THE CANCER LETTER

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ACCC SURVEY PRELIMINARY FINDING: THREE CANCER DRG CATEGORIES "CLEARLY UNDERPAID ACROSS THE BOARD"

The Assn. of Community Cancer Centers' national survey of the DRG prospective payment system in operation has found that three major DRG categories are being "clearly underpaid, across the board," according to ACCC Executive Director Lee Mortenson. Preliminary results from the study, with reports on 8,000 cases at 25

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In Brief

NEW NIH GRANT PROGRAM OFFERS UP TO $1 MILLION A YEAR FOR CENTERS AT MINORITY INSTITUTIONS

NIH ANNOUNCED new grant program to support development of research centers at minority institutions. The new program is in addition to NCI's plans for encouraging minority institutions to develop cancer centers. Another NCI initiative coming up will be to fund cooperative group satellite projects with substantial numbers of minority patients. The new NIH program is the Research Centers in Minority Institutions Award, which will provide grants up to $1 million a year for five years "to help eligible institutions enrich their research environments via selected improvements in their human and physical resources." Funds could be used for salaries of key research and research support personnel, instruments and alterations and renovations of facilities. Institutions must have 50 per cent or more minority enrollment and offer doctoral degrees in health professions and health related sciences. Deadline for applications is April 15.... **NIH HAS CHANGED** rules regarding research contract proposals which are not received by the published deadline. In the past, late proposals would be accepted if significant cost savings or technical advantages were expected by doing so. That is no longer possible. Late proposals now may be accepted only if they were delayed by mishandling of the mail, mishandling at the government's installation, or if only one proposal is received.... **STAFF CHANGES** at NCI's Div. of Cancer Prevention & Control following recent retirement of Earl Pollack, chief of the Biometry Branch, which included the Surveillance, Epidemiology & End Results Program: David Byar, head of the Clinical & Diagnostic Trials Section of the branch, has been named branch chief by DCPC Director Peter Greenwald. SEER has been moved into the Operations Research Branch headed by Edward Sondick, and John Young, head of the Demographic Analysis Section, has been moved with his section to Sondick's branch with responsibility for SEER.... OTHA LINTON, director of governmental relations for the American College of Radiology, has been named associate executive director of the College and acting director of ACR's Chevy Chase, Md. office.

DRG REIMBURSEMENT AMONG ISSUES TO BE AIRED AT ACCC ANNUAL MEETING

(Continued from page 1)
institutions show that reimbursement is significantly under costs for DRGs 401, cancer surgery; 403, leukemia/lymphoma; and 410, anticancer chemotherapy, Mortenson said.

The ACCC study will continue for at least another year, with comprehensive reports on all cancer related DRGs to be based on information from paricipating institutions across the country.

The DRG/prospective payment issue will be one of the major concerns on the agenda of ACCC's 11th annual meeting, March 13-17 in Washington. Mortenson will present a paper on health care financing research during the "Progress in Cancer Control III" session March 14, sponsored jointly by ACCC and the Assn. of American Cancer Institutes.

David Korn, chairman of the National Cancer Advisory Board and chairman of the Dept. of Pathology at Stanford, will be joined by Michael Strauss, staff member of the Prospective Payment Assessment Commission (PROPAC) on March 16 under the program heading, "Surviving the 80s." PROPAC is the body established by Congress to periodically update and adjust DRG reimbursement rates.

The meeting will open March 13 with ACCC's annual blitz of Capitol Hill, when members, following a briefing by ACCC President John Yarbro, Mortenson and Robert Enck, will visit members of Congress and key staff.

The "Progress in Cancer Control III" program will occupy the entire day March 14. It will include discussion of "The Scientific Basis for the Year 2000 Goals" by Phillip Cole, professor of epidemiology at the Univ. of Alabama; David Eddy, director of the Center for Health Policy, Research and Education at Duke Univ.; and Paul Engstrom, vice president for cancer control and continuing education at Fox Chase Cancer Center. Papers will be presented by Richard Love, Wisconsin Clinical Cancer Center, on cancer prevention and screening; Thomas Tucker, Univ. of Kentucky Cancer Center, on the Community Hospital Oncology Program; and Jon Kerner, Memorial Sloan-Kettering Cancer Center, on geographically based cancer control, in addition to Mortenson's presentation.

"Stemming the Tide," a discussion on the over supply of oncology specialists, will be led by Irvin Fleming, chairman of the Methodist Hospital Cancer Committee, Memphis; B.J. Kennedy, director of medical oncology at Univ. of Minnesota; and William Powers, chairman of radiation oncology at Harper Grace Hospital, Detroit, and a member of the National Cancer Advisory Board. This segment of the program is scheduled for March 16.

Workshops scheduled for March 16 include "Procure or Perish—Tips on Fundraising at the Community Cancer Center Level," chaired by John Trombold, director of the Scripps Memorial Hospital Cancer Center, La Jolla, and Merle Brodie, assistant director of the Scripps Cancer Center; "Infusion Therapy—Pro and Con," chaired by Jack Speer, director of research at Penrose Cancer Hospital, Colorado Springs; "The Potential for an Oncology HMO," chaired by Paul Anderson, director of Penrose Cancer Hospital; and "Trends in Home Care," chaired by Val Halamandaris, president of the National Assn. for Home Care, Washington D.C.

The annual awards luncheon will be held March 16, with a speaker not yet announced on the topic, "Can Voluntary Hospitals Survive in the 80s?"

Committee meetings, an ACCC board meeting, and the House of Delegates meeting will take up the remainder of the five days.

CHOP HAD MAJOR IMPACT ON CANCER CARE, CONTROL; SOME ELEMENTS WILL CONTINUE

One of the more successful efforts supported by NCI's Cancer Control Program was the Community Hospital Oncology Program (CHOP) which, from analyses presented so far, had a major impact on cancer care and cancer control in their respective communities.

Carrie Hunter, CHOP project officer in the Div. of Cancer Prevention & Control during the program's final year, presented an overview of the program following its conclusion at the end of the 1984 fiscal year. The overview follows:

The Community Hospital Oncology Program, a cancer control effort aimed at physicians practicing in the community setting, was designed to improve the care of cancer patients through the development and implementation of multidisciplinary patient management guidelines, nursing and rehabilitation guidelines, educational programs, supportive care, and continuing care activities in the community. Under this model, community cancer care providers and community hospitals without major affiliations with comprehensive or university cancer centers planned and developed a program which provided guidelines for comprehensive state of the art medical care, supportive care, and educational opportunities for patients, family members, and health care professionals.

CHOP's objectives were to:

*Assure that appropriate and complete pretreatment evaluation and staging of newly diagnosed cancer patients were available in the community.

*Assure that multidisciplinary recommendations were incorporated into patient management decisions.

*Assure that appropriate specialized treatment protocols were available in the community and that

referrals to specialized centers were facilitated for cancer patients needing such care.

*Assure that cancer nursing procedures were of the highest standards and carried out under the advice and guidance of trained oncology nurses.

*Assure that necessary cancer rehabilitative and appropriate supportive care resources in the community were available and utilized.

*Assure that the terminally ill received the benefits of modern pain and symptom management in an atmosphere that emphasized the quality of survival and death with dignity.

*Assure that up to date cancer management information was continuously made available to physicians, nurses and other health care personnel.

*Assure that a cancer data management system was in place that permitted monitoring of program effectiveness, documentation of program accomplishments, assessment of community cancer care practices and patient outcome status.

*Assure that the community cancer care program would continue after federal funding ceased.

Following an 18 month planning phase, 17 CHOPs entered a two year implementation phase which was completed in FY 1984. Site specific committees at each CHOP composed of community physicians representing multiple disciplines and other health care providers participated in the development of state of the art patient management guidelines (PMGs) and developed data management systems to monitor cancer care. Patient management guidelines were distributed to hospital and community physicians and to allied health professionals. Tumor boards, tumor conferences, seminars, and other continuing educational forums were utilized to increase the awareness and involvement of health care professionals in implementing cancer care through the appropriate use of PMGs and clinical staging. Health care and community resources were identified to strengthen and improve the available support services responding to continuing care needs of cancer patients.

Although there was great diversity in the CHOP communities, the implementation of this cancer control program appeared to stimulate the following changes in some of the CHOPs:

—An improvement in cancer care as a result of health care professionals participating in the educational process of developing and applying PMGs.

—An increase over time in the percentage of cancer patients managed and staged according to PMGs for site specific diseases.

—An increase in cancer educational programs for health care providers, patients, family members and community participants.

—An improvement in the health care provider's identification of cancer related problems in the areas of rehabilitation and nutrition.

—Better coordination of community resources and supportive services to provide for the needs of cancer patients.

—The development and distribution of community resource manuals of support services and programs available to cancer patients.

—The development of hospice programs.

—The successful application and approval of 11 CHOPs for CCOP funding which is providing clinical research protocols to community patients.

—An increase in nursing oncology educational activities and chemotherapy certification programs.

—The development of patient and family support groups and bereavement groups.

—A greater involvement of community cancer care providers in local and state agencies which have a major impact on policy decisions that affect cancer patients.

Initial results of the local evaluations show that compliance to PMGs varied from CHOP to CHOP due to variations in guideline definitions and nonuniform measurement of what constitutes compliance. Completion of staging forms by physicians gradually improved in some CHOPs after extensive continuing educational efforts. The initial fear of many CHOPs that the attachment of PMGs to hospital records would create medico-legal problems was not realized. The local evaluation was complicated by the diversity and complexity of PMGs initially developed. Feedback from the research process was minimal. However, a few CHOPs were able to incorporate the results of the local evaluation activity to strengthen their programs.

The combined CHOP pilot study of patterns of care was completed by the Statistical Analysis and Quality Control Center (SAQC) of the Fred Hutchinson Cancer Center during FY 1984. The major objective of the pilot study was to determine the feasibility of using patterns of care parameters to track cancer patient care management practices. Three signal diseases were selected for the pilot study—breast, colon and oat cell lung cancers. Preliminary analysis of the pilot study showed that certain data elements were not available in hospital records, and some parameters of cancer care were less useful in differentiating and characterizing patient management practices in the areas of pretreatment evaluation, staging, management and followup. This information has been used to design the patterns of care component of the integratred evaluation of community cancer care programs.

Several of the CHOPs are continuing elements of the CHOP model through support from other sources such as third party carriers and foundations. Also, in some areas, CHOP elements and activities have

been integrated and institutionalized into existing hospital oncology programs.

ACS AWARDS $31.3 MILLION TO FUND 199 NEW GRANTS, 146 RENEWALS

The American Cancer Society Board of Directors allocated $31.3 million at its last meeting for research and clinical investigations, personnel for research, and special purpose grants.

The money is earmarked for 345 scientific projects. Of these, 199 are new grants, amounting to almost $20 million, and 146 are renewals of support for ongoing research, totaling $11.3 million.

Frank Rauscher, ACS senior vice president for research, pointed out that these figures represent only about half the total to be spent by ACS on research grants in 1985. Additional funds will be awarded to other investigators at the Board's June meeting. Rauscher noted that a few scientists may be unable to accept awards just made, and some alternative grants may be made to other applicants if funds become available.

The Board also voted to increase the stipends paid to research personnel, and to young scientists and physicians awarded postdoctoral training fellowships. In addition, the Society will raise the allowance for overhead expenses paid to the institutions where these scientists work.

Cell and developmental biology researchers were awarded a total of $3.4 million, much of it for oncogene research. A total of $4.5 million went to microbiology and virology; $4.4 million for biochemistry and chemical carcinogenesis; $4.5 million for scientists investigating DNA; and $9.7 million to support 84 clinical research studies. These include testing of new drugs and drug combinations, and research aimed at reducing side effects.

ACS is also supporting research in immunology, new approaches in preventing and diagnosing cancer, and on psychological and behavioral matters affecting cancer risk and the ability of the patient and family to cope with the disease.

In addition to its grants to investigators, ACS conducts inhouse research on cancer epidemiology and statistics, and is supporting an intense research program to evaluate interferon. Another program of large institutional grants supports additional research into the cause of cancer and possible means of prevention.

Applications for ACS support undergo peer review from expert advisory groups. The Board awards the grants on the recommendation of its research and clinical investigation committee. The research program, funded entirely by public donations, is second in size only to that of NCI.

GALLO LAB, COLLABORATORS COMPLETE MAP OF HTLV-III GENETIC STRUCTURE

Robert Gallo and his NCI colleagues, in collaboration with investigators at Harvard Medical School, Dana-Farber Cancer Institute, E.I. duPot de Nemours in Delaware, and Centocor in Philadelphia, have passed another important milestone in AIDS research, following up on their identification last year of the virus that is the probable cause of acquired immune deficiency syndrome, HTLV-III.

The group has mapped the entire genetic structure (genome) of HTLV-III, as reported in the Jan. 24 issue of "Nature." The map, or nucleotide sequence, will help investigators understand how this virus functions and will facilitate development of substances for the detection, prevention and treatment of AIDS. Any part of the viral genome can now be reproduced. The protein or nucleic acid products of the genes can be synthesized for tests and possible applications. This knowledge is already being used to develop methods for detection of the virus in blood samples, but it may be some time before means or methods are available for prevention and treatment.

HTLV-III belongs to a family of retroviruses known as human T-cell leukemia-lymphotropic viruses that have now been identified in human tissues. Other members of this family are HTLV-I, associated with an adult form of leukemia-lymphoma that is unusual in the U.S. but fairly common in southwest Japan, the Caribbean basin, parts of Africa, and South and Central America; and HTLV-II, isolated from a patient with hairy cell leukemia. HTLV-I and II were both originally isolated in Gallo's lab.

Comparison of the information contained in the HTLV-III virus with earlier reports of the human leukemia viruses shows that although there are similarities between the AIDS virus and the other HTLV viruses, the AIDS virus is different in several important respects. The investigators conclude that the AIDS virus did not arise by a small change in known viruses that are already present in the population, but rather is a new virus now affecting certain members of the U.S. population.

Flossie Wong-Staal of Gallo's Laboratory of Tumor Cell Biology said, "Although we recognize several key features of the virus structure from studies of related viruses, other features of the virus are new and unique to this virus. We speculate that some of these unusual features may be involved with mechanisms of disease." More specifically, the AIDS virus shares several features common to all viruses of this class, the retroviruses. These viruses contain RNA genetic material and a set of proteins that surrounds this material which protects the RNA. The virus also contains an enzyme (poly-

merase) that converts the RNA to DNA as part of its life cycle. In addition, the HTLV virus, like other viruses of this general class, is surrounded by a structure called the envelope. The envelope protein is especially important, as it determines what cells can be infected by the virus. Moreover, it is the body's reaction to this protein that provides the first line of defense against virus infection.

The organization and structure of the core proteins and polymerase genes are generally the same as those of other retroviruses. However, when looked at in more detail, these proteins more closely resemble the structure of the other HTLVs than that of other groups of viruses associated with disease of nonhuman species. The organization of the key envelope genes is unprecedented in other types of viruses, even in other human T-cell leukemia viruses.

Lee Ratner, senior author of the paper in "Nature" and a scientist in Gallo's lab, said, "It—the envelope gene—is not where we expected it to be. Not only that, the envelope protein gene is much bigger than similar genes of other viruses. The envelope proteins generally contain two parts, one that is outside the virus and the part inside. For the AIDS virus both the inner and outer parts are much bigger than in other viruses."

The AIDS virus also resembles HTLV-II in the presence of a gene called lor. This gene is thought to be important not only for the growth of the virus itself, but also for determining the effects of virus infection on the target cells. Although the AIDS virus probably has the lor gene, the organization of this gene is quite different from that of the other human leukemia viruses.

William Haseltine of Harvard Medical School said, "The lor gene of the AIDS virus overlaps the envelope gene. One genetic region of the AIDS virus has two distinct functions in this virus, i.e., it encodes both the envelope and lor proteins. This is a major difference from the human leukemia viruses (HTLV-I and II) in which envelope and lor are separate genes."

Both the leukemia viruses and the AIDS virus infect exactly the same kind of immune cells. However, the AIDS virus kills these cells causing failure of the immune system, whereas the human leukemia viruses cause these cells to grow out of control. One researcher speculated that it is the difference in the organization of these genes that may be, at least in part, responsible for the different effects of the virus in the same type of cell. Detailed analysis of how the gene products work could be important in the design of new therapeutic approaches for treatment of AIDS infections.

In addition to known genes, there are at least two regions of the AIDS virus that have no direct counterpart in any other retrovirus studied. These are called sor and 3' orf. Sor may be the remnant of a former envelope gene, according to the "Nature" report, and 3' orf may not be a gene at all, since only one of the two AIDS strains studied here contains such a potential coding region. These and other questions await further analysis that is now made possible by the elucidation of the complete structure of the virus.

Gallo's lab provided the key reagents for the molecular recombinant DNA clones of the AIDS virus. The work was done in collaboration with the Harvard/Dana Farber group, in Haseltine's laboratory; the duPont group, under the direction of Mark Pearson; the Laboratory of Molecular Oncology of NCI, at Frederick Cancer Research Center, under the direction of Takis Papas; and the Centocor group under the direction of Nancy Chang.

Peter Fischinger, NCI associate director, said, "This is one of the finest examples I have seen of cooperation among government, university and industry research groups to obtain an important and timely research result. Five different groups teamed up on this problem. Information was pooled. The importance of the information for future directions in AIDS research made it necessary that we obtain the information as soon as possible. This has been a real team effort. Everyone contributed to the final answer. It would not have been possible to obtain all the information, the complete sequence of both viruses, in such a short period of time otherwise. This information is now available to the entire community of AIDS researchers, and we hope that it will speed the progress in understanding and preventing disease."

In other related studies it has been found that the AIDS virus, like the other human leukemia viruses, alters cells by affecting the mechanism by which genes are transcribed, a phenomenon called trans-acting transcriptional regulation—the TAT phenomenon.

The investigators suggest that the common structural features of the human leukemia viruses (e.g. the presence of the lor gene) and the common functional features (TAT phenomenon), set these viruses apart from other previously described retroviruses. According to Pearson, "These viruses appear to represent a new type of virus. Other members of this new virus family may be involved in other chronic diseases. We are just beginning to understand these agents and their role in human disease."

Other authors of the "Nature" paper in addition to those quoted above are Roberto Patarca, Harvard/Dana-Farber; Kenneth Livak, Ellen Doran, Antoni Rafalski, Erik Whitehorn, Kirk Baumeister, Lucinda

Ivanoff and Stephen Petteway, duPont; Bruno Starcich and Steven Josephs, NCI Laboratory of Tumor Cell Biology; James Lautenberger of NCI's Laboratory of Molecular Oncology; and John Ghrayeb of Centocor.

New Publications

BOOKLETS ON PREVENTING, DETECTION AVAILABLE FROM S.F. FOUNDATION

Three booklets on cancer prevention and one on early detection have been published by the Better Health Programs of the Regional Cancer Foundation of San Francisco. Ernest Rosenbaum is director of the foundation.

The Better Health Programs project was created to furnish preventive educational services to children and adults, as well as to coordinate and develop health education programs. Those services are aimed at promoting low risk lifestyles to intervene or interrupt behavior patterns linked to increased risk of disease, Rosenbaum said. Doris Spindell is project director and Nancy Wiltsek is project coordinator.

The booklets, part of the "You and Your Health Series" published by Better Health Programs, are "Nutrition & Cancer Prevention," by Erica Goode, Janet Ramstack and Rosenbaum; "You Can Prevent Cancer," by Rosenbaum; "Tobacco, Alcohol & Cancer Prevention," by Rosenbaum, Virginia Ernster and Jack Gordon; and "Cancer Screening," by Mary Wheat and Rosenbaum. All are targeted at the general public. Contact Regional Cancer Foundation, 15th Ave. & Lake St., Bldg 1805, Presidio of San Francisco, Calif. 94129, phone 415-221-2132.

The following publications are available from Technomic Information Service Inc., CPO Box 882, 1-3-6 Ningyocho, Nihonbashi, Chuo-ku, Tokyo, Japan:

"Study of the Antibiotics and Anticancer Agents Market In Japan," reportedly the first English survey of the Japanese antibiotic and anticancer agent industry, $320.

"Pharmcast," comprehensive data on Japanese investigational drugs, bimonthly, quarterly, and annual publications, $770 one year subscription.

Directory of Japanese Pharmaceutical & Related Firms, $155.

The following publications are available from Raven Press, 1140 Ave. of the Americas, New York 10036:

"Molecular Biology of Tumor Cells," 8th Nobel conference of the Karolinska Institute, edited by Britta Wahren, Goran Holm, Sten Hammarstrom and Peter Perlmann, $65.

"Secretory Tumors of the Pituitary Gland," edited by Peter Black, Nicholas Zervas, Chester Ridgway, and Joseph Martin, $67.50.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR FEBRUARY, MARCH

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. Contact UCLA Symposium, Molecular Biology Institute, Los Angeles 90024. um, Molecular Biology Institute, Los Angeles

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

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

NCAB Committee on Innovations in Surgical Oncology--Feb. 3, NIH Bldg 31 Rm 7, 8 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, NIH Bldg 31 Rm 6, 8:30 a.m. both days, closed Feb. 14, 5 p.m.-recess.

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.

Developmental Therapeutics Review Committee--Feb. 22, NIH Bldg 31 Rm 9, open 8:30-9 a.m.

Cancer Clinical Investigation Review Committee--Feb. 25-26, NIH Wilson Hall, open Feb. 25 8:30-9 a.m.

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.. Closed Feb. 28 9-10:30 a.m.

Computed Body Tomagraphy 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.

Continuous Infusion Chemotherapy—March 1, Brussels. EORTC symposium. Contact D. Eeckhoudt, address above.

Cancer and the Elderly—March 1-2, Sheraton-Palace Hotel, San Francisco. 20th annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St., Suite 200, San Francisco 94133.

Chromosomes in Solid Tumors—March 3-5, Arizona Cancer Center, Tucson. International workshop. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602-626-6044. er Center, Tucson 85724, phone

Clinical Trials Contract Review Committee--March 4, NIH Bldg 31 Rm 9, open 8:30-9 am.

Treatment of Cancer in the Neck—March 6-8, Houston. Clinical symposium. Contact M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030, phone 713-961-9300.

Second World Congress on Cancers of the Skin--March 7-9, New York. Contact Skin Cancer Foundation, 475 Park Ave. South, New York 10016.

Infusional Chemotherapy and Bone Marrow Transplantation--March 7-8, Boston. Contact Gwen Schuster, Dept. of Continuing Education, Harvard Medical School, phone 617-732-1525.

Hematologic Malignancies—March 9-16, Snowbird, Utah. 4th winter symposium. Contact Dr. Stephen Jones, Section of Hematology & Oncology, Univ. of Arizona Cancer Center, Tucson 85724.

Fundamental Tumor Registry Operations—March 11-15, Good Samaritan Hospital, Lexington, Ky. American College of Surgeons program. Contact Constance Fulmer, PhD, phone 606-252-6612.

Oncology: Surviving the 80s--March 13-17, Capitol Hill Hyatt Regency Hotel, Washington D.C. Assn. of Community Cancer Centers 11th national meeting. Contact ACCC, 11600 Nebel St. Suite 201, Rockville, Md. 20852, phone 301-984-9496.

Current Approaches in Radiation Oncology--March 13-15, San Francisco. Contact Crest International, 940 Emmett Ave., #14, Belmont, Ca. 94002.

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.

Current Cancer Research: Springboards for the Future—March 21-22, Chapel Hill, N.C. 9th annual Lineberger Cancer Research Center symposium. Contact Pam Upchurch, Lineberger Cancer Research Center, UNC-CH, Chapel Hill 27514.

Society for Magnetic Resonance Imaging--March 22-26, Town & Country Hotel, San Diego. 3rd annual meeting. Contact Ronald Ross, M.D., Radiologic Medical Imaging Associates, Fox Run, Gates Mills, Ohio 44040, phone 216-461-5144.

International Assn. for Breast Cancer Research--March 24-27, London. Biennial International Breast Cancer Research Conference. Contact Dr. Marvin Rich, AMC Cancer Research Center, 6401 W. Colfax Ave., Lakewood, Colo. 80214, phone 303-233-6501.

Clinical Cancer Program Project Review Committee—March 28-29, Holliday Inn, Bethesda, Md., open March 28, 8:30-10 a.m.

FUTURE MEETINGS

Treatment of Pain in Chronic Diseases--April 1-3, San Diego. Contact Larry Smith, St. David's Community Hospital, 919 E. 32nd St., Austin, Texas 78765, phone 512-397-4264.

Leukemia Society of America Regional Meeting—April 18-20, Marriott Copley Place Hotel, Boston. Contact LSA, 733 Third Ave., New York 10017, phone 212-573-8484.

International Neutron Therapy Workshop: Brachy vs. Beam Therapy--Hyatt Regency Hotel, Lexington, Ky. Contact Marilyn Smith, Dept. Radiation Medicine, Univ. of Kentucky Medical Center, 800 Rose, Lexington 40536, phone 606-233-6901.

Exploring the Future of Cancer Care--April 24, Hilton Hotel, Pasadena, Calif. USC medical symposium. Contact Linda Richie-Walker, Cancer Management Network, 1721 Griffin Ave., Phinney Hall Rm 205, Los Angeles 90031, phone 213-224-7368.

New York State Cancer Programs—Oct. 5, Roswell Park Memorial Institute. Annual meeting. Contact Dr. Curtis Mettlin, RPMI, 666 Elm St., Buffalo 14263.

RFPs AVAILABLE

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

deliver there. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-EB-51016-67
Title: Support services to develop a computerized comparison population for occupational studies
Deadline: Approximately March 11

NCI has a requirement for computer related research in support of the scientific activities of the Environmental Epidemiology Branch of the Div. of Cancer Etiology. The contractor will be responsible for completion of tasks specified and monitored by NCI in a support context with no independent research on the part of the contractor.

NCI has begun a collaborative effort with the National Institute for Occupational Safety & Health to develop a large comparison population which will be used to generate expected frequencies of deaths from specific causes for epidemiologic studies of employed populations.

The large comparison group system to be developed by this project will produce standard population data in formats suitable for the Monson, OCMAP, and NIOSH packaged analytic programs.

The development of the system includes computer programming, writing documentation, editing and recoding and writing command procedures. All work will be done using the NIH computer facility (IBM 370/3081K, MVS/VS) located in Bethesda and the contractor will be expected to use this facility by remote access.

Frequent face to face discussions between the NCI project officer, the project director and other key personnel are required to monitor and review progress on project activities. The NCI facility is located in the Landow Building in Bethesda.

In accordance with Section 15 of the Small Business Act, 100 per cent of this procurement will be set aside for small businesses. In order to qualify as a small business for this procurement, a prospective contractor's annual receipts for its preceding three fiscal years must not exceed $7 million.

The concept from which this RFP was derived was presented to the DCPC Board of Scientific Counselors last fall and was reported in The Cancer Letter, Nov. 16, page 5.was reported in The Cancer Letter,
Contract Specialist: Camille Battle
RCB Blair Bldg Rm 114
301-427-8888

RFP-NCI-CP-51012-72
Title: Chemical carcinogen reference repository
Deadline: March 28

NCI is interested in those offerors who can provide and maintain a chemical carcinogen reference repository to provide a centralized source of well characterized and documented referenced compounds for the carcinogenesis research community. Such a facility shall provide for the safe storage, repacking and distribution of known or suspected chemical toxins/carcinogens for use in cancer research and in carcinogenesis testing primarily as reference compounds.

Detailed plans for the repository to include the exact location, floor plans, personnel commitments, supplies, overall operating and safety plans shall be furnished.

The concept from which this RFP was derived was presented to the DCPC Board of Scientific Counselors last fall and was reported in The Cancer Letter, Nov. 30, page 5-6.

Contract Specialist: Jackie Ballard
RCB Blair Bldg Rm 115
301-427-8888

NCI CONTRACT AWARDS

TITLE: Technical support services for the Office of International Affairs, 38 months
CONTRACTOR: Nancy Low & Associates, Chevy Chase, Md., $1,741,225.

TITLE: Population based cancer registry, five years
CONTRACTOR: Univ. of New Mexico, $3,388,050.

TITLE: Technical writing, publication distribution and telephone answering services in response to cancer-related inquiries, 38 months
CONTRACTOR: Biospherics Inc., Rockville, Md., $4,691,589.

TITLE: Operation and maintenance of the DTP Biological Data Processing System, five years
CONTRACTOR: VSE Corporation, Alexandria, Va., $5,361,794.

TITLE: Iowa population-based cancer epidemiology research center program for SEER Program, five years
CONTRACTOR: Univ. of Iowa, $8,262,186.

TITLE: Drug research and developmental chemical information service: basic contract and modification No. 2
CONTRACTOR: Chemical Abstracts Service of American Chemical Society, Columbus, Ohio, $89,714 and $94,217.

TITLE: Incidence and patient survival data for the state of Connecticut for the SEER Program, five years
CONTRACTOR: Connecticut Dept. of Health, $2,373,171.

The Cancer Letter _Editor Jerry D. Boyd
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