DRS 2/5/86

THE CANCER LETTER

Vol. 12 No. 5
Jan. 31, 1986

Subscription $150 year North America
$175 year elsewhere

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NCI OKs EXPANDED BREAST CANCER LOW FAT PREVENTION TRIAL, PLANS TO END STAGE 2 ADJUVANT LOW FAT STUDY

NCI's Executive Committee, supported by the Institute's extramural scientific advisors, has given the green light to one of the two massive and controversial low fat diet breast cancer trials

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In Brief

CLINICAL EDUCATION PROGRAM TO BE PHASED OUT; KEN ENDICOTT RETIRES FROM GRUPENHOFF FIRM

NCI'S CLINICAL Education Program, which made a major contribution in the training of medical oncologists, will be phased out this year. The program (R-25 grants) may have been too successful; it is credited (blamed) with what is perceived as an impending oversupply of medical oncologists. That and the budget crunch brought on its demise. Div. of Cancer Prevention & Control Director Peter Greenwald told his Board of Scientific Counselors last week that the NCI Executive Committee made the policy decision to phase it out and to transfer the $1 million that will save this year to the Cancer Communications Network. Greenwald said the network, which some members of the National Cancer Advisory Board feel should be phased out when the American Cancer Society's phone response system is implemented nationwide, has a very high priority with the NCI Executive Committee. Budget for the R-25 grants has been about $4.5 million a year for the five year awards. The phase out could be abrupt, terminating existing grants; or it could be accomplished by not making any new awards, the more likely case. NCI has not yet announced its intention in that regard.... **KENNETH ENDICOTT,** who compiled an outstanding record as NCI director in the 1960s, has retired from the firm of Grupenhoff, Endicott, Maldonado & Fenninger so that he can devote full time to his previously part time position as executive director of the Universities Associated for Research in Education in Pathology and as executive officer of the American Assn. of Pathologists. Kathleen Ferris, former legislative aide in the House of Representatives, has joined Grupenhoff et al. . . . **DAVID POSKANZER,** associate professor of neurology at Harvard Medical School, has been appointed acting chief of DCPC's intramural Cancer Prevention Studies Branch.... **NATIONAL CANCER** Advisory Board will hear reports on the impact of Gramm-Rudman-Hollings from Philip Amoruso, NCI associate director for administrative management; the basis of broad spectrum of drug resistance to chance chemotherapy from Charles Myers, chief of the Clinical Pharmacology Branch in the Div. of Cancer Treatment's Clinical Oncology Program; and the low fat trials in preventing or retarding breast cancer (see story above) from Greenwald. The Board meets Feb. 3-5.

NCI OKAYS EXPANDED BREAST CANCER LOW FAT TRIAL, FROWNS ON ADJUVANT STUDY

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but has left the other all but dead. The breast cancer prevention study, now called the Women's Health Trial, received the enthusiastic support of the Executive Committee, the Div. of Cancer Prevention & Control Board of Scientific Counselors and the Policy Advisory Committee for the two studies. Their enthusiasm was based on completion of the trial's feasibility study and the report of the principal investigators which called for implementation of a greatly expanded study which could cost more than $100 million over 10 years.

The lack of enthusiasm for the other study, the stage 2 breast cancer low fat clinical trial, was based entirely on failure of the participating institutions to accrue sufficient patients for its feasibility study.

The Women's Health Trial will test the hypothesis that reduction in fat from 40% of calories in the average U.S. diet to closer to 20% among women at high risk for breast cancer will reduce the incidence of the disease among those women. Three institutions—Baylor College of Medicine, Univ. of Cincinnati, and Hutchinson Cancer Research Center—were awarded cooperative agreements to determine the feasibility of such a study. William Insull, director of the Lipid Research Clinic at Baylor, is chairman of the study's steering committee.

The three institutions accrued 100 women each, 60% of whom were randomized to the low fat diet group and 40% to control.

Paul Engstrom, BSC member and chairman of the Policy Advisory Committee, said the group met all of its objectives. Of the women identified as eligible to participate in the study, 55% agreed to be randomized. Their diets averaged 1,700 calories a day, 37% of which came from 75 grams of fat. More than 90% of the women in the intervention group reduced dietary fat to 20-25% of calories and maintained that level for six months. They had an average weight loss of seven pounds.

The study as originally proposed would have randomized 6,000 high risk women to the low fat intervention or control groups and followed them for 10 years. When the proposal was first brought before the Board of Scientific Counselors, the total cost was estimated at about $15 million, but NCI staff acknowledged that that was not a firm figure. DCPC and NCI executives later agreed that at least 12,000 women would be needed to provide the statistical base required to test the hypothesis, and cost estimates ranged upward to as much as $35 million.

Insull and his colleagues in their report said that the full scale trial would need 30,000 participants, with 60% randomized to the control group and 40% to the intervention group. They estimated that direct costs would be $100 million. The need for such a large cadre was based on the estimate that the incidence of new breast cancer cases in the control group will be .4% a year; that there will be a decrease in dietary fat of 10% in the control group, bringing their percentage of calories from fat down to 36%; and that the intervention group, while starting at 20%, would eventually increase to 26%. The statisticians determined that given those assumptions, 30,000 participants would be required to demonstrate any differences in incidence.

DCPC Director Peter Greenwald said the investigators "did a superb job" and called their analysis "awsome." He said the NCI Executive Committee (which includes Director Vincent DeVita, his deputy, administrative officer and the five division directors) were extremely impressed by the report. Although the Executive Committee would not commit NCI support beyond the one and a half years remaining on the cooperative agreements with the three institutions, it suggested that the expanded proposal concept be submitted to the BSC and the National Cancer Advisory Board.

Insull's group recommended that the full scale implementation start with each of the three institutions now in the study adding another 100 women and identifying 500 additional eligible to participate during the first year. Ten more clinics have been reviewed and deemed qualified to participate, and they would start accruing women during the second year. In the third year, 17 more clinics would join the study, bringing the number to 30. Each would be required to randomize 1,000 women. The goal would be to have all 30,000 randomized by the end of the third year; the study would be concluded after a total of 10 years, with participating women averaging 8.7 years of followup.

The investigators said they would use the vanguard group of 300 women to develop behavior modules, pursue better data collection methods, look for minimum maintenance efforts and develop improved food frequency questionnaires. Those efforts could reduce the cost substantially, the group suggested.

Insull's group, fully aware of NCI's worsening budget crisis, said that other sources of support would be sought to supplement NCI funding. They suggested that the National Heart, Lung & Blood Institute be asked to join the study, and that other funds could be sought from industry, foundations and elsewhere in the private sector.

Engstrom said the PAC recommended a new, complete

review of the proposal. BSC member Lewis Kuller objected, contending that requiring a rereview of grants already awarded could "set a dangerous precedent." He said review of the expanded proposal's concept could be accomplished by the PAC, BSC and NCAB, and Engstrom and the Board went along with that.

"We couldn't have done much better than we did," Insull told the BSC. "We examined every aspect of it. There is good justification for increasing the size of the study, and we will carry out a number of valuable activities... It is designed for maximum economy." He said individuals with lesser skills will be trained to do much of the work as a cost cutting measure.

"NCI's budget is more than $1 billion," Kuller noted. "There is nothing on the horizon that can be seen as reducing the incidence or mortality of breast cancer, except these two trials (including the stage 2 low fat adjuvant study). To be worried about NCI's budget is absurd."

"Many good things could come from this study," Board member Laurence Kolonel said. "One, we could learn a lot about how to get people to modify their diets. We could also look at the effect (of low fat diets) on other cancers. With 30,000, we could test the hypothesis that fat has an effect on colon cancer."

"We recognized that and the investigators proposed a secondary evaluation of the incidence of other cancers," Engstrom said. "Also, deaths from all causes, cardiovascular and others."

Insull, however, said that with the incidence of colon and other cancers less than that of breast cancer, it would require more than 30,000 subjects. "We probably don't have the power in this study to determine the impact on other cancers."

"The main concern about both trials is whether or not the diet and behavior can be changed," Board member Jerome DeCosse said.

"They demonstrated that for six months, the diet can be maintained," Engstrom said.

The low fat adjuvant trial for stage 2 breast cancer was designed to test the hypothesis that cutting fat intake in half would reduce recurrence of the disease.

Of the two studies, this has been the most controversial from the start. The most troublesome issue was whether patients should be given chemotherapy. Ernst Wynder, who conceived the study and has been its principal champion and who is PI for it, argued strenuously that chemotherapy would confound the analysis and make more difficult adherence to diets. He also contends that chemotherapy has not been demonstrated conclusively as effective in postmenopausal patients and that low fat diets in Japan have resulted in fewer recurrences without chemotherapy than most studies have achieved with it.

Investigators at some of the eight institutions which agreed to participate in the study balked when told later that no chemotherapy could be given to either the low fat diet or control groups. NCI and Wynder agreed to await the recommendation of the NIH consensus conference on adjuvant therapy for breast cancer, which was held last September. That delayed start of the feasibility study for several months. After the conference recommended that for post menopausal patients with positive nodes and ER positive receptors, tamoxifen be considered the treatment of choice, NCI and Wynder agreed that both arms would get tamoxifen.

That seemed to satisfy the participating institutions, but by Jan. 20, the group had randomized only 12 patients, with 28 additional cases entered as eligible while waiting dietary assessments. That was not enough to convince the NCI Executive Committee, which determined that the study should be closed when funding for the feasibility phase ends April 30.

Engstrom said the PAC, while agreeing on the importance of the study and that the start up problems were not the fault of the investigators, nevertheless was not convinced that patient accrual could reach the required level. "Most important," Engstrom said, "two institutions put no patients on the study. Therefore, the PAC could find no reason to dispute the recommendations of the Executive Committee."

Engstrom added that Wynder was invited to make another presentation to the PAC on April 15. Wynder said he is confident that he can demonstrate then that the 250 patients needed for the feasibility study can be promptly accrued.

"It's not fair to us and not fair to the women who have agreed to participate to discontinue the trial," Wynder told the BSC. "We believe we can meet the goals."

Wynder said he was making NCI "an offer you can't refuse." He asked for a six month, "no cost extension" beyond April 30 to complete the feasibility study. His group then would submit an application for either an RO1 or program project grant.

Greenwald pointed out that extension would not really be at "no cost" to NCI, since the participating institutions are paid only upon accrual of each patient. If the study is terminated April 30, most of the $700,000 awarded in the cooperative agreement would be returned to NCI.

Wynder objected when someone said the trial was being terminated. "We have to continue to the end of April. It is not proper to say the trial is

terminated until then. I hope there is no expression from this Board that the trial is ended. If **The Cancer Letter** or the "New York Times" has in headlines that the trial is ended, we really will have problems with accrual."

If Wynder's group could compete successfully in the RO1-PO1 pool, that would ease the pressure on NCI's budget since it would not require set aside funds. However, it would reduce the money available for other RO1s and PO1s, by a considerable amount. The implementation phase calls for randomization of 2,000 patients.

Kuller repeated his contention that budget problems should not be a factor. "I find it most objectionable that a test of an important hypothesis that affects the most common cancer among women may be stopped because of money."

"What is the real potential for accruing patients?" Kolonel asked.

"The crucial question is how many stage 2 patients are available at each institution," Engstrom said. He said the group is in the process of making that determination, and that information should be available for the April 15 report.

"There is some idea that because of the consensus conference recommendation, all postmenopausal patients should get tamoxifen," Kuller said. "However, there is a tremendous number of fine investigators, competent and many supported by NCI, who say CMF or other combinations do as well as or better than tamoxifen. I can't understand why that makes any difference."

"A crucial issue is that we do not have to add an arm for CMF alone or CMF with tamoxifen," BSC Chairman Erwin Bettinghaus said. "I think we should. the PAC argued that, given the consensus conference finding, we should not advocate or encourage physicians to give CMF."

"The consensus conference made a strong recommendation for continuing clinical trials including chemotherapy for postmenopausal patients," Greenwald said. "There is no constraint against trials with chemotherapy. The decision here is that it is a cleaner trial to test low fat intervention (with both arms getting tamoxifen)."

Greenwald noted that the nutrition center, at the Univ. of Minnesota, and the coordinating center at UCLA have been doing "excellent" work, now that the initial problems with the nutrition center have been resolved. If Wynder's request for a no cost extension is granted, they would continue to be paid.

"We won't ask for a dime more than the money already allocated to accrue 250," Wynder said. "Then we'll go for an RO1."

"This is the major controversy we have had since I've been on this Board," John Ultmann said. "There is really nothing for us to decide if this group goes for support through another vehicle."

Engstrom restated the PAC position, that although the study is important, there is no evidence that it should be funded beyond April 30, but that the issue should be kept open until the April 15 report from Wynder's group.

Greenwald said he would take the PAC's recommendation coming out of its April 15 meeting to the Executive Committee.

The vote to accept the PAC's statement was unanimous except that Ultmann, Johanna Dwyer and Louis Sullivan abstained.

When the concept for the two studies was presented to the National Cancer Advisory Board, it generated considerable opposition. The NCAB demanded that it have an opportunity to consider results of the feasibility studies before the implementation phases were started. Greenwald will present that report Feb. 3.

DCPC BOARD APPROVES THREE CONCEPTS FOR TWO GRANTS, SUPPORT CONTRACT

The Div. of Cancer Prevention & Control Board of Scientific Counselors accomplished a few other items of business at its meeting last week, including approving three concepts—two for grants, one for a contract—with estimated costs totaling more than $9 million over five years.

The largest of the three is a $4.8 million, four year project for integrating smoking education into school systems. Three four year awards are anticipated.

The other grant concept is a reissue of the RFA for reduction in avoidable mortality from cancer. The $3 million estimated cost would support two awards for five years.

The contract, estimated to cost $1.5 million over five years, is to support DCPC's effort to improve cancer control activities by state and local health departments.

BSC member Lewis Kuller objected to the support contract, contending that the Center for Disease Control covers much of the same ground in its dealings with state and local health departments and that NCI should piggyback on those efforts. "There is a diabetes program and a hypertension program that are doing exactly the same thing. I don't see why we have to use an outside contractor."

DCPC Director Peter Greenwald said the division does cooperate with CDC in many instances and pointed out that CDC has permanent staff members assigned to NIH. "But those programs that allow cancer control do not exist, and we don't have the staff to do it."

The vote to approve the concept was unanimous.

The concept statements follow:

Integrating smoking education into the school system.

The goal and major objective of the project is to develop and evaluate diffusion interventions that result in smoking education being taught in the nation's middle and intermediate schools; to identify the diffusion interventions that are most effective in having school districts adopt, implement and maintain smoking education programs as part of the total school curriculum; and to determine the effects of school-based smoking education programs on the knowledge, attitudes and practices of students.

Recent evidence demonstrates that school health education programs can result in changes in the knowledge, attitudes and health practices of school age children. However, the full impact of the program is significantly determined by the extent to which the program is implemented and maintained at the classroom level. The process of making school districts aware of a program, and encouraging the program's adoption, implementation and maintenance at the school and classroom level is referred to as diffusion. This process has four distinct steps, all of which must be addressed if an intervention is to be successfully diffused.

1. Dissemination - This involves planned efforts to make the school districts aware of a program and encourage its adoption by the districts.

2. Adoption - This involves interventions designed to encourage a school district to make an initial commitment to initiate the program.

3. Implementation - This involves interventions, usually by persons within a school district, (Sometimes with the assistance of outside agencies) designed to have teachers implement a program in accord with its original design.

4. Maintenance - This involves interventions designed to encourage school districts to retain the program that they previously adopted.

To ensure the widespread dissemination, adoption, implementation and maintenance of smoking education programs it is necessary that interventions that impact on the variables affecting the diffusion process be designed and evaluated.

The diffusion interventions funded under this RFA should be planned and implemented at a state level, thereby including all or most of the school districts within the state. The middle or intermediate grades (grades 6, 7, 8, 9) are the target for this RFA. It is necessary that investigators demonstrate that all or most of the state's school districts agree to participate in the study.

Investigators must select the smoking education program(s) that is (are) to be adopted by the school districts. Tobacco and smokeless tobacco use are to be included in the smoking education program. are to

The proposed research project should use programs that have been shown to be efficacious (as documented by evaluation results). The selected programs must have a smoking education component that includes both tobacco and smokeless tobacco use. However, the selected program can have a broader cancer or general health focus. The project's intent is not to develop a new curricula; rather, the intent is to study the diffusion process of school based smoking education programs. Investigators must describe and justify the diffusion interventions that will be used. It is necessary that the study design include a comparison group.

Examples of tested school based diffusion strategies are in-service teacher training workshops, and mandating the teaching of health education. Another is inviting teams consisting of school administrators, teachers and support staff to retreats (usually about one week in length) for the purpose of motivating them about their own health in hopes that their increased health awareness and motivation will lead to increased health education activity in the schools. Interventions involving more than one diffusion strategy are encouraged.

Outcome variables of interest include: 1) the number of classes, schools and districts that adopt the selected program; 2) the degree to which the selected program was implemented as designed; and 3) the effects of the selected program on student smoking-related knowledge, attitudes and practices. Other outcome variables can include teacher, parent, and student satisfaction with the program.

Reduction in avoidable mortality from cancer.

This RFA seeks to identify and remedy factors that are involved in avoidable mortality from specific cancer sites in defined populations. The focus of this project is limited to access, availability and utilization of health care, including early detection and treatment. The objectives are to :

* Identify key factors that contribute to avoidable mortality.
* Implement interventions to reduce mortality of the identified site.
* Evaluate the results of the interventions.

Mortality from cancer of a number of sites is thought to be substantially avoidable through the application of state of the art cancer control approaches. Nevertheless, these cancers continue to cause an excess number of deaths each year. Few studies exist to adequately describe the factors that contribute to these avoidable deaths in the community setting. Such knowledge is critical to determine gaps and inadequacies in current programs and policies for cancer control. Studies directed at this complex problem offer a wide variety of approaches, and use of the grant mechanism is intended to stimulate diverse responses. The design and evaluation of intervention programs will provide concrete information on the potential to actually reduce avoidable mortality. Because the evaluations will be conducted in defined populations, the potential for generalizability of results exists. The knowledge gained in these projects will be used by NCI in the development of application programs to improve cancer control activities in the community.

The approach proposed for this project is taken from the field of applied epidemiology. The use of this approach has been particularly effective in the

identification and control of factors in the community related to maternal mortality. An important part of the project will be for investigators to adapt a method that has been useful in the control of acute diseases to the control of cancers.

Applicants will be required to demonstrate: understanding of the problem, by proposing and justifying the selection of specific cancer site(s) in terms of potential for avoidability of mortality; access to a defined population from which to select cases and in which to evaluate impact; and agreements with organizations, agenices or institutions that are critical to ensuring access to case records and implementation of the intervention plan.

The program is directed at secondary prevention and correcting deficiencies relating to the provision of health care. It will not support studies of primary prevention such as smoking prevention, as such studies are covered in other division intitiatives.

The specific disease problems to be studied or methodologies to be used will be determined and justified by the applicants. The approach selected should be multidisciplinary. Applicable disciplines include epidemiology, oncology, public health, pathology, health services research and social sciences.

Support contract for the public health agency intiative. One five-year, $1.5 million award is anticipated.

This RFA seeks technical and logistical support for efforts by the Cancer Control Applications Branch to obtain an increase in the quantity and quality of cancer prevention and control activities in state and local health departments.

Directors of state and local health departments have acknowledged the need for more cancer prevention and control activity in discussions with CCAB. The lack of knowledge on how to develop and conduct efficient and effective programs is identified as a major obstacle. This includes a wide spectrum of activities including needs assessment, developing a broad base of community support, staff training, identifying target audiences, guidelines for providing services and effective followup of individuals needing additional diagnosis and treatment, evaluation and more.

There is insufficient NCI staff available to provide the necessary assistance. Given the present personnel restrictions there is no prospect of adding required staff at any time in the forseeable future. required staff at any time in the forseeable

The contractor will be required to provide technical and logistical support to NCI staff to include:

Staffing a working group to identify the elements of successful prevention and control programs in health agenices, formulation of guidelines and materials to support the adoption of such programs, and the marketing and distribution of the resulting initiatives.

Organizing national and regional conferences and workshops to promote the utilization of state of the art cancer control.

Developing and delivering training programs in cancer prevention and control for public health agency staff.

Acting as a focal point for information gathering, compilation and distribution on existing cancer control programs in health agencies, to include developing a data base for the filing and retrieval of information about cancer control programs and NCI interactions with such programs.

Preparing special reports and other documentation as needed.

Identifying high quality consultant expertise available to public health agencies and brokering it as needed.

CONCEPT REVIEW FIGURES ARE ESTIMATES ONLY; RFPs, RFAs NOT YET AVAILABLE

The dollar estimates with each concept review brought before the various boards of scientific counselors are not intended to represent maximum or exact amounts which will be spent on those projects. They are intended only as guides for board members to help in determining the value of the projects in relation to resources available to the entire program or division. Responses should be based on the workscope and description of goals and methods included in the RFPs (contracts) and RFAs (grants and cooperative agreements). Availability of RFPs and RFAs will be announced when the Institute is ready to release them.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR FEB., MARCH, FUTURE

Diagnostic Cytopathology for Pathologists--February to April, Johns Hopkins Univ. Home Study Course A, 1986 postgraduate institute. Course B will be in residence in Baltimore. Contact John Frost, M.D., 604 Pathology Bldg, Johns Hopkins Hospital, Baltimore 21205.

National Cancer Advisory Board Committee on Cancer Information--Feb. 2, NIH Bldg 31 Rm 2, 6 p.m., open.

NCAB Committee on Organ Systems Programs--Feb. 2, NIH Bldg 31 Rm 7, 7 p.m., open.

National Cancer Advisory Board--Feb. 3-5, NIH Bldg 31 Rm 6, 8:30 a.m. each day. Closed Feb. 4.

NCAB Committee on Construction--Feb. 3, NIH Bldg 31 Rm 6, to start on conclusion of full NCAB meeting, closed.

NCAB Committee on Planning & Budget--Feb. 3, NIH Bldg 31 Rm 11A10, 7:30 p.m., closed.

Advances in Gene Technology: Molecular Biology of the Endocrine System--Feb. 3-7, Miami. Contact Miami Winter Symposium, PO Box -16129, Miami, FL 33101.

NCAB Committee on Innovations in Surgical Oncology--Feb. 4, NIH Bldg 31 Rm 7, 7:30 p.m., open.

Div. of Cancer Treatment Board of Scientific Counselors--Feb. 6-7, NIH Bldg 31 Rm 10, 8:30 a.m.

Third Annual Mohs Surgery Conference--Feb. 6-9, Tucson. Contact Mitzi Moulds, Executive Director, Skin Cancer Foundation, 475 Park Ave. South, New York 10016, phone 212-725-5176.
Head and Neck Tumors--Feb. 9-13, St. Thomas, Virgin Islands. Twelfth W. Franklin Keim Memorial Lecture. Contact Dr. Ki Han, Newark Eye & Ear Informary, 15 S. 9th St., Newark, NJ 07107, phone 201-268-8130.
Proteases in Biological Control and Biotechnology--Feb. 9-15, Park City, Utah. Contact UCLA Symposia, Molecular Biology Institute, Los Angeles 90017, phone 213-977-2352.
Technology Transfer Program in Cancer--Feb. 9-15, Taj Mahal Hotel, Bombay. Organized by the Tata Memorial Centre, Bombay.
Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--Feb. 10-11, all closed for review of the Laboratory of Pathology.
Progress in Gynecological Cancer--Feb. 12, 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.
Univ. of California (Irvine) First International Cancer Conference--Feb. 13-15, Newport Beach Marriott Hotel & Tennis Club. Contact Assistant Director, Center for Health Education, 2801 Atlantic Ave., Long Beach 90801, phone 213-595-3823.
National Surgical Adjuvant Breast & Bowel Project--Feb. 17-19, Fairmont Hotel, San Francisco. Contact NSABP, Operations Office, Rm 914, 3550 Terrace St., Pittsburgh, Pa. 15261, phone 412-624-2671.
Div. of Cancer Etiology Board of Scientific Counselors--Feb. 20-21, NIH Bldg 31 Rm 6, 9 a.m.
Cancer Research Manpower Review Committee--Feb. 20-21, Holiday Inn Crown Plaza, Rockville, Md. Open Feb. 20, 8:30-9 a.m.
Cancer Chemotherapy: Guidlines and Recommendations for Nursing Education and Practice--Feb. 21, Boston Marriott Copley Place. Contact Oncology Nursing Society, 3111 Banksville Rd., Suite 200, Pittsburgh, PA 15216, phone 412-344-3839.
Immunoproliferative and Immunodeficiency Diseases in Children--Feb. 21-22, St. Jude Children's Research Hospital, Memphis. 20th annual clinical symposium. Contact Director, St. Jude Children's Research Hospital, PO Box 318, Memphis, TN 38101.
Cancer of the Lung--Feb. 22, Toledo. 13th annual Northwest Ohio Cancer Conference. Contact American Cancer Society Ohio Div. Inc., Medical College of Ohio; or Teri Swimmer, M.S., Medical College of Ohio Cancer Program, Toledo 43699, phone 419-381-3717.
Economic and Treatment Issues in the Management of Cancer Patients--Feb. 22-23, San Francisco. Contact Medical Specialty Conferences, 404 Park Ave. South, 9th Floor, New York 10016, phone 800-221-3987. 9th Floor, New York 10016, phone
Calories and Energy Expenditure in Carcinogenesis--Feb. 24-25, Capital Hilton, Washington D.C. Contact Wendy Gasch, ILSI-NF, 1126 16th St. NW, Suite 111, Washington 20036, phone 202-659-0074.
Practical Radiology: MRI, CT, Intervention, Computers--Feb. 24-27, Tucson. Contact Continuing Medical Education, Arizona Health Science Center, Tucson 85724, phone 602-626-6173.
Safety and Evaluation and Regulation--Feb. 24-28, Cambridge, Mass. Fourth international conference. Contact F. Homburger, MD, Bio-Research Institute, 380 Green St., Cambridge 02139, phone 617-864-8735.
Treatment Planning in the Radiation Therapy of Cancer--Feb. 28-March 1, Sheraton-Palace Hotel, San Francisco. 21st annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St., Suite 200, San Francisco 94133, phone 415-981-4590.
Cancer Education Review Committee--Feb. 28, Holiday Inn Crown Plaza, Rockville, Md., open 8:30-10 a.m.

Nonoccupational Exposure to Asbestos in Schools and Other Buildings--March 6-7, Baltimore. Contact Dr. Jacqueline Corn, Dept. of Environmental Health Sciences, Johns Hopkins School of Hygiene and Public Health, 615 N. Wolfe St., Rm 1101, Baltimore 21205, phone 301-955-2609.
Advances in Clinical Oncology--March 8-15, Cottonwood Conference Center, Snowbird, UT. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602-626-6044.
Membrane Mediated Cytotoxicity--March 9-16, Park City, UT. Contact UCLA Symposia, Molecular Biology Institute, Los Angeles 90024, phone 213-206-6292.
1986 Fundamental Tumor Registry Operations Programs--Sponsored by the American College of Surgeons Cancer Dept. March 12-15, Fort Worth, Texas, St. Joseph's Hospital. Contact Margaret Aguilar, local coordinator, phone 817-336-9371; March 17-20, Atlanta, St. Joseph's Hospital, Patty Winters, coordinator, phone 404-876-7535.

Breast Disease Update--March 12-16, Lake Buena Vista, FL. Contact Mount Sinai Medical Center, 4300 Alton Rd., Miami Beach 33140, phone 305-674-2311.
Cancer Chemotherapy: Guidelines and Recommendations for Nursing Education and Practice--March 13, La Mansion del Rio Hotel, San Antonio; and March 14, Doubletree Hotel, Denver. See announcement of Feb. 21 meeting for contact
Leukemia Society of America--March 20-22, Saddlebrook, Wesley Chapel, Tampa, FL. Second national medical meeting. Contact Louise Toglia, Medical Programs Dept., 733 Third Ave., New York 10017, Phone 212-573-8484.
Current Approaches in Radiation Oncology, Biology and Physics--March 26-28, San Francisco. Contact Seminar Headquarters, Dept. of Radiation Oncology, Univ. of California, San Francisco 94117, phone 800-222-8882, or 415-595-2704.
Cancer Preclinical Program Project Review Committee--March 27-28, Marriott Hotel, Bethesda. Open March 27, 8:30-9:15 a.m.
Clinical Cancer Program Project Review Committee--March 27-28, NIH Bldg 31 Rm 4, open March

27, 8:30-9 a.m.

FUTURE MEETINGS

Diagnosis and Treatment of Neoplastic Disorders--April 3-4, Johns Hopkins Medical Institutions, Baltimore. Contact Diane Heydinger, Program Coordinator, Office of Continuing Education, Johns Hopkins, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

Central Cancer Registry Operation--April 10-12, Chicago. First national conference. Topics include cancer reportability legislation, effective administrative agencies for central registries, compatible data sets and coding, and procedures to merge and extrapolate data. Contact Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312-664-4050.

Integrated Approach to the Management of Pain--May 19-21, NIH Magnuson Clinical Center. NIH consensus development conference. Questions to be addressed include: How should pain be assessed? How should pharmacological agents be used in an integrated approach to pain management? How should non-pharmacological interventions be used in an integrated approach to pain management? What is the role of the nurse in the integrated approach to pain management? What are the directions for future research in pain management? Contact Peter Murphy, Prospect Associates, 2115 E. Jefferston St., Suite 401, Rockville, Md. 20852, phone 301-468-6555.

Hormonal Manipulation of Cancer: Peptides, Growth Factors and New (Anti)Steroidal Agents--June 4-6, Rotterdam. Contact Congress Secretariat, Trial and Data Dept., The Dr. Daniel den Hoed Cancer Center, PO Box 5201, 3008 AE Rotterdam, The Netherlands.

National Conference on Gynecologic Cancer--Sept. 17-19, Hilton Hotel, Atlanta. Topics include prevention and progress in control of cancers in women through early detection; importants and methods of the initial evaluation; integrated management of early disease; strategies for the management of recurrent or advanced cancer; rehabilitation and psychosocial considerations of the gynecologic cancer patient and her family; and future developments and new research which may impact on gynecologic cancer. Contact American Cancer Society, National Conference on Gynecologic Cancer--1986, 90 Park Ave., New York 10016.

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. 20892. 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-67874-18

Title: Characterization and analysis of proteinaceous materials

Deadline: March 21

The Biological Response Modifiers Program of the Div. of Cancer Treatment seeks a contractor to characterize BRM proteins, peptides, glycoproteins, and lipoproteins by amino acid analysis, carbohydrate and lipid composition, isoelectric point, gel electrophorisis, HPLC and molecular weight by at least two methods and ultraviolet absorption spectra. The contractor will be expected to develop suitable quantitative biochemical, immunological assays for determining activity and potency of the BRM agent in bulk, dosage forms and common pharmaceutical vehicles.

The principal investigator shall possess an MD or PhD with extensive experience in biochemistry, chemistry and immunology related to the stated project and shall devote at least 20% of his/her time annually to this effort.

All responsible sources may submit proposals which shall be considered by NCI. This is a recompetition of a contract currently being performed by the Univ. of Iowa.

The concept from which this RFP was derived was approved by the DCT Board of Scientific Counselors last spring and reported in the June 21, 1985, issue of The Cancer Letter, page 7.

Contract Specialist: Catherine Baker
RCB Blair Bldg Rm 212
301-427-8737

RFP NCI-CM-67863

Title: Dosage form development of new agents for the treatment of AIDS

This RFP was issued Dec. 13, 1985 (the announcement appeared in **The Cancer Letter** Nov. 29) with a deadline for submission of proposals of Jan. 30. This deadline has been extended to March 12, 1:30 p.m., EST.

The deadline has been extended because the announcement of the RFP which appeared in the government publication, "Commerce Business Daily," incorrectly stated the procurement was a 100% set aside for small business. In fact, it is open to all prospective offerors.

Copies of the RFP may be obtained from Patricia Taylor, RCB, NCI, Blair Bldg Rm 220, Bethesda, Md. 20892.

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.