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THE

CANCER LETTER

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

Vol. 12 No. 34

Aug. 22, 1986

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Subscription \$160 year North America
\$175 year elsewhere

PRI Drops Suit Against Top Two FCRF Staff; Gilden, Compton Accept "Partnership" Offers

What had been shaping up as a long and bitter legal battle in which the only winners would have been the lawyers--and one of the losers might well have been the viability of the Frederick Cancer Research Facility--has been settled (Continued to page 2)

In Brief

Hatch Bill Would Require NDA Sponsors To Pay Fees; INDs, Generic Drug NDAs Would Be Exempt

DRUG SPONSORS submitting new drug applications to FDA would be required to pay fees to help pay the cost of reviewing and processing those applications under a bill introduced last week by Sen. Orrin Hatch (R.-UT). Hatch said the fees would help make up for cuts in FDA's budget which are the result of Gramm-Rudman-Hollings. The bill would require the HHS secretary to assign appropriate fees for review of drug, antibiotic and biological NDAs. The secretary would have the option to waive or reduce fees in exceptional cases where the public interest would be served. Investigational new drug applications (INDs) and NDAs for generic drugs would be exempt. . . . **GEORGE HITCHINGS**, scientist emeritus and retired vice president of research for Burroughs Wellcome, received the Univ. of Washington's highest honor, the Alumnus Summa Laude Dignatus Award, for 1986. Hitchings' research on nucleic acids led to the discovery of azathioprine, an immunosuppressant which has made organ transplants possible. His research also made possible discovery of several antileukemia drugs. . . . **JOHN MADIGAN** has been named director of government relations for the American Cancer Society, working out of ACS' Washington DC office. He reports to Alan Davis, ACS vice president for government relations. Kerrie Bunting, in the Washington office, has been promoted to legislative representative. . . . **NEW ANALYSIS** of 14 year followup mortality results from the Health Insurance Plan of Greater New York (HIP) breast cancer screening challenges the widespread opinion that the HIP study concludes breast cancer screening is not effective below age 50. The new analysis, published in the August issue of "Journal of the National Cancer Institute," said "there seems to be no evidence in the HIP data for a lack of benefit below age 50, even when age of diagnosis is considered."

**NCI Amends FCRF
RFP, Extends
Deadline To Nov. 10**
... Page 3

**Caribbean Conference
Reports Incidence
Differences With U.S.**
... Page 3

**Malone Retires As
NIH Deputy, Raub
To Succeed Him**
... Page 5

**Eight Win ASCO Young
Investigator Awards**
... Page 5

**Nicotine Reported
As Aiding Metastasis**
... Page 6

**President, Congress,
Cancer Letter Take Off**
... Page 3

New Publications
... Page 5

**NCI Advisory Group,
Other Cancer Meetings**
... Page 7

PRI Rehires Gilden, Compton; Plans To Split Award Fees With FCRF Staff

(Continued from page 1)

amicably. Program Resources Inc., which holds the big operations and support contract, dropped its lawsuit against its top two employees on the contract, principal investigator Raymond Gilden and director of contracts and administration Thomas Compton. Both have been rehired, with "vastly enhanced" positions in the company, according to William Donlon, who owns 50 percent of PRI stock and is secretary of the firm. Richard White, president, owns the other 50 percent.

In the lawsuit filed last month, PRI contended that Gilden and Compton had planned to establish their own company to compete for the operations and support contract in the current recompetition. PRI charged the two had attempted to pressure other employees into joining them and to refrain from signing new nonexclusive employment agreements with PRI, which are necessary to establish their continuity with the company in the event it wins the new contract (*The Cancer Letter*, Aug. 8). PRI fired Gilden and Compton and filed the suit, asking for damages to be determined in court plus \$1 million in punitive damages.

Last week, Donlon informed *The Cancer Letter* that the firm, subsequent to filing the suit, had been carrying on discussions with Gilden and Compton and that they had been rehired. Later, Donlon and Gilden together in an interview told *The Cancer Letter* that:

*The lawsuit has been dropped.

*Gilden and Compton have been rehired into their former positions but with "vastly enhanced" (Donlon's term) status within PRI. The company is a corporation, not a partnership, but Donlon said the two would be "partners, in the general meaning of the word." Gilden agreed that the new arrangement "is more than generous" and said he is satisfied with it.

*The award fee PRI receives every six months under the contract (determined by NCI as the company's profit based on an assessment of performance) will be divided equally between the company and PRI's staff at FCRF. The last award fee, for the period which ended March 31, 1986, amounted to more than \$900,000. PRI employees at FCRF thus will be splitting up a bonus of almost \$1 million a

year, and possibly more if they can increase the percentage of the available award fee money which the company receives. Division of the award fee will start with the new contract, assuming PRI is successful in the recompetition, and will involve about 50 key scientists and managers.

"With what we have to offer now, we can compete with anyone, industry or universities, for the best scientists," Donlon said. "Scientists don't just go where the money is, but they have mortgages and go to the check-out counters at the grocery stores, like the rest of us. We're dedicated to providing NCI's laboratories and scientists here with the best support possible. The work they are doing is outstanding and is extremely important to the cancer program, and that is important to the kind of people we want."

*PRI employees at Frederick are free to sign nonexclusive employment agreements with any or all of the organizations which are competing for the new contract. Most, and probably all, of those organizations will base their proposals on retaining PRI employees, just as PRI picked up most of its FCRF staff from its predecessor, Litton Bionetics Inc.

Gilden, however, will not be one of them. "I have cast my future with PRI," he said. "Compton feels exactly the same." They will remain with PRI even if the company does not get the new contract.

How did the 180 degree turnaround come about so swiftly? One day it was World War III, but Armistice Day came before the first nuke was dropped.

"If it were not for the recompetition, we would never have had a problem," Donlon said. "We've always gotten along well, but I guess we didn't see each other often enough. It was a misunderstanding, and I had no doubt that we would be talking together again."

Gilden said he never really intended to set up a new company, although "I did consider it. I soon realized it was not a viable thing to do. I'm not a businessman."

"And I'm not a scientist," Donlon said. "We speak different languages."

Gilden was director of the Biological Carcinogenesis Program at Frederick during the 10 years that Litton Bionetics had the contract for the entire facility. Before that, he was with Flow Laboratories for 10 years. He joined PRI when the company won the operations and support contract in 1982.

NCI Amends Frederick RFP, Extends Deadline For Proposals To Nov. 10

NCI has issued an amendment to the RFP for the Frederick Cancer Research Facility recompetition and has extended the deadline for submission of proposals from Sept. 15 to Nov. 10 for all five contracts.

The deadline was extended to permit organizations sufficient time to revise their proposals to accommodate the changes required by the amendment. The changes were the result of suggestions various proposers had made. Many of the requests were similar, and NCI staff, in considering them, agreed that competition might be enhanced by adopting some. The changes are:

- *Employee grievance policy. Each proposal must include policy methodology for solving employee grievances. In the final negotiations with the government, the policy will be incorporated into the contract. The policy submitted in the proposal will be considered in the evaluation. The RFP previously had no requirement for grievance policies.

- *Reductions in the numbers of key personnel. The RFP had listed the numbers of key personnel which had been identified as necessary for each of the five operations. Those numbers have been reduced as follows:

- Research, reduced from 18 to eight.

- Operations and technical support, reduced from 26 to three (the three are the director (or principal investigator), the director of contracts, and the director of the intramural research and support programs.

- Animal production, computer services, and scientific library services, each reduced from two to one.

Summer Heats Up, Congress Takes Off, And So Does The Cancer Letter, Staff

President Reagan is at the ranch, Congress started its three week summer recess last weekend, permitting members to go home and get an early start on the election campaigns (except for the occasional junkets).

Many NCI staff members are on vacation, and others are off to the XIVth International Cancer Congress in Budapest. The **Cancer Letter** will be there, too. Therefore, no issues will be published during the next two weeks. The next issue will be Vol 12, No. 35, dated Sept. 12. The office will be closed until Sept. 4, but the tape machine will be on to record calls. *Stay cool!*

Caribbean Conference Finds Same, Different Incidences Among Blacks

The Jamaica Conference on Cancer in Blacks in the U.S. and the Caribbean held earlier this year found many similarities, and some striking differences, on the higher incidences among blacks in the two regions.

NCI representatives reported that recent SEER data have shown higher incidence in U.S. blacks of cancer of the esophagus, stomach, lung, prostate, cervix, multiple myeloma and oropharyngeal areas. Specific factors accounting for the differences are unknown, although studies NCI is starting will look at those issues. Cancer Prevention Study II of the American Cancer Society, started in 1982, includes one million Americans, including blacks, and should produce some relevant data in the near future.

Pan American Health Organization representatives from the West Indies compared overall cancer rates for blacks in the U.S. In Jamaica, prostate cancer is the leading malignancy in males, but lung cancer is rapidly increasing and may overtake prostate. Jamaica women have more cancer than males, mainly cervical, breast, or uterine cancer frequently in advanced stages.

In contrast, cervical cancer incidence rates in Cuba are similar to U.S. white females. In the English speaking areas of the Caribbean, colon cancer incidence has increased in the past 10 years.

Speakers emphasized that in U.S. black males, for both colon and prostate cancer, the age at initial diagnosis was younger than for U.S. white males. And, although breast cancer incidence among black women in the U.S. was not greater than in white women, the age at diagnosis is younger than for whites. That is an important difference to consider in any focused screening effort or epidemiological study, speakers felt.

Few specific known racial differences in response to chemotherapy were identified, although several participants pointed out that the identification of blacks in specific chemotherapy protocols is not readily available in many centers.

A rising incidence of Hodgkins disease and non-Hodgkins lymphoma among blacks in both the Caribbean and U.S. has been observed.

One of the major problems in the Caribbean has been lack of funds for anticancer agents, participants said. The NCI/PAHO chemotherapy program linking U.S. cancer centers with

Central and South American centers has not been implemented in the Caribbean. That program cost NCI about \$130,000 a year, and has been terminated. Some participants expressed the hope that a Caribbean relationship might be established by a U.S. black cancer center.

Advanced cervical cancer and the ability to manage it is a common Caribbean problem. A demonstration project in Haiti at St. Francois de Sales Hospital by Howard Univ. from 1977-84 was updated for stage 3 and 4 cervical cancers. By utilizing a cobalt 60 machine and remote afterloading techniques with a cobalt source, over 300 women were treated. Followup in 291 patients, including 104 over one year, was possible. For stage 3, 47 of 59 had no evidence of disease; 18 of 31 with stage 4 had NED. The afterloading technique requires no anesthesia, is 15 minutes in duration, and with techniques employed, requires no specially trained physicist—just a technician trained by the Howard team.

Little study has been done on potential differences in drug metabolism in black cancer patients. For example, hemoglobinopathies in 13 percent of U.S. blacks may be significant in this regard. The rapid acetylation in isoniazid in 50 percent of U.S. blacks may also be related as the known G-6-PD deficiencies affecting some blacks. All such metabolic differences from the U.S. white population were believed important in studying differences in chemotherapy response.

The grave incidence and mortality rates for U.S. blacks in stomach and colorectal cancers were emphasized. Few early stage lesions were found in a recent study at Harlem Hospital. However, the mortality rate for stomach cancer in black U.S. females has dropped and is now similar to that seen in U.S. whites.

In a study of New York City by area, the central Harlem area had the poorest cancer survival statistics. For colorectal cancer, the five year survival is 19 percent, compared to 50 percent for the U.S. at large.

Socio-economic factors, access to the health system, lack of availability of screening, lack of education opportunity about cancer, and a general attitude of despair regarding health problems were cited by many as major probable factors in poor survival among Harlem blacks. It was acknowledged that these are problems of the poor in society in general, particularly those in

urban areas. Also, a fee for service medically based system was not felt likely of being able to respond to these problems. Nutritional status and alcohol abuse, in addition to smoking habits, were noted as significant problems complicating the situation.

Other speakers pointed out the success in Japan, Africa and the Caspian Sea area where specific screening efforts in esophagus and other sites have been carried out with major public health efforts from a variety of means of financial support.

The importance of studies under way in the U.S. on the complexities of dietary factors regarding cancer incidence was discussed. National efforts at early detection and examination for colorectal cancer in adults over age 50 were pointed out as significant and promising.

Two studies on prostate cancer in the U.S. by the Commission on Cancer of the American College of Surgeons were reviewed. They show that U.S. black males have 86 percent greater likelihood of being diagnosed with prostate cancer than U.S. whites. In Jamaica, 60-70 percent of males presenting with prostate cancer have metastatic disease. In Los Angeles, relative diagnosis of cervical cancer was 34 percent in white women at risk vs. 65 percent in black women. For those diagnosed with cervical cancer, 77 percent of white women had localized disease vs. 36 percent of blacks. A socio-economic and geographic location were found as factors.

Although incidence of breast cancer in black U.S. women is less than whites, various reports including the ACOS breast cancer studies were cited as demonstrating a younger incidence for black women, poorer survival stage for stage among blacks, more frequent poor histological primary pattern among blacks, and more frequent presentation with positive axillary nodes.

The good news from the ACOS study was that black women, when screened for early diagnosis, have more minimal breast cancer and a higher rate of benign lesions.

New and ongoing studies in esophageal and head and neck cancer were reported by Howard Univ. The response rates for presurgical or preradiotherapy chemotherapy were less than reported in U.S. whites for stage 3 and 4 lesions which have had a 25 percent five year survival rate with 60 percent local recurrence and 20 percent distant metastasis rate. Black patients benefitted, with 40 percent

responding to the platinum + 5-FU infusion regimen, but no complete responses were seen. Criteria for response were more rigorous including CT evaluation and absence of cancer in the resected surgical specimen. Nutritional therapy was helpful. The many other secondary medical complications in these black patients including hypertension and diabetes constricted to to other reported series in U.S. white patients.

Oral cancer lesions in U.S. blacks, while producing a limited number (8,300) of deaths annually, can be reduced as shown by a Meharry Dental School study which demonstrated that improvements can be made.

Eight Named As Winners Of ASCO \$25,000 Young Investigator Awards

Eight young investigators were announced as winners of the American Society of Clinical Oncology's annual Young Investigators Awards at the society's annual meeting.

The winners will receive \$25,000 stipends, plus \$5,000 additional to cover indirect costs for their institutions and travel. Most of the funds supporting the program were contributed by industry.

The winners, with their research projects and industry sponsors, are:

*Laura Bowman, St. Jude Children's Research Hospital; "Resistance to vincristine in human rhabdomyosarcoma," Schering.

*Sara Chaffee, Duke Univ.; "Lymphotoxic effects of purine nucleoside analogs," Burroughs-Wellcome.

*Nancy Davidson, Johns Hopkins Univ.; "Isolation of estrogen induced genes from human breast cancer cells," Stuart Pharmaceuticals.

*Wayne Furman, St. Jude Children's Research Hospital; "The c-fms gene in childhood acute nonlymphocytic leukemia," Bristol-Myers.

*Lee Ratner, Washington Univ.; "Leukemogenic determinants of human T-cell lymphotropic virus type 1," Genentech.

*Linda Stork, Univ. of Colorado; "Role of interleukin-1 in the regulation of granulopoiesis," Hoffman-LaRoche.

*Georgia Vogelsang, Johns Hopkins; "Skin explant model for graft vs. host disease," Lederle.

*Dan Wong, Univ. of California (S.F.); "Transfer of drug resistance among cancer cells," Adria Laboratories.

Malone Retires as NIH Deputy Director; Raub To Succeed Him

Thomas Malone, NIH deputy director since 1977, retired Aug. 1 after 23 years of service with NIH. Although no official announcement has yet been made, NIH Director James Wyngaarden has let it be known that his choice as Malone's successor will be William Raub, deputy director for extramural research and training.

Malone, 60, was one of the most popular NIH executives both among staff and extramural scientists with whom he came into contact. He served as acting director of NIH for nearly a year, 1981-82, after Donald Fredrickson resigned and before President Reagan's appointment of Wyngaarden.

Malone said he is weighing several career options, including business, industry and academia.

New Publications

"Journal of Cancer Program Management," a new journal published by the Assn. of Community Cancer Centers, Lee Mortenson, senior editor. This will be sent initially to 30,000 members of cancer related professional societies.

"The American Cancer Society Cancer Book," edited by Arthur Holleb, ACS senior vice president for medical affairs. The first book to bear the ACS imprint, the 650 page volume includes chapters on prevention, detection, diagnosis, treatment, rehabilitation and cure, written by some of the world's leading experts in those fields. Doubleday, \$22.50.

"The Safe Handling of Antineoplastics/Chemotherapeutics," an educational packet for health care professionals involved in handling cytotoxic agents. Free, from Germ-free Laboratories Inc., 7435 N.W. 41st St., Miami, FL 33166.

"Index for Radiological Diagnoses," published by the American College of Radiology. Revised third edition. ACR, Publications Div., 1891 Preston White Dr., Reston, VA 22091, phone 703-648-8921, \$40. Prepayment is requested, by check or credit card.

"The Cancer Patient's Handbook: Everything You Need to Know About Today's Care and Treatment," by Mary-ellen Siegel. Walker & Co., 720 Fifth Ave., New York 10019, phone 212-265-3632; \$24.95 cloth, \$14.95 paper.

"Interaction of Steroid Hormone Receptors with DNA," edited by M. Sluyser. Ellis Horwood Health Science Series. VCH, PO Box

1260/1280, Wienheim, Federal Republic of Germany, \$46.50.

"The Diagnosis is Cancer," by Edward Larschan and Richard Larschan. A psychological and legal resource handbook for cancer patients, their families and health professionals. Bull Publishing, PO Box 208, Palo Alto, CA 94302, phone 415-322-2855. \$17.95 cloth, \$9.95 trade paper.

Following are available from Raven Press, 1140 Ave. of the Americas, New York 10036, phone 212-575-0335:

"Head and Neck Oncology," edited by H.J.G. Bloom, I.W.F. Hanham and H.J. Shaw. \$99.

"Urologic Oncology," edited by Sam Graham. \$59.50.

"Nuclear Medicine Annual," edited by Leonard Freeman and Heidi Weissmann. \$67.50.

Nicotine Assists Metastasis, Alabama Investigators Conclude After Study

Nicotine may help cancer cells spread and form new tumors throughout the body, according to a study described this week at a joint meeting in Baltimore of the American Society for Pharmacology & Experimental Therapeutics and the Society of Toxicology.

Investigators at the Univ. of South Alabama reported that nicotine enhances the response of platelets to cultured cancer cells. This response, explained Gesina Longenecker and Barbar Beyers, facilitates cancer spread.

Longenecker said that for tumor cells to spread, they must travel through the bloodstream, when platelets may stick to them. By doing so, platelets protect tumor cells and facilitate their adherence to blood vessel walls and their potential establishment at new tumor growth sites. Tumor cell platelet clumps may also contribute to clot related complications of cancer, Longenecker added.

Tumor cells send out chemical signals that attract platelets, he continued. But they also send antiplatelet messages. Prostacyclin is one compound that provides this antiplatelet message. Also released by the lining of the blood vessels, prostacyclin has been shown to regulate platelet activity in living organisms.

Because nicotine is known to interfere with prostacyclin release by blood vessels, Longenecker and Beyers decided to study the tobacco constituent's effects on cancer cells grown in culture. Working with a line of human rhabdosarcoma cells, they found that

nicotine inhibits prostacyclin release. Nicotine also stimulated the platelet response, making platelets stick readily to rhabdosarcoma cells.

Longenecker noted that other studies have linked nicotine to heart and blood vessel disease. His research is one of the few to provide evidence of a possible role of nicotine in promoting cancer, he said. Nicotine is present in smokeless tobacco, and he pointed out that many smokers are trying to kick their habits with the help of nicotine gum.

The study was funded by the Smokeless Tobacco Research Council.

Abnormal DNA Repair

In another report at the same meeting, Temple Univ. investigators said they have found that cells from patients with Bloom's syndrome, a genetic condition that leaves its victims highly prone to cancer, can't initiate normal DNA repair mechanisms.

Michael Sirover explained that without normal repair mechanisms, cells can't prescreen DNA before division. So changes in genetic material are copied and passed onto the next generation of cells.

Cells undergo genetic mutations constantly but they contain repair mechanisms that recognize and correct genetic alterations, Sirover said. The failure of repair processes "may result in alterations in human genetic information during cell growth."

Sirover and his colleagues studied normal cells and cells from 10 patients with four genetic diseases--xeroderma pigmentosum, ataxia, progeria and Bloom's syndrome. The first two syndromes are characterized by increased cancer rates. Progeria causes premature aging, and Bloom's syndrome produces several symptoms, including low birth weight, infertility and a high incidence of cancer and chromosomal aberrations.

In particular, they looked at the activity of two DNA repair enzymes--uracil DNA glycosylase and hypoxanthine DNA glycosylase. These enzymes remove uracil and hypoxanthine from DNA. Neither of these molecules is normal to DNA. If not removed, they would alter human genetic information.

The investigators found that when stimulated to proliferate, normal cells first step up the activity of uracil and hypoxanthine DNA glycosylases. Apparently, these cells screen DNA, removing any abnormalities, before DNA replication and cell division, they said.

The same enhanced enzyme activity was apparent in stimulated cells from patients with xeroderma pigmentosum, ataxia telangiectasia, and progeria. But in cells from two separate Bloom's syndrome patients, the pattern of enzyme activity was altered.

The Bloom's syndrome cells were unable to activate DNA repair enzymes prior to replication. The activity of repair enzymes in these cells was enhanced simultaneously with DNA replication. The inability of Bloom's syndrome cells "to enhance DNA repair prior to DNA replication suggests that individuals with this syndrome are unable to prescreen before DNA is replicated," Sirover said.

NCI Advisory Group, Other Cancer Meetings For Sept., Oct., Future

5th Annual Workshop on Papillomaviruses--Sept. 3-7, Cold Spring Harbor. Contact Meetings, CSH Laboratory, Box 100, Cold Spring Harbor, NY 11724, phone 516-367-8343.

9th Annual Oncology Nursing Conference--Sept. 4, Marshfield, WI. Contact Mary Seehafer, Education Dept., St. Joseph's Hospital, Marshfield 54449, phone 715-387-7587.

Role of Rehabilitation in Cancer Care--Sept. 5-6, Portland, OR. Contact Suzanne May, Cancer Rehabilitation Service, Good Samaritan Hospital & Medical Center, 1015 NW 22nd Ave., Portland 97210, phone 503-229-7283.

Developmental Therapeutics Contract Review Committee--Sept. 5, Holliday Inn Crown Plaza, Rockville, MD, open 8-9:30 a.m.

Fourth International Conference on Cancer Nursing--Sept. 7-12, New York. Contact the conference, 404 Park Ave. South, Ninth Floor, New York 10016.

Modern Approaches to New Vaccines Including Prevention of AIDS--Sept. 9-14, Cold Spring Harbor. Address above.

Double Stranded RNA Virus Symposium--Sept. 9-13, Oxford, UK. Contact D.H.L. Bishop, Institute of Virology, National Environment Research Council, Mansfield Rd., Oxford, OX1 3SR, UK.

6th Annual Soft Tissue Tumor Symposium--Sept. 15-17, New York. Contact Dr. Steven Hajdu, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212-794-5902.

Critical Molecular Determinants in Carcinogenesis--Sept. 16-19, Stouffer's Hotel, Houston. 39th Annual Symposium on Fundamental Cancer Research. Contact Conference Services, M.D. Anderson Hospital & Tumor Institute, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

National Conference on Gynecologic Cancer--Sept. 17-19, Hilton Hotel, Atlanta. Contact American Cancer Society, conference, 90 Park Ave., New York 10016.

Biological Effects of DNA Topology--Sept. 17-19, Cold Spring Harbor. Address above.

2nd Annual Clinical Hyperthermia Symposium--Sept. 18-20, St. Louis. Contact Bahman Emami MD, Div. of Radiation Oncology, Mallinckrodt Institute of Radiology, 4511 Forest Park Blvd., Suite 411, St. Louis 63108, phone 314-362-8500.

8th Annual Diagnostic Cytopathology Course--Sept. 18-20, New York. Contact Robin Nager, Cytology Service, Memorial Sloan-Kettering, 1275 York Ave., New York 10021, phone 212-794-5903.

Weekend of Oncology--Sept. 19-21, Sawmill Creek

Lodge, Huron, OH. Contact Center for CME, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland 44106. Phone (local) 444-5696; (in Ohio) 800-762-8172; (outside Ohio) 800-762-8173.

Current and Future Contributions of Chemistry to Health: The New Frontiers--Sept. 22-26, Heidelberg. Contact Gesellschaft Deutscher Chemiker, Abteilung Tagungen, Varrentrappstr. 40-42, Postfach 90 04 40, D-6000 Frankfurt am Main 90, West Germany.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Sept. 22-23, NIH Bldg 1 Wilson Hall, 8:30 a.m. Closed Sept. 22 3 p.m.-adjournment.

Urologic Cancer--Sept. 22-24, Westin Hotel, Boston. Contact Dept. of Continuing Education, Harvard Medical School, Shattuck St., Boston 02115, 617-732-1525.

Molecular Mechanisms in the Regulation of Cell Behavior--Sept. 22-26, Hershey, PA. Contact Executive Director, Tissue Culture Assn., 19110 Montgomery Village Ave., Suite 300, Gaithersburg, MD 20879, phone 301-869-2900.

Oncology Nursing Conference VII--Sept. 23-26, Westin Galleria Hotel, Houston. Contact Conference Services, M.D. Anderson, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

Breast Cancer: Therapeutic Dilemmas--Sept. 24, Cedarwood Hall Auditorium, New York Medical College, Valhalla, NY. Contact CME, NYMC, Valhalla 10595, phone 914-993-4487.

American College of Epidemiology--Sept. 24-26, New Haven, CT. Annual meeting. Contact Curtis Mettlin PhD, Secretary, ACE, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263.

Diet and Cancer: Public Health Messages in Product Advertising--Sept. 24-26, Washington Hilton Hotel, Washington DC. Contact AICR Symposium Headquarters, 655 15th St. NW, Suite 300, Washington DC 20005, phone 202-639-5164.

Physiological MRI Spectroscopy: From Isolated Cells to Man--Sept. 24-26, Vista International Hotel, New York. Contact Conference Dept., 212-838-0230.

Poxvirus/Iridovirus--Sept. 24-28, Cold Spring Harbor. Address above.

Oncology Economics and Alternative Delivery Systems--Sept. 24-26, Fairmont Hotel, New Orleans. Assn. of Community Cancer Centers fall meeting. Includes sessions on health care marketing in competitive times, problems with competition and alternative delivery systems, capitated oncology, hospital prepaid medical care and oncology, patterns of care in HMOs and PPOs, changes in PROPAC reimbursement, low cost-high volume breast cancer screening, freestanding cancer centers, regional oncology program marketing, contract negotiations between health care providers and physicians, for profit home health care, and home chemotherapy issues. Contact ACCC Executive Office, 11600 Nebel St., Suite 201, Rockville, MD 20852, phone 301-984-1180.

Diagnosis and Therapy of Bone Marrow Abnormalities--Sept. 25-26, San Francisco. Contact Extended Programs in Medical Education, Rm 569-U, Univ. of California, San Francisco 94143, phone 415-476-4251.

Current Concepts in the Pathophysiology and treatment of leukemia--Sept. 25-27, Omni Hotel, Charleston, SC. Leukemia Society of America Regional Medical Symposium. Contact above, Anthony J. Jannetti Inc., North Woodbury Rd Box 56, Pitman, NJ 08071.

Immunology of Malignant Disease--Sept. 27, Ireland Cancer Center, Cleveland. Contact Barbara Guy, Ireland Cancer Center, Lowman Bldg 211, Univ. Hospitals of Cleveland, 2074 Abington Rd., Cleveland 44106, phone 216-844-7856.

Interaction of Radiation Therapy and Chemotherapy--Sept. 28-Oct. 1, Fort Magruder Inn, Williamsburg, VA. Contact Suzanne Bohn, American College of Radiology, 925 Chestnut St., Philadelphia 19107, phone 215-574-3181.

NCI Thyroid Iodine 131 Assessment Committee--Sept. 29-30, NIH Bldg 31 Rm 3, 9 a.m.-5 p.m. both days, all open.

Breast Issues, 1986--Sept. 30-Oct. 3, Marriott Mark Resort, Vail, CO. Contact Joan Camp, 8200 E. Bellevue, Suite 218, Englewood, CO 80111, phone 303-788-6966.

President's Cancer Panel--Sept. 30, Dana-Farber Cancer Institute, Boston, 9 a.m., open.

Oncology Nursing Symposium: Cancer Implications Throughout the Life Span--Oct. 1-3, Cleveland. Contact Center for CME, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland 44106.

XIII International Pigment Cell Conference--Oct. 5-9, Holiday Inn Broadway, Tucson. Plenary lectures, poster presentations and workshops. International Pigment Cell Society and Arizona Cancer Center. Contact Mary Humphrey, phone 602-626-6044.

National Cancer Advisory Board--Oct. 6-8, NIH, Bethesda. Closed Oct. 7 for grant review.

Platelet Transfusion Therapy--Oct. 6-8, Warren Magnuson Clinical Center, NIH. NIH consensus development conference. Contact Sharon Feldman, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852, phone 301-468-6555.

Molecular Neurobiology of Drosophila--Oct. 6-8, Cold Spring Harbor, address above.

12th Annual Topics in Gastroenterology and Liver Disease--Oct. 9-11, Johns Hopkins Medical Institutions, Baltimore. Contact Jeanne Ryan, Office of Continuing Education, Johns Hopkins Univ. School of Medicine, 720 Rutland Ave., Baltimore, MD 21205.

Oncology Nursing in Transition: Caring, Coping, Costs--Oct. 10-12, Waterville Valley, NH. Contact Lynn Westgate, ACS-NH Div., 686 Mast Rd, Manchester, NH 03102, phone 603-669-3270.

Mechanisms of Drug Resistance in Neoplastic Cells--Oct. 15-16, Washington DC. Ninth annual Bristol-Myers Symposium on Cancer Research. Contact Lillian Kamal, Administrator, Lombardi Cancer Research Center, 3800 Reservoir Rd NW, Washington DC 20007.

Div. of Cancer Treatment Board of Scientific Counselors--Oct. 16-17, NIH Bldg 31 Rm 6, 8:30 a.m. both days.

Challenge of Cancer to the Community--Oct. 17-18, Tampa. Contact Joseph Sinkovics MD, Medical Director, St. Joseph's Hospital Community Cancer Center, PO Box 4227, Tampa, FL 33677, phone 813-870-4242.

Symposium on Epstein-Barr Virus--Oct. 17-22, St. Petersburg, FL. Contact either Dr. M. Nonoyama, Showa Univ. Research Institute for Biomedicine, St. Petersburg 33702; or Dr. Dharam Ablashi, Bldg. 37 Rm 1E24, NCI, Bethesda, MD 20892.

Pediatric Oncology Symposium--Oct. 17, Univ. of Kansas Medical Center. Contact Carole Rosen, Office of Continuing Education, 39th & Rainbow Blvd., Kansas City, KS 66103, phone 913-588-4480.

Current Trends in Head and Neck Cancer Nursing--Oct. 22-23, Baltimore. Contact Pamela Macedonia, Office of Continuing Education, Johns Hopkins Medical Institutions, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6085.

Div. of Cancer Etiology Board of Scientific Counselors--Oct. 23-24, NIH, Bethesda.

Advances in Hematology--Oct. 24, Boston. Third William B. Castle Symposium. Contact Andrew Schafer, MD, 75 Francis St., Boston 02115, phone 617-732-5844.

10th Annual Cancer Symposium and 6th Annual Cancer Symposium for Nurses--Oct. 27-29, Sheraton Harbor Island Hotel East, San Diego. Scripps Memorial

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

Cancer Clinica Investigation Review Committee--Oct. 27-28, Bethesda Marriott Hotel, open Oct. 27 8:30-9:15 a.m.

Human Papillomaviruses and Squamous Carcinoma--Oct. 27-29, Chicago. Contact Barbara Trejo, Rush-Presbyterian-St. Luke's Medical Center, Office of Continuing Education, 600 S. Paulina St., Chicago 60612, phone 312-942-7095.

Innovative Cancer Chemotherapy for Tomorrow--Oct. 29-31, New York. Contact Director, Page & William Black Postgraduate School of Medicine, One Gustave L. Levy Place, New York 10029, phone 212-650-6772.

Short Course on Cancer Pain Management--Oct. 29, Roosevelt Hotel, New York. Contact Denyse Adler, Director, Palliative Care Institute, Calvary Hospital. Phone 212-430-4664.

Oncology Today: Toward 2000 II--Oct. 30-31, Fox Chase Cancer Center, Philadelphia. Contact Peggy Conners, Conference Coordinator, 215-728-3110.

Ninth Annual San Antonio Breast Cancer Symposium--Oct. 31-Nov. 1. Contact Terri Coltman, Cancer Therapy & Research Center, 4450 Medical Dr., San Antonio 78229, phone 512-690-0655.

Cancer Biology and Immunology Contract Review Committee--Oct. 31, NIH Bldg 31 Rm 10, open 9-9:30 a.m..

Cincinnati Cancer Conference V: Breast Cancer--Oct. 31-Nov. 1. Contact Thomas O'Connor, Continuing Medical Education, Bethesda Oak Hospital, 619 Oak St., Cincinnati 45206, phone 513-569-6339.

FUTURE MEETINGS

Care of the Elderly Person with Cancer--Nov. 8, Mt. Sinai Medical Center, New York. Contact Denyse Adler, Director Palliative Care Institute, 212-430-4664.

Innovative Cancer Chemotherapy for Tomorrow--Nov. 12-14, Sheraton Center Hotel, New York. Contact Page and William Black Post Graduate School of Medicine, One Gustave Pl., New York 10029, phone 212-650-6737.

Cancer Prevention in Perspective--Nov. 12, Johns Hopkins Medical Institutions, Baltimore. Contact Program Coordinator, Office of Continuing Education, Johns Hopkins, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301-955-6046.

Second International Workshop on Chromosomes in Solid Tumors--Jan. 18-20, 1987, Arizona Cancer Center, Tucson. Contact Mary Humphrey, Conference Coordinator, Univ. of Arizona College of Medicine, Tucson 85724, phone 602-626-6044.

Diagnostic Cytopathology for Pathologists--Feb.-April home study course, April 27-May 8 in residence course, Johns Hopkins Univ. School of Medicine, Baltimore. Contact John Frost MD, 604 Pathology Bldg, Johns Hopkins Hospital, Baltimore 21205.

21st Annual Clinical Symposium--Feb. 27-28, St. Jude Children's Research Hospital, Memphis. Open to the first 200 physicians to register. No fees. Contact Dr. Joseph Simone, Director, St. Jude Children's Research Hospital, Box 318, Memphis 38101.

Fifth International Conference on the Adjuvant Therapy of Cancer--March 11-14, Tucson. Contact Mary Humphrey, Arizona Cancer Center, Tucson 85724, phone 602-626-6044.

Second International Conference on Monoclonal Antibody Immunoconjugates for Cancer--March 12-14, Hotel Intercontinental, San Diego. Contact Ivor Royston MD, Univ. of California (San Diego), La Jolla 92093, phone 619-534-3940.

The Cancer Letter

— Editor Jerry D. Boyd

Associate Editor Patricia Williams

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