

DRS 2/21/87

Van Hevel ew

Linda -

THE

CANCER LETTER

Vol. 13 No. 13
March 27, 1987

© Copyright 1987 The Cancer Letter Inc.
Subscription: \$160 year North America,
\$175 year elsewhere

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

NCI Pushing Ahead With Antismoking Campaign Involving Entire States, Physicians, Even Lawyers

NCI's antitobacco programs either under way or in planning stages together may be the most ambitious effort ever undertaken by the federal government to combat tobacco use, with costs over the next 10 years estimated at more than \$100 million. The momentum which has been building over the years, since Ernst Wynder identified cigarette smoking as the major cause of lung cancer in the early 1950s got
(Continued to page 2)

In Brief

NTP Invites Comments On Annual Carcinogen Report At April 21 Meeting; Robert Mosely Dies

"ANNUAL REPORT on Carcinogens," required in legislation enacted by Congress at the urging of those who felt the government at times was less than enthusiastic about revealing the status of suspected carcinogenic substances, is due out soon in its fifth edition. The National Toxicology Program, which has the task of preparing the report, will hold a public meeting April 21 to receive oral and written comments. Those comments will be considered by NTP staff in writing the final draft of this, the fifth annual report. The meeting will be held at the HHS North Auditorium, 330 Independence Ave SW, Washington DC, starting at 10 a.m. and probably ending at about 4 p.m. Comments from the audience will be limited to seven minutes each. Those wishing to make comments should contact Janet Riley, Administrative Office, OD, NIEHS, PO Box 12233, Research Triangle Park, NC 27709, no later than April 15. . . . **ROBERT MOSELEY**, emeritus professor of radiology at the Univ. of New Mexico and president of the International Society of Radiology, died March 12 of cancer at his home in Albuquerque. He was 63. Moseley also had served as chancellor, chairman of the board and president of the American College of Radiology. . . . **ROBERT FRELICK**, reminiscing about life before joining NCI as program director for CCOP, told about the time he was a member of a site visit team reviewing the Vermont Regional Cancer Center, in 1974: "It looked like everything was all right, and I told them so. They answered, 'If you think we have a good program now, wait until we get this new fellow.'" The "new fellow" turned out to be Jerome Yates, who left Vermont in 1982 to head up NCI's Centers & Community Oncology Program and then recruited Frelick to help get CCOP off the ground.

Cooperative Group
Massacre Hurt Some
Of Best CCOPs Which
May Go Unfunded
... Page 4

ACS President Calls
On Physicians To Take
Advantage Of "Untapped
Opportunities" In
Cancer Prevention
... Page 5

NCI Advisory Group,
Other Cancer Meetings
... Page 6

RFPs Available,
Contract Awards
... Page 8

Ambitious Community Intervention Aimed Primarily At Heavy Smokers

(Continued from page 1)

another boost from the recent study reporting the effects of "sidestream" or "passive smoking" on nonsmokers which showed increasing incidences of lung cancer.

The Smoking, Tobacco & Cancer Program (STCP) of NCI's Div. of Cancer Prevention & Control has initiated a number of projects, including smoking prevention and cessation efforts among young persons and minorities, which could help increase that momentum. The most ambitious STCP project is the community intervention trial for smoking cessation, started last year (*The Cancer Letter*, Oct. 10, 1986). Eleven contracts have been awarded for the trial which will extend over seven to eight years.

The community intervention trial will establish a multicenter cooperative intervention program to test strategies that (1) are effective in producing long term cessation among smokers and particularly heavy smokers; (2) are practical to implement on a large scale basis; and (3) work through communities, utilizing major organizations and social institutions capable of influencing smoking behavior in large groups. The centers will design and conduct community based interventions that will effectively recruit, retain and aid heavy smokers to achieve and maintain long term cessation of cigarette smoking.

The phase in schedule has been revised since the awards were made last year. Under the new time line, phase 1, planning and protocol development, will be conducted over 24 months; phase 2, implementation, 51 months; and phase 3, data analysis, 18 months. The study will be conducted in 11 matched pairs of communities, with communities within each pair randomized either to an intervention or a comparison condition.

The results will be used to develop and disseminate nationwide efforts to reduce the prevalence of smoking, and particularly heavy smoking, by the Year 2000. NCI's goal, as part of the Year 2000 plan, is to reduce the percentage of adults who smoke from the present level of 34 percent to 15 percent or less.

Examples of intervention methods community wide efforts involving mass media, environmental changes and at large community activities; group oriented programs at schools,

churches and worksites, and with clinics, lectures and community task forces; and individual oriented programs involving contact with participating health professionals, use of self help aids, counseling and social contact with peers.

When the contracts were awarded last year, only eight were for the entire project--to the American Health Foundation, New York; Univ. of Iowa; Kaiser Foundation, Oakland; Univ. of Massachusetts; Oregon Research Institute; Research Triangle Institute, in Research Triangle Park, NC; Roswell Park Memorial Institute; and Univ. of Waterloo, Canada.

Three other phase 1 awards were made to the Univ. of Medicine & Dentistry of New Jersey; Lovelace Medical Foundation, Albuquerque; and Fred Hutchinson Cancer Center, Seattle.

DCPC had intended to carry out the full program in all 22 communities if additional money were to be made available.

Since the awards were made, discussions among contractors and STCP staff led to the schedule revisions and to new budget estimates, which were approved by the DCPC board at its last meeting. The revisions will permit all 11 contractors to proceed into the implementation phase, assuming the board approves moving into phase 2 after phase 1 has been completed.

The original cost estimate for eight intervention sites was \$33.8 million, and \$43.8 million for all 11. The new estimate, based on a 93 month schedule (the first schedule required 102 months), is \$35.3 million for all 11 intervention sites.

Key aspects of the revisions were:

1. To conduct all trial survey, cohort recruitment and followup tasks under an NCI master agreement; and to award a \$2 million contract for the baseline survey and cohort recruitment in all 22 communities in FY 1987.

DCPC Deputy Director Joseph Cullen said that centralization of the survey and evaluation aspects of the trial will produce significant cost savings and also should produce higher quality and more uniform data.

2. The revised time line will permit the same amount of intensive community intervention as the original schedule.

3. Selected aspects of producing and assembling smoking cessation technology for trial wide dissemination will be centralized within the STCP to avoid unnecessary duplication of technical expertise at all 11

community intervention centers (e.g., media production, self help materials).

4. The implementation plans to be submitted in April, 1988, will require community integration and ownership with the expectation that some intervention costs will be offset by direct contributions from community agencies and organizations (e.g., percentage of local ACS public education director's time devoted to trial related activities, donated office space).

Under the design and schedule revisions, the baseline survey and cohort recruitment will be conducted in 1987; there will be minimal community analysis prior to the baseline; randomization of communities will be done after the baseline survey, probably in late 1987; the protocol for community organization and intervention will be developed during 1987; formation of community boards and full involvement of communities in the protocol development will follow randomization; the general feasibility plan will be due from all intervention centers in July, 1987, but full implementation of the plan with community involvement will not be due until April, 1988; the Board of Scientific Counselors will review phases 2 and 3 trial protocols and estimated budgets at its May 1988 meeting; annual monitoring measuring changes in cohorts and population prevalence of smoking will be made; completion of the community intervention phase is scheduled for June, 1992; final evaluation surveys will be due between July and December, 1992; phase 3, analysis and report writing, will be done between January, 1993 and June, 1994.

Physicians and Attorneys

STCP staff members and advisors are developing plans to seek the help of physicians and attorneys in smoking prevention and cessation. In his report to the DCPC board on the program, Cullen wrote:

"A recent discussion of evidence from studies of the effect of physician advice alone to well patients shows 5-10 percent one year quit rates, while reductions from advice alone to high risk (pregnant, MI-risk) patients run as high as 10-30 percent. In addition, the role of physicians as credible exemplars for health behaviors is well established. Although data are not yet available, the consensus at a recent meeting of NCI physician intervention researchers was that a triaged approach to smokers and the use of self help materials, nicotine gum, and followup monitoring of patients' attempts to

quit appear to be more successful than advice alone. Based on the above findings, if physicians nationwide were to achieve a 5-10 percent annual quit rate among their patients, the current annual national 2-3 percent reduction could be doubled. In addition, the role of physicians as credible exemplars for health behaviors is well established.

"STCP will develop a program to involve physicians in reducing smoking prevalence. The program's objectives are to enhance the capabilities of physicians to (1) counsel patients; (2) serve as experts in smoking and other tobacco issues to both the lay and medical communities; (3) motivate and mobilize community physicians toward greater involvement in smoking and other tobacco issues; (4) promote the adoption of smoking prevention and cessation intervention techniques as standard practice by all physicians; and (5) educate other physicians to become involved in each of the previous four objectives."

STCP is collaborating with a large HMO, U.S. Healthcare Inc., to develop, pilot test, deliver and evaluate a program to educate physicians about counseling patients and to enhance the capability of other physicians to counsel.

"Health maintenance organizations are in a unique position to offer the kind of supportive environment needed by the physician to implement a successful smoking cessation program," Cullen's report said. "With an emphasis on the delivery of preventive health care services, the HMO system eliminates or minimizes many of the important financial and organizational obstacles to physicians' health promotion activities: reimbursement of preventive health counseling; economic incentives for health promotion; and access to health promotion specialists who can offer assistance in health lifestyle changes."

Involvement of attorneys relates to the mushrooming of local, state and national legislative efforts against tobacco use.

"There are clear indications that in industrialized nations growing public awareness of the potential health hazards of smoking has been the most important factor in reducing smoking prevalence," Cullen's report said. "Where antismoking legislation has been combined with education, such as in the Scandinavian countries, there have been marked declines in smoking rates. In the United States, it has been shown that cigarette

consumption in 1978 would have been one third higher without the cumulative effects of years of antismoking publicity and education.

"The STCP will develop a program to involve members of the legal community in taking appropriate action to prevent and reduce the use of tobacco. The program's objectives are to inform attorneys and others about the health consequences and relative risks of tobacco use so that they may (1) advise and represent communities on anti-smoking (tobacco) referenda; (2) advise employers on worksite nonsmoking policies; (3) develop antismoking coalitions; (4) serve as effective media advocates; (5) inform legislators; and (6) educate other attorneys in these areas.

"Attorneys who participated in meetings with intervention researchers and NCI staff and attorneys contacted by STCP staff indicated that this type of program is needed and is not currently available. Recent congressional interest in and the AMA call for the complete elimination of all forms of [tobacco] advertising, coupled with the release of the Surgeon General's report on the health consequences of involuntary smoking will increase legal action and the need to inform attorneys about smoking and health.

"STCP's first objective will be to develop, pilot test, deliver and evaluate a program to inform attorneys and others about the health consequences and relative risks of tobacco use. The first session will be offered in early 1988. Potential participants may include counsels to local voluntary associations; counsels to, or attorney employees of, state and local governments; social advocacy attorneys; counsels to corporations; and attorneys in private practice who wish to do pro bono work in smoking and tobacco."

STCP has been successful in stirring up interest in antitobacco research among investigators. The response was so good to a program announcement encouraging applications for development of methods of prevention and cessation of use of smokeless tobacco that it was withdrawn. Nineteen applications were received and three were funded in the first funding cycle; others may be funded, depending where the payline falls. Additional awards may be made from the second cycle. The three first round awards went to Stephen Sussman, Univ. of Southern California; Herbert Severson, Oregon Research Institute, and John Elder, San Diego State Univ.

Disappearance of Research Bases Hurt Some Of The Better CCOPs

The wholesale gunning down of cooperative groups by the Cancer Clinical Investigation Review Committee in 1985-86 (with NCI staff declining to intervene) apparently has claimed more victims--some of the Community Clinical Oncology Program's better performers.

Among priority scores filtering in from recompetition of the CCOPs are some nearly impossible for NCI to fund, despite coming from organizations which were among the leaders during the first four years of the program. Some are strong groups, which more than met patient accrual, compliance, quality assurance and data acquisition goals. Yet they did not impress the review committees, most likely because of confusion regarding research bases.

The CCIRC's disapproval of eight cooperative groups left a number of CCOPs without their important research bases. For the most part, they were able to scramble around and line up other groups and/or cancer centers, but there were some gaps, and in the confusion, some CCOPs were in trouble.

It appears that reviewers did not take the demise of the disapproved research bases into consideration in judging the affected CCOPs. Some, with scores in excess of 250, were among those with the best scores in the 1982 review and had been performing well.

NCI can skip over some with better scores and pick up one or two deemed unfairly rated, and might do that to preserve a CCOP where geography is important, or where other factors weigh heavily. But it will be very difficult to continue funding all those who were hurt by the collapse of their research bases, without a major infusion of money.

When NCI decided to add the requirement for cancer control research to the CCOP recompetition, it seemed obvious then that without additional money, the number of awards would have to be cut. Some NCI executives had hoped that individual CCOP budgets would not be that much higher, with local entities picking up the cancer control costs. That may have occurred in some applications, but most of them came in with 25 to 33 percent increases to cover cancer control. The budgets were pared somewhat in review, but if the total earmarked for the program remains at \$10 million, at least 20 percent fewer CCOPs will be supported.

Loeb Asks Physicians To Take Advantage Of Untapped Opportunities

Contending that "the majority of patients would be strongly inclined" to adopt behavior changes to protect against cancer if their physicians so recommended, American Cancer Society President Virgil Loeb called on the nation's primary care physicians to take advantage of those "untapped opportunities."

Loeb, professor of clinical medicine at Washington Univ., opened the annual ACS Science Writers' Seminar this week with an appeal for increased efforts in cancer prevention and control by physicians, NCI, and the public. Loeb was a pioneer in medical oncology and is presently a member of the Board of Scientific Counselors of NCI's Div. of Cancer Prevention & Control, where his interest in cancer detection and prevention has been further stimulated.

"There is no doubt that we have made marvelous progress in cancer therapy and rehabilitation," Loeb told the science writers. But "we at the American Cancer Society have anguished over the need for positive incentives or practical strategies to motivate apparently healthy people, who may harbor incipient cancers, to have them detected and treated. We have assumed that the positive incentives would be the promise of better survival rates with treatments that produce less disability, and better cosmesis, and enhanced quality of life. . . but the irony is that few people put this knowledge to use.

"In breast cancer, while a majority of women in the 40 plus age group (83%) are familiar with mammography, a minority (43%) report ever having had a mammogram, and a smaller minority (29%) have had one in the past two years. Of those having mammograms, about two thirds had the exam as part of a general health checkup and about one third in response to a symptom. About one of three report that a doctor ever recommended that they have a mammogram.

"In colon cancer, slightly over half of Americans in the 40 plus age group have ever had a digital rectal exam. The majority have never had a stool blood test, and only 39% have ever had a proctoscopic examination.

"As for nutrition and cancer, a large majority (82%) of Americans identify poor diet as a possible cause of cancer, but only 15% claim to have altered their diet to a great extent. Large majorities are able to

identify specific elements of their diet or general nutritional habits which increase their cancer risk, but a minority is abiding by the basic principles of a cancer risk reduction diet. Much of the change that has occurred in Americans' eating patterns is more often motivated by desire to lose weight, reduce risk of heart disease, or just a general desire to feel better. Cancer risk reduction is of secondary importance as a behavior motivator.

"What about smoking and cancer? An overwhelming majority (90%) of cigarette smokers have tried to quit, and less than one in 10 succeed. One in four smokers who turn to quit smoking programs for help remains a nonsmoker after two years. Lung cancer has become the number one cancer killer of women, yet it is women who have the most difficulty quitting the habit.

"So it is clear that although prevention and early detection are feasible and practical, they are not fully utilized in the war against cancer."

Loeb referred to surveys in which physicians are described by the public as the most reliable and credible sources of health information.

"The majority of patients claim that they would strongly be inclined to adopt a change in behavior if a physician recommended that they do so. However, few patients say that they talk to their doctors about such changes. Seventy percent of heavy smokers say they would stop smoking if recommended by their physicians. Ninety four percent of those women whose doctors recommended mammograms have had the examination in the past two years, while only 36% of those whose doctors did not recommend mammograms have had one in the same period. Seventy percent of North Americans see their physicians at least once a year.

"It seems to me that those facts suggest some untapped opportunities. And also, that a special burden of cancer control responsibility rests on the primary care physician."

Loeb acknowledged that "many physicians have felt frustrated. They believe that people do not follow their advice with respect to preventive medicine. But I think they may underestimate their impact on patients. Perhaps they may need to reassess what constitutes reasonable success.

"For instance, if physicians in this country persuaded just five percent of their smoking patients to quit, the results would

be two million exsmokers. The American Cancer Society, realizing the significant role of physicians in affecting patient behavior, must persuade them to engage in special campaigns to heighten public understanding of cancer, counsel patients on how they can personally fight cancer, and emphasize the importance of early detection tests for their appropriate asymptomatic patients."

Loeb said he also feels "that too little research effort has been put into the behavioral aspects of the prevention and early detection of cancer. ACS has recently established a solid program in behavioral research and will continue to fund such studies.

Political and Social Action

"At the same time, other obstacles must be overcome. Ways must be found to bring down the costs of certain detection procedures, most notably, mammography. Perhaps this can be accomplished by better utilization of existing equipment and personnel. But of greatest importance, a way must be found to pay for this procedure other than entirely out of a woman's pocket.

"In this country, those who are financially able to follow the ACS mammography guidelines are in the middle or upper income segments of society. This is not good enough. It represents a challenge not only to ACS and to health care providers, but to insurers, to the government, and to consumer groups. All of must must exert pressure, initiate dialogue, talk down the high cost of reducing the death tolls of breast cancer."

Loeb concluded with a call for "political and social action programs. . . which will contribute to the attainment of our goal--to eliminate cancer in our lifetime."

NCI Advisory Group, Other Cancer Meetings For April, May, Future

Home Total Parenteral Nutrition--April 1, Cleveland. Contact Dept. of Continuing Education, Cleveland Clinic Foundation, 9500 Euclid Ave. Rm TT3-301, Cleveland, OH 44106, phone (local) 444-5696; (within Ohio) 800/762-8172; elsewhere, 800/762-8173.

Human Retroviruses, Cancer and AIDS--April 1-6, Keystone, CO. Approaches to prevention and therapy. Contact UCLA Symposia, Molecular Biology Institute, UCLA, Los Angeles 90024, phone 213/206-6292.

Radiology 87--April 1-3, Southampton, UK. All aspects of radiology, including radiation oncology. Contact British Institute of Radiology, 36 Portland Place, London WIN 3DG, UK.

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.

Cancer Preclinical Program Project Review Committee--April 2-3, NIH Bldg 31 Rm 9, open April 2 8:30-9:15 a.m.

Urologic Cancer--April 2, New York Medical College, Valhalla, NY. 3rd annual spring cancer symposium. Contact Patrick Molt MD, NYMC, Munger Pavilion, Valhalla 10595, phone 914/347-7619.

Nursing Management Strategies for Access/Delivery Devices--April 3, Cleveland Clinic, Bunts Auditorium. Contact Dept. of Continuing Education, Cleveland Clinical Educational Foundation, 9500 Euclid Ave. Rm TT3-301, Cleveland, OH 44106.

Immunobiology in Clinical Oncology and Immune Dysfunctions--April 4-7, Nice. Contact S.A. Kay, International Society for Preventive Oncology, 217 E. 85th St., Suite 303, New York 10028, phone 212/534-4991.

British Assn. for Cancer Research--April 5-8, Newcastle. Contact Barbara Cavilla, BACR Secretariat, Institute of Biology, 20 Queensberry Place, London SW7 2DZ, UK.

American Radium Society--April 6-10, Portman Inter-Continental, London. 69th annual meeting. Contact Suzanne Bohn, Executive Secretary, American Radium Society, 925 Chestnut St., Philadelphia 19107, phone 215/574-3179.

Tumor Progression and Metastasis--April 6-12, Keystone, CO. UCLA Symposia.

Tumor Imaging--April 6-9, Island of San Servolo, Venice. Contact Secretariat, European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

World Conference on Smoking and Health--April 7-10, Kitakyushu, Japan. Contact Japan Heart Foundation, 603 Maru Bldg, 1-4-1 Marunouchi, Chiyoda-ku, Tokyo 100, Japan.

Fundamental Tumor Registry Operations--April 7-10, Our Lady of Mercy Medical Center, Bronx, New York. Contact Frank Corvino, Local Coordinator, phone 212/920-8288.

National Council on Radiation Protection and Measurements--April 8-9, Washington DC. 23rd annual meeting. Contact NCRPM, 7910 Woodmont Ave., Suite 1016, Bethesda, MD 20814, phone 301/657-2652.

Genes and Cancer--April 10, Memphis. Dorothy Snider Foundation Forum on Cancer Research. Contact Dr. James Hamner, Univ. of Tennessee (Memphis), 62 S. Dunlap Suite 507, Memphis 38163, phone 901/528-6354.

Oncology Core Course: 1987--April 13-17, Allentown, PA. Contact Oncology Nurse Education, Comprehensive Community Cancer Center, Allentown Hospital, 17th and Chew Streets, Allentown 18102, phone 215/778-2582.

Centers & Community Oncology Committee of the Div. of Cancer Prevention & Control Board of Scientific Counselors--April 13, NIH Bldg 31 Rm 8, 8:30 a.m., all open.

Clinical Cancer Program Project Review Committee--April 13, Holiday Inn Crown Plaza, Rockville, MD, open 8:30-9 a.m.

Cancer Control Science Committee of the Div. of Cancer Prevention & Control Board of Scientific Counselors--April 15, NIH Bldg 31 Rm 7, 9 a.m., open.

Cancer Therapeutic Program Project Review Committee--April 16-17, Holiday Inn Crown Plaza, Rockville, MD. Open April 16 8-8:30 a.m.

National Congress of Cancer--April 16-18, Ankara. Contact Assoc. Prof. Dr. Emin Kansu, Turkish Assn. for Cancer Research and Control, Atac Sok No: 21

Yenisehir, Ankara, Turkey.

Prediction of Tumor Treatment Response--April 21-24, Banff Springs Hotel, Banff, Canada. Contact Meg Keiser, American College of Radiology, 925 Chestnut St., Philadelphia 19107, phone 215/574-3153.

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.

Malignant Lymphomas--April 22-23, Cairo. Contact Dr. Mohamed Nabil El-Bolkainy, National Cancer Institute, Kars El-Ainy St., Fom-El-Khaling, Cairo, Egypt.

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, phone 609/633-6552.

Seminar on the Use of Interferons in Oncology--April 23-24, Milano. Contact European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

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.

Biometry & Epidemiology Contract Review Committee--April 24, Bethesda Marriot Hotel, open 9-10:30 a.m.

Joint Annual Meeting--April 25-30, Grosvenor House, London. Society of Surgical Oncology, Society of Head and Neck Oncology, British Assn. of Surgical Oncology, and Assn. of Head and Neck Oncologists of Great Britain. Contact SSO/SHNS, 13 Elm St., Manchester, MA 01944, phone 617/927-8330.

Carcinogenic and Mutagenic N-Substituted Aryl Compounds--April 25-28, Hyatt Regency Hotel, Dearborn, MI. Third international conference. Contact Charles King PhD, Dept. of Chemical Carcinogenesis, Michigan Cancer Foundation, 110 E. Warren Ave., Detroit 48201, phone 313/833-0710 ext. 383.

New Strategies in the Management of Lung Cancer--April 25, Cleveland. Contact Barbara Guy, Ireland Cancer Center, Lowman Bldg 211, Univ. Hospitals of Cleveland, 2074 Abington Rd., Cleveland, OH 44106, phone 216/844-7856.

American Roentgen Ray Society--April 26-May 1, Fontainebleau Hilton Hotel, Miami Beach. 87th annual meeting. Contact ARRS, 1891 Preston White Dr., Reston, VA 22091.

Advances in Gynecological Oncology--April 26-30, Venice-Lido. Contact Organizing Secretariat, Meeting of Gynecological Oncology, Galleria Storione, 2a, 35123 Padua, Italy.

Nutrition, Growth and Cancer--April 26-30, Athens. Contact Dr. G.P. Tryfiates, Dept. of Biochemistry, West Virginia Univ. School of Medicine, Morgantown 26506, phone 304/293-2494.

International Conference on Radiation Oncology--April 26-30, Shanghai. Contact Shanghai International Conference on Radiation Oncology, Secretariat Office, 270 Dong An Road, Shanghai, China.

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

Diagnostic Cytopathology for Pathologists--April 27-May 8, Johns Hopkins Medical Institutions, Baltimore. Contact John Frost, MD, 604 Pathology Bldg,

Johns Hopkins Hospital, Baltimore 21205.

Fundamental Tumor Registry Operations--April 28-May 1, Indianapolis. Contact Laura Shannon, RRA, Local Coordinator, phone 317/929-8288.

Action in the 80s: Meeting the Challenges of a New Era--April 29-May 2, Park Plaza Hotel, Boston. Third annual conference of the National Assn. of Oncology Social Workers and the 11th annual conference of the Assn. of Pediatric Oncology Social Workers. Contact Cynthia Medeiros, LICSW, Dana-Farber Cancer Institute, Social Work Dept., 44 Binney St., Boston 02115 phone 617/732-3459; or Martha Burke, LICSW, Brigham and Women's Hospital, Social Work Dept., 75 Francis St., Boston 02115, phone 617/732-6469

Cancer Center Administrators Forum--May 3-5, Memphis. Spring meeting. Contact R.L. Harrington, St. Jude Children's Research Hospital, PO Box 318, Memphis 38101, phone 901/522-0300.

Fundamental Tumor Registry Operations--May 4-7, Denver. Contact Robin Bott, CTR, Local Coordinator, phone 303/320-8333.

Oncology Nursing Society--May 6-9, Denver. 12th annual Congress. Contact ONS, 3111 Banksville Rd., Pittsburgh, PA 15216, phone 412/921-7373.

Div. of Cancer Prevention & Control Board of Scientific Counselors--May 7-8, NIH Bldg 31 Rm 6, 8:30 a.m. both days, all open.

Diet and Cancer--May 8-9, Holiday Inn Crowne Plaza, Montreal. Canadian Cancer Society national conference. Contact Louise Cantin, phone 514/733-6632.

UICC and NCI Training Course in Cancer Research--May 10-23, Beijing. Contact Dr. Jian Zahng Wang, Cancer Institute, Chinese Academy of Medical Sciences, Beijing, China.

Reproduction and Human Cancer--May 11-13, Hyatt Regency Hotel, Bethesda. International conference sponsored by NCI and the National Institute of Child Health & Human Development. Contact Dr. John Mulvihill, NCI, Landow Bldg. Rm 8C41, Bethesda 20891, or Mary Clark, Conference Manager, phone 301/589-6760.

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

Current Trends in Radiotherapy--May 15, London. Contact Institute of Physical Sciences in Medicine, 47 Belgrave Square, London SM1X 8QX, UK.

American Society of Clinical Oncology--May 17-19, Atlanta. 23rd annual meeting. Contact ASCO, 435 N. Michigan Ave., Suite 1717, Chicago 60611, phone 312/644-0828.

Society for Clinical Trials--May 17-20, Atlanta. 8th annual meeting. Contact Mary Finch, SCT, 600 Wyndhurst Ave., Baltimore 21210, phone 301/435-4200.

Home Cancer Therapy--May 19, Cleveland. Contact Dept. of Continuing Education, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland, OH 44106.

Clinical Trials Committee--May 19, NIH Bldg 31 Rm 9, open 9-9:30 a.m.

American Assn. for Cancer Research--May 20-23, Atlanta. 78th annual meeting. Contact AACR, Temple Univ. School of Medicine, West Bldg., Rm 301, Philadelphia 19140, phone 215/221-4565.

European Society for Therapeutic Radiology and Oncology--May 25-28, Lisbon. 6th annual meeting. Contact Secretariat ESTRO, Dept. of Radiotherapy, St. Raphaelsklinik, Capucijnenvoer 35, 3000 Leuven, Belgium.

Genitourinary Tract Tumors--May 25-29, Como, Italy. Contact Secretariat, European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

National Cancer Advisory Board--May 26-27, NIH Bldg 31 Rm 6, 8:30 a.m.

NCI 50th Anniversary--May 26, National Naval

Medical Center Officers Club, Bethesda. Contact Bayard Morrison MD, Chairman Semicentennial Committee, Bldg 31 Rm 10A52, NCI, Bethesda 20892, phone 301/496-6445.

National Tumor Registrars Assn.--May 27-30, Minneapolis Marriott City Center. 13th annual meeting. Contact Mary Ellen Miller, Program Chair 1987 NTRA Meeting, 37 N. Willowgreen Ct., Mason City, IA 50401, phone 515/357-5788.

Experimental Hepatocarcinogenesis--May 28-30, Brussels. European Assn. for Cancer Research. Contact Dr. V. Preat, UCL, 7369, 1200 Brussels, Belgium.

Cancer Care and Costs: DRGs and Beyond--May 29-30, Hotel del Coronado, San Diego. Contact Glenn Hildebrand, Conference Coordinator, American Cancer Society California Div., PO Box 2061, Oakland 94604, phone 415/893-7900.

New Aspects of Pain Treatment in Cancer Patients--May 29-30, Madrid. Contact Dr. H. Simman Mansfield, Unit of Pain, National Institute of Oncology, Manuel B. Cossio s/n, 28040 Madrid, Spain.

FUTURE MEETINGS

Advanced Cancer in the Later Years: A Nursing Challenge--June 4, Calvary Hospital, Bronx. Contact Calvary Hospital, Palliative Care Institute, 1740 Eastchester Rd, Bronx, NY 10461, phone 212/430-4664.

Transrectal Ultrasound in the Diagnosis and Management of Prostate Cancer--Sept. 21-22, Westin Hotel Renaissance Center, Detroit. Contact Diversified Conference Management, PO Box 2508, Ann Arbor, MI 48106, phone 313/655-2535.

Cancer Nursing on a Continuum--Sept. 29-Oct. 2, Westin Galleria Hotel, Houston. Oncology Nursing Conference VII. Contact Office of Conference Services, Box 131, M.D. Anderson Hospital & Tumor Institute, 1515 Holcombe Blvd, Houston 77030, phone 713/792-2222.

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-CM-87211-30

Title: Biochemical genetic monitoring of rodents

Deadline: May 15

The Biological Testing Program of the Div. of Cancer Treatment's Developmental Therapeutics Program is interested in organizations with the capabilities to provide a genetic monitoring resource for the BTP.

Thirty inbred strains of mice are routinely received from the NIH repository. Genetic monitoring for quality assurance will accompany the long standing efforts in microbiological quality, in order that each animal produced from rederived stock, under the production contracts, is as well defined as possible. Genetic monitoring will be accomplished by biochemical means, i.e., testing for loci involved in producing cellular enzyme or protein variants.

It is anticipated that one contract will be awarded

for this effort, for a period of 60 months. This RFP is a recompetition of a contract being performed by Texas A&M Univ.

Contract Specialist: Elsa Carlton

RCB Blair Bldg Rm 224
301/427-8737

RFP NCI-CM-87210-30

Title: Isoantigenic typing of mouse strains

Deadline: May 1

The Biological Testing Program of the Div. of Cancer Treatment is seeking an organization with the capability to perform reciprocal tail skin grafts between mice of various strain sublines and counterparts from the NIH colony. It is estimated that 5,500 skin grafts involving 2,600 animals will be required annually. All animals (including reference mice) will be supplied at no charge to the contractor.

It is anticipated that one contract will be awarded for this effort, for a period of 60 months. This RFP is recompetition of a contract being performed by Northwestern Univ.

Contract Specialist: Elsa Carlton

RCB Blair Bldg Rm 224
301/427-8737

NCI CONTRACT AWARDS

Title: Synthesis of selected chemical carcinogens

Contractor: SRI International, \$1,300,862; Eagle Picher Industries Inc., \$1,335,838

Title: Analysis of chemicals and pharmaceutical formulations of anti-AIDS agents

Contractor: SRI International, \$1,748,652

Title: Storage and distribution of chemicals and drugs used in preclinical evaluation and development

Contractor: ERCI Facilities Service Corp., \$2,116,686

Title: Production of clinical doses of antitumor agents

Contractor: Ben Venue Laboratories Inc., \$4,867,128

Title: Transplantation, induction and preservation of plasma cell tumors in mice and maintenance of special mouse strains

Contractor: Hazleton Laboratories America Inc., \$3,813,738

Title: Tracing through credit bureaus to determine vital status and current address of patients treated for hyperthyroidism

Contractor: Johns Holding Col, \$32,850

Title: Information resource activities to identify, characterize and evaluate reports and scientific literature in the area of chemoprevention

Contractor: CCS Associates, \$499,931

Title: Management information systems support services

Contractor: System Sciences Inc., \$995,659

Title: Serum collection from patients scheduled for breast biopsy

Contractor: Butterworth Hospital, Grand Rapids, \$186,720

Title: Laboratory rodent and rabbit facility

Contractor: Immuquest Laboratories Inc., \$1,446,300

The Cancer Letter _ Editor Jerry D. Boyd

Associate Editor Patricia Williams

Published forty-eight times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Violators risk criminal penalties and \$50,000 damages.