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HAWAII EPIDEMIOLOGY STUDIES OFFER OPPORTUNITIES FOR MAJOR IMPACT ON CANCER INCIDENCE, SURVIVAL

The opportunities for epidemiology studies which could have a major impact on cancer incidence and survival are probably greater in Hawaii than anywhere else in the world, certainly in the United States. That

(Continued to page 2)

In Brief

AACR PUBLISHES POSITION PAPER ON SMOKING, LUNG CANCER; BEAHRS INTERIM ACOS CANCER DEPT. HEAD

POSITION PAPER on smoking & lung cancer by American Assn. for Cancer Research, published in the December issue of the association's journal, "Cancer Research," is available in reprints. Individual or bulk order requests should be directed to AACR, Temple Univ. School of Medicine, West Bldg Rm 301, Broad & Tioga Streets, Philadelphia 19140, phone 215-221-4565. Preliminary findings of the position paper were presented last May at the AACR annual meeting (**The Cancer Letter**, May 18). The paper was commissioned by the AACR Scientific & Public Affairs Committee, chaired by John Laszlo, and was prepared by a panel of experts who examined various aspects of the smoking and lung cancer problem. The panel, chaired by Lawrence Loeb, concluded that tobacco smoking is the cause of at least 85 per cent of lung cancer; that it is not likely a "safe" cigarette can be developed; and recommended restrictions on tobacco industry advertising and promotion, legislation to restrict smoking in public places, increased taxes on cigarettes and other tobacco products with proceeds designated for treatment of smoking related illnesses, more effective warnings on tobacco product labels, and elimination of federal support for production of tobacco products. The paper and recommendations were unanimously approved by AACR members at the annual meeting.... **OLIVER BEAHRS**, professor of surgery emeritus at Mayo Medical School and an activist in many cancer related organizations, including various NCI advisory panels in the past, will serve as interim director of the American College of Surgeons Cancer Dept. John Snyder, who succeeded Charles Smart as director of the department in 1983, resigned to return to clinical practice. Beahrs is executive director of the American Joint Committee on Cancer.... **CANCER RESEARCH** facilities survey being conducted by CDP Associates for Armand Hammer and the American Cancer Society missed the Dec. 10 deadline for return of questionnaires sent to 201 institutions, with only about one quarter of them in by that date. However, CDP said more than 100 others said they needed a few more days to complete the lengthy report, and the firm is confident the findings will be ready for NCI Director Vincent DeVita when he testifies at the congressional budget hearings.

HAWAII STUDIES HELPED LAY FOUNDATION FOR U.S. CONTROL INTERVENTION TRIALS

(Continued from page 1)
prospect has led to implementation, with NCI support, of studies based on dietary and lifestyle differences and relative cancer incidence and survival rates among the diverse ethnic groups which populate the state.

Laurence Kolonel, director of the Epidemiology Program at the Cancer Research Center of Hawaii, told members of the President's Cancer Panel when they met in Honolulu that epidemiology studies there "have helped lay the foundation for some of the intervention trials in progress or about to begin" elsewhere in the U.S.

"Our population of just one one million is ethnically and culturally diverse," Kolonel said. "There is heterogeneity among the major ethnic groups even in socioeconomic distribution and in the age structure of the population. Fifty nine per cent of the native Hawaiian population is under 25 years of age, whereas only 33 per cent of the Japanese population is so distributed... The population of Hawaii is a collection of minorities with no single group comprising as much as 30 per cent of the total.

"Of particular interest to us is the cancer picture in this heterogeneous population. We have one of the population based registries that comprise the SEER network, which includes a data base that extends back to 1960. We also have at the Cancer Research Center a unique population resource of linked vital statistics and census data developed under Dr. M.P. Mi in the Data Resources Program. We have notable differences in cancer incidence and mortality among four of our ethnic groups and for the U.S. as a whole. We have one group, the Hawaiians, with a total cancer incidence and mortality that exceed the U.S. average. We have Caucasians very near the average; and we have Japanese and Filipinos whose incidence and mortality are well below the average. This reflects the great variation we see when we look at specific cancer sites. Breast cancer incidence varies by a factor of three among women of the five main ethnic groups. Similarly, there are two to four fold ranges in incidence for colon and stomach cancers, although the high and low risk groups vary with the site.

"Our data on migrants have been most important in providing evidence for environmental influences. In comparison with Japanese in Japan, the incidence of breast cancer in first and second generation migrants shows a progressive increase, while that for stomach cancer an analogous decline. Strikingly, the pattern for colon cancer shows an abrupt increase in incidence in the first generation to the same high rates seen in U.S. whites, suggesting the likely primary importance of promotional factors in the observed population differences in risk for this cancer.

"Compared with the U.S. mainland, the cancer rates in Hawaii show special features as well. The Japanese in Hawaii show rates of oral cavity, lung and bladder cancer, all smoking related sites, which are higher than those of Japanese in the San Francisco Bay Area. Among Chinese, the rates of corpus uteri, prostate and thyroid cancer are higher in Hawaii than in the Bay Area, whereas the rates of most other cancers are lower. These differences may well reflect variations in the extent of adherence to traditional cultural values by these ethnic groups in Hawaii and the mainland.

"In view of the NCI goal of reducing cancer mortality by the Year 2000, which I am sure is achievable, let me present some further data on mortality and survival.

"We currently have approximately 1,300 deaths from cancer per year in this state, and this number has been increasing at a rate of about 2.5 per cent a year for the last 10 years, reflecting both in migration patterns and an aging population. As with incidence, mortality varies among ethnic groups by cancer site. (Cancer survival studies) have indicated that there are as yet unexplained reasons for cancer patient survival differences. When we looked at colon cancer survival, we found that even with adjustment for stage at diagnosis, sex, age and socioeconomic status, survival was distinctly better for Japanese and Caucasians than for Filipinos and Hawaiians. The same was true for breast cancer, but a somewhat different pattern was seen for lung cancer. Reasons for these persistent differences are obscure, but could include such factors as continuing effects of exposure to risk factors, such as has been hypothesized regarding fat and breast cancer. In the case of lung cancer, we have evidence for such an effect of smoking exposure, in an analysis which showed that even after adjustment for stage at diagnosis, age and histology, women with lung cancer who were smokers had a poorer prognosis than comparable nonsmokers. Factors related to medical care also need to be explored, although our data for breast cancer do not indicate that type of treatment received in Hawaii or even estrogen receptor status can account for the ethnic survival differences; however, ethnic variations in compliance with treatment have not yet been ruled out.

"What these studies do indicate, however, in terms of the goals for the Year 2000, is that survival can be improved, since there is no reason to think that all ethnic groups could not be brought at least to the level shown by the group with the

best prognosis. In the case of breast cancer, this would represent an achievable 30 per cent increase in overall survival for Hawaiian women with this cancer. An increase of 20 per cent would be achieved if more Hawaiian women were diagnosed at an earlier stage, matching the distribution of the local Japanese.

"In order to monitor progress towards the goal of primary prevention by the Year 2000, we will need to document changes in exposure to known or highly suspect risk factors, as well as changing incidence rates in the population. This requires exposure data on representative samples of the population, particularly with regard to lifestyle factors that seem to be of prime significance. In this regard, we have already established baseline data for our population for smoking exposure, alcohol consumption and dietary habits. These data, which we collected in the late 1970s were collected... by exploiting a local resource in our community... at surprisingly little cost to NCI, through the research component of our SEER contract... What we need now, of course, is a provision for periodic updating of this information. We may be the only SEER area which has obtained such baseline data on important exposures for cancer, but I am sure that other areas could also find ways of achieving a similar monitoring system for changing patterns of exposure in their respective population areas.

"Finally, let me say a few words about our contribution to knowledge of risk factors for cancer that can be used in primary prevention efforts. We have made perhaps our most important contribution in the area of diet, nutrition and cancer, where we have helped lay the foundation for some of the intervention trials now in progress or about to begin elsewhere. Our data on fat intake and breast cancer incidence was a significant addition to the well known international mortality data, based on very much weaker estimates of per capita fat intake. We have been examining dietary fat intake in relation to other sites of cancer as well, including prostate and lung. With regard to risk reducing exposures, we have examined the roles of vitamins A and C, and have show a distinct risk reduction for lung cancer in men consuming higher intakes of beta carotene. We have shown inverse relationships of vitamin C with gastric and bladder cancers. Studies of alcohol and cancers of various sites, and of dietary iodides and thyroid cancer are but part of our ongoing activities.

"Some of our research efforts have already led to cancer control efforts in Hawaii. Our analysis of our SEER data on malignant melanoma several years ago showed both the dramatic increase in incidence which was occurring and its almost exclusive limitation to Caucasians. This result in a major public education effort by our center's control program. Our data on smoking patterns, and particularly the inordinately high risk among Hawaiians, instigated antismoking efforts focused in the youth of the Hawaiian population.

"We have a unique population for the study of cancer in Hawaii. Our center has exploited this opportunity, taking advantage of collaborative opportunities with other health agencies, partcularly the Dept. of Health. We have helped identify important risk factors for the ultimate primary prevention of cancer, as well as avenues for further research into means for increasing cancer patient survival. Thus, our work has direct impact on both clinical and control activities in Hawaii. We have every intention of continuing our vigorous efforts in this area, so that the goal of a 50 per cent reduction in cancer mortality by the Year 2000 will be realized and even exceeded."

Requests for Applications (RFAs)

RFA 84-CA-08
Title: Cancer control research units
Revised Deadlines:

Receipt dates for applications and letters of intent are revised from those previously announced. Letters of intent are due no later than Feb. 4, and applications will be due by June 11.

Copies of the complete RFA and Cancer Control Program guidelines may be obtained from Carlos Caban, PhD, Program Director, Cancer Control Applications Branch, Div. of Cancer Prevention & Control, NCI, Blair Bldg Rm 4A01, Bethesda, Md. 20205, phone 301-427-8735.

RFA 85-CA-07
Title: Smoking prevention and cessation among women
Deadlines: Letters of intent, Feb. 15; applications, March 15

The Smoking, Tobacco & Cancer Program of NCI is interested in supporting studies to determine the long term effect of interventions designed to prevent the onset and/or reduce the prevalence of cigarette smoking among women.

The proposed studies should seek to (1) develop and evaluate innovative intervention strategies to prevent or reduce cigarette smoking among women and (2) develop and evaluate assessment procedures for determining the long term effectiveness of smoking interventions among women.

The focus of the studies envisioned must be on the long term effectiveness of interventions aimed at women. It is anticipated, in keeping with the goals of the NCI Cancer Control Program, that studies funded under this RFA will be phase 3 (i.e., for the purposes of this RFA, controlled studies of cancer control interventions in sizeable groups which may not, however, be representative of results of the larger population), and phase 4 (interventions designed and carried out with a sample of the

population in such a way that the results obtained are representative of results in large target populations) investigations.

It is recognized, however, that there are substantial gaps in our knowledge concerning smoking among women, and, in particular, knowledge that may be crucial to the program. Therefore, where necessary and specifically justified in the application, highly controlled studies of the acquisition process, epidemiological issues or other related research questions which could influence the effectiveness of prevention/cessation efforts may be addressed in the intervention studies. These research questions should not become the overriding interest of the study, but should be integrated as complementary adjuncts to the interventions.

Prospective investigators should note that the outcome measure of these studies should be incidence of smoking behavior, not cancer incidence; and that the desired overall outcome of studies eventually supported through this RFA are interventions that are (a) cost beneficial; (b) cost effective; (c) durable in their effects; (d) generalizable; and (e) readily adoptable by others with only minor modifications and little or no external economic or technical aid.

Grants may be awarded to profit and nonprofit organizations and institutions, governments and their agencies, and occasionally to individuals.

Awards will be made as grants. Responsibility for the planning, direction and execution of the proposed research will be solely that of the applicant. The total project period for applications submitted in response to this RFA should not exceed five years.

The intent is to fund up to five projects, with total costs for all projects amounting to approximately $1.5 million for the first year.

Prospective applicants are asked to submit a one page letter of intent, including a brief synopsis of proposed areas of research and identification of any participating institutions, to Dr. Gayle Boyd, Smoking, Tobacco & Cancer Program, DCPC, NCI, Blair Bldg Rm 425A, Bethesda, Md. 20205, phone 301-427-8620. Copies of the RFA and additional information may be obtained from Dr. Boyd.

The concept from which this RFA was derived was presented to the DCPC Board of Scientific Counselors last May and was reported in the May 11, 1984 issue of The Cancer Letter, page 5.

RFA 85-CA-08
Title: Prevention and cessation of use of smokeless tobacco
Deadlines: Letters of intent, Feb. 15; applications, March 15

The Smoking, Tobacco & Cancer Program is interested in supporting studies designed to develop and evaluate the effectiveness of interventions to prevent the onset and reduce the prevalence of smokeless tobacco use in the U.S.

The proposed studies should seek to (a) identify patterns of smokeless tobacco use and the primary factors influencing such use; (b) develop and evaluate intervention strategies to reduce the incidence and prevalence of smokeless tobacco use; and (c) develop and evaluate assessment procedures to determine the long term effectiveness of these intervention strategies.

The purpose of this RFA is to solicit applications from qualified investigators interested in developing innovative intervention programs focused on the use of smokeless tobacco and determining the long term effectiveness of these programs on the prevention and cessation of smokeless tobacco use. The focus of the studies envisioned must be on the long term effectiveness of interventions.

It is anticipated that studies funded under this RFA will be phase 3 and phase 4 investigations (see above RFA for definitions). It is also anticipated that proposals will use a phased in approach in which, during the first year, data describing the target population, prevalence and patterns of use are obtained, unless such data are already available, and proposed interventions are pilot tested. Only at this point would interventions be initiated on a full scale. Information collected during the first year could be used to modify and adapt the proposed interventions as needed. In subsequent years interventions should be expanded with a major focus on evaluation of the interventions' effectiveness.

The objective of these studies is to develop intervention strategies and to evaluate their effectiveness in preventing or reducing the prevalence of smokeless tobacco use. No restrictions are placed on the type of interventions. Any population subgroup may be chosen for study provided there is reasonable evidence that it contains a sizeable number of smokeless tobacco users or individuals who are at risk for initiating use (e.g. targeted by tobacco advertising; observed trends toward increased use; use by an immediately older cohort).

Prospective investigators should note (1) that the outcome measure of these studies should be smokeless tobacco use, not cancer incidence/mortality, and (2) that the desired overall outcome of studies eventually supported through this RFA are interventions that are cost beneficial, cost effective, durable in their effects, and readily adoptable by others with only those modifications that are necessary for a broad community/population impact.

The total project period for applications submitted in response to this RFA should not exceed five years. The intent is to fund up to five projects, with total costs for all projects amounting to approximately $1.5 million for the first year.

Letters of intent should be submitted to and further information and copies of the RFA obtained from Dr. Gayle Boyd,

The concept from which this RFA was derived was submitted to the DCPC Board of Scientific Counselors last May and was reported in The Cancer Letter, May 11, 1984 issue, page 4.

Program Announcement

Title: NCI clinical investigator award

Application receipt dates: June 1, Oct. 1, Feb. 1

NCI announces the availability of clinical investigator awards for the purpose of developing physician researchers in basic and applied cancer sciences. The initiation of this award is intended to encourage recently trained highly qualified physicians (MD or DO) to undertake careers in cancer research. The award is prompted by the chronic shortage of physician investigators, particularly surgical oncologists, therapeutic radiologists, diagnostic radiologists, preventive oncologists, physiatrists, nutritionists and epidemiologists. It is expected to facilitate the awardee's transition to independent basic or applied research. This three to five year award will enable successful candidates to investigate from three to five years of defined cancer problem under the guidance of an active researcher who has the knowledge, background and research experience to be a mentor in that field.

The award is designed to provide intensive, supervised research experience primarily for those holding only a medical doctorate. Applications will be accepted from MDs or DOs holding the PhD or an equivalent degree. These applications will receive case by case consideration of special circumstances, such as a PhD in unrelated field or an intervening period of clinical training since the completion of the PhD.

Generally, a person must have more than two years, and less than seven years, of postdoctoral experience at the time of application. Candidates not meeting this requirement must include in the application a strong justification for an exception.

A person who is or has been principal investigator on any NIH research grant or cooperative agreement or research and development contract or is or has been program director of a program project is not eligible to apply for a clinical investigator award.

Candidates should have broad clinical training, demonstrate individual competence in clinical activities, and show research potential in the chosen area of interest. Candidates must provide evidence of a serious intent for engaging in research and/or academic careers. Only U.S. citizens, nationals or people admitted as permanent residents may be presented as candidates for this award.

The sponsoring institution must have a strong, well established research program in the candidate's area of interest, and experienced faculty members in the clinical and basic departments relevant to the candidate's proposed training. The institution must include a plan for the candidate's research and academic development. Only domestic institutions are eligible.

The candidate's primary preceptor must be a competent investigator in the area of the candidate's proposed research actwivity. The preceptor must be active currently as an investigator, and prepared to provide personally much of the candidate's research supervision. The award is intended to provide an intensive, supervised research experience for the successful candidate.

The clinical investigator award is made for a minimum period of three years and a maximum of five years. The award is nonrenewable and nontransferable. Support is based upon a full time, 12 month appointment. The award will provide salary support not to exceed $40,000 from NCI funds. The actual salary must be consistent with the established salary structure of the grantee institution for persons of equivalent qualifications, experience and rank. This salary may be supplemented by the grantee institution in conformance with PHS policy. Up to a total of $10,000 annually will be provided in years one and two, and up to $20,000 annually in succeeding years for supplies, equipment, travel, etc., necessary for pursuit of the awardee's research program. Funds will be provided for the reimbursement of indirect cost at a rate not to exceed eight per cent of the total allowable costs. When requested, the grantee institution's share of the fringe benefits may be paid as a direct cost (if not treated as an indirect cost) on that portion of the employee's salary provided by the NCI clinical investigator award.

It is expected that the candidate will spend at least 75 per cent of his/her time in research during the period, with the remaining 25 per cent being divided among other activities such as teaching, clinical training directly related to the research projects and course work. An appropriate sponsor must assume responsibility and provide guidance for the research development in the chosen areas.

Institutions may apply for awards on behalf of named individuals meeting the above criteria. It is not essential for the applicant institution to commit itself in the application to eventual placement of the candidate on its permanent, full time faculty. However, it is expected that institutions will choose candidates of such caliber that they could meet the criteria for selection to such an appointment. Evidence of commitment to the candidate's research development must be provided by the institution.

Candidates for this award may not concurrently apply for a research career development award, an academic award or a new investigator research award. The recipient of an NCI clinical investigator award may apply for research grants during the term of his/her clinical investigator award.

Candidates must be nominated by an institution on the basis of qualifications, interests, accomplishments, motivation and potential for an academic or research career. Candidates must have one or more sponsors at the institution who are recognized as accomplished researchers or teachers in the candidate's area of proposed development. The sponsor must provide his/her concept of a development and research plan for the candidates; his/her updated CV with a complete bibliography and research support; and a letter indicating willingness to provide guidance and support for the award's duration.

Candidates must provide a full description of the proposed research and career development plan for the full period of the award. The candidate must be prepared to commit full time effort to the objectives of this award.

Candidates must agree to inform NCI annually for

a period of 10 years subsequent to completion of the award about academic status, publications and research grants or contracts received.

Applications will undergo initial merit review in the Grants Review Branch, Div. of Extramural Activities, NCI. Secondary review will be by the National Cancer Advisory Board. Criteria for review include the candidate's potential for a cereer in independent research; the candidate's commitment to a research career; the overall merit of the candidate's plan for research and the development of research skills; the quality of the candidate's clinical training and experience; the institution's ability to provide quality facilities, resources and opportunities necessary to the candidate's research development; presence of highly trained faculty in clinical and basic science departments relative to the area of study; and the ability and plans of the sponsor who will provide the candidate with the guidance necessary for career development in research.

Two complete copies of the application, on PHS Form 398, should be sent to Referral Officer, Grants Review Branch, DEA, NCI, 2115 E. Jefferson St., Rm 401, Rockville, Md. 20852. The original and four copies should be sent to the NIH Div. of Research Grants as indicated in the instructions furnished in the application kit. Questions should be addressed to Program Director, Clinical Investigator Awards, NCI, Div. of Cancer Prevention & Control, Blair Bldg Rm 424, Bethesda, Md. 20205, phone 301-427-8898.

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-CB-61000-54
Title: Feral mouse breeding colony
Deadline: March 5

The Laboratory of Tumor Immunology & Biology, of NCI's Div. of Cancer Biology & Diagnosis, is interested in receiving contract proposals for operation and maintenance of a feral mouse breeding colony. This project will provide the capability of maintaining pedigreed breeding colonies of feral mice from various geographical areas of the world, to test the effect of various biological (hormones and mouse mammary tumor virus) and chemical carcinogens on the incidence of mammary tumors, and provide a source of tumor tissue to define the organization and to test for the expression of tumor associated genes and retroviral genes.

Prospective offerors will be expected to provide documentation of experience in handling and care of feral mice, as the contract will require housing, feeding and maintenance of animals according to standards outlined in the "Guide for the Care and Use of Laboratory Animals" as published in HHS Publication NOH-78-23, revised 1978, and the Animal Welfare Act in 1976 and amendments thereto. The contractor will maintain and breed a colony of mice that includes feral mice (mus cervicolor popaeus, M. musculus musculus and M. spretus), M.m. musculus X M.m. domesticus backcross mice and inbred M.m. domesticus strains.

Mice from these colonies are currently being utilized in the following experiments: (1) evaluation of the effect of exogenous biological (hormones and MMTV) and chemical carcinogens (administered separately and in concert) on the etiology of mammary gland neoplasias in MMTV negative mice; (2) introduction, by selective breeding, of single endogenous MMTV proviral genomes into the genetic background of the MMTV negative mice. These mice will be used to determine the extent to which endogenous MMTV genomes contribute to spontaneous and carcinogen induced mammary tumors; (3) identification and characterization of mammary tumor associated genetic loci; (4) evaluation of the extent to which the novel endogenous retroviral genes are involved in the development of mammary gland tumors; (5) study of the genetic organization and evolution of endogenous retroviral genes in the genes Mus; as well as organizational rearrangements which are associated with tumor development.

This operation requires rapid exchange of reagents between the Laboratory of Tumor Immunology and the contract facility and frequent (several times a week) visits by NCI personnel for the purpose of monitoring and examining experimental mice to determine when mammary tumors are to be surgically removed from live mice for immediate shipment (in a viable form in some cases) back to the laboratory by the project officer. Offerors thus will need to demonstrate their ability to provide for rapid exchange of reagents between their facility and the NCI laboratory and to provide the project officer with rapid access to the mice several times a week.

The concept from which this RFP was derived was approved by the DCBD Board of Scientific Counselors at its last meeting and appeared in The Cancer Letter, Dec. 14 issue, page 4.

Contracting Officer: Thomas Lewin
RCB Blair Bldg Rm 114
301-427-8888

RFP N01-CN-55470-34
Title: Double blind evaluation trial of slit scan flow cytometer
Deadline: Approximately Feb. 4

NCI's Div. of Cancer Prevention & Control is soliciting proposals from organizations interested in supporting an evaluation trial comparing the performance of a slit scan flow system to regular cytological evaluation using clinical gynecologic

specimens. The clinical gynecologic specimens are to be collected through the existing health care system as well as through special efforts to reach high risk populations.

After double blind reading (i.e., the technologists reading conventional Pap smears and flow system are blinded as to results of the other methods), the results of the flow system reading will be compared to those of conventional cytology and to the results of biopsy when available. Positive predictive value for both manual and automated cytology, and estimates of their relative sensitivity and specificity will be determined.

The concept from which this RFP was derived was approved by the DCPC Board of Scientific Counselors at its October meeting and appeard in the Oct. 19 issue of The Cancer Letter, page 5.

Contract Specialist: Elizabeth Abbott
RCB Blair Bldg Rm 2A01
301-427-8745

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

Frederick Cancer Research Facility Ad Hoc Working Group--Jan. 8, Brookshire Hotel, Baltimore, 8:30 a.m.-5 p.m., open.

Western Regional Oncology Conference--Jan. 16-17, El Paso. Contact Eunice Goldsmith, Conference Coordinator, Providence Memorial Hospital, 2001 N. Oregon St., El Paso 79902.

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

Cancer Symposium of the Desert--Jan. 17-19, West Palm Springs, Calif. Sponsored by Johns Hopkins Oncology Center and Desert Hospital. Contact Desert Hospital, Dept. of Medical Education, PO Box 1627, Palm Springs 92263, phone 619-323-6141.

Nuclear Envelopes Structure and RNA Maturation--Jan. 19-26, Steamboat Springs, Colo. Contact Molecular Biology Institute, UCLA, Los Angeles 90024.

Current Concepts in Cancer Care--Jan. 25-26, Seattle. Second Annual Pharmacy Symposium. Contact John Zarek, Asst. Director of Pharmacy, Swedish Hospital Medical Center, 747 Summit Ave., Seattle 98104.

Monoclonal Antibodies and Cancer Therapy--Jan. 26-Feb. 2, Park City, Utah. Contact UCLA Molecular Biology Institute, address above.

Leukemia 1985--Jan. 27-Feb. 2, Keystone, Colo. Contact UCLA Molecular Biology Institute, address above.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Jan. 28-29, NIH Bldg 1 Wilson Hall, 8:30 a.m.

1985 Fundamental Tumor Registry Operations Programs--Jan. 28-Feb. 1, Birmingham, Alabama. American College of Surgeons Cancer Dept. Contact Baptist Medical Center, Sandra Kimbrell, Coordinator, phone 205-783-3920.

Transplant Immunosuppression 1985--Feb. 1, UCLA Factor Auditorium, 8 a.m. and ATG. Contact Dept. of Continuing Education in Health Sciences, UCLA Extension, PO Box 24901, Los Angeles 90024, phone 213-825-5189.

Cancer of Women--Feb. 1-2, Tampa. Contact Dr. Ralph Jensen, St. Joseph's Hospital, PO Box 4227, Tampa, Fla. 33677.

Perspectives in Inflammation, Neoplasia and Vascular Cell Biology--Feb. 2-8, Park City, Utah. Contact UCLA Molecular Biology Institute, address above.

National Cancer Advisory Board Committee on Cancer Control for the Year 2000--Feb. 3, NIH Bldg 31 Rm 11A10, 6:30 p.m., open.

NCAB Committee on Organ Systems Programs--Feb. 3, NIH Bldg 31 Rm 8, 7 p.m., open.

National Cancer Advisory Board--Feb. 4-6, NIH Bldg 31 Rm 6, 8:30 a.m. each day. Open Feb. 4 and 6, closed Feb. 5.

NCAB Committee on Cancer Information--Feb. 4, NIH Bldg 31 Rm 7, 5 p.m., open.

NCAB Committee on Planning and Budget--Feb. 4, NIH Bldg 31 Rm 11A10, 7:30 p.m., open.

NCAB Committee on Review of Concepts for the Office of the Director--Feb. 5, NIH Bldg 31 Rm 7, 5 p.m., open.

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

Modulation and Mediation of Cancer by Vitamins and Micronutrients--Feb. 10-13, Arizona Health Sciences Center, Tucson. Second international symposium. Contact Mary Humphrey, Conference Coordinator, Univ. of Arizona Cancer Center, Tucson 85724, phone 602-626-6044.

1985 Fundamental Tumor Registry Operations--Feb. 11-15, Wichita, Kan. Contact Gail DeVun, Coordinator, St. Francis Regional Medical Center, phone 316-268-5000.

Ongoing Clinical Trials Using a Totally Implantable Drug Delivery System--Feb. 13-16, Wesley Chapel, Fla. Contact Susanne Estabrook, Infusaid Corp., 1400 Providence Highway, Norwood, Mass. 02062.

NCI Div. of Cancer Treatment Board of Scientific Counselors--Feb. 14-15; meeting room to be announced.

Annual Oncology Review--Feb. 14-16, Century Plaza Hotel, Los Angeles. Contact Joan Chin, phone 213-825-1901.

Clinical Hematology and Oncology 1985--Feb. 18-20, San Diego. Contact Dianne Tisue, Dept. of Academic Affairs, Box 400S, Scrippse Clinic & Research Foundation, 10666 N. Torrey Pines Rd., La Jolla, Calif. 92037, phone 619-457-8556.

Radiation Effects--Feb. 19, Roswell Park oncology seminar series. Contact Gayle Bersani, RPMI, 666 Elm St., Buffalo 14263, phone 716-845-2339.

Childhood Tumors: Multidisciplinary Approach to Sarcomas--Feb. 22-23, Memphis. Nineteenth annual clinical symposium. Contact Director, St. Jude Children's Research Hospital, Box 318, Memphis 38101.

Immunology and Cancer--Feb. 26-March 1, Shamrock Hilton Hotel, Houston. Contact Office of Conference Services, HMB Box 131, UT M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030.

NCI Div. of Cancer Etiology Board of Scientific

Counselors—Feb. 28-March 1, NIH Bldg 31 Rm 6, 9 a.m., open.
Computed Body Tomography 1985—The Cutting Edge—Feb. 28-March 3, Fort Lauderdale, Fla. Contact Program Coordinator, Office of Continuing Education, Johns Hopkins Univ. School of Medicine, Turner 22, 720 Rutland Ave., Baltimore 21205.
Interferon in Cancer Therapy--Feb. 28, Brussels. EORTC symposium. Contact D. Eeckhoudt, EORTC Data Center, Boulevard de Waterloo 125, 1000 Brussels, Belgium.

FUTURE MEETINGS

Infusional Chemotherapy and Bone Marrow Transplantation--March 7-8, Boston. Contact Gwen Schuster, Dept. of Continuing Education, Harvard Medical School, phone 617-732-1525.
Advances in Leukemia and Lymphomas--March 14-16, MGM Grand Hotel, Las Vegas. First National Symposium of the Leukemia Society of America. Contact LSA Medical Conference, Bostrom Corp., 435 N. Michigan Ave., Suite 1717, Chicago 60611.
Diagnosis and Treatment of Neoplastic Disorders: Medical, Surgical and Radiotherapeutic Aspects—April 11-12, Baltimore. Contact Continuing Education, Turner Auditorium Rm 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.
Frontiers in Oncology: For Oncologists and Primary Care Physicians--April 20, Alta Bates Hospital, Berkeley, Calif. Contact Alta Bates, Medical

NCI CONTRACT AWARDS

TITLE: Cancer Control Program for Clinical Cooperative Groups
CONTRACTORS: Univ. of Southern California, $104,619; Frontier Science & Technology Research Foundation, $216,292; Northern California Cancer Program, $76,589; and Cancer Therapy & Research Foundation of South Texas, #147,392.

TITLE: Cancer Communications Network, modifications, extensions
CONTRACTORS: Fox Chase Cancer Center, $178,592; Univ. of Hawaii, $94,375; Duke Univ., $16,448; Johns Hopkins Univ. School of Medicine, $112,230; Mayo Foundation, $121,820; Howard Univ., $89,956; Univ. of Miami, $58,400; Illinois Cancer Council, $101,034; and New York State Dept. of Health/Health Research Inc., $111,890.

TITLE: Tracing through other resources and sources to determine whereabouts of next-of-kin of study subject
CONTRACTOR: Hooper Holmes Inc., Basking Ridge, N.J., $24,112.

TITLE: Tracing through other sources for former tonsil patients
CONTRACTOR: Johns Holding Co., Decatur, Ill., $10,475.

TITLE: Hybridoma assays and related laboratory tests
CONTRACTOR: Meloy Laboratories, Springfield, Va., $220,000.

TITLE: Chemoprevention of epithelial cancer by retinoids
CONTRACTOR: IIT Research Institute, Chicago, $76,053.

TITLE: Resource for human esophageal tissue and cells from donors with epidemiological profiles
CONTRACTOR: Univ. of Maryland, $85,943.

TITLE: Induction, biological markers and therapy of tumors in primates
CONTRACTOR: Hazleton Laboratories America, Vienna, Va., $3,363,231.

TITLE: Application of Epstein-Barr markers to diagnosis and prognosis of nasopharyngeal carcinoma and occult tumors of nasopharynx area in United States
CONTRACTOR: Mayo Foundation, $176,218.

TITLE: Metropolitan SEER program of Atlanta Cancer Surveillance Center
CONTRACTOR: Emory Univ., $4,384,818.

TITLE: Support services for a study of the acquired immunodeficiency syndrome (AIDS)
CONTRACTOR: Westat Inc., Rockville Md., $1,248,469.

TITLE: Cancer Registry Training and Quality Control Program
CONTRACTOR: Univ. of California (San Francisco), $1,552,795.

ELECTION CAUSED MINIMAL CHANGES IN CONGRESSIONAL HEALTH COMMITTEES

The four congressional committees with responsibility for health program authorization and appropriations, including those of NCI, escaped major casualties in the November election. There were no retirements, voluntary or otherwise, on the Senate Labor-HHS Appropriations Subcommittee, chaired by Lowell Weicker. Jennings Randolph (D.-W.Va.), second ranking Democrat on the health authorizing Labor & Human Resources Committee, retired (There is no health subcommittee). There were no retirements from the House Labor-HHS Appropriations Subcommittee. Richard Ottinger (D.-N.Y.) is the only retiree on the Waxman Health Subcommittee.

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