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The 99th Turned Out Well For Cancer Program, But Several Important Issues Await 100th Congress

The 99th Congress, which opened with several issues on its agenda that were crucial to the National Cancer Program, turned out to be not too bad, after all. In fact, it probably was the best Congress for the Cancer Program since the 91st, which passed the National Cancer Act of 1971.

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In Brief

NCI Monograph On Year 2000 Objectives Now Available; Radiation Accident Workshop Planned

DETAILS OF NCI'S plans to cut the cancer death rate 50 percent by the year 2000 are included in a report released this week, "Cancer Control Objectives for the Nation: 1985-2000" (NCI Monographs, 1986, No. 2). The report is available from the U.S. Government Printing Office--order No. 017-042-00191-9, $6 U.S., $7.50 elsewhere. Make checks payable and send to Supt. of Documents, USGPO, Washington DC 20402, or charge by phoning 202-783-3238. The plan has previously been reported as part of NCI's bypass budgets the past two years. It calls for significant increases in NCI's budgets, doubling the number of cancer centers and patients on research protocols, funding at least 45 percent of approved grants at recommended levels, stepped up educational programs aimed at reducing the number of smokers from 36 to 15 percent of adults and encouraging dietary changes to increase fiber and decrease fat intake, increased screening efforts and various other initiatives. . . . **THOMAS MOON** has resigned as assistant director of the Arizona Cancer Center, but will continue as associate director of epidemiology and biometry in the center and chief of the Epidemiology & Biometry Section in the Dept. of Family & Community Medicine . . . . **WORKSHOP** on medical and public health management of radiation accidents in Bologna Nov. 28-30, sponsored by Collegium Ramazzini, will include presentation of the Ramazzini Award to former NCI Director Arthur Upton. Irving Selikoff is president of the Collegium. The workshop is open only to invited scientists and science writers; plans will be discussed for an international conference on the topic in 1987. . . . **TWO APPOINTMENTS** to key patient care positions at M.D. Anderson: Dan Oldani has been named executive director for hospital and clinical operations, and Creighton Edwards has been named executive director for professional services.

Reauthorization, Budget Increases Were Among 99th's Accomplishments

(Continued from page 1)

Most significant of the 99th's cancer related actions was reauthorization of biomedical research programs, including renewal of the National Cancer Act. That was accomplished over the Administration's strenuous objections, which included the veto of the reauthorization bill by President Reagan. Strong bipartisian efforts by Sen. Orrin Hatch (R.-UT) and Henry Waxman (D.-CA) led to overwhelming votes to override the veto in both houses.

The 99th was generous at budget time. It approved substantial increases for NCI in both FY 1986 and 1987, although the 1986 increase was chopped back by the Gramm-Rudman-Hollings sequestration. The 1987 appropriation of $1.402 billion is not yet home free, although Congress seemed confident that the deficit target can be met without another across the board cut.

The 99th Congress came through with other legislation with an impact on the Cancer Program:

*The Comprehensive Smokeless Tobacco Health Risk Education Act, which bans radio and TV advertising of smokeless tobacco and requires rotating warning lables on packages of smokeless tobacco products.

*The Budget Reconciliation Act of 1985, which included a provision making permanent the 16 cent per pack federal tax on cigarettes. It had been scheduled to drop to eight cents.

*Renewal of the Small Business Innovative Research Act, which extends the program to 1993. There are some who feel that this program is anything but beneficial to biomedical research, since it requires NCI, the rest of NIH and all federal agencies with large R&D budgets to set aside 1.25% of those funds for SBIR. NCI feels, in general, that it is getting its money's worth from the program, which would have expired in 1988.

*Concurrent resolutions passed by both houses expressing the sense of Congress in opposition to employment discrimination against persons who have or have had cancer. These resolutions do not have the force of law but they serve notice that if such discrimination continues to occur, corrective legislation may follow.

*NIH Centennial observance. Both houses approved a joint resolution, which President Reagan signed, designating the year which began Oct. 1 as the NIH Centennial Year. Various activities will mark the celebration during the year including festivities marking NCI's 50th anniversary and the 15th anniversary of the National Cancer Act.

Some That Didn't Make It

Most important of the legislation that died when the 99th adjourned was the bill making "technical" amendments to the reauthorization act. This would have restored certain authorities to the NCI director, which were included in the National Cancer Act of 1971 but were left out of this latest renewal.

One of the provisions inadvertently dropped from the renewal was language directing the Office of Management & Budget to release appropriated funds directly to NCI, without the "apportionment" which has been so vexing to Director Vincent DeVita. The technical amendment bill would have corrected that situation.

The bill also would have restored DeVita's authority to establish, with approval of the National Cancer Advisory Board and the NIH director, institute peer review committees and on his own authority make appointments to those committees; specify that the ex officio members of the NCAB are not voting members, as provided in the Cancer Act originally (the latest renewal appears to give them voting rights); and authorize cancer centers to conduct cancer control research. That really is a technicality, since they do anyway, without specific authorization.

This bill was approved by Hatch's Committee on Labor and Human Resources but did not reach the Senate floor before adjournment. It most likely will be reintroduced in the 100th Congress.

DRG exemption. Sen. Daniel Moynihan (D.-NY) introduced a measure re-expressing congressional intent in the act which created prospective payment by diagnosis related groups for Medicare--that all cancer centers should be exempt. In its application of the act, the Health Care Financing Adminstration, with full support of the HHS secretary, chose to ignore congressional intent, and only a handful of centers are exempt.

Moynihan took the bill to the Senate Finance Committee, which has jurisdiction over Medicare, with the intent of attaching it to the omnibus spending bill then being worked up. However, the Congressional Budget Office was not able in the limited time

to come up with an estimate of how much the exemption of 39 additional centers would cost Medicare. That is not an inconsequential matter--the eight centers which were exempted under the limited HCFA regulations received $20 million in reimbursements over what they would have received from prospective payment. The committee did not approve the bill.

Moynihan and his staff will study the issue during the break before the new Congress opens in January, and CBO will attempt to develop some cost estimates. A new bill could differ somewhat from the 1986 version.

Animal welfare issues. A spate of bills and resolutions on use of animals in research were introduced, none of which passed.

Also down the tubes were bills limiting smoking in federal buildings, increasing the federal cigarette tax to 24 cents, and transferring authority of the Dept. of Energy to conduct epidemiological studies on effects of radiation to the Dept. of Health & Human Services.

Papanicolaou Receives $27.5 Million Gift, Largest In University History

The Univ. of Miami will receive $27.5 million over the next five years to establish a cancer screening, clinical research and treatment clinic at the Papanicolaou Comprehensive Cancer Center. The gift, the largest in the history of the university and possibly the largest single gift ever made to a cancer center, is being made by the Harcourt M. and Virginia W. Sylvester Foundation.

Of the total amount, $12.5 million will fund construction and maintenance of the Sylvester Cancer Clinic, a 30,000 square foot freestanding outpatient facility which will contain a new radiation therapy center with CT scanning, radiology equipment, computer rooms, laboratories, waiting rooms and offices. Five million dollars will provide immediate support for faculty, and $10 million will be placed in an endowment which should generate $45 million for faculty support over the next 30 years, the university said.

The gift will endow chairs for the dean of the school of medicine, the chief of surgical oncology and the director of the Papanicolaou center.

"What will make this clinic different from other cancer centers in Florida and the Southeast is its close tie between laboratory research and benefits to patients," said Gordon Zubrod, director of the comprehensive cancer center and chairman of the Dept. of Oncology at the Univ. of Miami School of Medicine.

The new clinic will focus on screening activities, early diagnosis and, where possible, prevention. The cancer center already has started a mammography program aimed at improving the situation where, in Dade County, 75 percent of Black women presenting with breast cancer are stages 3 or 4.

Bernard Fogel, dean of the School of Medicine, noted that "Florida has the most serious cancer problem in the nation," with a death rate from cancer highest in the country.

The gift will permit hiring more oncologists. The 19 on the staff now serve about 5,000 patients a year. "Time for research and teaching is sacrificed," Fogel said. "This gift will spread the patient care responsibilities, permitting more reserch and the training of young doctors. The Sylvester Cancer Clinic will be the focus of breakthroughs in cancer research, treatment and care."

Harcourt Sylvester Jr., a resident of Miami, is president of the foundation. It was established in 1980 with the proceeds from his parents' estates.

In another cancer center fund raising development, the Dana-Farber Cancer Institute in Boston announced it has raised $20 million in cash to meet a $10 million challenge grant from the Charles A. Dana Foundation more than a year ahead of schedule.

The Dana challenge launched the comprehensive cancer center's $38 million capital development program in 1983. Originally projected to be reached in five years, the goal has been raised to $50 million and extended through January, 1989.

ASCO National Teleconference Set For Nov. 12 At 56 U.S., Canada Sites

The American Society of Clinical Oncology will present a national teleconference Wednesday, Nov. 12, which will be seen in 56 cancer centers and medical centers in the U.S. and Canada.

The three and a half hour program, to start at 2 p.m. Eastern Standard Time, will include presentions by invited speakers on

small cell lung cancer, biological response modifiers (interferon, IL-2-LAK cells, monoclonal antibodies), and new diagnostic tests based on recombinant DNA technology and other aspects of molecular genetics.

The program will originate in San Diego on the campus of San Diego State Univ.

Concept Approved For Supporting Three More Chemoprevention Projects

Reissuance of the RFA for national collaborative chemoprevention projects, which has already resulted in establishing three such projects, received concept approval last week from the Div. of Cancer Etiology Board of Scientific Counselors.

The Board approved earmarking $1.5 million for first year funding. NCI estimated that would support three groups which will receive five year awards.

The Board also gave concept approval for an RFA for studies on papillomavirus-host interactions; an RFA for studies on the function of anti-sense RNA in mammalian systems; recompetition of a contract for analysis of genetic factors in patients at high risk of cancer and genetic markers for linkage analysis; and recompetition of a contract for procurement of human tissues from donors with an epidemiological profile.

The three collaborative chemoprevention groups which came out of the 1985 RFA are headed by Lee Wattenberg, Univ. of Minnesota (and a member of the DCE Board); Paul MacDonald, Univ. of Texas Southwestern Medical School (Dallas); and H. Phillip Koeffler, UCLA Dept. of Medicine.

Presented by the Chemical & Physical Carcinogenesis Branch, the concept statement noted that "effective exploitation of new knowledge applicable to cancer prevention, particularly understanding basic mechanisms of anticarcinogenesis, often requires diverse laboratory research expertise and material resources beyond the scope of most individual grants and contracts. . . The general quality of the applications submitted in response to the first announcement suggests that there are other high quality projects that have been conceived and could potentially be successful in obtaining a fundable priority. In addition, we hope to stimulate other scientists to consider cooperative research on this important topic.

"There are a significant number of groups of compounds that have shown promise as chemo-preventive agents. It is likely that the effective and expeditious development of many chemopreventive compounds will require a range of studies beyond the breadth of most conventional investigator initiated research grants and in some cases beyond the capacity of single organizations. For instance, studies on mechanisms of biological and chemical prevention of carcinogenesis in both in vivo and in vitro systems are needed, especially in the context of dose response studies, determinations of effectiveness in various species, in depth inquiries into the nature of agent toxicity, structure activity relationships, and pharmacokinetics.

"Similarly needed are studies on combination chemoprevention and combinations of biological and chemical agents for prevention of carcinogenesis. . . Each NCCP would consist of a number of laboratory research programs representing diverse scientific disciplines and expertise. In this initiative investigators in carcinogenesis, nutrition, pharmacology, toxicology, medicinal and organic chemistry, molecular and cellular biology, biochemistry, immunology and pathology will work together to generate new approaches and strategies in biological and chemical prevention of carcinogenesis."

Groups may be formed from any combination of academic, nonprofit and for profit organizations. Components could be drawn from a single organization with the diversity and expertise to accomplish objectives of the project.

Scope of an individual NCCP will include (1) determinations of in vivo efficacy in significant biological models employed in carcinogenesis studies; (2) demonstration of appropriateness of any in vitro bioassays employed to in vivo carcinogenesis/anticarcinogenesis; (3a) pharmacologic investigations of absorption, distribution, metabolism, and excretion of the agent with attention to dose/response relationships (b) investigations on the range of agent activity relative to organ sites at which chemoprevention is demonstrable and carcinogens/promoters against which activity exists (c) investigations characterizing the toxicologic properties of the agent; (4) investigations on mechanisms of action; and (5) investigations on structure activity relationships elucidating chemical/structural features for agent efficacy, toxicity and pharmacologic properties.

The composition of an NCCP will consist of a project director and program leaders in several broad scientific disciplines. The project director, in addition to providing scientific and administrative leadership, is expected to contribute a laboratory program. Program leaders can be derived from one or several institutions, but there must be a high degree of interaction among them. The project must define its own objectives for novel and exploitable approaches to cancer prevention and must develop its own experimental designs and methodologies.

Other concepts approved by the Board were:

Studies on papillomavirus-host interactions. Approximately four grants will be supported for five years, with total estimated first year funding of $750,000.

Papillomaviruses (PVs) produce benign tumors of epidermal tissue (e.g., warts, condylomas and papillomas) in many animal species. In rabbits, cattle and some other species, these epidermal growths can undergo malignant conversion with relatively high frequency. Evidence has recently accumulated which also strongly supports an etiological role for human papillomaviruses (HPVs) in some human cancers. Approximately 80% of the precancerous (dysplastic) and cancerous lesions of the cervix and vulva have been demonstrated to contain DNA from specific HPV subtypes. Metastases from cervical tumors also contain HPV DNA of the same subtype as the primary tumor. Several established cell lines derived from cervical carcinomas (e.g., the HeLa cell line) also have HPV DNA integrated into their genomes. HPVs are also implicated in laryngeal/oral tumors and in skin cancers of patients with the hereditary disease epidermodysplasia verruciformis.

In order to assess the current status of PV research, a workshop on the transformation mechanisms of papillomaviruses was held earlier this year. Renato Dulbecco served as chairman. The workshop participants noted that application of recombinant DNA technology has made possible much of the recent progress in PV research listed above. However, they also noted several areas of PV research where a great deal of additional work is needed. The functional analysis of HPVs has been severely hampered by the lack of an in vitro propagation system for studying viral growth and latency and for preparing adequate virus stocks. This problem was felt to be a reflection of the general lack of knowledge of how PVs interact with their natural hosts, i.e., squamous epithelial cells. These cells undergo a continual process of differentiation in vivo and PV growth appears to be tightly associated with the state of differentiation of these cells. Virions are only found in terminally differentiated epithelial cells, whereas PV DNA replication can apparently occur in parabasal cells. These tissues can also latently harbor PVs. Little is known about the cellular factors during differentiation that are involved in the control of latent or overt PV infections (which leads to the production of benign tumors) or their malignant conversion. Little is also known about the transformed phenotype of squamous epithelial cells from PV associated carcinomas either from the study of tumors directly or from tumor derived cell lines. Information in all these areas is necessary for understanding the transformation mechanism of PVs.

The workshop participants also noted that PV associated precancerous lesions (e.g., cervical dysplasias) are known to regress at high frequency. Preliminary data suggests that such regressions are associated with an infiltration of immunocompetent cells (lymphocytes and Langerhans' cells) into the lesions. However, it is not known how this cell mediated immune response is initiated. Specific cytotoxic T-lymphocytes have not yet been isolated. Humoral antibodies to PV virions have been identified in 46% of genital cancer patients, but the role of these antibodies in dysplastic tissue progression or regression is not known. An understanding of the natural mechanism of regression of PV associated lesions, particularly the identification of the viral or cellular eptopes involved in the process, will be particularly helpful in developing new diagnostic aids, rational approaches to vaccines and new types of immunotherapy. Thus, it was the consensus of the workshop participants that work in the above areas is both timely and needed to fully utilize the opportunities presented by the recent advances in papillomvirus resarch.

Major emphasis of research under this RFA will be basic studies on papillomavirus-host interactions at both the cellular and immune response levels. The scope of this RFA will include human and animal PVs. Examples of studies (which are not all encompassing) are (1) characerization of the viral and cellular control mechanisms which govern the relationship between viral gene expression or viral latency and the differentiation or transformation state of squamous epithelial cells; (2) characterization of the phenotype of PV transformed squamous epithelial cells; (3) investigations of the mechanisms of viral entry into cells and the tissue selectivity of PVs; (4) development and utilization of novel cell culture or other systems for PV propagation and transformation assays; (5) identification and determination of the mechanism of action of cofactors in PV transformation of cells such as physical/chemical cocarcinogens or other viral infections; (6) identification of viral or cellular epitopes on infected or transformed cells which may mediate the regression of PV lesions; (7) isolation and characterization of humoral antibodies and immunocompetent cells (e.g., cytotoxic T-lymphocytes) specific for PV proteins or other markers of PV associated neoplastic lesions and the development of specific assays to measure the immune response of patients to these markers.

Function of anti-sense RNA in mammalian systems. Four to five grants, each for five years, will be awarded, with total first year funding estimated at $500,000.

A recently developed vector based molecular strategy may have potential long term use for reversing the growth of tumors by suppressing the expression of proteins responsible for transformation. Recombinant DNA technology has been used extensively to genetically engineer viral vectors to carry viral/cellular information into bacterial, yeast and mammalian cells in order to subsequently express the exogenous genetic information carried by the vectors. The major focus of these studies has been to explore the expression and/or regulation of particular genes in order to elucidate their functions and/or control in viral replication, cell growth, and cell differentiation. A recently discovered novel strategy for modulating gene expression involves the inhibition of expression of a particular gene through the introduction into the cells, via an appropriate vector, of genetic information transcribable into an RNA complementary to the messenger RNA encoding the particular gene of interest. The complementary RNA thus induced, designated as anti-sense RNA, appears to prevent the expression of the gene under study.

A discussion group on vector mediated regulation of gene expression met earlier this year, focussing on the state of the art in the field of anti-sense RNA and on possible areas of extramural research in this area which might need stimulation. The consensus of the group presentations was that anti-sense RNA was potentially useful in a variety of systems to specifically modulate expression of individual genes. The use of this technique would facilitate certain types of basic studies which would be difficult to undertake by other means. For example, anti-sense RNA could be used to elucidate gene function by studying the effects of graded quantitative reductions in gene products for those genes whose function is essential to the survival of the cell or virus. In such cases a complete shutoff of gene function would lead to cell or virus death, a situation from which very little information can be obtained. Additionally, in those cases where there are genes having multiple transcription products, anti-sense RNA directed specifically to one member of the family of transcripts may facilitate the study of the role of that particular transcript.

The discussion further indicated that at present the principles of construction of functional anti-sense RNA vectors are not known. Currently each investigator using anti-sense RNA tends to focus on making his particular anti-sense RNA system function by using vectors and gene sequences conveniently available to him in his laboratory, rather than by systematically modifying the vector constructs; moreover, investigators do not have the time or resources to investigate the reasons for the failure of particular anti-sense constructs to function.

The overall recommendation was that an RFA focused on the general principles of construction of functional anti-sense RNA vectors would provide the impetus and resources for investigators to undertake the kinds of systematic studies needed to determine whether there were, in fact, such general principles. This knowledge would facilitate basic studies undertaken in a variety of fields in which anti-sense RNA could be used as a tool to understand viral and cellular gene function as well as to lay the groundwork for the potential uses of anti-sense RNA in the prevention of or the reversal of transformation in vivo.

The specific recommendation for the new area of research to be stimulated is the development and utilization of an in vitro model for the systematic evaluation of the function of anti-sense RNA in animal cells. Since the long term goal of this research is to ascertain the potential usefulness of anti-sense RNA in suppressing viral and cellular oncogene products, the model chosen should have specific applicability to such a system and should preferably involve an inducible promoter. The model should be suitable for studying such parameters as (1) the genetic/regulatory elements of molecular constructs/vectors needed for optimal expression of the anti-sense RNA, including determination of the requisite regions of complementarity between the normal sense gene and/or gene transcript and the anti-sense RNA; (2) the stage of gene expression (transcription vs. translation) at which anti-sense RNA acts; (3) the stability of the anti-sense RNA; (4) the site of action (nucleus vs. cytoplasm) of anti-sense RNA; (5) the quantitation of the sense product and/or of the alteration of the sense phenotype; (6) the effects of cell type on the expression and function of anti-sense RNA; and (7) the detection of the action of other compensatory genes which may obscure or reverse the effects of anti-sense RNA.

Genetic factors in persons at high risk of cancer--genetic markers for linkage analysis.

Recompetition of a contract held by UCLA. The project will be expanded and probably result in the award of two contracts, one to do the protein work, the other for the DNA work. Estimated total first year award is $280,000.

Major purpose of this project is to try to map genes causing cancer to specific chromosome regions through the analysis of familial segregation patterns of cancer or preneoplastic syndromes in conjunction with those of (a) protein polymorphisms (usually in erythrocytes and serum) and (b) DNA restriction fragment length polymorphisms (RFLPs) with known chromosome locations. Analysis of protein and DNA polymorphisms will also be used to verify that fibroblast or tumor cell lines obtained by NCI for a variety of laboratory investigations have not been mislabeled or cross contaminated. Occasionally, analyses of polymorphic markers may also be needed to determine zygosity in cases of multiple births and to assess paternity in studies other than linkage analyses in which varification of biologic parents is essential (e.g., in the evaluation of cancer patients to assess the mutagenicity of anticancer agents).

Staff of the Clinical Epidemiology Branch had recommended continuing and expanding studies involving cutaneous malignant melanoma/dysplastic nevus syndrome, nevoid basal cell carcinoma syndrome, peripheral neurofibromatosis, familial platelet disorder and leukemia, and spinocerebellar ataxia. Cost was estimated at $138,000 the first year, $766,000 over five years.

"We are proposing too much for too little money," Board member Hilary Koprowski said. "We should take the unusual step and propose more money. I don't think you would get any proposals with that amount."

Board members George Vande Woude and William Benedict suggested reworking the concept and bringing it back at the Board's February meeting. But Chairman Barry Pierce noted that it had been presented previously, with instructions to revamp it and that the Board had been enthusiastic about the project. He appointed a committee of Koprowski, Vande Woude and Benedict to discuss it with him at the coffee break. The committee recommended limiting the project to two diseases, with a budget of $140,000 each for the first year, and the Board agreed.

Resource for human tissue procurement from donors with an epidemiological profile.

Recompetition of a contract now held by Georgetown Univ. Estimated first year award is $76,000, with a total cost over four years estimated at $319,000.

The contract is an integral part of an ongoing study by the Laboratory of Human Carcinogenesis to utilize model systems for studying carcinogenesis directly in human target tissues. The design includes collection of preoperative medical histories and subsequently, nontumorous and tumorous lung, bronchus, colon and pleural mesothelium at the time of surgery or autopsy; diagnostic and microscopic characterization of the tissue specimen; and bronchial lavage for alveolar macrophages and venous puncture for peripheral blood lymphocytes from smoking and nonsmoking normal volunteers.

The concept was approved unanimously.

The Board gave concept approval to noncompetitive renewal of the contract with Chaim Sheba Medical Center for radiation risk assessment in Israeli children irradiated for tinea capitas, $80,000 over two years; to noncompetitive renewals of contracts with UCLA, Johns Hopkins, Univ. of Pittsburgh and Howard Brown Clinic for AIDS cohort studies, with NCI contributing $1 million a year for five years (NIAID contributes $4 million a year); and renewal of the interagency agreement with the Dept. of Energy for death certificate identification and retrieval, $60,000 a year for three years.

NCI Advisory Group, Other Cancer Meetings For Nov., Dec., Future

American Society for Therapeutic Radiology and Oncology--Nov. 2-7, Bonaventure Hotel, Los Angeles. 28th annual meeting. Contact ASTRO, 1891 Preston White Dr., Reston, VA 22091, phone 703-648-8900.

Cancer Control Grant Review Committee--Nov. 3, Holiday Inn Crown Plaza, Rockville, MD, open 8-8:45 a.m.

American Cancer Society Conference--Nov. 5-7, New York. Contact G.R. Gadberry, Executive Vice President, ACS, 90 Park Ave., New York 10016, phone 212-599-8200.

Curative Treatment Strategies 1986--Nov. 6-8, Century Plaza Hotel, Los Angeles. Annual oncology review. Contact Lore Kahane, Rm 2049, Cedars Sinai Medical Center, PO Box 48750, Los Angeles 90048, phone 213-855-5547.

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.

American Assn. for Cancer Education--Nov. 11-14, Montreal. Annual meeting. Contact Dr. Stephen Stowe,CRTC Bldg Rm A-1020, New Jersey Medical School, 100 Bergen St., Newark 07103.

Current Approaches for the Diagnosis & Treatment of Gastrointestinal Cancers--Nov. 11-15, Hotel Intercontinental, Houston. Contact Office of Conference Services, HMB Box 131, M.D. Anderson Hospital, 6723 Bertner Ave., Houston 77030, phone 713-792-2222.

1st International Congress on Oral Cancer--Nov. 11-13, Kent Ridge, Singapore. Contact Dr. N. Ravindranathan, Organizing Secretary, Dept. of Oral & Maxillofacial Surgery, National Univ. of Singapore, Kent Ridge, Singapore.

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.

6th International Symposium on Medical Virology--Nov. 12-14, Disneyland Hotel, Anaheim. Contact Dr. Luis de la Maza, Dept. of Pathology, Route 84, Univ. of California (Irvine) Medical Center, 101 City Dr. South, Orange, CA 92668, phone 714-634-6868.

Malignant Disease in the Neck--Nov. 12-14, Amsterdam. International symposium. Contact I.B. Tan MD, Dept. of Otolaryngology, Free Univ. Hospital, de Boelelaan 1117, 1081 HV, Amsterdam, The Netherlands.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--Nov. 13, NIH Bldg 31 Rm 4, open 8:30 a.m.-3 p.m.

Tumor Registry Training Program--Nov. 13, Cancer Research Institute, UCSF. 25th anniversary of the program. Contact General Tumor Registry, Cancer Research Institute, Univ. of California School of Medicine, San Francisco 94143, phone 415-476-2331.

Genito-urinary Neoplasms: Changing Perspectives in Management--Nov. 13, Youngstown, OH. Contact Dr. Sudershan Garg, St. Elizabeth Hospital Medical Center, 1044 Belmont Ave., Youngstown 44501, phone 216-746-7211.

Current Controversies in Management of Prostate Carcinoma--Nov. 13-14, Baltimore. Contact Dr. Kelly Drake, Dept. of Radiation Oncology, Greater Baltimore Medical Center, 6701 N. Charles St., Baltimore 21204.

Chemotherapy in Theory and Practice--Nov. 17-18, Allentown, PA. Contact Oncology Nurse Educator, Comprehensive Community Cancer Center, Allentown Hospital, 17th and Chew Sts., Allentown 18102, phone 215-778-2582.

Breast Cancer Conference--Nov. 19, Hackensack Medical Center Conference Center. Contact Hackensack Medical Center, Comprehensive Cancer Program, 30 Prospect Ave., Hackensack, NJ 07601, phone 201-441-2363.

DNA Topoisomerases in Cancer Chemotherapy--Nov. 19-20, New York. Contact New York Univ. Medical Center, Postgraduate School, 550 First Ave., New York 10016, phone 212-340-5295.

Monoclonal Antibodies and Breast Cancer--Nov. 20-21, San Francisco. Contact Dr. Roberto Ceriani, John Muir Cancer and Aging Research Institute, 2055 N. Broadway, Walnut Creek, CA 94596, phone 415-943-1167.

Basic and Clinical Perspectives of Colorectal Polyps and Cancer--Nov. 20-22, Boston. Contact Dr. James Karr, Director, Organ Systems Coordinating Center, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263, phone 716-845-2317.

Frederick Cancer Research Facility Advisory Committee--Nov. 21, Conference Center Bldg 549, Frederick, MD, open 8:30 am.-noon.

Progress in Cancer Treatment: Impact on Nursing--Nov. 21 NIH Clinical Center Masur Auditorium. Contact Jean Jenkins, phone 301-496-3101.

12th Annual Congress of the European Society for Medical Oncology--Nov. 28-30, Nice. Contact Prof. M. Schneider, Centre Antoine-Lacassagne, 36 Voie Romaine, 06054 Nice Cedex, France.

Risk Assessment: The Evolving Process--Dec. 3, Vista International Hotel, Washington DC. Contact Suzanna Paulovkin, American Industrial Health Council, 1330 Connecticut Ave. NW, Suite 300, Washington DC 20036, phone 202-659-0060.

Gastrointestinal Oncology 1986--Dec. 4-5, Memorial Sloan-Kettering Cancer Center, New York. Contact CME Conference Planning Office, Box 458, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

New and Future Technology in Cancer Treatment--Dec. 5-6, Cleveland. Contact Center for CME, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland 44106, phone (local) 444-5696; (Ohio) 800-762-8172; (elsewhere) 800-762-8173.

National Cancer Advisory Board--Dec. 8-10, Memorial Sloan-Kettering Cancer Center, New York. Annual program review, all open.

Cancer Clinical Program Project Review Committee--Dec. 10, Sir Francis Drake Hotel, San Francisco, open 8:30-9 a.m.

AIDS and the Nervous System--Dec. 11-12, San Francisco. Contact Extended Programs in Medical Education, Univ. of California, Rm 569-U, San Francisco 94143, phone 415-476-4251.

Obtaining and Using Information on Smoking in Occupational Epidemiologic Studies--Dec. 15-16, Hyatt Regency Hotel, Bethesda, MD. Sponsored by NCI and the National Institute for Occupational Safety & Health. Contact Mary Clark, Birch & Davis Associates, 8905 Fairview Rd Suite 300, Silver Spring, MD 20910, phone 301-589-6760.

FUTURE MEETINGS

Colorectal Carcinoma 1987--Feb. 28, 1987, Moseley-Salvatori Conference Center, Los Angeles.Sponsored by the Hospital of the Good Samaritan. Contact Ilona Kapuy-Carlos, Manager, Cancer Center, 616 S. Witmer St., Los Angeles 90017, phone 213-977-2429.

Status of Treatment of Metastatic Renal Cell Carcinoma--March 13-14, 1987, Vienna. International symposium, sponsored by UICC. Contact Prof. Dr. J. Kohbock, 2nd Medical Dept., Univ. of Vienna, Garnisongasse 13, A-1090, Vienna, Austria.

Physical Aspects of Hyperthermia--April 27-May 1, 1987, Sheraton University Center, Durham, NC. Contact Sandy Huskins, Duke Univ. Medical Center, Box 3085, Durham 27710, phone 919-684-4384.

American College of Epidemiology--Sept. 30-Oct. 2, 1987, New Orleans. Sixth annual meeting, to include a continuing education program for epidemiologists on

techniques of environmental risk assessment, a scientific symposium and the annual business meeting.
Contact Dr. Curtis Mettlin, Secretary, American College of Epidemiology, Roswell Park Memorial Institute, 666 Elm St., Buffalo 14263, phone 716-845-4406.

Adjuvant Therapy of Breast Cancer--March 3-5, 1988, St. Gallen, Switzerland. Third international conference. Contact Secretariat Prof. H.J. Senn MD, Dept. of Medicine C, Oncology Center, Kantonsspital, CH-9007, St. Gallen, Switzerland.

RFPs Available

Requests for proposals 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-CN-75409

Title: Mulidisciplined analysis of chemopreventive agents
Deadline for statement of qualifications: Dec. 26

NCI's Div. of Cancer Prevention & Control is seeking small business sources capable of responding to a potential request for proposals to conduct a multidisciplined analysis of chemopreventive agents. The source shall set forth its capability to: (A) establish a master list of at least 200 candidate chemopreventive agents that have biological activity as potential inhibitors of carcinogenesis as indicated by epidemiologic, in vivo or in vitro evidence from the published scientific literature; (B) designate a panel of experts to perform a multidisciplinary evaluation and analysis of all available information on candidate chemopreventive agents; (C) establish a computerized data base of potential chemopreventive agents that inhibit carcinogenesis in vivo in animal bioassays.

Small businesses which respond to this sources sought announcement must submit documentation of the capability to develop and perform all aspects of the work described above. Specifically, offerors must:

1. Submit documentation (corporate and personnel) of past experience and current ongoing research activities in chemoprevention. These current research activities should include doctorate level people conducting laboratory or field experimentation in toxicology, biochemistry, pharmacology, nutrition, carcinogenesis, epidemiology, cell biology. The organization and its current or past personnel should show relevant experience in chemoprevention as evidenced by publications in scientific journals, preparation of scientific reports in chemoprevention, previous and current research contract and grant awards in chemoprevention, participation of the personnel in grant peer review committees, etc.

2. The source should have doctorate level personnel on site, as established employees of the company, functioning within the offeror's research environment, with doctoral degrees in carcinogenesis, epidemiology, cell biology, biochemistry, toxicology, nutrition, and pharmacology. If the source does not have established doctorate level personnel on site, then the offeror should present its proposed personnel (subcontractors, consultants, etc.) and show how an equivalent research team would coordinate and function to successfully fulfill the needs of the project in an efficient manner.

Curriculum vitae should be submitted for those key personnel who may be proposed for this project.

3. Submit sufficient information regarding the research resources of the offeror such as the availability of inhouse (or out of house) literature and data bases, research labs, manual computer searching, conventional typing and/or word processing facilities, proximity or availability of libraries or other resources, etc.

Small businesses (annual sales or receipts for its preceding three fiscal years of $7 million or less) which believe they possess the capability to perform the above tasks are invited to submit a statement of corporate qualifications. This statement must show that the source is fully qualified and capable of performance of this type of project and may not exceed 20 8 1/2 x 11 inch double spaced typewritten text. Preprinted statements of corporate capability may be attached as additional information. Resumes of key personnel are required and may also be attached to the original text. Letters of recommendation from clients for whom similar work has been accomplished must also be attached. Submit six copies of the required statement and attachments.
Contract Specialist: David Monk
RCB Blair Bldg Rm 2A07
301-427-8745

RFP NCI-CB-71010-55

Title: Radioimmunoassay and enzyme linked immunoassays
Deadline: Approximately Jan. 9

NCI's Div. of Cancer Biology & Diagnosis is seeking proposals for the performance of radioimmunoassays of immunoglobulin molecules and enzyme linked immunosorbant (ELISA) assays for soluble interleukin-2 receptor peptides, for specific anitibodies in human mononuclear cell culture supernatants or biological fluids, and for mouse monclonal antibodies and antibodies to these monoclonals.

Many of the results of these assays will determine the research protocols utilized in the clinical evaluation of patients admitted to the NIH Clinical Center. Therefore, an eight to 24 hour turn around time will be required in the performance of this contract. The current effort is being performed by Hazleton Laboratories Inc. It is expected that one award will be made for a six year period. For copies of the RFP, submit two nonfranked self addressed mailing labels.
Contract Specialist: Mary McCarvey
RCB Blair Bldg Rm 114
301-427-8888

NCI CONTRACT AWARDS

Title: Support services for epidemiologic studies of HTLV-3 and related viruses
Contractor: Research Triangle Institute, $5,140,753

Title: Leukemia and preleukemia following chemotherapy for breast cancer
Contractor: Emory Univ., $11,065

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