

THE

CANCER LETTER

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BAHAMAS GOVERNMENT CLOSSES CLINIC "IMMEDIATELY AND PERMANENTLY" AFTER AIDS CONTAMINATION REPORT

Gale Katterhagen's hunch and Gregory Curt's hammering away for more than a year have paid off. The clinic operated in the Bahamas by Laurence Burton, in which he has dispensed unproven, highly questionable and very expensive treatment to cancer patients, has been closed "immediately and permanently" by the Bahamas (Continued to page 2)

In Brief

WYNGAARDEN SUSPENDS NIH FUNDS FOR PENNSYLVANIA HEAD INJURY CENTER OVER ANIMAL CARE PROBLEMS

NIH DIRECTOR James Wyngaarden announced last week that he was suspending NIH funding of the Univ. of Pennsylvania's Head Injury Clinical Research Center's research involving nonhuman primates. Wyngaarden said that a preliminary investigative report on the care and use of lab animals there indicates "material failure to comply with the Public Health Service policy for the care and use of laboratory animals." He said areas of special concern were supervision and training of laboratory personnel, management of anesthesia and analgesia for research animals, adequacy of techniques used to achieve a sterile environment, extent of veterinary participation in certain aspects of the experiments, and the occupational health program in the laboratory. The university will have an opportunity to respond to the report, "after which I will determine what further actions by NIH are appropriate," Wyngaarden said. . . . **ANDREW PEACOCK**, chief of the Protein Section in the Laboratory of Molecular Carcinogenesis of NCI's Div. of Cancer Etiology, died of cancer last month at the NIH Clinical Center. He was 63. Peacock was noted for his work in electrophoresis. . . . **RECENT PRESS** conference comments: By Bernard Fisher, Univ. of Pittsburgh—"Clinical trials costs are a bargain. They are a very important component of cancer research. It's ridiculous to prioritize between basic research and clinical research. We've got to have both." Saul Rosenberg, Stanford Univ.—"I don't think there is any doubt that patients on study get better care. We can't cut corners if we want to give the best possible care. But the gains we make in clinical trials are small compared with the enormous gains we could make if we eliminated cigarettes—100,000 lives a year in the U.S., one million world wide" **ROTARY CLUB** of Houston is leading a \$30 million fund raising effort to pay for construction of a 15 story, 306 room residential complex for M.D. Anderson Hospital patients and their families. . . . **1985 HARVEY PRIZE** of the Technion-Israel Institute of Technology went to George Dantzig, professor of operations research and computer science at Stanford Univ., and Barnett Rosenberg, professor of chemistry at Michigan State Univ.

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KATTERHAGEN-INSALACO, CURT-CHABNER EFFORTS PAY OFF: BURTON CLOSED DOWN

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government. That action followed publication, first in **The Cancer Letter** and then in the "Miami Herald," of the finding by Katterhagen of hepatitis B and AIDS causing HTLV-3 contamination in serum given by Burton to patients for self administration.

Katterhagen, director of oncology for Multicare Medical Center in Tacoma, and S.J. Insalaco, Pierce County (Washington) Blood Bank director, obtained sera from two patients treated by Burton, tested it and found it positive for hepatitis in all 18 samples and for HTLV-3 in eight of the 18 (**The Cancer Letter**, July 12). Katterhagen notified Curt, deputy director of NCI's Div. of Cancer Treatment who last year, along with DCT Director Bruce Chabner, published their findings of hepatitis B and bacterial contamination in other sera samples from Burton's clinic.

Curt notified Burton's "Immunology Researching Center" in Freeport and the Bahama Ministry of Health. Neither indicated any action would be taken, and when **The Cancer Letter** contacted the Bahamas embassy in Washington, no one there would comment on the situation. A spokeswoman for Burton denied that medication dispensed there was contaminated (**The Cancer Letter**, July 19).

Katterhagen sent samples of the sera he had tested to the Centers for Disease Control in Atlanta. CDC said its first tests for contamination were "uninterpretable" and that further testing had been undertaken. The agency said it would take no action until those results were in, probably not for several weeks.

The "Miami Herald" learned of the Katterhagen-Insalaco findings July 18 and reported them in its July 19 issue. The Bahamas Health Ministry contacted the "Herald" that afternoon to say that, based on reports in the American press, it was closing Burton's clinic "immediately and permanently."

The "Miami Herald" is the most influential U.S. paper in the Caribbean and probably all of Latin America. Most U.S. tourists to the Bahamas go there through Miami, and tourism is the country's major industry. Obviously, it didn't take the Bahamas government several weeks, or even more than a few hours, to figure out the potential threat that fear of an AIDS epidemic in the islands posed to the country's economic health.

Katterhagen has appealed to physicians to contact those patients they know who have been treated by Burton (an estimated 3,000 a year) and urge them to bring in for testing sera they may have. He told **The Cancer Letter** this week that two more patients in Washington have submitted their sera for tests.

Ironically, the patients from whom the contaminated sera was obtained were extremely displeased that that information had resulted in closing Burton's clinic. "That man has been keeping me alive," complained one.

Cancer is treatable, Katterhagen noted, while AIDS at present is 100 per cent fatal. "These people who have this contaminated sera not only may be exposing themselves to AIDS but also transmitting it their spouses. That could lead to getting the disease into the heterosexual population in a major way."

Correction: **The Cancer Letter** reported in the July 12 article that the two Washington patients had had their blood tested for HTLV-3 antibodies and found positive. Katterhagen said this week that the presumption that both had been exposed to HTLV-3 was based on the fact that both had injected themselves with sera from vials which subsequently were found with the HTLV-3 antibodies.

The White House has asked Congress to increase AIDS research funds by 50 per cent for FY 1986, which would bring the total to \$126.3 million.

The Administration proposal, delivered last week to Congressman Henry Waxman (D.-Calif.), chairman of the House Health Subcommittee, would fund:

- *Monitoring and evaluation of donated blood and research into HTLV-3.

- *Studies to determine the nature and history of HTLV-3 and a demographic analysis.

- *Education programs in every state to help explain the health risks and prevention techniques.

- *Demonstration and evaluation projects and clinical tests of drugs that might prove effective.

Much of that work is already under way, with NCI carrying most of the load and supporting a substantial part with funds taken from other research. The additional money could relieve some of that burden on cancer research, if appropriately allocated.

Paul Volbierding, San Francisco General Hospital, said at a hearing by Waxman's subcommittee that even if only five to 10 per cent of persons infected with HTLV-3 get AIDS, their medical care could exceed \$10 billion. He called for more money for education. "In addition to an AIDS vaccine, we need to support a much more vigorous program of public education. While AIDS is a complex disease, its transmission is well understood and preventable."

Michael Gottlieb, UCLA, said, "The long term consequences of this epidemic are as significant as a drought or famine. It will continue to erode the resources of this nation if we do not respond effectively."

CDC has reported there had been 11,563 cases of AIDS reported by July 1.

SENATE PASSES BIOMEDICAL RESEARCH EXTENSION; ACTION NEAR ON GRANTS

The Senate passed late last Friday night (July 19) the Health Research Extension Act, which includes renewal of the National Cancer Act in essentially its existing form, setting the stage for the conference with the House to resolve differences with the bill previously approved by that body. Meanwhile, the impasse over the number of grants that will be funded in both 1985 and 1986 fiscal years could move a step closer to solution this week.

The Senate bill, like the House measure, establishes a new National Institute of Arthritis, Musculoskeletal and Skin Disease. It does not establish a new National Institute of Nursing Research, as does the House bill.

The Nursing Institute and one year authorization in the House bill vs. three years in the Senate are the major differences conferees will address.

President Reagan last year vetoed the bill which included both new institutes, citing that as the primary reason for not approving it. Congressional leaders expect now that the President will sign it this time even with the Arthritis Institute, provided it does not also include the Nursing Institute.

The Senate also approved three health manpower bills. "Passage of these bills is timely and will have a positive impact on the quality of health care available to Americans and make that care more accessible to all," Orrin Hatch (R.-Utah), chairman of the Labor & Human Resources Committee, said. Hatch noted that the bill, which also includes the special authorization for the National Heart, Lung & Blood Institute, includes every Administration recommendation to limit administrative burdens and streamline management of NIH.

"It represents years of hard work by me and my colleagues, and will provide the authority and support necessary to maintain what is unquestionably one of our most successful federal efforts, our national biomedical research programs," Hatch said.

The manpower package, comprised of amendments to the Public Health Service Act, includes the Health Professions Training Assistance Act, National Health Services Corps Amendments of 1985 and the Primary Care Health Service Amendments of 1985.

Hatch probably will insist on the three year authorization rather than one year, as in the bill authored by Henry Waxman (D.-Calif.), chairman of the House Health Subcommittee. "He certainly doesn't want to go through this again in only one year," one observer commented.

Both houses would like to get the bill out of conference, approved and sent to the White House

before Congress starts its month long recess Aug. 2. The members do not anticipate with much pleasure the prospect of listening to any more pitches on various aspects of the legislation while they are home.

One of those interest groups, the nurses, did their best last week before the bill went to the floor of the Senate. Their representatives worked very hard to line up a sponsor for an amendment adding the Nursing Institute. They could not find anyone who would go along, largely because Hatch is such a strong figure in the Senate.

President Reagan's veto of the bill last year was a "pocket veto," made after Congress had adjourned, offering no opportunity for an override vote. He will get it early enough this time so that he will have to either sign it or take his chances on an override.

The House and Senate probably are not too far apart on the issue of the number of NIH grants which may be funded.

William Natcher (D.-Ky.), chairman of the House Labor-HHS Appropriations Subcommittee, and Silvio Conte (R.-Mass.), the subcommittee's ranking Republican, were not inclined to go along with the 6,000 new and competing grants for both 1985 and 1986, the compromise worked out by the Senate leadership with the White House.

Natcher and Conte would prefer that the 6,526 grants provided for in the 1985 appropriations bill be funded. At least, they contend, the number should be the 6,200 which the House bill contained before it went to conference. It was the Senate that insisted on the larger number.

The grants issue is hung up in the 1985 fiscal year supplemental appropriations bill which has been approved by both houses but is still in conference. The Senate version spells out the compromise 6,000; the House bill does not refer to it. That difference is not the reason for the delay; conferees have not been able to agree on funding for Nicaragua rebels and water projects.

Natcher's subcommittee started marking up the 1986 appropriations bill two weeks ago, but decided it could go no further until the grants issue was settled in the supplemental bill. There were indications this week, however, that the subcommittee will go ahead with the markup, possibly with conferees on the supplemental bill informally agreeing on a grants level without completing action on the entire bill. Natcher could then be confident enough of the numbers to permit arriving at 1986 budget needs.

Natcher and Conte would like very much to wrap up the subcommittee's work on the bill before the recess. The full Appropriations Committee could then

get it early in September, and if no major hangups occur, and if the Senate Appropriations Committee could finish its work and get a bill to the floor, it might be possible to complete the legislation before the fiscal year ends Sept. 30. More likely, a continuing resolution will be needed, with the regular bill completed later in the fall.

PRESIDENT'S SURGERY STIRS INTEREST IN EXAMINATIONS FOR COLON CANCER

When the wives of both the President and Vice President were diagnosed with breast cancer in the mid-1970s, the resulting public discussions of the disease encouraged hundreds of thousands of women to seek examinations. That led to a sharp increase in the number of early stage cancers that were found. Undoubtedly, the lives of hundreds, perhaps thousands, of women will be saved because of those occurrences.

Will the same sort of response have that kind of beneficial effect from President Reagan's surgery for colon cancer? The American Cancer Society, among others, believes it will. ACS reported this week on a survey which shows "a dramatic increase in interest in the early detection of the disease."

ACS reported that George Rosenbaum of the Chicago survey research firm of Leo J. Shapiro & Associates found a significant increase in interest in stool blood tests and proctosigmoidoscopy. Rosenbaum said the survey shows that a majority of Americans now intend to make these tests part of their regular medical checkups.

Arthur Holleb, ACS senior vice president for medical affairs, said those findings "reveal that there is immediate potential for reduction of deaths from colorectal cancer. We've had the necessary tools to detect colorectal cancer for some time. Now, we have a change in the public's attitude toward these two tests that will make it possible for physicians to find this cancer before symptoms appear."

The survey of 258 randomly selected households across the country began on July 15, the day the President's pathology report was announced, and continued through July 17.

Of the total households contacted, two thirds said that as a result of reports of the President's condition, they will ask that a stool blood test be conducted as part of their next regular medical examination. Almost half of the group—48 per cent—said they will ask that a proctosigmoidoscopy be performed.

The survey revealed that interest in early detection measures was greatest among respondents 50 years of age and over. ACS reports that the majority of persons who develop colorectal cancer—more than 90 per cent—belong to this age group.

Of those surveyed who were 50 and over, 68 per cent want to undergo a stool blood test and 57 per cent will request the procto.

A 1982 survey on attitudes regarding colorectal cancer, conducted for ACS by Shapiro & Associates, found that only 15 per cent of Americans 40 years of age and older felt they needed the stool blood test; 11 per cent said they thought they should undergo a procto.

The new survey also revealed that 29 per cent reported they definitely would take part in a mass screening program that utilized stool blood tests. Forty per cent said they would consider participation in the program. Among those 50 and over, 43 per cent said they definitely would be part of such a program.

The news about the President caused a general increase in concern over personal health among 20 per cent of all respondents, Rosenbaum reported. More than 20 per cent of those over 50 said they are now more concerned about their overall health.

Of the total households contacted, all but nine were aware of the President's condition.

According to ACS guidelines for asymptomatic persons over 50, stool blood tests should be conducted annually, and proctosigmoidoscopy should be performed every three to five years after two negative examinations are performed one year apart.

ACS estimates that colorectal cancer will strike 138,000 Americans this year, and that almost 60,000 will die of the disease.

The NCI supported Organ Systems Coordinating Center, headquartered at Roswell Park Memorial Institute, reported this week on areas of program development in research on colon cancer that it will be recommending to NCI.

OSCC is headed by RPMI Director Gerald Murphy and by James Karr. It monitors all ongoing research in cancers of the colon, breast, prostate, pancreas, and bladder, and will soon add a sixth site, brain cancer. The respective groups identify new areas of basic and clinical research that are needed, prioritizes those that should receive immediate emphasis, and make recommendations to NCI.

Those recommendations will be presented to NCI for concept approval before they are translated into requests for applications (grants and cooperative agreements), requests for proposals (contracts), or program announcements (grants).

Although the Organ Systems Program at NCI is housed in the Div. of Cancer Prevention & Control (as a section in the Cancer Centers Branch), some of the concepts may be directed to one of the other division's board of scientific counselors when appropriate.

The first round of OSCC proposals will go to the NCI advisors at this fall's BSC meetings. Those in

colon cancer, as selected by the National Large Bowel Cancer Advisory Committee (one of OSCC's five advisory committees) are:

—Markers in benign to malignant transformation, including genetic analysis of patient populations, polyp monitoring, and defining progression of lesions.

—New therapeutic approaches based on precise mechanisms of resistance.

—Markers of heterogenous primary tumors and site specific metastasis in clinical material from defined patient population for in vitro and animal model studies.

—Dietary and other modifying factors in colon carcinoma.

—Cationic dye staining in human colorectal cancer.

—Oncogenes with particular focus on large bowel cancer.

"One long range objective of the committee is to develop research ideas that feature transition science, the type of science that bridges the gap between basic science and clinical application," Karr said. "Hopefully, this approach will lead to research projects that will be of benefit to cancer patients in a shorter period of time."

OSCC, after identifying areas of research need, and after determining those that should receive immediate emphasis, solicits suggestions for research proposals through newsletters, workshops and conferences. "Our role is to make investigators aware of the priority needs and research approaches identified by the committee and to discuss research proposals that would address these specific areas," Karr said.

ORGAN SYSTEMS EXTENSION TO INCLUDE AERODIGESTIVE TRACT CONSIDERED

NCI's Organ Systems Program may be expanded to yet another site (in addition to brain cancer, or more properly, cancers of the central nervous system, as mentioned in the preceding article)—cancers of the aerodigestive system.

The National Cancer Advisory Board's Committee on the Organ Systems Program heard reports on both of the proposed additions to the program at its last meeting. Lucius Sinks, chief of the Cancer Centers Branch in the Div. of Cancer Prevention & Control, said that the proposal for adding CNS tumors will be presented to the DCPC Board of Scientific Counselors at its September meeting.

William Longmire, member of the President's Cancer Panel, asked if addition of a the new group would require more money. Andrew Chiarodo, chief of the Organ Systems Section, said "it will not cost much to add this group. Grants in that area, responding to initiatives from the group, will be

competing against other grants."

Longmire asked whether some of the CNS grants might be funded by the National Institute for Neurological Diseases & Stroke, and Longmire said that they could.

Sinks said that the working group which recommended the addition of CNS cancers to the program did so because "there are so many disparate groups working on CNS malignancies, and that it would be a good idea to pull them all together. There was a great deal of enthusiasm for it."

The proposal for addition of aerodigestive diseases to the program specifically excluded lung cancer, which drew objection from NCAB member William Powers. NCAB member Geza Jako commented that research opportunities determine where the emphasis must be placed.

"No one has persuaded me that research opportunities are better in CNS cancer than in lung cancer," Powers said. "And the problem is an order of magnitude greater." He mentioned that there are about 13,000 CNS cancers a year in the U.S., compared with over 100,000 lung cancers.

Board member Rose Kushner noted that there are 119,000 cases of breast cancer.

Chiarodo noted that funding of breast cancer grants "is now at the highest point it has ever been."

"But that still is not high enough," Kushner said.

Committee Chairman Robert Hickey, who has taken the initiative in arguing for an organ systems group for aerodigestive diseases, said lung cancer was not included "because it is such a major problem and involves diverse disciplines. . . It was felt it would be unwise to include the pulmonary system with the aerodigestive system. Different people are taking care of those patients."

"I would suggest that the epidemiology and biology of the two are remarkably similar," Powers insisted. "The same radiotherapist and same chemotherapist takes care of them. Maybe the surgeons are different."

"Maybe we need aerodigestive systems A and B," Jako suggested.

"That may well be," Hickey said. "The people at the meeting (workshop which considered the proposal) recommended two groups."

"The real issue," said Jerome Yates, director of DCPC's Centers & Community Oncology Program, "is, can the Organ Systems Program stimulate targeted research in particular areas? It doesn't matter whether the grant portfolio is in the Organ Systems Program or in other divisions."

"I want to register a dissenting view on limiting the new group to aerodigestive cancer and excluding lung cancer," Powers said.

NCI ADVISORY GROUP, OTHER CANCER
MEETINGS FOR AUGUST, SEPTEMBER

Cancer Centers Support Grant Review Committee--Aug. 1-2, Holiday Inn Crown Plaza, Rockville, Md. Open Aug. 1 8:30-9:30 a.m.

Joint Conference of the 17th International Leukocyte Culture Conference and 22nd National Meeting of the Reticuloendothelial Society--Aug. 3-8, Ithaca, N.Y. Contact RES/LCC Conference Office, Cr. Sherwood Reichard, Medical College of Georgia, Augusta 30912, phone 404-828-2601.

International Society for Developmental Biologists--Aug. 4-9, Los Angeles. 10th Congress. Contact Harold Slavkin, Univ. of Southern California, GER 314-MC 0191, Los Angeles 90089.

Pathology of Laboratory Animals--Aug. 5-9, Bethesda. Contact Armed Forces Institute of Pathology, Associate Director of Education, phone 301-576-2939.

39th Annual Rocky Mountain Cancer Conference--Aug. 9, Marriott Hotel Southeast, Denver. Contact American Cancer Society, Colorado Div., 2255 S. Oneida, Denver 80224, phone 303-758-2030.

Terry Fox Conference on Cancer Prevention--Aug. 12-14, Vancouver. Contact Dr. H.F. Stich, British Columbia Cancer Research Center, 601 W. 10th Ave., Vancouver, B.C. V5Z 1L3, Canada.

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.

Developmental Therapeutics Contract Review Committee--Aug. 16, NIH Bldg 31 Rm 7. Open 8:30-9 a.m.

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.

Gordon Research Conference on Hormonal Carcinogenesis--Aug. 25-30, New Hampton, N.H. Contact Dr. Jonathan Li, Medical Research Labs, VA Medical Center, Minneapolis 55417, phone 612-725-6767 Ext. 6022.

4th World Conference on Lung Cancer--Aug. 25-30, Toronto. Contact Conference on Lung Cancer, Secretariat Office, 342 MacLaren St., Ottawa, Ontario, K2P 0M6, Canada.

Cancer Therapeutic Program Project Review Committee--Aug. 29, NIH Bldg 31 Rm 7, open 8-8:30 a.m.

Synthesis and Applications of Isotopically Labeled Compounds--Sept. 3-6, Kansas City, Mo. Second international symposium. Contact Dr. Donald Wilk, Univ. of Missouri-Kansas City, School of Pharmacy, 5100 Rockhill Rd., Kansas City, Mo. 64410.

New Avenues in Developmental Cancer Chemotherapy--Sept. 4-5, London. Eighth 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.

Diet, Nutrition and Cancer--Sept. 5-7, Shamrock Hilton, Houston. Second National American Cancer

Society conference. Contact ACS, Diet, Nutrition & Cancer Conference, 90 Park Ave., New York 10016.

Adjuvant Chemotherapy for Breast Cancer--Sept. 9-11, NIH Masur Auditorium, Bldg 10. NIH Consensus Development Conference. Contact Peter Murphy, Prospect Associates, 2115 E. Jefferson St., Suite 401, Rockville, Md. 20852, phone 301-468-6555.

Cancer Chemotherapy Administration Course--Sept. 9-11, Philadelphia. Contact Pauline Sherry, RN, AOH/FCCC, Central and Shelmire Avenues, Philadelphia 19111.

Ovarian Cancer Symposium 1985--Sept. 11-13, Glasgow. Contact Dr. A. Belfield, Secretary, Biochemistry Dept., Royal Maternity Hospital, Glasgow G4 0NA, UK.

Labeled and Unlabeled Antibody in Cancer Diagnosis and Therapy--Sept. 12-13, Baltimore. Sponsored by Johns Hopkins Univ. Contact American College of Radiology, 925 Chestnut St., Philadelphia 19107.

Developmental Therapeutics Contract Review Committee--Sept. 13, NIH Bldg 31 Rm 9, open 8:30-9 a.m.

Oncology Economics '85 and ACCC Mid-Year Meeting--Sept. 17-21, Sheraton Premiere Hotel, Los Angeles. Cancer program development and marketing, oncology economics, freestanding cancer centers, impact on cancer care of health care systems, cancer DRGs, financially viable rehabilitation and counseling. Contact Elm Services Inc., 11600 Nebel St., Rockville, Md. 20852, phone 301-984-1242.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Sept. 19-20, NIH Bldg 31 Rm 7 & 8. Tentatively closed Sept. 19 3-5 p.m.

AIDS, Dilemma of the 80s: Overview and Update--Sept. 23, Bellvue-Stratford Hotel, Philadelphia, 1-5:30 p.m. Contact Dr. Michael Sirover, AIDS Symposium Committee, Fels Research Institute, Temple Univ. School of Medicine, Philadelphia 19140, phone 215-221-4351.

Cancer Research Manpower Review Committee--Sept. 26, NIH Bldg 31 Rm 8, open 8:30-9 a.m.

FUTURE MEETINGS

Limb Salvage in Musculoskeletal Oncology--Oct. 2-6, Hyatt Regency Grand Cypress Hotel, Orlando. Second annual Bristol-Myers Zimmer Orthopedic Symposium. Contact Public Communications Inc., 35 E. Wacker Dr., Chicago 60601, phone 312-558-1770.

Pathophysiology and Treatment of Leukemia--Oct. 10-12, Omni International Hotel, Baltimore. Fourth regional medical meeting of the Leukemia Society of America. Contact Louise Toglio, LSA, 733 Third Ave., New York 10017, phone 212-573-8484.

Toward 2000: Directions in Oncology--Oct. 16-18, Fox Chase Cancer Center. Contact Peggy Conners, Conference Coordinator, FCCC, 7701 Burholme Ave., Philadelphia 19111, phone 215-728-3110.

Practical Approaches to Geriatrics, Oncology & Pediatrics--Oct. 17-19, Holiday Inn, Fargo, N.D. Contact Office of Medical Education, St. Luke's Hospitals, 5th St. at Mills Ave., Fargo 58122, phone 701-280-5933.

Breast Cancer: Recent Progress and Future Prospects--Oct. 25-26, Univ. of Rochester Cancer

Center. Contact Barbara Janetakos, Cancer Education Div., Univ. of Rochester Cancer Center, PO Box 704, Rochester, N.Y. 14642, phone 716-275-5537.

NSABP Group Meeting—This meeting originally had been scheduled for Nov. 20-23 at the Fairmont Hotel in San Francisco. The date has been changed to Feb. 17-19, still at the Fairmont.

Scientific & Clinical Perspectives in Head and Neck Cancer: Management Strategies for Cure—April 3-4, 1986, Westin Hotel, Renaissance Center, Detroit. Contact Div. of Continuing Medical Education, Wayne State Univ. School of Medicine, 4201 St. Antoine, 4-H Detroit 48201, phone 313-577-1180.

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-CM-57745-16

Title: Cultivation of blue-green algae

Deadline: Approximately Oct. 10

One cost reimbursement contract is expected to be awarded to a contractor with the capability to isolate and grow various species of blue-green algae to provide NCI with a repository of cell extracts for use in future new screens for antitumor activities.

To be considered, offerors must show evidence of capability to isolate and cultivate blue-green algae as well as possess the expertise to accomplish maintenance and preservation of cultures, optimization and scale up production, extraction of cells, and concentration of extracts. The project will require that approximately 300 axenic cultures and 700 culture equivalents be grown to obtain 1.5 to 5g blue-green algal cell extracts. The contractor may be required by NCI to scale up cultivation of certain cultures to produce 20g to 40g of cell extract. This may be subcontracted. It is anticipated that this will be a completion contract.

The principal investigator should be trained in microbiology or phycology, preferably at the PhD level or equivalent, from an accredited school, and have at least three to five years experience in the proposed area. The PI should have a wide concept of culture cultivation, in particular, those related to growing algae, algal taxonomy, sample preparations or related fields. The PI should be assigned to the project a minimum of 50% of the time, will be responsible for the overall implementation of the contract, and will be NCI's key contact for the technical aspects of the program. The level of training of the team members should reflect their

assigned duties, and they should have experience in taxonomy, culture isolation and preservation, algal culturing, and chemical extraction.

The contract period is to be five years, beginning approximately Aug. 1, 1986.

Furnish three self addressed mailing labels with requests for copies of the RFP.

The concept from which this and the following two RFPs were derived was approved by the Div. of Cancer Treatment Board of Scientific Counselors last winter and was reported in The Cancer Letter March 1.

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

RFP NCI-CM-57740-16

Title: Deep sea marine organism collection

Deadline: Approximately Oct. 10

One cost reimbursement contract is expected to be awarded to a contractor with the capability to make collections of marine organisms from depths exceeding 100 feet. The organisms will be evaluated as sources of potential antineoplastic agents, with the ultimate goal being the discovery of compounds of novel structural types which can be developed for the selective treatment of cancer in man.

The successful offeror will be expected to provide qualified personnel, materials and equipment appropriate for the selective collection of deep sea marine organism samples; dredging as a means of collection will not be acceptable. One thousand samples per year, comprising approximately 1-1.5 kg each, will be collected, stored and shipped to an NCI designated extraction facility for a period of five years. Properly relaxed and preserved voucher specimens of each organism will be submitted for unambiguous identification and deposit in a designated repository. The contractor will be expected to provide detailed documentation, including limited identification, of each organism collected. The collection team should include a qualified marine taxonomist and persons experienced in the use of submersibles, deep sea diving or other selective equipment in marine organism collection. The principal investigator should be experienced in the organization of collection programs, and should have at least five years of experience in marine organism collection. It is anticipated that re-collections of up to 30-50 organisms per year, in quantities of 10-20 kg, will be required, starting in the second year; the number of initial small scale collections will be reduced in proportion to the number and size of large scale re-collections undertaken.

The program will focus on the collection of invertebrate species and will include species from as wide a variety of phyla and classes as possible. Offerors will propose areas considered appropriate for deep sea collections, providing suitable justification for their selections. The actual areas of collection will be decided by mutual agreement between the successful offeror and NCI.

All necessary negotiations with foreign governments and local agencies concerning the collection and shipment of organisms will be carried

out by the contractor.

The contract period is to be five years, beginning approximately July 16, 1986.

Three self addressed mailing labels should be furnished with requests for copies of the RFP.
Contract Specialist: Patricia Shifflett
RCB Blair Bldg Rm 228
301-427-8737

RFP NCI-CM-57741-22

Title: Shallow water marine organism collection
Deadline: Approximately Oct. 10

Two to four cost reimbursement contracts are expected to be awarded to contractors with the capability to make collections of marine organisms from depths down to 100 feet. The organisms will be evaluated as sources of potential antineoplastic agents, with the ultimate goal being the discovery of novel structural types which can be developed for the selective treatment of cancer in man.

Each successful offeror will be expected to provide qualified personnel, materials and equipment for the collection, storage and shipping of 1,000 marine organism samples per year to NCI designated extraction and identification facilities for a period of five years. Collections will comprise approximately 1-1.5 kg of each organism, and will be from depths down to 100 feet. Properly relaxed and preserved voucher specimens of each organism will be submitted for unambiguous identification and deposit in a designated repository. The contractor will be expected to provide detailed documentation, including limited identification, of each organism collected. The collection team should include a qualified marine taxonomist and certified SCUBA divers experienced in marine organism collection. The principal investigator should be experienced in the organization of collection programs, and should have at least five years of experience in marine organism collection. It is anticipated that re-collections of up to 30-50 organisms per year, in quantities of 10-50 kg, will be required, starting in the second year. The number of initial small scale collections will be reduced in proportion to the number and size of the large scale re-collections undertaken.

The program will focus on the collection of invertebrate species, and will include species from as wide a variety of phyla and classes as possible. To this end, the geographic location of proposed collection areas will be important and, while the Indo-Pacific region is regarded as of particular interest, other areas will be considered if suitably justified.

All necessary negotiations with foreign governments and local agencies concerning the collection and shipment of organisms will be carried out by the contractor.

The contract period is to be five years,

beginning approximately July 16, 1986.

Furnish three self addressed mailing labels with requests for copies of the RFP
Contract Specialist: Elizabeth Moore
RCB Blair Bldg Rm 228
301-427-8737

RFP NO1-CN-43278

Title: Evaluation of periodic breast cancer screening using mammography

Deadline: Approximately Sept. 4

A sole source acquisition is being considered, with the Health Insurance Plan of Greater New York. This contract action is for the services for which the government intends to solicit and negotiate with only one source. Interested persons may identify their interest and capability to respond to the requirement or submit proposals. This note of intent is not a request for competitive proposals. However, all proposals received within 45 days after the day of publication of this synopsis will be considered by the government. A determination by the government not to open the requirement to competition based upon responses to this notice is solely within the discretion of the government. Information received as a result of the notice of intent normally will be considered solely for the purpose of determining whether to conduct a competitive procurement.

The concept from which this RFP was derived was approved by the Div. of Cancer Prevention & Control Board of Scientific Counselors last fall and reported in *The Cancer Letter* Oct. 12, 1984, page 3.
Contracting Officer: Dorothy Coleman
RCB Blair Bldg Rm 2A07
301-427-8745

NCI CONTRACT AWARDS

Title: Support services for epidemiologic studies of human retroviruses in relation to cancer and other diseases

Contractor: Research Triangle Institute, \$490,141

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