THE CANCER LETTER

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MONEY EARMARKED FOR WVU CENTER COULD BE RETURNED TO TREASURY; BYRD GETS ASSURANCES FROM DEVITA

The prospect was raised last week that NCI may not be allowed to use $4.5 million of its construction grant budget, money which had been earmarked by the Senate for the proposed West Virginia Univ. Cancer Center. When the National Cancer Advisory Board disapproved WVU's application (**The Cancer Letter,** May 24), it assumed the $4.5 million that Sen. Robert Byrd (D.-W.Va.) had added to NCI's 1985

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In Brief

PARDEE, DURANT HEAD AACR, ASCO; SARTORELLI, HELLMAN PRESIDENTS ELECT; ONS REELECTS JOHNSON

ARTHUR PARDEE, Dana-Farber Cancer Center, assumed the presidency of the American Assn. for Cancer Research last week at the 76th annual meeting in Houston, replacing Isaiah Fidler. **Alan Sartorelli,** director of the Yale Comprehensive Cancer Center, is the new vice president and president elect. Robert Handschumacher of Yale was reelected secretary-treasurer. New members of the Board of Directors are Enrico Mihich, Roswell Park; John Montgomery, Southern Research Institute; Garth Nicolson, M.D. Anderson; and Lee Wattenberg, Univ. of Minnesota.... **JOHN DURANT,** president of Fox Chase Cancer Center, took over as president of the American Society of Clinical Oncology at the Society's 21st annual meeting last week, replacing Sydney Salmon. **Samuel Hellman,** physician in chief at Memorial Sloan-Kettering Cancer Center, was named president elect. Hellman will be the first radiotherapist to head ASCO; all previous presidents were medical oncologists. Stephen Schimpff, Univ. of Maryland Cancer Center, was elected secretary-treasurer, replacing David Ahmann who has had the job for five years. New members of the ASCO Board are Robert Capizzi, Bowman Gray; and Joseph Simone, St. Jude's.... **JUDI JOHNSON** was reelected to a two year term as president of the Oncology Nursing Society at the Society's 10th annual congress in Houston. Also reelected were Cheryl Ann Lane, vice president; Jo Ann Wegmann, secretary; and Deborah Mayer, treasurer. New directors at large are Marilyn Frank-Stromborg, Barbara Carlile Holmes and Joyce Yasko.... **STEPHEN JONES,** chief of hematology/oncology at the Univ. of Arizona Cancer Center, will leave in August after 13 years in Tucson. He will assist Marvin Stone, director of the Sammons Cancer Center at Baylor Univ. Medical Center in Dallas, in organizing clinical trials. Jones also will join the Medical Oncology Group in Dallas. Frank Meyskens has been appointed acting chief of hematology/oncology.... **MARC LIPPMAN,** head of the Medical Breast Cancer Section at NCI, has received the 1985 Young Investigator Award from the American Federation for Clinical Research.

BYRD, DEVITA, WVU OFFICIALS AGREE THEY WILL HAVE "TREATMENT" CENTER

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appropriations bill specifically for WVU would be available to fund other construction grants. However, Byrd was not happy about the Board's action and reportedly was ready to demand that the $4.5 million be returned to the Treasurey.

In a statement to **The Cancer Letter,** Byrd did not mention that possibility. He had arranged a meeting in his Washington office with NCI Director Vincent DeVita, WVU Medical School Dean Richard DeVaul and Fred Butcher, representing the cancer center.

"Dr. DeVita was extremely complimentary of West Virginia University's efforts on its proposed cancer center and in fact he assured WVU officials that the National Cancer Institute would work with them on their cancer center proposal," Byrd said. "I think we have a number of avenues open to us in making the WVU Cancer Center a reality, and I think all of us, WVU and NCI, are united in our agreement that West Virginia needs and will have a cancer treatment center."

The term "cancer treatment center" instead of "cancer center" may be a clue on eventual solution of the impasse. It would require years of determined effort and considerable investment for WVU to build its base of peer reviewed biomedical research to the point where it could score well enough on core support and construction grant applications to clear the NCAB. But if it were designated as a treatment center, it might be easier to qualify for support through other NCI mechanisms. Or at least make it easier for the NCAB and NCI to swallow when and if Byrd writes into an appropriations bill a specific amount directed to WVU.

Byrd last year settled for language in the committee report on the bill, rather than getting it into the bill itself. There have been several precedents for a direct appropriation for construction of cancer facilities. The "number of avenues" mentioned by Byrd undoubtedly includes a direct appropriation, along with the alternatives to a full blown cancer center.

ONS: CERTIFICATION; ASCO: REDUCE NUMBERS; AACR: ANIMALS ARE VITAL

The Oncology Nursing Society announced it will begin its certification program next year. The American Society of Clinical Oncology announced it is considering a plan to reduce the number of medical oncologists in training. And the American Assn. for Cancer Research expressed its concern about efforts to limit use of animals in research.

Those were some of the organizational developments which took place at the annual meetings in Houston over the last two weeks. The Society of Surgical Oncology also met in Houston during the ASCO and AACR gatherings; reports on that meeting will appear in later issues of **The Cancer Letter** and also in **The Clinical Cancer Letter.**

ONS, ASCO and AACR all reported memberships at all time highs, with ONS far and away the largest now at over 8,000. ASCO's membership is now over 5,000 and AACR is at 4,152.

The first oncology nurse certification examination will be given April 30, 1986, in Los Angeles. The program is being administered by Oncology Nurse Certification Corp., which was established by ONS. The Society received a $31,000 grant from the American Cancer Society to initiate the program.

ONS President Judi Johnson reported that the certification program was one of several major projects initiated or completed during the past year, including publication of "Guidelines for Cancer Nursing Practice;" holding five regional workshops; publication of an ONS monograph; expanding the national staff from five to seven; establishing memberships with other organizations including UICC, the Nursing Coalition for Legislative Act and the National Coalition for Cancer Research; and establishing the first ONS Clinical Lectureship and excellence in writing awards.

Deborah Mayer, ONS treasurer, presented a financial report that should be the envy of any professional society. ONS has more than $760,000 in cash and liquid investments.

Members refused to go along with a recommendation of the Bylaws Committee to establish the office of president-elect. Most did not object to the office but to some of the provisions implementing the change. They voted to refer the proposal back to the committee for submission to the 1986 meeting.

The members approved resolutions commending Joan McNally, Joy Campbell Stair and Eileen Sommerville for their contributions to development of the book, "Guidelines for Cancer Nursing Practice;" commending Lisa Begg Marino as the founder of ONS 10 years ago and commending the original officers of the Society—Marino as president, Cynthia Mantz (now Cynthia Cantril) as vice president, Connie Henke (Yarbro) as treasurer and Daryl Maass-Mathers as secretary.

ASCO President Sydney Salmon said the Society's Board of Directors is considering a position paper with specific recommendations to reduce the number of trainees in medical oncology.

The paper was developed by B.J. Kennedy, who had just completed a detailed survey of medical oncology and hematology/oncology training programs for ASCO and had confirmed that "there are now sufficient

numbers of trainees in the pipeline to fulfill the current needs for practicing medical oncologists in the U.S.," Salmon said. "Furthermore, we will have a major crisis with oversupply of medical oncologists if corrective action is not taken."

(Editor's note: In the April 5 issue of **The Cancer Letter**, Kennedy was quoted as saying that the number of medical oncologists, about 3,500, is close to matching the need but that when the number required is based on 60 per cent of the time being spent in oncology, the need would be about 4,500. "That doesn't seem to me to be a glut," Kennedy said then. Kennedy clarified that last week, pointing out that most medical oncologists spend nearly all their time in oncology, and thus a surplus will exist of the numbers go up).

Key points in the position paper are:

*Training programs should only be located in institutions with a significant research commitment.

*Programs offering only clinical training or those with no current trainees should be discontinued.

*Programs in institutions where other specialties in internal medicine, surgery and irradiation are not represented should be phased out.

*Good foreign trainees should be sought, but to reduce U.S. manpower excess and to extend the benefits of medical oncology, they should return to their homelands upon completion of their training.

*Funding should be reduced for a number of clinical training programs (including the VA) with the exception that training for research careers should be encouraged.

*The duration of medical oncology training should be increased to three years with greater emphasis on research.

*Methods should be sought to encourage voluntary reduction in the number of trainees, including even the large training programs at major centers.

*A goal should be reduction in number of medical oncology trainees by 50 per cent within the next five years.

NCI Director Vincent DeVita commented at the ASCO business meeting that "we felt in 1980 NCI should stop training medical oncologists who are primarily going into practice. We're still training them, but they have to be in research. We are doing what we can to reduce the numbers."

Salmon revealed that at the suggestion of ASCO Board member Steven Rosenberg, he had initiated discussions with the Society of Surgical Oncology and the American Society for Therapeutic Radiology & Oncology, offering their members a one time opportunity to automatically become ASCO members (albeit with full payment of ASCO dues). The SSO and ASTRO boards agreed, and so far about 170 SSO members have joined ASCO since January (the agreement with ASTRO had only just been completed). ASCO "is now evolving as a unified voice for clinical oncology," Salmon said.

Salmon praised the "imaginative" National Cancer Act of 1971. "Many of the remarkably impressive gains made in cancer research and clinical oncology in the past decade are the direct result" of that Act. It "provided NCI with considerable independence from the NIH bureaucracy," created NCI's bypass budget authority, provided a direct link to the White House with the President's Cancer Panel, permitted NCI to establish special study sections and allowed it to "facilitate high priority areas in cancer research and clinical oncology through a variety of funding mechanisms. This capability for innovation resulted in developments such as the Biological Response Modifiers Program, the Community Clinical Oncology Program, and PDQ."

The problems with the federal deficit "has led some members of the current Administration to take a penny-wise and pound-foolish attitude that cancer research is analogous to gingerbread, which can be cut back rather arbitrarily when a new budget is baked," Salmon continued. "If viewed in the context of the total costs for standard cancer care, the R&D budget for NCI is a very small percentage. Even an entrepreneur should see the investment as a good one. Dr. Tom Frei has recently determined that gains which we measure in cures and increased survival more than return the annual investment in the National Cancer Institute to the government in terms of tax dollars, not to mention the relief of human suffering which results from these efforts.

"As you all know, NCI is part of the Executive Branch and therefore cannot overtly oppose the will of the Administration. However, scientific societies are not so constrained and can work cooperatively as advocates for major needs of NCI as reflected in the bypass budget. The recent attacks by the Administration make it essential that there be an ongoing strong national voice both in Congress and the Administration to regularly speak in support of major needs in cancer research... ASCO has been integrally involved in the creation of the National Coalition for Cancer Research... We intend from here on both Congress and the Administration will hear a clear and united voice from those most interested in cancer research. NCCR has been able to aid in developing specific language for legislation intended to reauthorize the National Cancer Institute (renewal of the National Cancer Act) and keep its important capabilities intact. The coalition has great potential to provide the integrated leadership needed to influence our government to maintain the fight against cancer and to head off the highly disruptive kinds of efforts

that have been made which would slow the cancer program.

". . . Tracking the leading edge of basic and clinical cancer research renews our energy for the future. It is clear that the hope embodied in the National Cancer Act of 1971 was fully justified. We have already won many battles in the war against cancer, and have gained the realization that this is a war which will be won," Salmon concluded.

ASCO's Young Investigator Awards, which started last year with one, was expanded to six this year.

Sharon Murphy, member of the ASCO Board, reported that the program had been expanded through the participation of more pharmacuetical companies. The awards provide $25,000 to a sponsoring institution to support one young investigator for a year. Eligibility is limited to those in the second or third years of oncology training—all subspecialties, not just medical oncology—or when they are within one year of completion of their training.

Receiving the awards this year were George Shaw, sponsored by Burroughs-Wellcome, at the Univ. of Alabama (Birmingham); Austin Doyle, Bristol-Myers Oncology Div., Univ. of Maryland Cancer Center; Oliver Press, Stuart Pharmaceuticals, Fred Hutchinson Cancer Research Center; Susan Kelley, Adria Laboratories, Dana-Farber Cancer Institute; Andrew Jacobs, Genentech, UCLA School of Medicine; and Joseph Laver, Roche, Memorial Sloan-Kettering Cancer Center.

DeVita revealed that the Administration's plan to submit a biomedical research authorization bill which did not include renewal of the National Cancer Act "apparently has been abandoned."

He said the Administration so far had not submitted a bill and probably would not. The bill introduced by Congressman Henry Waxman (D.-Calif.) "I understand will keep the Cancer Act intact."

In following up his remarks about the training of medical oncologists, DeVita commented, "We could use a patterns of care study, as the radiotherapists had. I'm told that surgeons feel the same way. We need a little discipline. We need to find ways to improve what is becoming an increasingly complex field."

"A patterns of care study for medical oncology is an excellent suggestion," Salmon responded. "ASCO needs to look at it."

AACR's resolution on animals used in research is as follows:

"In response to the continuing legislative and public concern over the use of animals in research, the Board of Directors and membership of the American Assn. for Cancer Research at the annual meeting in 1985 declare that the judicious, considerate and humane use of animals for experimentation is absolutely essential for optimal progress in solving problems of cancer and leukemia —in both humans and animals. We caution that deterrence of appropriate use of animals for these purposes will impede continued progress in the search for treatment, cure and the prevention of cancer and leukemia and the suffering of afflicted humans and animals."

AACR President Isaiah (Josh) Fidler revealed the Association's plans continuing publication of its journal, "Cancer Research," with the demise of NCI's $350,000 a year grant. "If you're looking for a helping hand, you'll find it at the end of your arm," was a bit of wisdom Fidler said his grandmother taught him. The helping hand will be in the form of page charges, which the journal has not had to impose in the past, and increased subscription charges.

The page charge will be $40, much of which NCI probably will end up paying anyway, through its grants which result in publication in "Cancer Research." There is a hardship clause which permits authors to appeal to the editor to waive the page charge. The waiver will be decided on an individual basis. Secretary-treasurer Robert Handschumacher said that if there are too many hardship cases, the hardship clause might be dropped.

AACR membership dues will remain at $25, but member subscription rates to the journal will go up $10, to $60. Individual nonmember subscription rates will go from $100 to $120, and institutional subscriptions from $175 to $210.

AACR Executive Director Margaret Foti reported that the time for accepting or rejecting manuscripts for the journal had been reduced to 67 days. Fifty seven per cent of manuscripts submitted are being accepted. About 17 per cent relate to clinical research.

John Laszlo, chairman of the Scientific & Public Affairs Committee, reported that another position paper is being prepared, on nontraditional sources for funding cancer research. AACR approved a carefully documented position paper on tobacco and cancer last year.

Laszlo also announced that the committee was represented on the National Coalition for Cancer Research, and said that a position paper would be prepared on legislation. The resolution on animals in research was drafted by the committee.

Members approved a bylaws change, establishing a category for sustaining members. During discission on the floor, James Holland expressed concern that the language of the amendment could permit tobacco companies to join and thus "suborn cancer research." He asked that applicants must have a "demonstrated

historic allegiance to cancer control efforts." The change as presented was "too marshmallowy," Holland said. The members agreed to include language specifying that applicants for the new category would have to meet the aims and goals of AACR.

PARTICIPANTS SOUGHT

National Collaborative Chemoprevention Projects

NCI's Div. of Cancer Etiology supports individual research grants and contracts in chemoprevention, such as the synthesis and discovery of anticarcinogenic agents, their efficacy and the determination of their basic mechanisms of action. A significant number of agents appear promising for further development. Effective exploitation of new knowledge applicable to cancer prevention often requires diverse laboratory research expertise and material resources beyond the scope of most individual grants and contracts, and in many cases, beyond the capacity of single organizations. For these reasons, an RFA will soon be issued for National Collaborative Chemoprevention Projects (NCCPs) which are conceived as new approaches to cancer prevention in order to acquire basic knowledge in significant biological systems for carcinogenesis and anticarcinogenesis; derive new insights into practical means for chemoprevention of the carcinogenic process; and rapidly translate these understandings into new chemopreventive entities with known ranges of efficacy and defined pharmacologic/toxicologic properties.

The Chemical & Physical Carcinogenesis Branch is proposing to establish the NCCPs with funding through cooperative agreements. Each NCCP would consist of laboratory research programs representing diverse scientific disciplines and expertise, such as experimental carcinogenesis, pharmacology, toxicology, medicinal and organic chemistry, molecular and cellular biology, biochemistry, immunology and pathology. Scientists in a given project could derive from any combination of the academic, nonprofit and for profit communities. Scientists in an NCCP could also be drawn from a single organization possessing necessary diversity and in depth expertise to accomplish project objectives. Each project would consist of a project director, program leaders in several broad scientific disciplines and an NCI coordinator. The project director has the responsibility for organizing the project, assembling the multidisciplinary group of program leaders, preparing the cooperative agreement application and service as principal investigator. This individual provides scientific and administrative leadership, and is expected to provide a laboratory program. A high degree of interaction and focus are expected in project efforts.

It is anticipated that the scope of an individual NCCP might include: (1) in vivo efficacy determinations in significant biological models employed in carcinogenesis studies; (2) demonstration of feasibility of any in vitro bioassays employed, as related to in vivo carcinogenesis/anticarcinogenesis; (3) pharmacologic investigations of absorption, distribution, metabolism, and excretion with attention to dose/response relationships or investigations on the range of agent activity relative to organ sites at which chemoprevention is demonstrable; (4) biochemical investigations on mechanisms of action; and (5) investigations on structure activity relationships elucidating chemical/structural features for agent efficacy, toxicity and pharmacologic properties.

The purpose of this initial announcement is to allow outstanding scientists who are interested in participating in the proposed projects (either as project directors or program leaders) to identify themselves. The CPCB will organize and distribute this information within 30 days of closing to all who respond to this announcement. It is expected that this procedure will facilitate the efforts of individual scientists and organizations to identify other interested parties and to form strong interdisciplinary groups for the submission of applications for NCCPs. This present announcement is intended only to facilitate the formation of the projects. An RFA will be issued shortly outlining the specifics of the National Collaborative Chemoprevention Projects. This RFA will be open to all investigators and organizations as potential RFA responders whether or not they respond to this announcement. NCI will play no role in the formation of the projects other than to distribute the information indicated above.

Scientists interested in participating should submit only the following information which will be tabulated and sent to investigators supplying information: Name, organization, including mailing address and phone number; scientific discipline, participation interest (project director or program leader); and at the responder's option, one or two lines on the nature of the interest in participation. This information should be sent by June 3 to Carl Smith, PhD, Program Director, Biological & Chemical Prevention, CPCB, DCE, NCI, Landow Bldg Rm 9B-06, Bethesda, Md. 20205, phone 301-496-4141.

The concept from which this program was derived was approved by the DCE Board of Scientific Counselors last winter and reported in The Cancer Letter March 15, page 3.

PROGRAM ANNOUNCEMENT

NCI Comprehensive Minority Biomedical Program Minority Investigator Supplement

NCI provides support for minority researchers in the form of the minority investigator supplement (MIS). Domestic research institutions already receiving NCI grants and interested in including minority researchers in their cancer research efforts may submit an MIS application for this purpose. Approved applications will be funded as supplements to previously peer reviewed active grants. These may include, but are not limited to, individual project (RO1) and program project (PO1) grants.

The NCI program director, in conjunction with the Cancer Minority Program Advisory Committee, will determine the appropriateness of the supplement

and eligibility of the minority investigator using the following criteria:

1. The proposed research as described in the supplemental application should fit within the scope of the approved and funded project. If this is not the case, additional technical merit review will be required.

2. The minority investigator's CV should indicate that he/she has had appropriate research experience.

3. If the minority investigator has already spent an extended period of time in the applicant's laboratory, additional time should be justified.

4. The PI and the minority investigator should demonstrate a clear understanding of the objectives of the MIS (which are to enlarge capabilities of minority scientists in cancer releated research and to encourage them to develop independent careers as cancer investigators, while furthering objectives of the parent grant).

5. The length of time requested for achieving the objectives of the supplement should be justified.

Following consideration by CMPAC, any application requiring additional technical merit review will be deferred for traditional peer review before any further consideration by CMPAC or the National Cancer Advisory Board.

Any domestic institution with an active cancer research grant is eligible to submit a supplemental application on behalf of a principal investigator for the exclusive purpose of including minority researchers in the project.

A minority investigator may be described as a U.S. citizen from an under represented ethnic American nationality (e.g., Black, Hispanic, Native American, Asian or Pacific Islander). The MI is expected to provide a complete CV which includes a list of any research publications. The MI may be affiliated with the application institution or some other institution. The MI should not have spent an extended period of time in the applicant laboratory and should not have been an independent investigator on any traditional grant mechanism from NIH or other funding organization. This does not exclude MIs who have been supported by the NIH Minority Biomedical Research Support Program or similar program. The program is not intended to pay stipends for student trainees or support candidates without any research background. The investigator must be willing to devote a minimum of 30 per cent of his/her time to the research project.

The proposed research project for the supplement must be closely related to the currently funded research grant. It may represent an increased effort in an already approved objective of the research project or propose to enhance the effectiveness of the overall research. The nature of the research should provide the MI an opportunity to contribute intellectually to the program and to broaden his/her own potential. The scope of the project will generally be comprehensive enough to require at least two years for completion and the supplemental application should include such a research plan and projected budget sheets. With appropriate justification a one year application may be acceptable. No new supplemental applications will be accepted in the final year of a current award.

Funding will be made in accordance with the usual NIH policy for supplements. Awards will be issued on an annual basis. Continuing support for the second or subsequent year will depend upon approval of a satisfactory annual progress report and proposed budget from the MI submitted with the PI's noncompeting continuation application. Funding for the supplement is always contingent on funding of the parent grant. Each MI budget shall not exceed $25,000 in direct costs and may not include equipment. Supplemental awards made under this program are for the sole purpose of facilitating participation by MIs as described above.

All potential applicants are encouraged to call the NCI Minority Program office at 301-496-7344.

Minority Satellite Supplement

NCI seeks to promote participation of minority patients in clinical trials and other treatment programs at hospitals and institutions which serve large or predominantly minority populations through the Minority Satellite Supplement (MSS) of the Comprehensive Minority Biomedical Program. This NCI interdivisional initiative seeks to identify institutions which could function as cooperative satellites of existing cooperative clinical trials groups and centers. The thrust of the initiative is to enter minority patients in an expanded and organized fashion into clinical cancer treatment protocols. The improved level of cancer treatment should be reflected in improved survival and cure rates in minority cancer patients. A supplement would provide funding for data management and other relevant expenses. Currently funded clinical trials groups and centers interested in increasing minority patient enrollment into well designed and well implemented clinical trials may submit a supplemental application for this purpose.

The divisional program director and the CMBP director of NCI will determine the appropriateness of the supplement request based on the applicant institution's ability to access adequate numbers of minority patients; enter eligible patients on protocol; deliver therapy; and followup and report these patients. The proposed research described in the supplemental application must fit within the scope of the approved and funded parent project grant. Supplemental applications will be reviewed by the National Cancer Advisory Board for a final recommendation.

Domestic institutions capable of accessing large numbers of minority patients on a regular basis, entering eligible patients on protocols, delivering therapy and following up patients may apply. These patients, largely Black, Hispanic, Native American and Oriental, have breast, prostate, cervical, lung, colon, head and neck cancers as predominant pathologies. As many of the patients would benefit from new methods of cancer treatment, the satellite institution would become an affiliate of an NCI supported clinical trials program.

Potential applicants are encouraged to call Dr. Lemuel Evans, NCI's CMBP director, at 301-496-7344.

Cancer Control Science Associates Program

NCI's Div. of Cancer Prevention & Control is accepting applications for a proposed July 6, 1986, entry into the Cancer Control Science Associates Program. The primary purpose of this program is to attract qualified individuals from a multiplicity of health science disciplines into the field of cancer control research.

Depending on availability of funding and/or personnel slots, up to five individuals will be accepted as DCPC science associates for a three year period of duty. In most cases, two years will be spent at NCI working directly with individual preceptors on ongoing cancer prevention and control projects. Science associates also will participate in formal in house training in cancer prevention and control and may, in some instances, pursue specialized course work at selected academic institutions. A third year will be spent at one of the NCI supported cancer prevention and control programs located throughout the U.S. Matching procedures will ensure that each DCPC science associate will be placed according to his/her professional training and interests.

Requirements for appointment are: MD, DO or accredited doctoral degree in an allied or public health profession, biomedical, behavioral or social science, or equivalent; a minimum of one year of postdoctoral training or experience at the time of application, which included familiarity with the basic fundamentals of scientific research methodology; academic-professional excellence supported by official transcripts and four letters of reference; and U.S. citizenship or permanent residency status at time of application. This program may not be used to fulfill payback obligations to the National Health Service Corps Scholoarship Program.

DCPC science associates will occupy three year, nontenured Civil Service positions as professional staff. Current salaries for the first year for an MD/DO or PhD, respectively, are $31,044 and $26,381 per annum. Employment benefits include sick and annual leave, relocation and travel expenses, and tuition expenses of applicable. Associates will be eligible to participate in the federal contributory health and life insurance plans.

To obtain program details and an application packet, send a postcard only with printed name and home mailing address to Nancy Garner, Program Coordinator, CCSAP, NCI, Blair Bldg Rm 4A01, Bethesda, Md. 20205, or phone 301-427-8788.

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-61003-21
Title: Biomedical computing—design and implementation
Deadline: Approximately Aug. 1

The Population Studies Section, Environmental Epidemiology Branch of NCI's Div. of Cancer Etiology is recompeting an ongoing project for research and development and data processing support, which is currently being performed by Capital Systems Group Inc.

The contractor will provide computer related research and services for the scientific activities of EEB. This will involve research and development in computer science to develop specialized software; the use of existing software and systems for supporting Branch projects; and the development of custom programs and systems. These services will be applied to data already collected as well as to data in the process of being obtained from ongoing and planned intramural research projects for which computer support is not provided by other means.

Prospective offerors must have expertise in biomedical/biostatistical computing. The estimated level of effort will be 29 staff years over a four year period. All development and production processing will be done using the NIH Computer Center 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 Bldg, 7910 Woodmont Ave., Bethesda.

This acquisition will be a total small business set aside with a size standard of $7 million.

The concept from which this RFP was derived was approved by the DCE Board of Scientific Counselors last winter and was reported in The Cancer Letter March 15, page 7.

Contract Specialist: Barbara Shadrick
RCB Blair Bldg Rm 114
301-427-8888

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JUNE, JULY, FUTURE

Rational Therapeutics: A Seminar in Oncology— June 1-2, Anaheim. Contact Dwight Kloth, Program Chairman, Dept. of Pharmacy Services, City of Hope National Medical Center, 1500 E. Duarte Rd., Duarte, Calif. 91010, phone 818-359-8111.

President's Cancer Panel--June 3, Memorial Sloan-Kettering Cancer Center, Hoffmann Auditorium, 1275 York Ave., New York.

Mechanisms of DNA Damage & Repair: Implications to Carcinogenesis & Risk Assessment--June 3-7, Gaithersburg, Md. Contact Kathy Strong, A-353 Physics Bldg, National Bureau of Standards, Gaithersburg 20899, phone 301-921-2255.

Obstetric & Gynecologic Pathology--June 3-7, Monterey, Calif. Contact Nancy Zabel, American

Society of Clinical Pathologists, 2100 W. Harrison St., Chicago 60612, phone 800-621-4142.

Head & Neck Pathology—June 3-7, Boston. Contact Nancy Zabel, address above.

Cancer & Nutrition: A 1985 Update on Chemoprevention Trials & Therapeutic Management--June 6-7, Baltimore. Contact Program Coordinator, Johns Hopkins Univ. School of Medicine, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

First European Symposium on Thyroid Cancer--June 6-7, Montpellier, France. Contact Societe Internationale de Congres et Services, 337, rue de la Combe Caude, 34100 Montpellier Cedex, France.

Div. of Cancer Treatment Board of Scientific Counselors—June 10-11, NIH Bldg 31 Rm 10, open 8:30 a.m.-5 p.m. first day, 11 a.m.-adjournment second day.

Advances in Hematology—June 10-14, London. Contact E. Barker, School Office, Royal Postgraduate Medical School, Due Cane Rd., London W120HS, England.

Advances in Hematology--June 10-14, London. Contact Mrs. E. Barker, School Office, Royal Postgraduate Medical School, Du Cane Road, London W120HS, England.

Advances in the Care of the Child with Cancer—June 12-14, Hilton Hotel, Los Angeles. Contact American Cancer Society, 777 Third Ave., New York 10017, phone 212-371-2900.

Biochemical Modulators in Cancer Research & Treatment—June 13-14, Detroit. Contact Dr. Fred Valeriote, Div. of Medical Oncology, Dept. of Medicine, Wayne State Univ., PO Box 02188, Detroit 48201.

Breast Preservation: Workshop on the Technique of Conservative Surgery and Radiotherapy for Early Breast Cancer—June 14-15, Memorial Sloan-Kettering Cancer Center, New York. Contact CME Conference Planning Office, C-180, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

Assn. of American Cancer Institutes--June 16-18, Washington Hilton Hotel, Washington D.C.

Clinical Oncology and Cancer Nursing--June 16-20, Stockholm. Contact Mrs. Ira Thilen, Stockholm Convention Bureau, Jakobs Torg 3, S-111 52 Stockholm, Sweden.

Membranes in Tumor Growth—June 17-20, Catholic Univ., Rome. Contact Scientific Secretariat, Istituto Patologia Generale University' Cattolic, S. Cuore, Largo F. Vita, 1-00168, Roma, Italy.

Toxicology Update '85—June 17-19, Johns Hopkins School of Hygience & Public Health, Baltimore. Contact Program Coordinator, Toxicology Update '85, Turner Rm 22, 720 Rutland Ave., Baltimore 21205.

Critical Care and Medical Management of the Cancer Patient--June 20, Roswell Park continuing education in oncology.

Hereditary Gynecologic & Breast Cancer—June 23-25, Red Lion Inn, Omaha. Contact Hereditary Cancer Institute, Creighton Univ., Omaha, Neb. 68178.

Symposium on Resistance to Anticancer Agents—June 23-28, Kyota, Japan. Contact Dr. Thomas Hall, Director, Community Cancer Program of Hawaii, Univ. of Hawaii School of Medicine, Cancer Center, 1236 Lauhala St., Honolulu 96813, phone 808-548-8422.

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.

Cancer Clinical Investigation Review Committee—June 24-25, NIH Bldg 31 Rm 6, open June 24 8:30-9 a.m.

Surgery of the Larynx--June 27-29, Galveston. Contact Martha Berlin, Coordinator, Office of Continuing Education, Univ. of Texas Medical Branch, Galveston 77550, phone 409-761-3248.

Developmental Therapeutics Contract Review Committee (Ad Hoc)--June 28, Linden Hill Hotel, Bethesda, open 8:30-9 a.m.

XIIth International Symposium on Comparative Research on Leukemia and Related Diseases--July 7-12, Hamburg, Germany. Contact Dr. David Yohn, Secretary General, Suite 302, 410 W. 12th Ave., Columbus, Ohio 43210, phone 614-422-5602.

Developmental Therapeutics Contract Review Committee--July 26, 29, 30, NIH Bldg 31 Rm 7, open 8:30-9 a.m. July 26 and 29.

FUTURE MEETINGS

Antibiotic Update: Carbapenems—Aug. 14, Alameda Plaza Hotel, Wornall Rd. at Ward Parkway, Kansas City, Mo. Contact Jan Johnston, Office of Continuing Education, Univ. of Kansas Medical Center, 39th and Rainbow Blvd., Kansas City, Kan. 66103, phone 913-588-4480.

Hazards: Antineoplastic Agents—Methods for Safe Handling—Aug. 18-19, Washington D.C. Convention Center. Conference on oncologic pharmacy and nursing. Contact Stephen K. Herlitz Inc., 404 Park Ave. South, New York 10016.

Immunocytochemistry and Electronmicroscopy in Tumor Diagnosis—Oct. 7-11, Detroit. Tutorial and workshop. Contact Dr. Jose Russo, Dept. of Pathology, Michigan Cancer Foundation, 110 E. Warren Ave., Detroit 48201, phone 313-833-0710 Ext. 214.

Occupational and Environmental Significance of Chemical Carcinogens--Oct. 8-10, Palazzo della Cultura e dei Congressi, Bologna, Italy. Cesare Maltoni and Irving Selikoff are cochairmen. Contact Organizing Committee, (conference title), c/o Istituto di Oncologia, Viale Ercolani, 4/2, 40138 Bologna, Italy.

The Cancer Letter _Editor Jerry D. Boyd

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