intent, Oct. 15

The Div. of Cancer Prevention & Control invites applications for cooperative agreements to support research aimed at developing and implementing methods and strategies for dietary behavior modification for chronic risk reduction. The specific objectives will be reduction of dietary fat, increase of dietary fiber, a combination of these two or other dietary modifications associated with a reduction in risk of disease.

Interdisciplinary applications are invited to develop and implement innovative methods and strategies for changing dietary behavior, apply these methods on target populations to test their effectiveness for long term adherence, and assess the actual dietary intake at baseline and at subsequent intervals as a test of change of nutrient intake. Special emphasis is placed on feasibility of approaches, sampling problems, study design, messages used, and expected results for long term behavioral change.

Inquiries and requests for the full text of the RFA may be directed to Ritva Butrum, PhD, Diet & Cancer Branch, DCPC, NCI, Blair Bldg, Bethesda, Md. 20205, phone 301-427-8753

RFA CRNU-01
Title: Core grants for clinical nutrition units
Application receipt date: Oct. 15

NIH invites applications for core grants in support of Clinical Nutrition Research Units (CNRUs). A CNRU is an integrated array of research, educational, and service activities that is oriented toward human nutrition in health and disease. Core grants facilitate the planning and coordination of the activities of the units primarily by providing funding for facilities and associated staff that serve the various projects of the unit on a shared basis. This solicitation is a joint effort of NCI, National Institute of Arthritis, Diabetes, & Digestive & Kidney Diseases, and the National Institute on Aging.

NIH has traditionally sponsored the component activities of CNRUs through a variety of award mechanisms; the principal ones have been research project grants and support for research training. A 1979 initiative, core grants for shared nutrition research facilities have become an invaluable addition, especially in promoting multidisciplinary interactions. This approach has ensured that a CNRU has multiple sponsors, both federal and nonfederal, and thereby reduces the likelihood that it will become unduly dependent upon any one source of funds for its continuing operations. Funding for educational programs and nutritional support services (patient care) have generally been sought from sources other than NIH.

NIH will continue to provide support for certain activities to be carried out by CNRUs through the customary research project grant, and management of CNRU grants and other assistance mechanisms will be governed by the laws, regulations, and policies and other requirements which prevail for research grants.

As a means of encouraging the desired multidisciplinary approach to clinical nutrition research, NIH seeks to foster the development and operation of CNRUs. This solicitation for core grant applications is designed to complement NIH supported project grants and training awards and relevant activities funded from other sources. The specific objectives are:

A. To create or strengthen foci in biomedical research institutions for multidisciplinary research in clinical nutrition in order to develop new knowledge about specific nutrients in health throughout the life cycle, and in the prevention and treatment of disease.

B. To strengthen training environments in order to improve the education of medical students, house staff, practicing physicians, and allied health personnel in clinical nutrition.

C. To enhance patient care and promote good health by focusing attention on clinical nutrition and generating nutritional information for the public.

A CNRU, at a minimum, must comprise the following components:

Research with human subjects and populations; laboratory investigations; research training; shared facilities and research services; education programs for medical students, house staff, practicing physicians, and allied health personnel; research components of nutritional support services; and public information activities.

A CNRU is most readily developed in a medical school, a school of public health, or a research hospital, but is not limited to these settings. Eligibility is limited to domestic institutions.

It is envisioned that core grants to CNRUs generally will be supported by a single NIH institute with the selection by institutes to be based on the dominant thrust of the application. Mechanisms for joint funding by two or more institutes are available if considered necessary or appropriate. However, each institute participating in this announcement will support basic nutrition research and nutrition research outside of its area of emphasis, provided the latter is not the dominant thrust of the application. NIH plans to make approximately three new core grants in FY 1985.

Prospective applicants are asked to contact program staff by phone or to submit a one page letter of intent. The NCI staff contact is Ritva Butrum, PhD, Diet & Cancer Branch, DCPC, NCI, Blair Bldg Rm 619, Bethesda, Md. 20205, phone 301-427-8753. She will also supply copies of the RFA on request.

PROGRAM ANNOUNCEMENT
Fellowship for oncology nurses
Annual application receipt date: Feb. 1

NCI invites competition for predoctoral research fellowship awards for oncology nurses. Applicants are restricted to those holding, at a minimum, a baccalaureate in nursing, and a license to practice nursing. Also, they must be accepted for training at the postbaccalaureate level in a program designed to culminate in the receipt of a doctor of philosophy degree, and must have identified preceptors who will guide their research training. Up to three awards will be made the first year, with the program leveling off at a total of 10 active fellowships. These awards will be made only for long term research training in any of the basic or applied sciences.

This program is intended to encourage selected oncology nurses to prepare for academic research careers. The award will enable trainees to undertake up to five years of special study and supervised research experience tailored to individual needs with a sponsor (or sponsors) highly competent in the proposed area of research and research training. This award is intended to support the awardee during study and research towards the PhD degree in a basic or applied cancer science.

Competitive review for these awards will assess the plans of the applicant and the resources of the training institution.

A. The applicant must:

1. Hold at a minimum a baccalaureate of science in nursing from an accredited institution and be accepted in a program designed to culminate in the receipt of a PhD.

2. Have demonstrated evidence of research interests and a potential for and a commitment to an academic career and have demonstrated evidence of scholarship and analytical ability.

3. Describe in reasonable detail the proposed research training project.

4. Be a U.S. citizen or national, or be admitted to this country as a permanent resident.

5. Free to inform NCI annually for a period of five years, subsequent to completion of study, about academic status, publications, and research activities.

B. The institution must:

1. Be a domestic university with a strong, well established research training program, with adequate numbers of highly trained faculty in the pertinent clinical and basic science departments.

2. Provide quality facilities, resources, and opportunities necessary to the applicants research training program.

3. Have sponsors with significant research support and proven capabilities in research training.

4. Endorse a training plan congruent with post training plans of the applicant.

A stipend of $5,292 and the sum of $3,000 will be provided annually for partial defraym ent of training related expenses.

Applications will be reviewed by an NIH peer review group and will be evaluated in terms of the candidate's potential for and commitment to an academic career; the merits of the applicant's research training project; the proposed faculty's potential for training predoctoral oncology nurse fellows in the basic or applied sciences related to cancer; the quality of the training resources and training plan; and past research training experiences and present research support of the sponsor.

Use the PHS individual National Research Service Award application form (PHS-416-1) and send it to the Div. of Research Grants, NIH, Rm 240, 5333 Westbard Ave., Bethesda, Md. 20205.

Applicants are requested to send a brief letter of intent to Program Director, NRSA Fellowships Program, Cancer Training Branch, DCPC, NCI, Blair Bldg Rm 428, Bethesda, Md. 20205.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR SEPTEMBER, OCTOBER

International Society of Hematology--Sept. 1-7, Buenos Aires. 20th Congress. Contact the Society, Viamonte 2008 (1056), Buenos Aires, Argentina.

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

President's Cancer Panel--Sept. 7, Terrace Room, Airport Hilton, San Francisco, 9 a.m.-4 p.m., open.

Centennial Symposium Planning for the Future--Sept. 7-9, Grand Hyatt Hotel, New York. For information, phone 212-794-6662.

Cellular & Molecular Aspects of Aging: The Red Cell as a Model--Sept. 8-11, Minneapolis. Contact Diane Konzen, Dept. of Lab Medicine/Pathology, Box 198, Mayo Memorial Bldg, Univ. of Minnesota, Minneapolis 55455, phone 612-376-8706.

European Congress of Radiotherapy--Sept. 9-15, Jerusalem. Contact E. van der Shueren, Dept. of Radiotherapy, Academic Hosp., 3000 Leuven, Belgium.

Conference on Immunity to Cancer--Sept. 10-12, Colonial Williamsburg Conference Center, Williamsburg, Va. Cosponsored by NCI's Biological Response Modifiers Program and Monsanto Chemical Co. Contact Carole Kirby, BRMP, DCT, NCI, FCRF, Bldg 567 Rm 129, Frederick, Md. 21701, phone 301-695-1418.

Molecular Biology of Cancer Conference--Sept. 10-12, Boston Park Plaza Hotel. Contact Park Plaza at Arlington St., Boston 02117.

Oncology Nursing Conference VI--Sept. 12-14, Hyatt Regency Hotel Downtown, Houston. Contact Office of Cancer Services, Box 131, M.D. Anderson Hospital & Tumor Institute, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

Div. of Cancer Prevention & Control Board of Scientific Counselors Committee on Centers & Community Oncology--Sept. 12, NIH Bldg 31 Rm 8, 9 a.m.

Cancer Education Review Committee--This meeting had been scheduled for Sept. 13 but has been canceled.

Cancer Research Manpower Review Committee--Sept. 13-14, NIH Bldg 31 Rm 2, open Sept. 13 8:30-9 a.m.

Cancer Centers Planning Committee--Sept. 13-14, Blair Bldg First Floor Conference Rm, 9 a.m.

Nutrition and Disease: Cancer--Sept. 14-15, Hyatt Islandia Hotel, San Diego. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego 92121, phone 619-453-6222.

American Institute of Ultrasound in Medicine--Sept. 16-19, Kansas City. 29th annual meeting. Contact AIUM, 4405 East-West Highway, Suite 504, Bethesda, Md. 20814, phone 301-656-6117.

Psychiatric Service Postgraduate Course--Sept. 17-21, Memorial Sloan-Kettering Cancer Center. Contact Charlene Landis, Dept. of Continuing Education, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

The Role of Cyclic Nucleic Acid Adducts in Carcinogenesis and Mutagenesis--Sept. 17-19, Lyon. International workshop. Contact Dr. B. Singer, 135 Melvin Calvin Hall, Univ. of California, Berkeley 94720, or Dr. H. Bartsch, IARC, 150 Cours Albert Thomas, F-69372 Lyon Cedex 08, France.

2nd International Workshop on Human Leukocyte Differentiation Antigens--Sept. 17-20, Boston. Contact Dr. John Finerty, Immunology & Immunochemistry Branch, NIAID, NIH, Westwood Bldg Rm 752, Bethesda 20205, phone 301-496-5598.

Tutorial on Neoplastic Hematopathology--Sept. 17-21, Pasadena, Calif. Contact Claude Weil, Tutorial Coordinator, International House, Univ. of Chicago, 1414 E. 59th St., Chicago 60637, phone 312-753-2277.

How Will DRGs Impact on Home Nursing/Hospice Care for the Cancer Patient?--Sept. 18, Rackham Memorial Bldg, Detroit. Seminar, 9 a.m.-4 p.m. Contact Dr. Dorothy Eckert, Div. of Epidemiology, Michigan Cancer Foundation, 110 E. Warren, Detroit 48201, phone 313-833-0710.

Adriamycin: A Decade of Experience--Sept. 22, McCormick Center Hotel, Chicago. Contact Jacqueline Samuel, Univ. of Chicago Cancer Research Center, Box 444, Chicago 60637.

Application of Molecular Biology to the Nervous System--Sept. 23-25, Oxford. EMBO international workshop. Contact Prof. E.A. Barnard, Dept. of Biochemistry, Imperial College, London SW7 2AZ, U.K.

National Cancer Advisory Board Committee on Cancer Control and the Community--Sept. 23, NIH (room to be announced), 6:30 p.m., open.

National Cancer Advisory Board--Sept. 24-26, NIH Bldg 1 Wilson Hall, 8:30 a.m. each day. Closed Sept. 25.

First International Symposium on Epstein-Barr Virus & Associated Malignant Diseases--Sept. 24-28, Loutrake, Greece. Contact Dr. Gary Pearson, Mayo Clinic, Rochester, Minn. 55905, or Dr. Paul Levine, NCI, Landow Bldg Rm 5A21, Bethesda 20205.

Rehabilitation and Continuing Care in Cancer--Sept. 27-28, Doubletree Hotel, 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.

Assn. of Community Cancer Centers--Sept. 28-29, Portland, Ore. Regional meeting. Contact Comprehensive Cancer Program, Good Samaritan Hospital & Medical Center, 1015 NW 22nd Ave., Portland 97210, phone 503-229-7283.

President's Cancer Panel--Oct. 1, Stuart Auditorium, Fred Hutchinson Cancer Research Center, Seattle, 9 a.m., open.

Urologic Cancer--Oct. 1-3, Boston. Contact Harvard Medical School, Dept. of Continuing Education, Boston 02115, phone 617-732-1525.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Oct. 4-5, NIH Bldg 31 Rm 6, 8:30 a.m. both days, open.

2nd Fall Cancer Rehabilitation Conference--Oct. 4-5, Univ. of Wisconsin Hospital, Madison. Contact Sarah Aslakson, CME, 465B WARF Bldg, 610 Walnut St., Madison 53705, phone 608-263-2856.

Testicular Tumors--Oct. 8-10, Hotel George V, Paris. Contact Saad Khoury, Clinique Urologique Hopital de la Pitie 83, Boulevard de l'Hopital, 75634 Paris Cedex 13, France.

Genetics, Cell Differentiation & Cancer--Oct. 8-9, New York. Seventh annual Bristol-Myers Symposium on Cancer Research. Contact Suzanne Emery, Memorial Sloan-Kettering Cancer Center, 425 E. 61st St., New York 10021, phone 212-794-7173.

24th Annual Interscience Conference on Antimicrobial Agents & Chemotherapy--Oct. 8-10, Sheraton and Shoreham hotels, Washington D.C. Contact the American Society for Microbiology, 1913 I St.NW, Washington D.C. 20006, phone 202-833-9680.

Oncology Economics '84--Oct. 9-13, Broadmoor Hotel, Colorado Springs. Assn. of Community Cancer Centers mid year meeting. Contact ACCC, 11600 Nebel St., Rockville, Md. 20852, phone 301-984-1242.

Oncology Update--Oct. 10-11, Bunts Auditorium, Cleveland Clinic Foundation. Contact Cleveland Clinic Education Foundation, Rm 3T01, 9500 Euclid Ave., Cleveland 44106.

Challenge of 1984: Practical Approaches to Quality Care--Oct. 12-14, Waterville Valley, N.H. Contact Linda O'Connor, Baystate Medical Center, 759 Chestnut St., Springfield, Mass. 01199, phone 413-787-3368.

Div. of Cancer Treatment Board of Scientific Counselors--Oct. 15-16, NIH Bldg 31 Rm 10, open Oct. 15 8:30 a.m.-4:45 p.m., Oct. 16 8:30 a.m.-adjournment.

Div. of Cancer Etiology Board of Scientific Counselors--Oct. 18-19, NIH Bldg 31 Rm 6, 9 a.m. both days, open.

Eighth Annual Cancer Symposium and Fourth Annual Cancer Symposium for Nurses--Sheraton Harbor Island Hotel, San Diego. Sponsored by Scripps Memorial Hospital. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego 92121, phone 619-453-6222.

Symposium on Cancer Chemosensitivity Assay--Oct. 21-25, Hyatt Regency Hotel, Long Beach, Calif. Contact Mrs. Mickles, 213-498-1000 Ext. 3600.

Symposium on Methodology and Quality Assurance in Cancer Clinical Trials--Oct. 24-26, Washingtom D.C. Sponsored by the Biometrics Research Branch of NCI's Cancer Therapy Evaluation Program. Contact Mark Brown, Social & Scientific Systems Inc., 7101 Wisconsin Ave. Suite 610, Bethesda 20814.

Viral Infections in Laboratory Rodents: Effects on Biomedical Research--Oct. 24-26, Bethesda, Md. Contact Dr. John Holman, Div. of Research Resources, NIH Bldg 31 Rm 5B59, Bethesda 20205, phone 301-496-5175.

Cancer Clinical Investigation Review Committee--Oct. 29-30, NIH Bldg 31 Rm 6, open Oct. 29 8:30-9 a.m.

American Assn. for Cancer Education--Oct. 30-Nov. 2, New York Medical College, Valhalla, N.Y.

FUTURE MEETINGS

Cancer Nursing '84--A Developmental Approach--Nov. 5-6, Turner Auditorium, Johns Hopkins Medical Institutions. Contact Program Coordinator, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

Safety Evaluation & Regulation of Chemicals--Nov. 13-16, Zurich. Contact F. Homburger M.D., Bio-Research Institute, 9 Commercial Ave., Cambridge, Mass. 02141, phone 617-864-8735.

Smoking and the Workplace--Dec. 11-13, Washington D.C. Contact the Society for Occupational & Environmental Health, 2021 K St. NW, Suite 305, Washington D.C. 20006, phone 202-737-5045.

Impact of Questionable Cancer Treatments on Oncology Practice Today--Feb. 6, 1985, Biltmore Hotel, Los Angeles. Contact Dolores Gay, Hospital of the Good Samaritan, 616 S. Witmer St., Los Angeles 90017, phone 213-977-2352.

National Conference on Advances in the Care of the Child With Cancer--June 12-14, 1985, Los Angeles Hilton. Contact American Cancer Society, 777 Third Ave., New York 10017.

Chemical Modifiers of Cancer Treatment--Oct. 20-24, 1985, Sheraton-Sand Key, Clearwater, Fla. Contact Suzanne Bohn, American College of Radiology, 925 Chestnut St., Philadelphia 19107, phone 215-574-3150.

The Cancer Letter _Editor Jerry D. Boyd

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