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THE

CANCER LETTER

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CCOP Budget Needs Hefty Increase To Fund 55 Awards At Requested Levels, Yates Says

The budget for the Community Clinical Oncology Program will have to be increased by more than one third if 55 awards are made at the levels requested in the applications submitted in the recompetition, Jerome Yates, director
(Continued to page 2)

In Brief

Daniel Nixon of Emory To Head Prevention Program; Henderson To Get Rosenthal Award

DANIEL NIXON, professor of medicine and head of medical oncology at the Winship Memorial Clinic for Neoplastic Disease of Emory Univ. School of Medicine, will be the new director of the Prevention Program in NCI's Div. of Cancer Prevention & Control. The position has been vacant since William DeWys left more than a year ago. DCPC Director Peter Greenwald said that Nixon has a strong interest in nutrition as it relates to cancer. Greenwald also said that two senior nutritional scientists, Marian Swendseid, head of nutritional sciences at UCLA, and Myron Winick, director of nutrition and genetics at Columbia Univ., have joined his staff for a sabbatical year. . . . BRIAN HENDERSON, director of the Univ. of Southern California Comprehensive Cancer Center, will receive the Rosenthal Award May 20 at the annual meeting of the American Assn. for Cancer Research in Atlanta. Henderson was cited for demonstrating the association of diet and hormones with breast cancer, for studies which implicated dietary factors in the cause of nasopharyngeal cancer and for development of epidemiologic methods for study of migrant populations. . . . AACR HAS planned four symposia for its 78th annual meeting: biological status and potential clinical applications of cytokines, regulation of breast cancer development, viruses in autoimmunity and cancer, and molecular biology of chemical carcinogenesis. The cytokines symposium is sponsored jointly with the American Society of Clinical Oncology, which will hold its 23rd annual meeting in Atlanta May 17-19, preceding the AACR meeting. . . . TAYLOR WHARTON, deputy chairman of the Dept. of Gynecology at M.D. Anderson Hospital, has been appointed chairman "after an intensive national search to find the best possible candidate to lead this distinguished and prestigious department," according to Charles Balch, head of the Div. of Surgery. Wharton is also medical director of MDA's cancer prevention and detection programs.

Vol. 13 No. 5

Jan. 30, 1987

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

DCPC Board Okays
Core Grant Change
On Shared Resources
... Page 3

DCPC Proceeding
With Plans For
Intramural Lab
... Page 4

Bills Introduced
On Breast Cancer
Screening, DES,
Cigarette Tax Hike
... Page 5

NCI Advisory Group,
Other Cancer Meetings
... Page 5

RFA Available
... Page 7

RFPs Available
... Page 7

Some CCOP Applications Called "Outstanding;" More Money Needed

(Continued from page 1)

of the Centers & Community Oncology Program, told the Div. of Cancer Prevention & Control Board of Scientific Counselors last week.

Yates said that 109 applications received last fall, which will be reviewed in February, requested budgets totaling about \$30 million. NCI has allocated \$10 million in the budget for the first year of the new round, about the same level of spending in the program's first four years.

There are currently 57 active CCOPs in operation. Yates pointed out that to support 55 awards at the "ideal" requested levels, at least \$15 million would be required.

NCI executives have known all along, since they decided to add the requirement for cancer control research to CCOP activities, that they would need at least \$15 million, and more likely about \$16.5 million, to support the same number of awards this time. Not all of the extra amount would go into cancer control; the clinical trials element--CCOPs' primary mission--will require some increases for both the CCOPs and their research bases, to maintain the same levels of activity.

Those are not the only pressures on the CCOP budget. NCI Director Vincent DeVita, with the solid support of Yates and CCOP Program Director Robert Frelick, would like to expand the program by adding a significant number of new CCOPs this year. They consider the program a smashing success, and expansion is fully justified, provided enough top quality applications come in, and especially if some are from areas of the country not now served by a CCOP, clinical cancer center or Cooperative Group Outreach Program member.

"Obviously, we are going to need more than \$10 million," Yates told the BSC. When Board member Lloyd Everson asked where the additional money would come from, Yates said, "We could fund fewer than 55. We could get additional money from cancer control (the line item cancer control appropriations, from which CCOP and DCPC's other cancer prevention and control are funded). There are other possibilities. More money might be available later in the year."

DCPC Director Peter Greenwald dashed some cold water on that thinking. "We think CCOP is a successful program, but we have a flat budget (for the division), and unless that is

changed, the CCOP budget will be flat."

"The CCOPs have proven themselves, in patient accrual," Everson said. "When you added cancer control, that added to the cost. How can you maintain the same level, if you add cancer control?"

"Community participation in clinical trials is cancer control," Greenwald answered. "There is no question they have done a superb job in patient accrual. To do those things, and also cancer control research, at the same level, will cost more."

"I'm not sure I have an answer," Everson said.

"The answer is, you won't be at the same level," Board member Virgil Loeb commented.

If no additional money is put into the program, the number of CCOPs funded this time could be as low as 40. It is more likely that (1) the review committees will prune the budgets considerably; (2) even with the pruning, awards will be at levels 10-15 percent under the approved budgets; (3) DeVita will "find" a few million dollars somewhere to fund at least 55.

It is more apparent now than ever that if there is to be any substantial increase in the number of CCOPs, Congress will have to provide the extra money and earmark it for the program.

Are there enough top quality applications to justify asking Congress for the money?

No one can be sure until the review has been completed, priority scores assigned, and the payline determined. Until then, no one is talking for the record, but **The Cancer Letter** has learned that staff believes there are a number of outstanding new applications, probably enough, along with the successful recompeting existing CCOPs, to warrant funding 15 to 20 more than the existing number, 57.

That does not mean that all of the recompeting CCOPs are assured of being renewed, considering the quality of some of the new applicants.

Frelick related briefly to the Board characteristics of some of the cancer control proposals in the applications. The majority were for phase 2 studies (in DCPC's lexicon of cancer control research ranging from phase 1, hypothesis development, to phase 5, implementation in large population groups), with some in phase 3, Frelick said. Proposals included following cancer patients looking for second malignancies; possible effects of genetic information on offspring of patients;

cost comparison in treatment of acute nonlymphocytic leukemia of bone marrow transplant vs. standard therapy; and a double blind crossover study of new drugs in pain reduction.

The cancer control proposals in general were not as detailed as NCI staff would have liked. But there is enough substance in most of them to provide the basis for the development of good programs.

"There were a wide variety of proposals," Frelick said. Some were possibly broader and for longer terms than may be feasible." Frelick will send his comments and suggestions to the applicants "so they can begin to work on them."

Yates noted that several cooperative groups expressed interest in serving as research bases just for the cancer control protocols and not for clinical trials. Fourteen cancer centers submitted research base applications, 11 cooperative groups.

DCPC Board Approves Core Grant Guideline Change On Shared Resources

The growing amount of clinical research conducted by cancer centers which is not supported by NCI or other NIH institutes has impelled the Centers & Community Oncology Program of the Div. of Cancer Prevention & Control to revise center core grant guidelines involving shared resources.

The DCPC Board of Scientific Counselors last week approved the revision, although not without some misgivings. The change will be taken to the National Cancer Advisory Board.

Language in the current version of the guidelines states, "The Cancer Center Support Grant (core grant) may include funds for laboratory and clinical facilities, equipment and services that will be used by multiple staff for projects or programs supported by peer reviewed grants and/or contracts."

That poses a problem for centers which are involved in studies supported by pharmaceutical firms and other elements of private industry which are not peer reviewed. That support has become increasingly important as NCI's clinical trials budgets have been subjected to increasing pressures.

DCPC staff proposed adding this language:

"It is recognized that a significant amount of meritorious clinical therapeutic research is supported by other than the traditional peer reviewed mechanisms such as NCI, RO1, PO1 or U10 research grants. In

order to maintain the principle that the core grant is to support high quality peer reviewed research, core grant applicants should include in the core grant proposal details of clinical research projects which have not been peer reviewed in the traditional manner. The documented evaluation of these projects by reviewers of the core grant will be considered equivalent to the peer review of projects supported by NCI RO1 or U10 grants. Projects deemed meritorious will be accepted as justification for requested core grant support such as for a 'Clinical Research Unit/Office' shared resource."

Centers & Community Oncology Program Director Jerome Yates pointed out that the Cancer Center Support Grant Review Committee generally looks for "synergism" among the various elements of a cancer center. The guideline revision "gives them the opportunity to review for science," when the application involves clinical research support, Yates said. "This not only changes the guidelines but the way the grants are reviewed."

Robert Browning, chief of the Grants Review Branch in the Div. of Extramural Activities, agreed that it would change the nature of the review but was not happy about it.

"This comes at a time when we are trying to reduce the intensity of review," Browning said. "For instance, we are not site visiting revised PO1 applications. We're reluctant to embrace this change. We're waiting for the sort of details which will be included in the application to let reviewers know something about the quality of the unpeer reviewed research. I would recommend that the guidelines be written to minimize the impact on applicants and reviewers."

Board member Mary-Claire King asked Yates, "Can you explain why I should not suspect this is a mechanism to fund research that could not pass peer review?"

"Some centers have been severely cut back," Yates answered. "We hope this will bring back consistency in review."

Board Chairman Erwin Bettinghaus added that "there has been some intent (by NCI) to encourage centers to go after other money." Yates pointed out that the Div. of Cancer Treatment worked out an agreement with the cooperative groups to make adjustments based on pharmaceutical industry support and has developed a quality control mechanism which "has allowed focusing clinical research

activities in centers and improved quality." He said that the amount of pharmaceutical house support varies from center to center.

"I'm convinced a majority of this has been initiated by corporations and pharmaceutical companies in their own interests," Board member Frank Meyskins commented. "I'm not sure it is wise to provide shared resources for this kind of activity. I'm not enthusiastic about the change."

The revision, Yates argued, "will give us the opportunity to deal with a clear set of guidelines. . . the review has been uneven."

Lucius Sinks, chief of the Cancer Centers Branch, noted that cancer centers have been encouraged by NCI and others to initiate pilot studies. "The core grant is a good mechanism for that. But the fact is, when they apply for support of shared resources, they are hurt because the guidelines require RO1, PO1 or U10 support" which are not generally suitable for pilot studies.

The Board voted without dissent for the motion to approve the change, but the discussion on centers continued.

Board member Donald Iverson observed that "the center director doesn't have control over quality elsewhere in the institution but only in the center."

Yates responded that shared resources "have been used by deans to leverage the situation and force consolidation."

Board member Paul Engstrom offered an intriguing suggestion. "Is this division involved in the husbandry of center directors? Is there any plan for training them? Should we encourage development of a training program for center directors? Where are the new center directors coming from? We have training programs for other areas. Why not for center directors?"

"It is not our prerogative to name center directors," DCPC Director Peter Greenwald said. "But I do hope some of the centers now seeking new directors will consider people with expertise in cancer control and prevention."

"In a center that does mostly wet bench laboratory research, the type of cancer control to come out of there might better be left undone," Bettinghaus said.

Meyskins disagreed. "There are many aspects of prevention in wet bench laboratory research, in molecular biology for one."

Back to the core grant. "Developmental money is not a big part of the core grant, Board member John Ultmann said. "In a one

million dollar budget, at most there will be \$100,000 for developmental work. That ain't much. The perception that you can go to a cancer center and say give me some money for epidemiology is ludicrous. There ain't any."

DCPC Proceeding With Plans For Establishing Intramural Nutrition Lab

The Div. of Cancer Prevention & Control historically, going back to its genesis as the Div. of Cancer Control & Rehabilitation in the early 1970s, has carried out its activities entirely through grants and contracts. Unlike the other NCI program divisions, it has had no intramural component.

That may change this year, if plans to establish an intramural Nutrition & Cancer Research Laboratory are approved.

Richard Costlow, long time DCPC staff member who has been working as a special assistant to DCPC Director Peter Greenwald, presented an update to the division's Board of Scientific Counselors on planning for the new lab.

Following approval by the NCI Executive Committee and the DCPC Board, an 11 member committee was formed under the chairmanship of Malden Nesheim, director of the Div. of Nutrition Science at Cornell Univ. The committee was charged with two major tasks, Costlow said:

1. To study and advise NCI on the merit and feasibility of establishing an intramural Nutrition & Cancer Research Laboratory.
2. To draft a report of a laboratory development plan including rationale, justification, size, scope, focus and schedule for such an effort.

At its first meeting, the committee agreed unanimously that there was a need for an intramural research laboratory and fully supported a recommendation for doing so, Costlow said. The nature of a nutrition research lab was discussed and preliminary assessment of what could be addressed by an intramural laboratory included three major areas:

1. Some basic studies relevant to information essential for nutrition interventions such as the Women's Health Trial.
2. A capability for clinical nutrition and epidemiological studies.
3. A capability for human metabolic studies linked with diet.

"In general, it was felt that a strong

intramaural research effort would provide emphasis and focus to the nutrition research field, establish a leadership role and resources for training new scientists in the traditional NIH system," Costlow said. "Further, the existing facilities at the Frederick Cancer Research Facility would be an ideal setting and provide the visibility of a strong link with NIH."

DCPC staff will have a draft report completed by Feb. 13 for distribution to committee members, with final discussion planned for a March 18 meeting. Nesheim will present the final report and recommendations to the DCBC Board in May. Pending the outcome of action by that Board, the report would then go to the National Cancer Advisory Board at its meeting later in May.

Bills Introduced On Breast Cancer Screening, DES, Cigarette Tax Hike

Following are cancer related bills introduced so far in the 100th Congress:

HR 391, to amend the PHS Act to authorize breast cancer screening centers at cancer centers, introduced by Rep. Claude Pepper (D.-FL).

HR 164, to provide Federal grants to states for programs to identify and aid individuals who have been exposed to diethylstilbestrol (DES), introduced by Rep. Frank Guarini (D.-NJ).

S 169, a companion bill to HR 164, introduced by Sen. Donald Riegle (D.-MI).

SJR 17, a joint resolution to designate the period April 19, 1987, to April 25, 1987, as National DES Awareness Week, introduced by Riegle.

HR 162, to establish a system for identifying, notifying, and preventing illness and death among workers who are at increased or high risk for occupational disease, introduced by Rep. Joseph Gaydos (D.-PA).

S 79, a companion bill to HR 162, introduced by Sen. Howard Metzenbaum (D.OH).

S 143, to establish a temporary program under which parenteral diacetylmorphine will be made available through qualified pharmacies for the relief of intractable pain due to cancer, introduced by Sen. Daniel Inouye (D.-HI).

HR 260, to increase to 32 cents per pack the excise tax on cigarettes, by Rep. Pete Stark (D.-CA); HR 493, by Rep. Andrew Jacobs (D.-IN) would do the same and add that revenues go to a hospital insurance fund.

NCI Advisory Group, Other Cancer Meetings For Feb., March, Future

Oncology Practice 1987: A Perspective--Feb. 1-7, Snowmass, CO. Contact Stephen Jones MD, Sammons Cancer Center #4800, Baylor Univ. Medical Center, 3500 Gaston Ave., Dallas 75246.

Artificial Intelligence Systems as Diagnostic Consultants for the Cytologic and Histologic Diagnosis of Cancer--Feb. 1-3, North Hollywood, CA. Contact International Academy of Cytology, 5841 S. Maryland Ave., HM 449, Chicago 60637.

National Cancer Advisory Board--Feb. 2-4, NIH Bldg 31 Rm 6, 8:30 a.m. Closed Feb. 3. Feb. 4 meeting starts at 8 a.m.

NCAB Committee on Planning & Budget--Feb. 2, NIH Bldg 31 Rm 7, 4:45 p.m., open.

NCAB Committee on Cancer Control & the Year 2000--Feb. 2, NIH Bldg 31 Rm 7, 7:30 p.m., open.

NCAB Committee on Innovations in Surgical Oncology--Feb. 3, NIH Bldg 31 Rm 7, 7 p.m., open.

Special Issues in Oncology--Feb. 3-6, Orlando, FL. Contact Patti Devlin, CME Coordinator, Orlando Regional Medical Center, 1414 S. Kuhl Ave., Orlando 32806, phone 305/841-5144.

Telemark Cancer Conference--Feb. 4-6, Cable, WI. Contact Marshfield Clinic Medical Education Office, 1000 N. Oak Ave., Marshfield, WI 54449, phone 715-387-5207.

U.A.E. Cancer Conference--Feb. 13-18, Abu Dhabi. Contact 2nd U.A.E. Cancer Conference, Secretariat, c/o Mafraq Hospital, PO Box 2951, Abu Dhabi, U.A.E.

Fourth Annual Mohs Surgery Conference--Feb. 14-16, Orlando. Contact Mitzi Moulds, Executive Director, Skin Cancer Foundation, 475 Park Ave. South, New York 10016, phone 212/725-5176.

American Assn. for the Advancement of Science--Feb. 14-18, Chicago. Annual meeting. Contact Joan Wrather, phone 202/326-6440.

Clayton Foundation Conference on Photodynamic Therapy--Feb. 15-19, Los Angeles. Contact Charles Gomer PhD, Conference Chairman, Clayton Ocular Oncology, Childrens Hospital of LA, 4650 Sunset Blvd., Los Angeles 90027, phone 213-660-2450.

UICC Postgraduate Chemotherapy Course--Feb. 16-21, Nairobi, Kenya. Contact Dr. Onyango, Radiotherapy Dept., Kenyatta National Hospital, PO Box 20723, Nairobi, Kenya.

Supportive Care in Cancer Patients--Feb. 18-21, St. Gallen, Switzerland. Contact Secretariat "Supp-87", Prof. Dr. H.J. Senn, Med. Klinik C, Kantonsspital, 9007 St. Gallen, Switzerland.

Div. of Cancer Treatment Board of Scientific Counselors--Feb. 19-20, NIH Bldg 31 Rm 7, 8:30 a.m. Closed Feb. 19, 4:30 p.m.

Radiation Research Society--Feb. 22-26, Westin Peachtree Plaza, Atlanta. 35th annual meeting. Contact Radiation Research Society, 925 Chestnut St., Philadelphia 19107, phone 215-574-3153.

American College of Medical Imaging Conference--Feb. 22-27, Lake Tahoe. Contact A.M. Mannheim, Executive Director, PO Box 27188, Los Angeles 90027, phone 213-275-1393.

Fudamental Tumor Registry Operations--Feb. 23-26, Orlando. Contact Florida Tumor Registrars Assn., Patricia Johnson, CTR, Local Coordinator, phone 305-646-4023 or 4024.

Neuro-Oncology Update--Feb. 24-25, St. Petersburg, FL. Contact Surasak Phuphanich MD, Univ. of South Florida, 12901 N. 30th St., MDC Box 69, Tampa 33612, phone 813/974-3771.

21st Annual Clinical Symposium--Feb. 27-28, St. Jude Children's Research Hospital, Memphis. Open to all physicians, no fees, but limited to about 200. Obtain registration forms from Dr. Joseph Simone, Director, St. Jude Children's Research Hospital, Box

318, Memphis, TN 38101.

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

Biennial International Breast Cancer Research Conference--March 1-5, James L. Knight Convention Center, Miami. Contact Dr. Diana Lopez, Conference Chairman, Dept. of Microbiology & Immunology D4-4, Univ. of Miami School of Medicine, PO Box 016960, Miami 33101, phone 305/547-6632.

Seventh Annual DNA/Hybridoma Congress--March 1-4, San Francisco. Contact DNA Hybridoma, Scherago Associates, 1515 Broadway, New York 10036, phone 212/730-1050.

Div. of Cancer Etiology Board of Scientific Counselors--March 5-6, NIH Bldg 31 Rm 10. Closed March 5 9-11 a.m., open 11 a.m.--adjournment and, March 6, 9 a.m.--adjournment.

Relationship of Time and Dose in the Radiation Therapy of Cancer: A Frontier Revisited--March 7-8, Sheraton Palace Hotel, San Francisco. 22nd annual San Francisco Cancer Symposium. Contact West Coast Cancer Foundation, 50 Francisco St., Suite 200, San Francisco 94133, phone 415-981-4590.

Anticarcinogenesis and Radioprotection--March 9-12, Gaithersburg, MD. 1987 international conference. Contact Dr. Michael Simic, Center for Radiation Research, National Bureau of Standards, Gaithersburg 20899, phone 301/975-2000.

Fundamental Tumor Registry Operations--March 10-13, Bakersfield, CA. Contact Kathy Shetrone, CTR, Local Coordinator, Regional Cancer & Blood Disease Center of Kern, phone 805/327-5529.

American Society of Preventive Oncology--March 11-13, San Francisco. Annual meeting open to professionals in any clinical, educational or research discipline which contributes to a comprehensive approach to cancer prevention. Topics will include cancer in minorities, prostate cancer, cancer prevention and the primary care physician, role of the media in cancer prevention and controversies in preventive oncology. Contact Richard Love MD, ASPO, 1300 University Ave., 7C, Madison, WI 53706, phone 608/263-6919.

Adjuvant Therapy of Cancer--March 11-14, Tucson Convention Center. Fifth International Conference, sponsored by the Arizona Cancer Center. Sydney Salmon is conference chairman, with Vincent DeVita, Bernard Fisher, Emil Frei and Stephen Jones as Scientific Advisory Committee members. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Univ. of Arizona College of Medicine, Tucson 85724, phone 602/626-2276.

Cancer Program Product Line Management--March 11-14, Sheraton Washington Hotel, Washington DC. Assn. of Community Cancer Centers 13th national meeting. Starts with the joint meeting with the Assn. of American Cancer Institutes, "Advances in Cancer Control V," March 11. Contact ACCC, 13th National Meeting, 11600 Nebel St., Suite 201, Rockville, MD 20892, phone 301/984-9496.

Monoclonal Antibody Immunoconjugates for Cancer--March 12-14, Hotel Inter-Continental, San Diego. Second international conference. Contact Cynthia Saxe, Medical Meeting Planner, Univ. of California, La Jolla 92093, phone 619/534-3940.

Status of Treatment of Metastatic Renal Cell Carcinoma--March 13-14, Vienna. International symposium sponsored by the International Union Against Cancer. Contact Prof. Dr. J. Kuhbock, 2nd Medical Department, Univ. of Vienna, Garnisongasse 13, A-1090 Vienna, Austria.

Leukemia Society of America--March 18-21, Town & Country Hotel, San Diego. Third national symposium.

Contact LSA Medical Conference, c/o Bostrom Corp., 435 N. Michigan Ave., Suite 1717, Chicago 60611.

Symposium of the German Section of Experimental Cancer Research--March 18-20, Heidelberg. Contact Institute of Medical Virology, Frankfurt-Str 107, 6300 Giessen, FRG.

Human Values and Cancer--March 19-21, San Francisco. Fifth national conference, sponsored by the American Cancer Society. Contact Human Values and Cancer, American Cancer Society, 13 Elm St., Manchester, MA 01944.

Nonoccupational Exposure to Asbestos in Schools and other Buildings: Risk Assessment and Management--March 23-24, 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.

Surgical Management of Metastatic Disease--March 25-27, Memorial Sloan-Kettering Cancer Center. Contact CME Office, C-180 MSKCC, 1275 York Ave., New York 10021, phone 212/794-6754.

Growth Control and Cancer: Molecular Approaches and Clinical Implications--March 26-27, Univ. of North Carolina, Chapel Hill. Contact Lineberger Cancer Research Center, School of Medicine, UNC, Chapel Hill, NC 27514.

Small Cell Lung Cancer--March 27-28, Ravenna, Italy. International conference. Contact Organizing Secretariat OIC, via G. Modena, 19, 50121 Florence, Italy.

National American Society of Clinical Pathologists and the College of American Pathologists--March 28-April 2, San Francisco. Contact Rita Kamber, College of American Pathologists Meeting Planner, phone 312/966-5700.

American Assn. of Immunologists--March 29, Washington DC. Contact J.F. Saunders, Executive Office, AAI, 9650 Rockville Dr., Bethesda, MD 20814, phone 301/530-7178.

Cancer Education at the Workplace--March 29-April 1, Helsinki. UICC workshop. Contact Dr. L. Elovaino, Chief, Health Education, Cancer Society of Finland, Liisankatu 218, 00170 Helsinki 17, Finland.

Cancer Progress II--March 30-31, Omni Central Hotel, New York. Contact Communitech Market Intelligence Inc., PO Box 67, Yorktown Heights, NY 10598, phone 914/245-7764.

Fundamental Tumor Registry Operations--March 30-April 2, Roanoke, VA. Contact Roanoke Memorial Hospitals, Mooris Reece, Local Coordinator, phone 703/981-7648.

9th Cancer Congress of the GDR--March 30-April 2, Leipzig. Contact Dr. M. Schoenfelder, Organizing Committee, University Clinic of Surgery, Liebigstr, 20A, 7010 Leipzig, GDR.

FUTURE MEETINGS

Management of Cancer in Women--April 2-3, Johns Hopkins Medical Institutions. 13th annual symposium on diagnosis and treatment of neoplastic disorders. Contact Program Coordinator, Office of Continuing Education, Johns Hopkins, Turner 22, 720 Rutland Ave., Baltimore 21205, phone 301/955-6046.

The Child With Cancer in the Community--April 2-3, M.D. Anderson Hospital. 12th annual mental health conference. Contact Office of Conference Services, Box 131, M.D. Anderson Hospital & Tumor Institute, 1515 Holcombe Blvd., Houston 77030, phone 713/792-2222.

Endocurietherapy/Hyperthermia Workshop and Symposium--April 21-24, Memorial Medical Center, Long Beach, CA. Contact Dr. Khalid Sheikh, Dept. of Radiation Oncology, Memorial Medical Center of Long Beach, 2801 Atlantic Ave., Long Beach 90801, phone 213/595-2929 or 595-3873.

Realities of Cancer in Minority Communities--April

22-25, Westin Galleria. Houston. First biennial symposium on minorities and cancer. Contact Office of Conference Services, Box 131, M.D. Anderson, 1515 Holcombe Blvd., Houston 77030, phone 713/792-2222.

New Frontiers in Cancer Research--April 23-24, Robert Wood Johnson Medical School, Piscataway, NJ. Sponsored by the New Jersey Commission on Cancer Research. Contact the Commission, 28 W. State St., 7th Floor, Rm 715, CN 360, Trenton, NJ 08625.

Cancer Update: Prevention, Screening, New Treatment Modalities--April 24, Providence Medical Center, Portland, OR. Contact Diane Gordon, Cancer Center Coordinator, Providence Medical Center, 4805 NE Glisan, Portland 97213, phone 503/230-6014.

Reproduction and Human Cancer--May 11-13, NIH. Cosponsored by NCI and the National Institute of Child Health & Human Development. Contact Dr. John Mulvihill, Landow Bldg Rm 8c41 or Dr. Richard Sherins, Bldg 10 Rm 10N234, NCI, Bethesda, MD 20892, or phone Conference Manager, Mary Clark, 301/589-6760.

Biological and Biochemical Mechanisms and Clinical Aspects of Metastasis--May 13-15, Bologna, Italy. Sponsored by the Univ. of Bologna, Menarini International Foundation. Contact Organizing Secretariat, Fondazione Internazionale Menarini, Piazza del Carmine, 4, 20121 Milan, Italy.

Cancer Prevention and Detection--June 25-27, Westin Hotel, Seattle. Second national conference, sponsored by the American Cancer Society. Contact ACS, Conference on Cancer Prevention and Detection, 90 Park Ave., New York 10016.

Neurofibromatosis: An NIH Consensus Development Conference--July 13-15, NIH, Masur Auditorium. Contact Barbara McChesney, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852, phone 301/468-6555.

Hormones and Cancer--Sept. 6-11, Hamburg, West Germany. Third international congress sponsored by the German Cancer Society and the German Society of Endocrinology. Contact Organizing Secretariat, Hamburg Messe und Congress GmbH, 3rd ICHC, Postfach 302480, D-2000 Hamburg 36, Federal Republic of Germany.

RFA Available

RFA 87-AI-06

Title: Targeting antiviral drugs to infected cells
Application receipt date: March 30

The National Institute of Allergy & Infectious Diseases invites applications for regular research grants to investigate and develop techniques that can be used to deliver antiviral drugs to infected cells.

Research efforts to design new or to modify existing potentially effective drugs for the treatment of AIDS, to increase their permeability across the blood brain barrier, to deliver compounds to the CNS either by modification of the drug or by the use of physical methods for intrathecal therapy and to deliver drugs specifically to cells infected with HTLV-3/LAV/HIV are considered responsive to the RFA.

NIAID notes that antiviral drugs identified through screening or targeted development are often of limited use because they do not cross the blood brain barrier, or the toxicities associated with the drug are too high.

The successful development of methods to deliver drugs to the cells infected with the virus will increase the usefulness of a given drug and perhaps decrease the amount of drug required to control the viral infection. Research into the development of compounds that cross the blood brain barrier and target HTLV-3/LAV/HIV infected cells needs to be emphasized.

The objective of the RFA is to stimulate research on the delivery of drugs to viral infected cells. Research efforts to design new or to modify existing

potentially effective drugs for the treatment of AIDS, to increase their permeability across the blood brain barrier, to deliver compounds to the CNS either by modification of the drug or by the use of physical methods for intrathecal therapy and to target drugs specifically to infected cells are considered responsive to the RFA.

The term "drug" in the RFA encompasses any synthetic or natural chemical or biological reagent that can be used in the treatment of a viral infection.

Investigators are encouraged to propose studies that stress innovative approaches to the problems and advance development of currently available methods and techniques.

Approaches utilizing ester linkages of carrier groups to antivirals, liposomes, lipophilic carriers, and monoclonal antibodies, are expected. Investigators, however, are not limited to these for response to the announcement.

Additional information and a copy of the full RFA may be obtained from John McGowan, PhD, Preclinical Development Program, Treatment Branch, AIDS Program, NIAID, NIH, Westwood Building - Room 753, Bethesda, MD 20892, phone 301/496-0545

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 NIAID-AIDSP-87-16

Title: Targeting Drugs to the Central Nervous System For AIDS Therapy

Tentative Deadline: March 3

NIAID's Treatment Branch, AIDS Program, has a requirement for targeting drugs for AIDS therapy to the central nervous system. The modification to antiviral drugs identified as effective against HTLV-3/LAV/HIV in vitro by the screening efforts of NIAID or drug discovery groups may be required to allow the delivery of drugs to the CNS.

The objective of the proposed project is to ensure that efforts will be made now to develop the expertise necessary to deliver drugs to the CNS.

NIAID, in collaboration with the U.S. Army Research Development Command, has established a rapid, large scale, in vitro screening program to evaluate the effectiveness of potential HTLV-3/LAV/HIV drugs.

NIAID will undertake the lead role this year, in collaboration with NCI, in organizing scientists into groups focused on the discovery of novel drugs for the treatment of AIDS. Through these efforts and other independent efforts, drugs that will prevent the replication of retroviruses will be identified and developed by the AIDS Program.

Drugs that prevent HTLV-3/LAV/HIV replication may cross the blood brain barrier rapidly (azidothymidine), slowly (dideoxycytidine, ribavirin), or not at all. Recent reports have shown the ability to make dihydropyridine derivatives of nucleosides by the attachment of a chemical carrier through an ester linkage. These modified drugs (termed prodrugs) are greatly enhanced in their ability to cross the blood brain barrier. The successful development of improved

methods for delivery and targeting of effective agents to the CNS will be especially beneficial to halt the progression of the disease, the spread of infection, and control a reservoir of the virus.

The purpose of the solicitation is two fold: first, to modify known antiretroviral drugs to increase their ability to cross the blood brain barrier; second, to encourage the development of innovative approaches for targeting drugs to the central nervous system.

To receive a copy of the RFP, submit two self-addressed mailing labels, along with a written request to: Frank Fountain, Contract Specialist, Contract Management Branch, NIAID, NIH, Westwood Bldg., Room 707, 5333 Westbard Ave., Bethesda, MD 20892.

All inquiries must be in writing; telephone inquiries will not be honored.

RFP NHLBI-HR-87-09

Title: Pulmonary Complications of HTLV-3/LAV Infection

Deadline: April 6

The Div. of Lung Diseases of the National Heart, Lung & Blood Institute, in cosponsorship with NIAID's AIDS Program, is soliciting proposals from offerors who are willing to cooperate as clinical centers in a longitudinal study on the pulmonary complications associated with HTLV-3/LAV infection.

The specific objectives of the program are (1) to collect information on pulmonary complications due to HTLV-3/LAV infection in individuals in various transmission categories (risk groups) and (2) to determine the types, incidence, course and outcome of pulmonary disorders in recently diagnosed patients with AIDS, in recently diagnosed (i.e., within three to six weeks) AIDS related complex patients, and in individuals asymptotically infected with HTLV-3/LAV.

Physicians who have examined many AIDS patients have the recent impression that a shift is occurring in the types and incidence of pulmonary complications associated with HTLV-3/LAV infection. There appears to be an increased incidence of serious infection with pyogenic bacterium; both pulmonary and extra pulmonary infection with *M. tuberculosis* has been noted with increased frequency.

Nonspecific interstitial pneumonitis appears to be on the rise. Cases of lymphoid interstitial pneumonitis, which is diagnostic of AIDS in children under 13 years old who are HTLV-3/LAV antibody positive, are being seen with increased frequency in adults.

Participating clinical centers will be expected to recruit a minimum of 200 participants, age 18 and over, during a 12 month recruitment period. The distribution of participants should be: 50 AIDS patients, 50 ARC patients and 100 asymptomatic HTLV-3/LAV infected individuals.

Offerors will be expected to provide a plan for evaluating pulmonary status of each study participant and a plan for maintaining contact with participants over the four year recruitment and study phase of the project.

A separate RFP will be issued for the clinical coordinating center, which will be responsible for coordinating the collection, storage and analysis of data related to the study.

The study will be conducted in three phases. Phase 1 (six months) will include the design of the collaborative protocols, manual of operations, and data forms. Phase 2 will involve the recruitment (one year) and study and followup (three years) of participants. Phase 3 (six months) will be devoted to data analysis.

Copies of the RFP may be obtained by written

request to Douglas Frye, Contracting Officer for the Div. of Lung Diseases, Contracts Operations Branch, National Heart, Lung & Blood Institute, Westwood Bldg., Room 654, 5333 Westbard Ave., Bethesda, MD 20892.

The request should include three self addressed mailing labels.

RFP NCI-CP-EB-71011-21

Title: Biomedical computing--design and implementation (for Biostatistics Branch)

Deadline: To be announced

The Biostatistics Branch, Epidemiology & Biostatistics Program of NCI's Div. of Cancer Etiology, is recompeting an ongoing project for research and development and data processing support, which is currently being performed by Information Management Services Inc. Under this proposed acquisition the contractor shall provide computer related research and services for the scientific activities of the Biostatistics Branch. This will involve (a) research and development in computer science to develop specialized software; (b) the use of existing software and systems for supporting Branch projects; and (c) the development of computer programs and systems.

This is not a contract for statistical consultation or service. This contract will require close contact between the Branch investigators and the contractor's staff. Performance will be monitored by means of frequent working meetings, progress reports and site visits. Prospective offerors must have expertise in biomedical/biostatistical computing.

The estimated level of effort will be 28.5 staff years over a three year period. All development and production processing will be done using the NIH Computer Center and the contractor will be expected to use this facility by remote access.

The contractor shall be available to operate a remote job entry facility housed in government space from 7:45 a.m. to 4:45 p.m. and provide for up to four daily deliveries between the NIH Computer Center and NCI offices to transport computer materials. The NCI facility is located in the Landow Bldg., 7910 Woodmont Ave., Bethesda.

A delegation for procurement authority clearance by the Dept. of Health & Human Services is pending. Although requests for copies of the RFP are now being accepted, the RFP cannot be issued until such clearance is received.

This acquisition will be a total small business set aside with a size standard of \$7 million.

Contracting Officer: Barbara Shadrick
RCB Blair Bldg Rm 114
301-427-8888

NCI CONTRACT AWARDS

Title: Community clinical trial for heavy smokers (coordinating center)

Contractor: Information Management Services Inc., \$4,328,116

Title: Data management & analysis center for the Breast Cancer Detection Demonstration Project followup

Contractor: University City Science Center, \$88,566

Title: Biochemical monitoring of pesticides, solvents and their metabolites by supercritical fluid chromatography

Contractor: Lee Scientific Inc., \$481,615

The Cancer Letter _ Editor Jerry D. Boyd

Associate Editor Patricia Williams

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