THE CANCER LETTER

Vol. 11 No. 33
Aug. 16, 1985

Subscription $150 year North America
$175 year elsewhere

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TRANSLATION OF "NEW BIOLOGY" INTO CLINICAL USE IDENTIFIED BY DEVITA AS NCI's MAJOR CHALLENGE

The translation of the "new biology" into the clinical aspect of cancer treatment will be the major challenge for NCI in the coming five years, Institute Director Vincent DeVita told **The Cancer Letter** in an Aug. 7 interview marking his fifth anniversary as director.
(Continued to page 2)

In Brief

JAMES CARR REPLACES MURPHY AS INTERIM DIRECTOR OF ORGAN SYSTEMS COORDINATING CENTER IN N.Y.

JAMES CARR, who has been deputy director of the Organ Systems Coordinating Center at Roswell Park Memorial Institute, has been named interim director of the NCI supported OSCC and principal investigator for the grant, pending approval by NCI. Carr replaces Gerald Murphy in those roles; Murphy resigned two weeks ago to become director of the Center for Oncology Research at SUNY (Buffalo). Murphy also had to give up his position as PI for the National Prostatic Cancer Treatment Group operations office and statistical center at RPMI because of his move to another institution. Roger Priore was named interim PI for the PCTG grant by acting RPMI Director John Wright, also contingent on NCI approval. Murphy will continue as group chairman, having been elected to a three year term last May. Meanwhile, the New York State Health Dept. is negotiating a contract with Presbyterian Health Resources Inc., a New York academic health management firm, to conduct a search for a new RPMI director and to develop short and long range plans for the institute. . . . **ANNE KATTERHAGEN**, executive director of the Hospice of Tacoma, has been elected chairman of the new organization, the Hospice Assn. of America, which will be headquartered in Washington D.C. "There is a strong need for a unified and effective voice representing the interests of the growing number of organizations providing hospice care in the U.S.," Katterhagen said. "One of our primary goals is to amend the Medicare Act to make it possible for more of America's hospices to participate in this program which now provides limited hospice benefits to America's aged". . . . **ROBERT GREENFIELD**, who was deputy director of the National Bladder Cancer Project at St. Vincent Hospital in Worcester, Mass., for nine years before his retirement in 1981, died earlier this month in Lahey Clinic Medical Center in Burlington. He was 65. During the 1950s, he was a research biochemist at NCI and program director of grants and training for cancer pathogenesis. . . . **ROBERT GORDON**, special assistant to the NIH director, died of cancer Aug. 2. He was 59. He had been NIH coordinator for AIDS research, and was past president of the Society for Clinical Trials.

LOGISTICAL PROBLEMS FACED IN GETTING BIOLOGICALS INTO CLINICAL TRIALS

(Continued from page 1)

DeVita was officially sworn in as NCI director in August 1980. He characterizes "the translation of the new biology into the practical clinical side" as "the major problem and the major challenge that we face as a group."

Incorporating the new biology with standard treatment methods such as chemotherapy raises such questions as how to "change the management of a group of diseases from one speciality to another," he said.

"If chemotherapy of the future and biological therapy of the future merge, which I believe they will, and we develop specific chemicals that are related to natural materials of the body or analogs of natural materials, it may change how cancer medicine is practiced at the far end of the spectrum," he suggested. the far end of the

"That may cause us some trouble with people who deal mainly with clinical research compared to the laboratories." For example, "if we don't pay attention to that, the laboratory researchers get very impatient because they have so many new things to test" but may have limited access to the clinical side, he said. "It's a very interesting balancing act, but it will never change.

"It's a rare person who has the opportunity to deal with an overview of the new biology and its relationship to the clinic," DeVita said.

"Financial aspects and positions of the Institute notwithstanding,...the challenge more scientifically is to recognize the change, and to incorporate it and let it flourish," he said. "That's what we spend most of our time doing at Executive Committee meetings."

The Executive Committee meets twice a week to consider scientific and administrative issues. It consists of DeVita, the NCI deputy director, Executive Officer Philip Amoruso, Associate Director Peter Fischinger, Director of Staff Operations Iris Schneider, and the division directors.

NCI is currently "trying to shoehorn" biologicals into the clinical trials program for testing, DeVita said. NCI has "pushed them so hard and supported them so well in the laboratory, and worked so well with industry that we are now having an excess of opportunities in biologicals and are limited in the number of facilities to do the kinds of testing that has to be done."

"The logistical problem that we face is how to incorporate biologicals in the existing clinical trials so we don't lose the opportunity that we ourselves created." He notes, however, "I prefer having created the problem of having too many things to test...that will work itself out."

For example, "We now have many testable monoclonal antibodies" that need to go into clinical trials, he said. Adoptive immunotherapy is another example of a biological therapy that requires further clinical testing. NCI has spent approximately $6 million to fund research into the use of adoptive immunotherapy using lymphokine activated killer cells and interleukin 2 since 1977, he said. Although animal and human experiments conducted by Div. of Cancer Treatment Surgery Branch Chief Steven Rosenberg have been encouraging, DeVita said, "We've got a problem.

"It's working so well that we have a logistical problem of making sure that we do the right things with it," such as rapidly enrolling patients into clinical trials, and "getting into a situation where it might do the most good," he said. "We've created an opportunity, we've created an environment where an opportunity like that can emerge because we've got the kind of talent to do those kinds of things, and that creates a problem for us logistically." He added, however, "I'd love to have five more like that."

"We've created a scientific logjam and we're really proud of that," he asserted. "We'd like to be able to satisfy it better than we can, but nonetheless it's much better to create scientific opportunities galore by ...creating the atmosphere to allow research to flourish."

Critics who maintain that NCI does too little work with biologicals and too much with chemotherapy are "losing sight of the enormous opportunities that are related to those two, combined biologicals and chemotherapy," DeVita stressed. "It is an opportunity to take the best of everything—radiotherapy, surgery, biologicals, chemotherapy —and do some very complicated experiments on the clinical level."

DeVita cites the numerous reorganization measures taken when he first became director in 1980 as enabling the Institute's Executive Committee to increase its focus on scientific issues. "A lot of what we did in 1981 and 1982 were more administrative things, so the purpose was to get us to the point where we could focus the majority of our attention on scientific aspcects...which makes us a very scientifically powerful administrative group," he said.

DeVita doesn't anticipate any major changes in the Institute's structure over the next few years, but acknowledges the possibility of having to scale down operations in the future. NCI has "a very recognizable configuration...quite different than it was in 1980, as a result of all the initial changes when all the low priority programs were diminished

and high priority programs were expanded and off site labs were brought in and Frederick was rearranged completely," he said. If the Institute does need to compress its configuration, "it will still look the same, but the same profile will be much smaller."

"We have to always consider the possibility that resources will not be increased, that we have to look at an environment where we do things in the same way, but on a much smaller scale," he said. "We have plans on how we would deal with that, we would change the profile of the Institute" by "contracting the perimeters of the Institute in certain areas.

"We have discussed it in great detail, usually fairly privately in the Executive Committee, because when you talk about things like this, it always creates anxieties," he said. Such constraints, however, "would not require major organizational changes, they would require an emphasis or deemphasis" in certain areas, he stressed.

"One of the most difficult problems we face now here is the position problem," he said. "It's probably the most difficult one I've ever had to deal with at the Cancer Institute, particularly with administration. The shortage of positions is getting to a point where it's very bad."

DeVitá's concern about the number of positions at the institute stems from worries that "for the first time, we are finding ourselves falling behind in the ability to support the best scientists in the way we want to support them."

"Dollars we can always manage to work our way through, but the people resources are different," he said. "Although the people situation is difficult intramurally," DeVita noted, "it doesn't influence the extramural people until the intramural program and our staff that deal with people on the outside begin to break down."

They "don't feel the position squeeze outside because we pay dollars and they hire according to their own policy," he said. "It's more of an internal problem that is not likely to be of concern to the extramural community until such time as we are visibly unable to function effectively.

"We see ourselves facing this kind of retraction of the perimeter to avoid getting to that point if we have to," he said. "We're not going to allow ourselves to get to the point where we can't function. We cannot remain in the same configuration unless we get some stability in positions."

Discussing the Institute's overall budget, DeVita said, "The Cancer Institute flourishes in good economic times and suffers when the economics aren't good, just like every other agency in the federal government" and other businesses.

"We have a stake in improving the economy," he said. "If the economy is failing, we are unlikely to flourish no matter who wants to help us, so you have to consider the bypass budget as what we'd like to do in the best of all possible worlds and what was actually allocated to us as what is available under very difficult economic times.

"Any agency head would always tell you in an internal meeting that they would like more money," he acknowledged, but asserted that decreases in inflation and interest rates have made the budget easier to manage. "The difference in managing this budget between now and 1980 when inflation was running in laboratories at 20 [to] 25 percent, and the interest rates were in double digits [is that] no matter what we got as an increase in those times, it was almost impossible to keep up," he said.

"Laboratories were closing even though they were getting increases because they were using petroleum based products and their expenses were growing faster than we could supply them," he noted. Although NCI generally does not give increases as large as those given in 1980, "the money goes a lot further" now because "the inflation rate is so low and the interest rate has come down," he said.

"I really think that the administration doesn't get enough credit for that aspect of making our budget easier to manage," he said.

As the economy improves, "I'm sure that we will get our fair share of resources and maybe we can use the bypass budget ideal kind of situation as a way of the reaching the ideal," he said.

If NCI were to receive increased funding, "most of it" would be put into the extramural budget.

DeVita expressed confidence in the Institute's ability to recognize scientific opportunity and adjust flexibly to both crisis and change. "We spent a lot of the first five years...trying to trim the sails of the Institute, so we could set course, and so we could reasonably adjust that course" in order to respond to necessary changes, he said. "I'm very, very satisified with the organizational structure of the Institute and the staffing at the levels where the Institute is directed."

"The organizational instruments that we have, the Frederick Cancer Research Facility, for example, allow us to use Frederick in the most flexible way," he noted. "Frederick has turned out to be a gold mine for work on the AIDS virus, which probably couldn't have been achieved under the old organizational structure or the way it was run" prior to its reorganization.

"The real problem that remains in any organizatin is recognizing what has to be done, and I think we're in pretty good shape to do that."

NCI is "structured in such a way that all the decision making apparatuses are completely visible," he noted. "We do all our business in public so our

critics have the opportunity to be critical in public."

Critics "always feel better" when they know the whole picture and have an opportunity to express themselves, he maintained. "By and large it has worked extremely well."

As Div. of Cancer Treatment director in 1975, DeVita made the decision to appoint three critics of the program to its Board of Scientific Counselors; the late Henry Kaplan, the late Charles Heidelberger and Enrico Mihich. All three made "enormous contributions" to the board, he said. DCT staff learned that "if they are still critical, then you really need to go back and reexamine what you're doing, because it might be that you're wrong.

"If you can't convince really bright people that what you're doing is correct, then you need to reexamine your own position," he said.

"We have a lot of contact with our constituency and a lot of mutual trust with our constituency," DeVita said.

Concerns raised a few years ago about the need for increased numbers of senior investigators on study sections have been addressed as well.

The scientific community "has been very responsive" to Institute efforts to obtain more senior investigators to serve on study sections and participate in other peer review activities, he said. For example, 2,000 scientists participated in a mail review for Outstanding Investigator Awards.

"I'm satisfied that there's less of a problem," he said. "It's not totally solved, probably never will be." DeVita cited Winston Churchill's maxim, "Nothing fails but perfection which may be spelled paralysis," adding, "If you ascribe to perfection, you're going to paralyze the whole system.

"The people who are injured in any way by our current system...know where to go to call it to our attention, they know we'll be responsible," he said.

In his first five years as director, DeVita also delegated all authorities not in the hands of the National Cancer Advisory Board or the President's Cancer Panel to the boards of scientific counselors of the individual divisions.

Other concerns expressed by NCI staff and the cancer community at the time of DeVita's appointment were that his background as a prominent clinician who had spent his entire career in clinical research would lead to an increased emphasis on chemotherapy on the part of the entire Institute.

"We are sometimes criticized in reference to chemotherapy as if we are only interested in chemotherapy, which is not true," DeVita said. "We've done more to change the Institute's emphasis on chemotherapy downward more than any other group in spite of the fact that there are two of us in the Executive Committee group, myself and Dr. Chabner," who have worked primarily in treatment.

One of DeVita's first actions as NCI director was to encourage the development of the chemoprevention program and to beef up the cancer control division, now renamed the Div. of Cancer Prevention and Control.

The greatly expanded division currently has approximately 26 clinical trials underway, he said.

DeVita said he would consider it a "homerun" if one prevention trial is positive, and is able to demonstrate that the incidence of cancer can be modulated. The margin is not as important as the fact that you can do it, and therefore, probably can do it better, he stressed.

Preliminary results from prevention trials could be available within five years, he suggested. DeVita also contended that observations such as changing dietary habits can be incorporated into clinical trials.

"I'm very proud because I'm a treater," he said, adding that "it took a treater" to increase the Institute's emphasis on prevention because someone in prevention would have been reluctant to make the same changes if appointed director.

While it is "common for Congress to cry out for more prevention" activities by the Institute, DeVita asserted that sometimes NCI's critics don't know what the agency is doing in that regard. For example, the NIH reauthorization act pending in Congress includes a recommendation for the National Cancer Act that NCI appoint an associate director for prevention, a move that DeVita says would actually deemphasize the role of DCPC Director Peter Greenwald.

DeVita also defended the Institute's efforts at formulating dietary recommendations and working with representatives of the food industry, including the Kellogg's cereal company. Kellogg's ad campaign for its bran cereals linking high fiber, low fat diets with decreased risks of "some kinds of cancer" was endorsed by NCI officials, but caught the attention of FDA officials and Congress.

Such industry advertising of products is helpful and should be encouraged in contrast to tobacco advertising, he said.

DeVita declined to speculate on his career plans for the future. "I have a tendency to change what I do every five years or so, the longest I've been in a single job," he said. "I tend to move around, get restless, but I have no plans." Noting that "I never had any plans at five years or so before," he said, "I look at it more like, 'what do I have to do that's not been done at this point rather than how many years am I going to do it?'"

CDC ISOLATES HTLV-3 VIRUS FROM BURTON SERUM; PATIENTS WARNED OF RISKS

The Centers for Disease Control issued a warning Aug. 9 to patients of Lawrence Burton's Immunology Researching Center in the Bahamas that they "may be at risk of acquiring HTLV-3/LAV and HBV infections." The report follows confirmational testing by CDC of HTLV-3 contamination in serum proteins from the clinic.

CDC scientists were able to isolate HTLV-3 virus, the virus associated with acquired immune deficiency syndrome, in two of nine specimens cultured, according to an article in the Aug. 9 issue of the agency's "Morbidity and Mortality Weekly Report."

In an editorial note to the article reporting the test results, CDC says, "These findings suggest that patients who have received serum proteins for injection at this clinic may be at risk of acquiring HTLV-3/LAV and HBV infections."

CDC reports that "the magnitude of the risk is not known, but it must be assumed that all injectable materials presently in possession of attendees at the clinic are potentially contaminated."

The agency specifically recommends that "patients who have received such therapy should consult their physicians." Patients whose initial test is negative should have a followup sample collected and tested six months later, CDC recommends.

If "it is decided to test the patient's serum for HTLV-3/LAV antibody or for evidence of HBV infection, such testing is available through state health department laboratories."

According to CDC, the serum proteins, described as "immunoaugmentative therapy," have previously been associated with the occurrence of cutaneous Nocardia asteroides infections. In addition, both hepatitis B surface antigen and a variety of bacteria have been reported in vials of serum proteins obtained from several patients who attended the clinic.

CDC received the serum samples for testing in June following reports from labs in Washington state of positivity for the HTLV-3 antibody (**The Cancer Letter**, July 12). Tacoma oncologist Gale Katterhagen and Pierce County Blood Bank Director S.J. Insalaco tested 18 vials of serum obtained from two patients who attended the clinic and found nine positive for HTLV-3 antibody and HBsAg.

Although six of the 18 specimens were found repeatedly reactive by the Abbott enzyme immunoassay (EIA) method, testing of all 18 by the Western blot method "yielded uninterpretable results," the article says. Aliquots of nine specimens, including the six that were reactive in the EIA, were then placed in primary human lymphocyte culture in an attempt to isolate HTLV-3/lymphadenopathy associated virus (LAV)."

Of the 18 specimens tested for HBsAg by radioimmunoassay, "13 were positive and could be neutralized by antibody to HBsAg."

CDC isolated the virus in the first culture following the clinic's closure July 17 by the Bahamian Ministry of Health.

No AIDS cases have been reported as a consequence of receiving treatment at the clinic, CDC reports in the article. The agency has documented hepatitis B infection in two clinic patients who "had no other known risk for infection," it says. "Several other hepatitis B cases in clinic attendees are under investigation."

The news of the clinic's closure and the possibility of HTLV-3 contamination appear to be eliciting mixed reactions on the part of clinic patients. A CDC spokesperson said that many patients calling the agency have indicated that they will continue to take the serum.

The majority do, however, want CDC to "help Dr. Burton do whatever has to be done to make the serum non infective," she said.

The Pan American Health Organization, which conducted a review of the clinic in early July at the request of the Bahamian government, has also been receiving a great number of calls from patients at the clinic. The majority of callers are anxious for the clinic to reopen, a PAHO spokesman said.

Most agency officials agree that the Bahamian Ministry of Health is undoubtedly receiving a large number of calls from anxious patients as well. A Ministry of Health spokeswoman declined to comment on the possibility of the clinic being allowed to reopen, saying that she had been advised to say only that "no decision has been made."

Calls received by Katterhagen have ranged from a clinic patient who is very resentful that the clinic is closed, to a California man who said he plans to sue the clinic if his HTLV-3 antibody test is positive.

Katterhagen and LaSalle Leffall, who cochair the National Cancer Advisory Board's subcommittee for the year 2000, plan to bring the matter to the subcommittee's attention when it meets in September. Both plan to draw up a statement that would be referred to the full NCAB as a recommendation that the Burton clinic remain closed and that followup of patients be undertaken.

CANCER LETTER GOES ON VACATION

The Cancer Letter will not be published during the weeks of Aug. 23 and 30 when, not coincidentally, Congress is still out of town, NCI doesn't have any big meetings scheduled, and

Cancer Letter staff decided they needed a little time off.

The next issue, Vol. 11 No. 34, will be published Sept. 6. The office will be closed from Aug. 17 - Sept. 2, but someone will be around to answer the phone most of the time; when no one is, the tape machine will be on and taking messages.

SMOKELESS TOBACCO HEALTH IMPLICATIONS SUBJECT OF NIH CONSENSUS CONFERENCE

The health implications of smokeless tobacco will be the subject of an NIH consensus conference to be held Jan. 13-15, 1986 in Bethesda. The conference is sponsored by NCI, the National Institute of Dental Research and NIH's Office of Medical Applications of Research.

Specific questions to be addressed during the conference are:

*What are the current trends in the use of smokeless tobacco in the United States?

*Does the use of smokeless tobacco increase the risk of oral or other cancers?

*Does the use of smokeless tobacco increase the risk of periodontal disease or other oral and health problems?

*What are the behavioral consequences of smokeless tobacco use?

*What issues regarding the health consequences of smokeless tobacco use require further research?

NIH notes that "the use of smokeless tobacco—chewing tobacco and snuff—appears to be increasing, especially among children and adolescents." In addition, the agency says, "serious questions have been raised regarding health and behavioral effects from the use of smokeless tobacco products."

Evidence relating to the health implications of smokeless tobacco use will be presented by experts in the field and evaluated by a panel composed of scientists, medical and dental professionals, clinical investigators and public representatives.

Presentations will include discussions of smokeless tobacco product types, history of use, current patterns of use, constituents, and health and behavior effects. The panel will discuss the information presented, with an opportunity for questions and comments from the audience.

The panel will issue a draft consensus statement on the final day of the conference. Brian MacMahon, professor and chairman of the department of epidemiology at Harvard School of Public Health, will chair the panel.

To register or to obtain further information, contact: Barbara McChesney, Prospect Associates, Suite 401, 2115 East Jefferson Street, Rockville, Md. 20852, 301-468-6555.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR SEPTEMBER, OCTOBER

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.

Div. of Cancer Prevention & Control Board of Scientific Counselors Committee on Centers & Community Oncology--Sept. 5, NIH Bldg 31 Rm 2A52, 8:30 a.m.

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 ONA, 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. Contact Elm Services Inc., 11600 Nebel St., Rockville, Md. 20852, phone 301-984-1242.

Div. of Cancer Prevention & Control Board of Scientific Counselors Committee on Cancer Control Science--Sept. 18, NIH Bldg 31 Rm 1A2, 7-9 p.m.

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

Chromosomes, Oncogenes and Cancer—Sept. 19, Roswell Park continuing education in oncology. Contact Gayle Bersani.

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.

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.

Div. of Cancer Treatment Board of Scientific Counselors--Oct. 3-4, NIH Bldg 31 Rm 10, 8:30 a.m. both days, all open.

11th Annual Topics in Gastroenterology & Liver Disease--Oct. 3-5, Turner Bldg, Johns Hopkins Medical Institutions, Baltimore. Contact Jeanne Ryan, Program Coordinator, Office of Continuing Education, Johns Hopkins Univ. School of Medicine, 720 Rutland Ave., Baltimore 21205.

Detection & Treatment of Premalignant Lesions & Colorectal Carcinoma--Oct. 4, Roswell Park continuing education in oncology.

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

Fine Needle Aspiration of the Breast & Thyroid Gland--Oct. 5-6, New York. Contact New York Univ. Medical Center Postgraduate School, 555 First Ave., New York 10016, phone 212-340-5295.

National Cancer Advisory Board--Oct. 7-9, NIH Bldg 31 Rm 6, 8:30 a.m. each day. Closed Oct. 8. Committee meetings to be announced.

Tutorial & Workshop in the Use of Immunocytochemistry & Electronmycroscopy in Tumor Diagnosis--Oct. 7-11, Detroit. 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 Industrial Carcinogens--Oct. 8-10, Bologna. Collegium Ramazzini. Contact Organizing Committee, International Conference on Chemical Carcinogens, c/o Istituto di Oncologia, Viale Ercolani, 4/2, 40138 Bologna, Italy.

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.

Hospice Assn. of America--Oct. 12, MGM Grand Hotel, Las Vegas. Inaugural meeting. Contact Deborah Horan, Executive Director, HAA, 210 7th St. SE, Suite 301, Washington D.C. 20003, phone 202-547-5263.

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.

Div. of Cancer Etiology Board of Scientific Counselors--Oct. 17-18, NIH Bldg 31 Rm 6. Closed Oct. 17 9 a.m.-1 p.m.

Community Cancer Care--Oct. 17-20, Hyatt Regency, Indianapolis. Fourth national seminar. Contact Office of Continuing Medical Education, Methodist Hospital of Indiana, 1604 N. Capitol Ave., Indianapolis 46202.

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.

Chemical Modifiers of Cancer Treatment--Oct. 20-24, Sheraton-Sand Key Hotel, Clearwater, Fla. Contact Suzanne Bohn, American College of Radiology, 925 Chestnut St., Philadelphia 19107, phone 215-574-3150.

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. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego 92121, phone 619-453-6222.

Current Concepts in Medical Oncology--Oct. 21-25, Memorial Sloan-Kettering Cancer Center, New York. Contact Continuing Medical Education Planning Office, C180, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

Sixth Annual Meeting of the Cancer Control Consortium of Ohio--Oct. 23, Fawcett Center for Tomorrow, Columbus. Contact Sewall Milliken, 101A Hamilton Hall, 1645 Neil Ave., Columbus 43210, phone 614-422-1382.

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.

International Conference on Anticancer Research--Oct. 26-30, Loutraki, Greece. Contact Dr. J.G. Delinassios, Anticancer Research Editorial Office, 5 Argyropoulou St., Kato Patissia, Athens GR-111-45, Greece.

FUTURE MEETINGS

American Assn. for Cancer Education--Nov. 12-15, Hyatt Regency Hotel, San Francisco. Annutal meeting. Contact AACE, Stephen Stowe M.D., Secretary, CRTC Bldg Rm A-1020, New Jersey Medical School, 100 Bergen St., Newark 07103, phone 201-456-5365.

Gastroenterology Update: 1986--Jan. 25-Feb. 1, 1986, Vail, Colo. Contact Jeanne Ryan, Program Coordinator, Johns Hopkins Univ. School of Medicine, 720 Rutland Ave., Turner 22, Baltimore 21205, phone 301-955-6046.

Progress in Gynecological Oncology--Feb. 12, 1986, Moseley-Salvatori Conference Center, Los Angeles. Contact Dolores Gay, Hospital of the Good Samaritan, 616 S. Witmer St., Los Angeles 90017, phone 213-977-2352.

Advances in Clinical Oncology--March 8-15, 1986, Snowbird, Utah. Fifth Arizona Cancer Center Winter Symposium. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602-626-6044.

International Society for Experimental Hematology--Aug. 10-14, 1986, Buffalo. 15th annual meeting. Contact Dr. Michael McGarry, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263, phone 716-592-9348.

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-57770-54
Title: Master agreement for clinical trials of biological response modifiers
Deadline: Approximately Oct. 15

The master agreement is an unfunded negotiated contract awarded to more than one contractor judged to be technically and scientifically qualified to compete for future master agreement order RFPs. NCI is seeking to identify those institutions with the capacity and expertise to study clinically the many biological response modifiers which are available or will be developed for clinical trials. For purposes of the award of master agreements, offerors shall submit three theoretical clinical protocols which include phase 1 evaluation of IL-2; phase 1-2 evaluation of monoclonal antibody to melanoma; and phase 1 evaluation of gamma interferon.
Contract Specialist: Thomas Lewin
RCB Blair Bldg Rm 212
301-427-8737

RFP NCI-CN-55512
Title: Efficacy studies of chemopreventive agents in animal models including synthesis, bioavailability, and encapsulation studies
Deadline: Approximately Oct. 25

These will be master agreement contracts. The objectives of this study are the evaluation of efficacy of various designated chemopreventive agents of several dose levels in animal models and the refinement and improvement of animal test models for chemopreventive studies. The emphasis of the activity will be to take initial leads on candidate agents and expand the data base as to the spectrum of carcinogens, spectrum of target sites and range of species. Additional objectives of this project will also involve synthesis, bioavailability and encapsulation studies for selected agents.

This second task involves the synthesis and encapsulation of the chemopreventive agents for administration in laboratory diets having three goals: (1) the synthesis of specified quantitites of designated compound having acceptable purity and potency standards; (2) the formulation used must provide good protection of the chemopreventive agent from oxidation, moisture, light and bacterial decomposition; and (3) the formulation used must allow good bioavailability of the chemopreventive agent in the gastrointestinal tract of rats, mice and hamsters.

Candidate agents from natural sources or synthetic analogs have been evaluated for anticancer efficacy in various in vitro tests and in a limited number of in vivo studies. However, before a decision can be made as to their suitability for phase 1 clinical trials, their efficacy and bioavailability must be evaluated in various animal models. Agents to be investigated by this project are potentially hazardous.

The animal model system will also involve the use of carcinogens. Laboratory practices shall be employed which will keep any element of risk to personnel at an absolute minimum. Where indicated, tissue and compound handling must be performed in at least class 1 laminar flow cabinets which must meet NIH specs for work with carcinogens. It shall be required that the animal facilities be fully accredited by the American Assn. for Accreditation for Laboratory Animal Care. Incoming animals are to be held in quarantine to monitor health and condition prior to entrance into the experimental animal facility. All laboratory and animal studies are to be conducted in facilities that are in full compliance with the FDA Good Laboratory Practice regulations.

Contractors must have all the equipment necessary to accomplish the studies including, but not limited to, animal racks and caging, hazardous chemical storage cabinets and refrigerators, pathology equipment such as microscopes and microtomes and miscellaneous laboratory equipment. The laboratory shall have or have access to appropriate terminal and computer facilities and equipment for data collection and storage.

It is estimated that up to 15 task orders per year will be issued pursuant to master agreement contracts.
Contract Specialist: David Monk
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RFP NCI-CP-61006-21
Title: Biomedical computing—design and implementation for Radiation Epidemiology Branch

This RFP, which was announced in the July 12 issue of **The Cancer Letter**, has been amended to change the total small business set aside size stanard to $7 million.

RFP NCI-CM-57712-48
Title: Phase 1 clinical trials and pharmacokinetic studies in children

This RFP, which was announced in the Nov. 23, 1984, issue of **The Cancer Letter**, has been canceled.

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams
Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.