THE CANCER LETTER

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P.O. Box 2370 Reston, Virginia 22090 Telephone 703-620-4646

GAO SAYS MULTIPLE YEAR FUNDING NOT LEGAL; WEICKER DEMANDS ASSURANCE THAT ADMINISTRATION WILL COMPLY

NCI and the rest of NIH were waiting this week to learn what the reaction would be from the Dept. of Health & Human Services and the Office of Management & Budget to the opinion of the General Accounting Office that multiple year funding of grants is not

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In Brief

HAYWARD OF SLOAN-KETTERING, LEDER OF HARVARD TO SHARE 1985 BRISTOL-MYERS AWARD OF $50,000

WILLIAM HAYWARD, Memorial Sloan-Kettering Cancer Center, and **PHILIP LEDER,** Harvard, will split the $50,000 first prize as cowinners of the 1985 Bristol-Myers Award for Distinguished Achievement in Cancer Research. They were recognized for their contributions in genetic and viral research related to cancer.... **ROBERT HUTTER,** St. Barnabas Hospital, New Jersey, has been appointed chairman of the American Joint Committee for Tumor Staging which is housed by the American College of Surgeons. Hutter is a past president of the American Cancer Society.... **JEROME YATES,** who heads the Centers & Community Oncology Program in NCI's Div. of Cancer Prevention & Control, announced three appointments to the Community Oncology & Rehabilitation Branch: Anne Bavier, a registered nurse, as program director for nursing research with responsibility for formulation of policies on developing a national research effort in oncology nursing; Carolyn Gotay, who will direct programs and initiatives in continuing care and rehabilitation, including psychosocial and physical rehabilitation, behavioral issues affecting access and utilization of appropriate treatment and care of patients with advanced disease; and Donald Henson, who will be program director for the Community Clinical Oncology Program with additional responsibility for research on methods of cancer staging, reviewing functions of tumor boards and evaluating pathology practice patterns. Yates is still in the process of hiring a chief for the Branch, expects to name one in the next couple of months.... **JAYA GHOORAH,** associate chief of the Diagnostic Radiology Dept. at Roswell Park Memorial Institute since 1974, has been appointed chief of the department. She replaces Ethelyn Jennings, who retired recently.... **JONATHAN RHOADS,** professor of surgery at the Univ. of Pennsylvania, first chairman of the National Cancer Advisory Board, former president of the American Cancer Society, which are a few of the many credits and achievements in his career: "As I approach my 78th birthday, I can no longer claim to be at the cutting edge in cancer research though I am still cutting out a number of cancers in clinical practice and hopefully curing some of them."

NO REACTION YET FROM ADMINISTRATION ON ILLEGALITY OF FORWARD FUNDING

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legal. That opinion opens the door for a challenge in court, by NIH grantees who might be affected or by members of Congress, should the Administration proceed with multiple year funding anyway.

The opinion rendered by GAO, which is a review and investigational agency responsible directly to Congress, was revealed last week by Sen. Lowell Weicker at the hearing on the NIH budget before his Labor-HHS Appropriations Subcommittee. GAO said:

"... Without express statutory authority, no agency may obligate an appropriation made for the needs of a limited period of time (usually one year, as in the present case) for the needs of subsequent years... Accordingly, until Congress acts to renew its appropriations for a subsequent year, NIH has no authority to make a commitment to a researcher or research project for such subsequent years... The legislation authorizing research grants to the various NIH units does not provide for multiyear grant funding. Any attempt to provide multiyear grant funding or forward funding would be in direct opposition to the will of Congress and could violate the court rulings mandating the release of previously impounded funds."

Weicker demanded from NIH Director James Wyngaarden "your assurance that NIH will comply with the law, and that no NIH research grants made in FY 1985 will be multiyear funded." Wyngaarden, of course, could offer no such assurance pending direction from the department or OMB. By press time this week, neither HHS nor OMB had made any statement on their intentions.

Weicker tried to hammer home the consequences should the Administration disregard GAO's opinion. "We have also been advised that an officer or employee of an executive agency who obligates appropriations for a period beyond the period for which they are available is in violation of the Anti-deficiency Act. A violation of this act is a criminal offense punishable by fine, imprisonment and removal from office. . . It is not just an institutional risk, but a personal risk. That means your house, your car, your bank account is going to be involved in this."

Weicker opened the hearing with a statement referring to "NIH's successes over the past 50 years (which) have literally changed the face of this nation and... of the entire world... We are now being told of incredible advances in genetics, immunology, neurology and cancer, just to name a few areas of concern. Yet, despite this long history of success, Congress has to re-educate the Administration every year. This year not only are you attempting to stamp out agreed upon growth in the FY 1985 budget, you are proposing a 1986 budget that is $282 million less than last year.

"And to make matters worse," Weicker continued, you are claiming a two per cent increase for FY 1986 based on funds borrowed from the past.

"The level of this year's growth was arrived at independently in both houses of Congress based on extensive evaluation of need and potential. When I questioned Secretary Heckler about this, she responded by citing the budget crisis preached by OMB.

"Well, I don't buy it. The President's budget for research and development approaches $60 billion. Almost 70 per cent is earmarked for defense, while eight per cent goes to NIH... Now, Dr. Wyngaarden, you yourself have said that the momentum of discovery must be maintained and the successes of today result from the investments of the past. Yet, in every one of the past three years you have defended a budget request for NIH that restricts growth, impedes development and demoralizes a community of scientists that is responsible for the success of the future."

When the subcommittee took up NCI's budget, Weicker expressed his concern that cancer centers and clinical cooperative groups had not been funded at recommended levels in recent years. NCI Director Vincent DeVita acknowledged that that has been the case since 1980 because of limited overall budgets (even after Congress directed two years ago that grants be funded at their full, peer review recommended levels, NIH applied that direction only to RO1s and PO1s).

Sen. Robert Byrd (D.-W.Va.), the minority leader and a member of the subcommittee, grilled DeVita on funding of the proposed new West Virginia Univ. Cancer Center. It was at Byrd's insistence last year that $4 million was added to NCI's FY 1985 appropriations for the center, yet it does not appear that is where the money will go. DeVita replied cautiously that NCI is working with the university to help it develop a proposal which will pass peer review with an acceptable priority score and that if it does, it will be funded.

HHS DRAFT OF REAUTHORIZATION BILL WOULD ELIMINATE NATIONAL CANCER ACT

A draft of the bill the Administration intends to support for reauthorization of biomedical research confirms the intent of HHS, and presumably the White House, to eliminate entirely all special authorities NCI has had since passage of the National Cancer Act of 1971.

A copy of the bill along with a summary of the amendments it contains and a letter to House Speaker Thomas (Tip) O'Neill (D.-Mass.) from HHS Secretary

Margaret Heckler have been obtained by **The Cancer Letter.** In the letter to O'Neill, Heckler said that support "for cancer, cardiovascular, lung, blood and other health research activities (will be) based on the general research authority in section 301 of the Public Health Service Act... We are advised by the Office of Management & Budget that enactment of this draft bill would be in accord with the program of the President."

Not only would the Administration bill not renew the National Cancer Act in essence by ignoring it, but it specifically calls for elimination of the bypass budget. The Administration's position is that NCI and the National Heart, Lung & Blood Institute which also has some special authorities not accorded other institutes, should be treated no differently that the rest of NIH. It contends that Section 301 is broad enough to permit the Secretary and NIH director all the authority they need.

Theoretically, then, without the National Cancer Act NCI could still award center support and construction grants, review its own grants and contracts, and appoint its own advisory and review committees, with the permission of the NIH director. It was precisely because NIH directors, under great pressures from other constituencies, did not always permit NCI the leeway it needs that those authorities were written into the 1971 Act. In fact, the first version of the Act which passed the Senate made NCI a quasi-independent agency, housed in the department "only for rations and quarters," as one Administration official put it.

Elimination of the bypass budget would be a serious blow to the National Cancer Program. That authority permits NCI executives and staff to work with the Institute's advisors in developing an optimal budget. It gives the director a powerful tool to take into the budget sessions with NIH and OMB, showing how much money the program really needs for maximum progress, based on opportunities and needs which can be supported and verified. Although virtually every Administration since 1971 has ignored the bypass budget, it has had its impact, since every Congress since than has added substantially to the White House NCI budget request, for the most part because of the bypass budget and the information it has provided. That is why the Administration wants to kill it.

The Administration's bill would include two amendments NCI and advisors have been trying to get written into Cancer Act amendments for years—increase to $50,000 from $35,000 the maximum grants which can be awarded without approval of the National Cancer Advisory Board; and extend from three to five years the maximum duration of cancer center core grants (both amendments also would apply to NHLBI).

The amendments also would require HHS to publish a report on carcinogens biennially rather than annually. This is the amendment to the National Cancer Act adopted a few years ago intended to hold federal regulatory agencies' feet to the fire on their actions in dealing with carcinogens and suspected carcinogens.

Renewal of the National Cancer Act and NCI appropriations were the subjects of discussion between leaders of the American Society of Clinical Oncology and key White House and congressional aides when they met in Washington last week.

During a luncheon for 20 congressional staff members from the authorizing and appropriations committees, ASCO President Sydney Salmon, director of the Univ. of Arizona Cancer Center, urged renewal of the National Cancer Act in a form as close to the 1971 legislation as possible. Salmon mentioned that renewal of the authorization also was one of the objectives of a new organization, the "National Coalition for Cancer Research," which also is concerned about the NCI budget.

Virgil Loeb, Washington Univ., stressed the positive impact on patient care of the NCI effort since 1971. John Durant, ASCO president elect and president of the Fox Chase Cancer Center, spoke about research advances in cancer resulting from the 1971 legislation.

The ASCO leaders also met with David Sundwall, top health legislative aide to Sen. Orrin Hatch (R.-Utah), chairman of the Labor & Human Resources Committee which deals with health legislation; William Roper, special assistant to the President for health policy; Bernadine Bulkley, deputy director of the White House Office of Science & Technology Policy; Donald Young, executive director of the Prospective Payment Assessment Commissions; and NIH personnel concerned with clinical research.

ASCO's foray into Washington was planned by Denman Hammond, chairman of the Public Issues Committee, assisted by John Grupenhoff, the Society's Washington representative.

Other ASCO members who attended included James Holland, Mount Sinai School of Medicine; Ariel Hollinshead, George Washington Univ. Medical Center; and Albert Owens, director of Johns Hopkins Oncology Center. Daniel Maldonado of Grupenhoff, Endicott & Maldonado also participated.

REAGAN SIGNS RESOLUTION PROCLAIMING NATIONAL SKIN CANCER DETECTION WEEK

President Reagan, in an unusual bill signing ceremony last week, signed into law the congressional joint resolution designating March 24-30 as "National Skin Cancer Prevention and Detection Week."

The President at the request of Nancy Reagan, invited leaders of the American Academy of Dermatology and their Washington representative, John Grupenhoff, to the Oval Office for the bill signing. Sen. Orrin Hatch was present along with his aide, David Sundwall, and Hatch's guest, Jerry Krueger, a dermatologist of the Univ. of Utah Medical School. Academy leaders present were Clayton Wheeler, president; Richard Dobson, immediate past president; Thomas Jansen, secretary treasurer; Admiral William Narva, vice president of the Uniformed Services Univ. of Health Sciences; and Bradford Claxton, executive director.

The American Academy of Dermatology decided last year to develop a national melanoma-skin cancer screening program, with dermatologists volunteering their time in screening sites throughout the country. They asked Grupenhoff to develop and carry through a plan for the congressional resolution.

After the President signed the resolution, Grupenhoff told him that 380 screening programs have been established, more than 100 of them in California. Others will be developed throughout the summer.

Dobson added that last week, volunteer dermatologists held a screening for the South Carolina legislature and staff, picking up one probable malignant melanoma, three basel cell carcinomas and numerous premalignant melanomas.

The First Lady, who had a skin cancer removed three years ago, said she wished that she had known about the problem of excessive sun exposure years ago, and the President said he thought he had been exposed too much during the seven years he had worked as a lifeguard.

PRELIMINARY REPORT ON ACCC'S DRG STUDY: CASE MIX ALTERS RESULTS

Members of the Assn. of Community Cancer Centers continued to worry about what they consider the threat posed by the prospective payment system (DRGs) when they gathered in Washington for their 11th national meeting. What they heard did not do much to alleviate their concerns.

(The meeting was not entirely dominated by the DRG shadow. "It was great hearing a discussion on something other than DRGs," one member commented to the cheers of the audience after a rousing presentation on fund raising by John Trombold, director of the Scripps Memorial Hospital Cancer Center of La Jolla. That discussion will be reported next week in **The Cancer Letter).**

Lee Mortenson, ACCC executive director, presented a preliminary report on the DRG Research Program undertaken by the association last year. The study has produced two general findings, Mortenson said: One, in comparing the total cost for each of the 72 cancer DRGs with the average DRG reimbursement, the numbers are almost identical ($159,613 for the former and $160,239 for the latter). This seems to confirm the position of the Health Care Financing Administration, that although some DRGs will be losers, the winners will make up for them. This assumes that each hospital would have the same number of admissions for each DRG

Second, respondents to the ACCC survey reported their total DRG reimbursements on the 5,613 discharges reviewed were $17,327,832 and total costs were $17,842,146. Costs thus were 2.88 per cent below reimbursements, demonstrating that case mix can significantly alter the equation, Mortenson said.

In addition, there seems to be a difference in the reimbursement levels for those DRGs that are exclusively for cancer diagnoses and those that have ICD9-CM codes for cancer mixed with other diseases. In the "pure" cancer DRGs, the total reimbursement was $14,528,791 while the total reported cost was $15,152,608, a loss of more than $600,000, 4.1 per cent below costs. Mixed DRGs performed somewhat better, with total reimbursement of $2,799,041 vs. costs of $2,689,532.

Three cancer DRGs appear to be reimbursed at levels well below costs, according to the survey—DRGs 401, for lymphoma and leukemia with minor OR procedures age 70 or more and/or complications; 403, chemotherapy for lymphoma and leukemia, age 70 or more and/or complications; and DRG 410, overall chemotherapy.

DRG 401 had an average cost to reimbursement of 73.5 per cent, which averaged in the survey to $1,356 per discharge. DRG 403 lost an average of $1,418 per discharge. DRG 410 averaged a loss of $641 per discharge.

Those figures relate to all patients in the respective DRGs and not just those on research protocols. It is the increased, unreimbursed costs of carrying out clinical research that most concerns ACCC members, who fear that many hospitals will be forced to withdraw from clinical trials.

Mortenson quoted HCFA Administrator Carolyne Davis as commenting that many institutions will continue with clinical research as "loss leaders" to attract categories of patients that produce significant profits. It may turn out that the loss leaders "will just bring in more losers" unless the system is modified, Mortenson said.

John Yarbro, ending his year as ACCC president, said that most hospital administrators seem satisfied now with DRG reimbursement. "I haven't seen a hospital administrator yet who isn't as happy as a turkey in October with the system. He's getting all this money and thinks maybe HCFA has made a mistake. He's like a turkey in October wondering why

he's getting all that corn. He'll find out in November when HCFA starts cranking down on those profitable DRGs."

David Korn, dean of the Stanford Univ. School of Medicine and chairman of the National Cancer Advisory Board, took issue with a number of studies previously reported on DRG costs vs. reimbursement, particularly those focusing on protocol patients. So many variables are involved, and some DRGs include several types of cancer with widely varying treatments, making cost comparisons "extremely difficult," Korn said.

Korn described the study being undertaken by the National Center for Health Services Research with NCI's collaboration. The study will look at cost and resource use differences between protocol and nonprotocol patients and compare the costs with the actual fixed prospective payment reimbursement rates. "By analyzing changes in case mix over time, the study will also be able to measure and monitor changes in hospital participation in clinical trials under prospective payment," Korn said.

The study will be based on a sample of about 50 of the 310 hospitals participating in NCI sponsored clinical trials from 1980-85. Four major analyses are planned. The first, to be completed in about one year, will compare hospital length of stay between protocol and nonprotocol patients. Patients will be categorized by site and stage of disease as well as by age, sex, race and expected source of payment. "By comparing length of stay of protocol patients to the national average length of stay for each DRG being analyzed, the relative gain or loss for a hospital participating in clinical trials can be roughly assessed," Korn said.

The study also will compare the hospital care costs between protocol and nonprotocol patients by using available charge data and adjusting charges using hospital department cost to charge ratios that are available from Medicare cost reports. Dollar charge and cost differences between protocol and nonprotocol patients will be analyzed by stage of cancer, phase of trial, type of cancer hospital, hospital size, teaching program, and region.

The third analysis will compare costs of hospitalization to both the simulated DRG based payments for each patient and to estimated reimbursements under Medicare's previous cost based system. Gains and losses can then be examed for protocol and nonprotocol patients given the estimated DRG based and cost based payments.

Meanwhile, the clinical cooperative groups have agreed to collaborate with the National Center's study and are going one step further. Charles Coltman, chairman of the Southwest Oncology Group and currently head of the Group Chairmen's Committee, has appointed Eastern Cooperative Oncology Group Chairman Paul Carbone as head of a committee to formulate plans for collaborating with the study. The committee also will take a look at costs of protocol patients of all ages, not just those covered by Medicare and Medicaid, who are at present the only ones subject to DRG reimbursement. Third party carriers are watching closely implementation of the prospective payment system; if it works, it seems inevitable they will also move to it.

"Cooperative group chairmen are sensitive to the problem, and we are taking action to help collect the data," Coltman said. Groups have a large data base of more than 10 million hospital days on which to draw, and they are making that available for the study.

NCI ADVISORY GROUP' OTHER CANCER MEETINGS FOR APRIL, MAY, FUTURE

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.

Cancer Education Review Committee--April 3-4, Linden Hill Hotel, Bethesda, open April 3 8:30- 10 a.m. n Hill Hotel, Bethesda, open April 3 8:30- 10

Conference on Polyribonucleotides for Cancer Therapy--April 4, Lister Hill Auditorium, NIH. Contact Carole Kirby, Biological Response Modifiers Program, DCT,NCI, Frederick Cancer Research Facility, Bldg 567 Rm 129, Frederick, Md. 21701, phone 301-695-1418.

Biochemical and Molelcular Epidemiology of Cancer--April 6-12, Steamboat Springs, Colo. Contact UCLA Symposium, Molelcular Biology Institute, Los Angeles 90024.

Fifth Congress of the Circulo de Radioterapeutas, Ibero-Latinomaricanos--April 7-12, Miami. Contact Dr. Mario Vuksanovic, Mercy Hospital, Dept. of Radiology, 36635 Miamia Ave., Miami, Fla. 33133.

Papilloma Viruses: Molecular and Clinical Aspects--April 8-14, Steamboat Springs. Contact UCLA Symposium, address above.

Smoking and the Workplace--April 9-11, Capitol Holiday Inn, Washington D.C. Contact Society for Occupational & Environmental Health, 2021 K St. NW, Suite 305, Washington D.C. 20006.

Diagnosis & Treatment of Neoplastic Disorders--April 11-12, Johns Hopkins Medical Institutions. Contact Program Coordinator, Turner Auditorium Rm 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

Childhood Cancer Survivors Living Beyond Cure--April 11-12, Houston. Contact Conference Services, HMB Box 131, M.D. Anderson Hospital, 6723 Bertner, Houston 77030, phone 713-792-2222.

Interdisciplinary Care of Bone and Soft Tissue Sarcomas--April 11-13, Dallas. Sponsored by Sammons Cancer Center. Contact Barbara Grayson, Baylor Univ. Medical Center, 3500 Gaston Ave., Dallas 75246.

Advances in the Management of Gynecologic Malignancies--April 12, Indianapolis. Contact Dr. Alison Calkins, Dept. of Radiation Oncology, Indiana Univ., 1100 W. Michigan St., Indianapolis 46223.
NCI/AACI/Cancer Centers Directors--April 12, NIH Bldg 1 Wilson Hall, 8:30 a.m.
International Conference on AIDS--April 15-17, Atlanta. Contact AIDS Conference, Bldg. 1 Rm 2047, Centers for Disease Control, Atlanta 30333.
Second Germ Cell Tumor Conference--April 15-19, Leeds, England. Contact Dr. W.G. Jones, Yorkshire Regional Cancer Organization, Cookridge Hospital, Leeds, England LS16 6QB.
Time Related Factors in Cancer Epidemiology--April 15-17, NIH Bldg 1 Wilson Hall, 8:30 a.m.-5 p.m. each day. Epidemiologic, statistical and biological issues in cancer risk assessment. Contact Society for Occupational & Environmental Health, address above, or Dr. Ken Chu, Program Director, Occupational Cancer Branch, Div. of Cancer Prevention & Control, NCI, Bethesda 20205, phone 301-427-8633.
Impact of Biotechnology on Diagnostics--April 16-18, Rome. Contact Fondazione Lorenzini, Via Monte Napoleone 23, 20121 Milan, Italy.
Brain Tumor Conference--April 17-18, Linden Hill Hotel, Bethesda, 9 a.m. Sponsored by the Organ Systems Coordinating Center, 666 Elm St., Buffalo 14263.
British Institute of Radiology Annual Congress--April 17-19, Manchester, England. Contact General Secretary, British Institute of Radiology, 36 Portland Place, London W1N 3DG.
Advances in Head and Neck Surgery--April 18-19, Baltimore. Contact Carlita Kearney, Office of Continuing Education, Johns Hopkins Medical Institutions, Rm 19 Turner Bldg, 720 Rutland Ave., Baltimore 21205.
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.
Frontiers in Oncology--April 20, Alta Bates Hospital, Berkeley, Calif. For oncologists and primary care physicians. Contact Alta Bates Medical Education Dept., 3001 Colby St., Berkeley 94705, phone 415-540-1420.
International Neutron Therapy Workshop: Brachy vs. Beam Therapy--April 21-24, Hyatt Regency Hotel, Lexington, Ky. Contact Marilyn Smith, Dept. Radiation Medicine, Univ. of Kentucky Medical Center, 800 Rose, Lexington 40536, phone 606-233-6901.
Federation of American Societies for Experimental Biology 69th Annual Meeting--April 21-26, Anaheim, Calif. Contact Office of Scientific Meetings, FASEB, 9650 Rockville Pike, Bethesda, Md. 20814.
International Clinical Hyperthermia Society Annual Meeting--April 21-26, Kiwah Island, South Carolina. Contact Dr. Harry Leveen, Medical Univ. of South Carolina, 171 Ashley Ave., Charleston 29425.
Fundamental Tumor Registry Operations--April 22-26, Lourdes Hospital, Binghamton, N.Y. Contact Bud Rogers, Administrator, 169 Riverside Dr., Binghamton 13905, phone 607-798-5431.
President's Cancer Panel--April 22, Johns Hopkins Oncology Center, 600 N. Wolfe St., Baltimore, 9 a.m., open.
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.
Combination of Modalities & Limb Salvage in Soft Tissue Sarcomas--April 25, Roswell Park continuing education in oncology.
American Radium Society--April 27-May 1, Acapulco. 67th annual meeting. Contact Suzanne Bohn, Executive Secretary, ARS, 925 Chestnut St., Philadelphia 19107.
National Toxicology Program Board of Scientific Counselors--April 30-May 1, Research Triangle Park, N.C., National Institute of Environmental Health Sciences.
Society of Head and Neck Surgeons Fifth Annual Joint Meeting--May 5-8, Cerromar Beach, Puerto Rico. Contact Dr. James Helsper, SHNS Secretary, 635 E. Union St., Pasadena, Calif. 91101.
Clinical Cytopathology for Pathologists--May 6-17, Johns Hopkins. Deadline for preregistration is April 5. Contact John Frost, M.D., 604 Pathology Bldg, Johns Hopkins Hospital, Baltimore 21205.
Biometry & Epidemiology Contract Review Committee--May 6-7, NIH Bldg 31 Rm 8, open May 6 8:30-9 a.m.
First International Conference on Skin Melanoma--May 6-9, Venice. Contact Conference Secretariat, Istituto Nazionale Tumori, Via Venezian 1, 20133, Milan, Italy.
National Tumor Registrars Assn.--May 7-10, Hotel Queen Mary, Long Beach, Calif. 1985 annual meeting. Contact Cynthia Creech, Cancer Program Manager, Huntington Memorial Hospital, 100 Congress St., Pasadena, Calif. 91105, phone 818-440-5186.
Div. of Cancer Etiology Board of Scientific Counselors--May 9-10, NIH Bldg 31 Rm 10, open 1 p.m.-adjurnment May 9, 9 a.m.-adjournment May 10.
Div. of Cancer Prevention & Control Board of Scientific Counselors--May 9-10, NIH Bldg 1 Wilson Hall. Open May 9 8:30 a.m.-3 p.m., May 10 8:30 a.m.-adjournment.
Advances in Cancer Treatment--May 9, Roswell Park continuing education in oncology.
Cancer Chemotherapy Update: 1985--May 9-10, Allentown, Pa. Contact Richard Attilio, Allentown Hospital, 17th & Chew Sts., Allentown 18102.
Society for Clinical Trials Sixth Annual Meeting--May 12-15, New Orleans. Contact Dr. Curt Furberg, 600 Wyndhurst Ave., Baltimore 21210, phone 301-435-4200.
Challenge of Local Tumor Control and Its Impact on Survival--May 12-17, Rome. Third Rome International Symposium. Contact Associazione Italiana per la Promizione dello Studio delle Mallattie Oncologische, Via Ple di Marmo, 18, Rome, Italy.
National Cancer Advisory Board--May 13-15, NIH.
NIH Technology Assessment Meeting on Registries for Bone Marrow Transplantation--May 13-15, Masur Auditorium, NIH, Bethesda, Md. Contact Peter Murphy, Prospect Associates, Suite 401, 2115 E. Jefferson St., Rockville, Md. 20852, phone 301-468-6555.

European Assn. for Cancer Research--May 13-15, Bratislava, Czechoslovakia. Eighth meeting. Contact Dr. Marta Grofova, Secretary General, 8th Meeting EACR, Cancer Research Institute, ul csl armady 21,812 32 Bratislava.

Oncology Nursing Society 10th Congress--May 15-18, Houston. Contact Nancy Berkowitz, ONS, 3111 Banksville Rd., Suite 200, Pittsburgh 15216, phone 412-344-3899.

International Meeting on Advances in Virology--May 15-18, Catania, Italy. Contact Angelo Castro M.D., Institute of Microbiology, Univ. of Catania, Via Androne, 81, 95124 Catania.

Cancer Research Manpower Review Committee--May 16-17, Bethesda Holiday Inn, open May 16 8:30-9 a.m.

National Assn. of Oncology Social Workers--May 16-18, Houston. Contact Office of Conference Services, Box 131, M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030.

American Society of Clinical Oncology--May 19-22, Houston. 21st annual meeting. Contact ASCO Executive Director, 435 N. Michigan Ave., Suite 1717, Chicago 60611, phone 312-644-0828.

Society of Surgical Oncology--May 19-22, Houston. Annual meeting. Contact Charlene Terranova, SSO, 13 Elm St., Manchester, Mass. 01944.

Effect of Tin on Malignant Cell Growth--May 19-22, Scranton, Pa. Second international symposium. Contact Dr. Larry Sherman, Chemistry Dept., Univ. of Scranton, Scranton 18510, phone 717-961-7705.

American Assn. for Cancer Research--May 22-25, Houston. 76th annual meeting. Contact AACR, Temple Univ. School of Medicine, West Blvd, Rm 301, Philadelphia 19140.

American Assn. for the Advancement of Science--May 26-31, Los Angeles. Contact AAAS Meetings Office, 1101 Vermont Ave. NW, Washington D.C. 20005.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--May 29, NIH Bldg 31 Rm 9, open 9-11 a.m.

FUTURE MEETINGS

39th Annual Rocky Mountain Cancer Conference--August 9, Denver Marriott Hotel. Contact American Cancer Society, Colorado Div., 2255 S. Oneida, Denver 80224.

New Avenues in Developmental Cancer Chemotherapy--Sept. 4-5, London. 8th annual Bristol-Myers Symposium on Cancer Research. Contact Ann Robinson, Bristol-Myers Symposium, Institute of Cancer Research, Block E., Clifton Ave., Belmont, Sutton, Surrey SM2 5PX, England.

Adjuvant Chemotherapy for Breast Cancer--Sept. 9-11, Masur Auditorium, NIH Clinical Center. NIH consensus development conference. Contact Peter Murphy, Prospect Associates, Suite 401, 2115 E. Jefferson St., Rockville, Md. 20852, phone 301-468-6555.

Ninth Annual Cancer Symposium and Fifth Annual Cancer Symposium for Nurses--Oct. 21-23, Sheraton Harbor Island Hotel, San Diego. Sponsored by Scripps Memorial Hospital Cancer Center. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego 92121, phone 619-453-6222.

Fourth International Conference on Environmental Mutagens--June 24-28, Stockholm. Satellite symposia are scheduled on genetic toxicology of the diet in Copenhagen June 19-22; risk assessment in relation to mutagens and carcinogens in Oslo June 20-22; and monitoring of occupational exposure to genotoxicants in Helsinki June 30-July 2. Contact Congress Office, ICEM-85, Stockholm Convention Bureau, Box 1617, S-11186, Stockholm.

14th International Cancer Congress--Aug. 21-27, 1986, Budapest. International Union Against Cancer. Contact Congress Bureau MOTESZ, PO Box 32, H-1361 Budapest, Hungary.

XVI Congress of International Academy of Pathology and 7th World Congress of Academic & Environmental Pathology--Aug. 31-Sept. 5, 1986, Vienna. Contact Institute for Pathologische Anatomie, 4, Spitalgasse, A-1090 Vienna, Austria.

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-51017-67
Title: Investigations of tumors that occur excessively among Blacks
Deadline: Approximately May 30

NCI's Environmental Epidemiology Branch, Div. of Cancer Etiology, has a requirement for research involving the initiation, supervision and coordination of a multicenter, population based case control investigation of four specific types of cancer: multiple myeloma and cancers of the esophagus, pancreas and prostate. NCI aims to conduct a large population based case control interview study of Blacks and Whites in order to identify the race specific risk factors for these tumors and to determine the reasons for the Black-White differences in incidence.

NCI plans multiple awards to organizations selected as collaborating centers, and one contract to a coordinating center for the entire study. Each collaborating center will undertake research and support activities, while the coordinating center will undertake support activities only. A collaborating center may also apply as the coordinating center. The collaborating centers must operate, or have full cooperation of an organization which operates, a population based cancer registry which has a high degree of coverage of the population.

Case medical records will be abstracted for diagnostic confirmation and clinical information. A

biological specimen component will also be included.

Each collaborating center will (1) liaison with institutions from which study subjects are derived; (2) develop protocols; (3) ascertain cases; (4) collect data and biological specimens; (5) undertake field supervision; (6) transfer data; (7) collaborate with other centers; and (8) establish procedures for maintaining quality control and standardization of activities. Collaborating center respondents must have relevant research experience with the cancers under study or with suitable other epidemiologic case control studies.

The coordinating center will supervise data collection activities by (1) developing study materials and procedures; (2) training support staff; (3) liaison between NCI and its collaboraators; (4) control selection; (5) designing and utilizing an information management logging system; (6) establishing procedures for quality control and documentation; and (7) data reduction, preparation and processing.

The concept from which this RFP was derived was approved by the DCE Board of Scientific Counselors last June and was reported in The Cancer Letter July 13, page 5.

Contract Specialist: Camille Battle
RCB Blair Bldg Rm 114
301-427-8888

RFP NCI-CM-57703
Title: Preparation of radiolabeled materials
Deadline: Approximately May 30

The Pharmaceutical Resources Branch of NCI's Div. of Cancer Treatment is seeking organizations having capabilities, resources and facilities for the preparation, storage and distribution of radiolabeled materials. The objective of this project is obtaining radiolabeled compounds of high purity via synthesis, fermentation, etc., in one to 50 millicuries quantities. The major emphasis will be on the preparation of the desired labeled compounds via synthetic procedures and will involve a wide variety of compounds, such as heterocyclic compounds, alkaloids, folic acids, alkylating agents, nucleosides, purines, pyrimidines, nitrosoureas, etc. Compounds required may include one or more of the following radioactive elements: carbon, tritium deuterium, sulfur, phosphorous, iodine, nitrogen, etc.

Materials will be stored and shipped by the contractor. A broad NRC or equivalent license is required. Methods will be available for "cold runs" in many but not all instances. All materials must be completely characterized and assayed as to identity, purity and radiopurity. A well instrumented analysis laboratory including a HPLC dedicated to radiosynthesis work and adequate library facilities must be available.

It is anticipated that an incrementally funded contract will be awarded for a period of three years. The contract will be written on a level of effort basis specifying a total of 21,000 technical labor hours over the three year period. The principal investigator must be trained in organic, medicinal or radiochemistry, preferably at the PhD level or equivalent in experience in radiochemical synthesis. The PI must be named and all technical personnel must be assigned to the project a minimum of 50 per cent of the time, preferably 100 per cent of the time.

The concept from which this RFP was derived was approved by the DCT Board of Scientific Counselors last October and was reported in The Cancer Letter Oct. 26, page 6.

Contract Specialist: Elizabeth Moore
RCB Blair Bldg Rm 220
301-427-8737

RFP NCI-CM-57698-16
Title: Synthesis of congeners and prodrugs
Deadline: Approximately June 21

Three cost type contracts are expected to be awarded for synthesis of a variety of compounds for evaluation as potential anticancer agents. The contracts will be awarded for periods of five years beginning approximately April 1, 1986.

The assigned objectives of this project will be (a) to design and synthesize congeners and prodrugs of compounds with confirmed activity; (b) to design and synthesize prodrugs and other compounds that possess elements of both congener and prodrugs; and (c) to synthesize compounds related to products of natural origin and other related heterocycles.

The offeror's proposed principal investigator should be trained in organic and/or medicinal chemistry at the PhD level or its equivalent from an accredited school and must exhibit recent experience in the proposed areas. The PI should also have some experience in cancer research and be able to devote a minimum of 30 per cent of his time to this contract. All other technical support personnel should be trained chemists and should devote at least 50 per cent and preferably 100 per cent of their time to this project.

Each offeror should have available a fully operational facility, including all necessary equipment and instrumentation for all aspects of the contract. The offeror must not be a pharmaceutical or chemical firm, since lead compounds of a commercially confidential nature (discreet) may be involved for modification.

The concept from which this RFP was derived was approved by the Div. of Cancer Treatment Board of Scientific Counselors at its October meeting and was reported in The Cancer Letter Oct. 26, page 4.

Contract Specialist: Patricia Shifflett
RCB Blair Bldg Rm 228
301-427-8737

The Cancer Letter _Editor Jerry D. Boyd

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