

THE

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Final Count On Funded CCOPs Probably Delayed For Months; Many To Continue Without NCI Money

The total number of Community Clinical Oncology Programs that will be funded in "CCOP II" (as NCI is referring to the recompleted program) probably will not be determined until after Congress completes action on the FY 1988 appropriations bill for NCI, and possibly not even then. In the meantime, NCI will determine how much, if any, money can be
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In Brief

Survey Finds Most Localities Have Smoking Limits; Martocchio, Rickel ONS Award Speakers

SURVEY BY the U.S. Conference of Local Health Officers has found that most localities (of those in the survey) have enacted some form of "no smoking" or "designated smoking" policy covering schools, public facilities, worksites or restaurants. Copies of the survey and additional information on antismoking initiatives are available from Alan Gambrell at the U.S. Conference of Mayors, phone 202/293-7330. . . .

FRANCO MUGGIA, director of clinical investigation at the Univ. of Southern California Comprehensive Cancer Center, will host an international cancer clinical symposium Sept. 17-18. Key lecturers include Jens Overgaard, John Minna, Lawrence Einhorn, George Hahn, Robert Ozols and Robert Bast. . . . **BENITA MARTOCCHIO**, director of oncology nursing at Case Western Reserve Univ., will deliver the sixth annual Mara Mogensen Flaherty Memorial Lecture at the Oncology Nursing Society Congress in Denver next month. The title: "Self Representation and Belonging." **LINDA RICKEL**, Univ. of Arkansas, will give the third annual ONS/Schering Clinical Lecture. . . . **NCI SPONSORED** meeting to develop a consensus on best ways now available to prevent and reduce cigarette smoking is scheduled for April 27-29 in the NIH Clinical Center Masur Auditorium. Suggestions will be sought for actions based on research to accelerate tobacco use reduction **HILARY KOPROWSKI**, director of Wistar Institute and a member of the Board of Scientific Counselors of NCI's Div. of Cancer Etiology, on the proposed changes in review of NCI program project grant applications (which will abolish standing committees in favor of ad hoc review teams heavily weighted with appropriate expertise): "This is long overdue. I have never been impressed when you have two or three experts on a committee. That means you have 20 to 30 who know nothing."

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Greenwald Remains Firm On No More Money For CCOP; Congress Best Hope

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reprogrammed into CCOP, to be added to the \$10.5 million now allocated for it.

Even if NCI can squeeze some money out of other areas, it will be faced with the problem of dealing with NIH and the Office of Management & Budget through the despised (by NCI) "apportionment" process. Both NIH and OMB have veto power over most reprogramming by the institutes, and there is no assurance their approval for more CCOP money can be counted upon.

Peter Greenwald, director of the Div. of Cancer Prevention & Control, made it clear last week that there will not be any money reprogrammed out of his budget for CCOPs if he can help it. He told the Committee on Centers & Community Oncology of his division Board of Scientific Counselors that "I don't see any flexibility in our current budget level beyond" that already earmarked.

Greenwald pointed out that (contrary to previous reports), CCOP did get an increase in its proposed 1988 budget over the current year. The program is getting about \$9.5 million in FY 1987 (not \$10 million, the figure bandied about for months). The 1988 budget for CCOP is \$10.5 million, Greenwald noted. "We tried to increase it a little, but not in proportion to the number of applications we received (109)."

Nor in proportion to the increase in individual CCOP budgets as the result of the addition of the requirement for cancer control research, he could have added. That requirement forced an average increase of about 30 percent in the budgets, compared with the 10 percent additional allocation.

"The general intent was to spend about half of the new money on the prevention protocols and the other half for a modest increase for inflation," Greenwald said.

Obviously, it was not enough in either case.

There are presently 57 active CCOPs. The \$10.5 million will fund at most 43 (many of them new CCOPs) with priority scores of 230 or better, plus two or three more for geographical considerations and to correct inequities which turned up in the review.

To increase the number funded to the present level of 57 will require about \$6 million more. With an additional \$10 million, bringing the total to \$20.5 million, NCI most likely could fund all those with priority

scores of up to 250, and could pick up those considered important for geographical reasons and to fund the existing good producing CCOPs which did not fare well in review.

Since the pink sheets (reviewers' critique of applications) had not yet been received by principal investigators as of last week, those with poor scores still did not know why. Some were apparently penalized by the fact that the research bases they had been using were no longer available to them, and although they had lined up other groups or centers, reviewers were not impressed by the new arrangements.

The NCI Executive Committee was scheduled to consider the CCOP reprogramming issue last week. The committee (Director Vincent DeVita, his deputy, administrative officer and division directors) reportedly expressed support for finding additional money for the program, but delayed a decision on how much and where it might come from for a couple of weeks. NCI staff will present the list of CCOPs recommended for funding to the National Cancer Advisory Board at its May 26-27 meeting; at least the first round of funding will have to be ready by then.

DCPC probably will present a "two tier" list of awardees to the NCAB--one for assured funding with the amount presently in the budget plus any reprogrammed money; another for subsequent funding with extra money either added by Congress or found later in the 1988 fiscal year by NCI, when other program budgets have been more firmly established.

Congress remains the best bet for any substantial increase in CCOP support. The \$10.5 million for the program is based on the President's request of \$1.3 billion for NCI. Since the appropriation for 1987 is \$1.4 billion, it is almost certain that that amount will be the least NCI will receive. More likely, Congress will add another \$100 million, possibly more. The overall budget resolutions making their way through Congress have included increases of about nine percent for biomedical research.

Congressional help is needed to avoid the apportionment trap. Best way would be to write into the bill an order to OMB to restore the NCI director's flexibility in reprogramming, as originally granted in the National Cancer Act. Another way would be to add money to the cancer control line item and earmark it for CCOPs.

Those interested in contacting members of

Congress over this (or any other funding) issue should direct correspondence to:

*Sen. Lawton Chiles (D-FL), chairman of the Senate Labor-Health & Human Services-Education Appropriations Subcommittee.

*Sen. Lowell Weicker (R-CT), ranking minority member, Labor-HHS-Education Appropriations Subcommittee.

*Congressman William Natcher (D-KY), chairman of the House Labor-HHS-Education Appropriations Subcommittee.

*Congressman Silvio Conte (R-MA), ranking minority member of the House Labor-HHS-Education Subcommittee.

Contacts with your own senators and congressmen are also helpful. Those contacts can be especially helpful if your own representatives are members of these subcommittees. Other members in addition to the chairmen and ranking minority members are:

Senate subcommittee--Democrats, Robert Byrd (WV), William Proxmire (WI), Daniel Inouye (HI), Ernest Hollings (SC), Quentin Burdick (ND), Tom Harkin (IA) and Dale Bumpers (AR). Republicans, Mark Hatfield (OR), Ted Stevens (AK), James McClure (ID), Warren Rudman (NH), Arlen Specter (PA) and Pete Domenici (NM).

House subcommittee--Democrats, Neal Smith (IA), David Obey (WI), Edward Roybal (CA), Louis Stokes (OH), Joseph Early (MA), Bernard Dwyer (NJ) and Steny Hoyer (MD). Republicans, C.W. Bill Young (FL), Carl Pursell (MI), John Porter (IL) and Vin Weber (MN).

Address mail to the individual, U.S. Capitol, Washington DC. The Senate ZIP is 20510, House is 20515.

Most existing CCOPs which are not likely to be funded plan to stay in business without NCI money.

Some will get help from their affiliated cooperative groups, some from participating hospitals and some with privately raised funds, or a mix of all the above.

They would like to continue with the "CCOP" designation and probably will, although in CCOP I, NCI did not encourage unfunded programs to use the name. The government can't control use of the name, but it can withhold supplies of experimental drugs, literature, listing as CCOP in PDQ, and other extension of recognition.

Just the opposite is more likely. NCI staff intends to encourage unfunded CCOPs to remain in operation and continue to participate in research protocols with the various

research bases. Improvement in cancer clinical research depends heavily on an increasing flow of patients from community hospitals, and there are precedents for NCI recognition and encouragement of unfunded programs. The Cancer Information Service (see following) has involved full participation of eight unfunded organizations along with 16 funded.

NCI Seeks Change In Funding Plan When CIS Is Re competed Next Year

The Cancer Information Service, established by NCI in 1976, presently consists of 16 regional offices supported by contracts to provide up to date information about cancer to the public. The service consists primarily of a toll free phone system (1-800-4-CANCER), plus distribution of cancer related literature.

Since the last contract recompetition, eight additional offices have joined the program with independent funding through their sponsoring institutions.

The current contracts will expire in FY 1989. The Div. of Cancer Prevention & Control will ask the division's Board of Scientific Counselors at its May, 7-8 meeting for concept approval of the recompetition of the CIS contracts, with a major change in their funding.

DCPC is proposing to spread the money now going to the 16 funded offices around all of those involved in the program, including the eight now unfunded plus any others which compete successfully, as far as the money goes. Instead of fully funding the 16 offices, leaving the others to generate all of their own support, DCPC staff is recommending that only that core support be provided with NCI funds and that all participants generate themselves funds required for the rest of their budgets.

The program presently costs \$4.7 million a year. Staff will ask the Board for concept approval of approximately \$6.5 million, with the understanding that only \$4.7 million is available now. If more money becomes available in 1989, the program would be expanded.

The new funding plan would permit NCI support for more than the eight presently unfunded participants, if the goal of achieving 1-1 matching funds from all participants is achieved.

Judith Stein, acting chief of the Health Promotion Sciences Branch, presented a draft

of the proposed concept to the Cancer Control Science Program Committee of the DCPC Board last week. The committee endorsed the concept, with some reservations. The concept still may be modified by DCPC staff and by the full Board before it is released as an RFP.

Objectives of the program, Stein said in the concept statement, are to:

A. Develop and extend a cadre of cancer communications professionals who can plan, administer, promote and develop support materials for cancer information and education programs which comprise CIS.

B. Provide the general public and health professionals with access to accurate, current information on cancer. This is accomplished by establishment, operation and ongoing evaluation of a national toll free phone information system.

C. Develop and maintain directories of cancer resources including agencies, organizations and services available to the general public, cancer patients and their families within a designated service area.

D. Engage in other cancer information and education activities in the designated service area.

Stein said that program staff in the regional offices have responded to well over two million calls since it was established. The number of inquiries now is about 400,000 a year. Based on current levels of staffing and numbers of incoming phone lines, the program is operating at full capacity. The centralized toll free number, 1-800-4-CANCER, automatically connects callers from any location to the regional office serving them.

Calls from locations not served by a regional office go automatically to NCI. Those callers receive whatever information can be provided by the national office, but local information is lacking. DCPC's goal is to cover the entire country with as many as 50 regional offices.

An ongoing evaluation of CIS "ensures that a high quality program is available to the public," the concept statement says. Through the use of centralized reporting forms, data are available on a national basis regarding the cancer concerns of CIS callers. A test call system, in use both on the national and local level, monitors the quality of responses to CIS callers. A survey of CIS users was implemented, which has enabled NCI staff to assess user satisfaction with the program and its impact on their health behavior.

Stein said the user survey found that over 90 percent were complimentary of the service; 93 percent had taken some action as a result of information received; 82 percent read material sent out on phone requests; 58 percent had shared material with others.

Based on those responses, "we estimate that information presented by CIS reached three times as many as called, for a total of 1.2 million people a year," Stein said.

Stein said no modifications in the contract workscope would be sought, with the only major change being the modification of funding. "We will seek sponsoring institutions in areas where there are no regional offices."

NCI will reserve the right to select regional offices on the basis of geographic location and population demographics as well as the usual technical and fiscal criteria associated with such awards.

Stein said that if the Board approves the concept in May, necessary market research will be completed by January 1988, the RFP will be released in May 1988, with the new contracts to go into effect by November, 1989.

"What will be the impact on the 16 funded and eight unfunded offices?" committee member William Darity asked.

"Eight will be thrilled, and the 16 now fully funded won't be too happy," Stein predicted. "We hope they can all pick up other funding. Some may not want to. If they are getting \$300,000 now, they will need to raise \$150,000 themselves."

Two of the unfunded offices are sponsored by comprehensive cancer centers, at the Univ. of Alabama and Duke Univ. Stein also cited two large community hospital participants, Boone in Columbia, MO, and St. Benedict's, in Ogden, UT. "We've reached the point where local institutions realize it is to their benefit to participate. It gives them a tie to NCI and the Cancer Program. Institutions around the country are asking how they can get in with their own money."

Darity suggested that the change might be "too abrupt," and that a phase in period might be needed by new groups "to give them a chance to build up their resources. Fifty fifty might be too difficult for them at the start."

"That's one of the reasons we're presenting this concept now, giving them all plenty of time to develop support," Stein said.

Erwin Bettinghaus, chairman of the com-

mittee and the full Board, said "the real issue is whether you will cover the entire country. If there are some areas uncovered, you may have to go in and stimulate interest, possibly by adding more money at the beginning."

Darity, noting that "eight are doing very well on their own, and now we're going to dip in and give them half of their cost," said he would like to "make it clear to those now paying all the costs that this (NCI) money is not intended to replace the money they are putting in now, but a supplement to expand and improve the program. It blows my mind, the prospect they will be encouraged to reduce their contributions."

Lillian Gigliotti, director of the Cancer Control Science Program, pointed out that the RFP could not be written to require the existing unfunded programs to continue generating non-NCI money at the same level they are doing now while requiring the others only to match NCI funds dollar for dollar.

Bettinghaus disagreed. "We don't have to treat this as a national contract. It can be written on a sliding scale, not a strict one to one ratio. Everybody doesn't have to give the same thing."

Gigliotti said that new money available to presently unfunded groups could make them more competitive if they retain their non-NCI support.

The recompetition will be for five year awards, which would extend the program to 1994.

When the 1984 recompetition concept was presented to the Board, some members suggested that since the American Cancer Society was developing a volunteer staffed phone information service, NCI might consider phasing out its program. ACS is proceeding with its service, but DCPC staff does not consider it as duplicative and does not anticipate any modification or phase out based on what ACS is doing. In any event, that issue was not brought up at the committee meeting.

The committee also endorsed the concept of reissuing in FY 1988 the RFA for cancer communications systems research. The first RFA was issued last year and generated 28 proposals. Seventeen were approved, three with priority scores high enough to assure funding. Three others were within 10 points and could be funded as exceptions (or if the payline is lifted) if additional money is available this year.

Stein said that the concept proposal would request \$1 million a year to fund six additional grants.

The project supports investigators to identify a cancer communications issue or problem and develop, implement and evaluate a research project to address the identified issue or problem. The project should be targeted at specific audiences and may utilize the sources of the Cancer Communications System.

The committee also endorsed a concept for a Cancer Prevention Research Unit Program patterned after the Cancer Control Science Program and Cancer Control Research Units.

Carlos Caban, acting chief of the Cancer Control Applications Branch, explained the new program which will emphasize applications research on known interventions, phases 4 and 5 in DCPC's grouping of cancer control research.

"The Cancer Prevention Research Unit Program will emphasize and stimulate new applied intervention research efforts," the concept statement says. "There should be a sufficient number of CPRUs to achieve national coverage by 1995.

"Several other mechanisms exist and will continue to be available for applied epidemiology and cancer control research in all phases, including investigator initiated research (ROI) and CCSP (POI) grants. For example, NCI efforts since 1981 to stimulate large multidisciplinary cancer control research programs have resulted in two Cancer Control Research Unit grants and nine Cancer Control Science Program grants. These grants involve a variety of research projects in specific theme areas relevant to cancer control, and are primarily phase 2-4 studies. Other efforts have attempted to build the capacity of health agencies to do cancer prevention research and program implementation.

"The Cancer Prevention Research Unit is a mechanism to stimulate cancer prevention research in places where it has not been formulated before, or to give it new emphases in places where some cancer prevention research exists. Institutions may be at varying stages of readiness for this type of approach, and may need to pool their efforts in order to address specific cancer prevention research questions. Potential applicants must decide which type of organizations should take the lead, and who should be the

experienced leader for this effort. When fully operational, the CPRU should include the following scientific and organizational elements:"

Scientific Elements

--An emphasis on cancer prevention and health promotion consistent with the Year 2000 cancer control objectives.

--A clearly stated cancer prevention plan for a designated population or geographic area large enough for the prevention research proposed, and methods for evaluating attainment of goals and objectives.

--One major specific research theme to focus the CPRU efforts and at least three research projects within the theme area.

--Appropriate target areas for prevention efforts, including the appropriate phased research to achieve the research goals set by the CPRU.

--An emphasis on research on applications of the state of the science prevention methods, including diffusion research on system or institutional interventions in real world settings, e.g. communities, work sites, state health departments, HMOs, etc., rather than on individual behavior change.

--Linkage with other disease prevention efforts which are relevant to cancer prevention.

--Specific plans for developmental funds and shared resources which can be carefully peer reviewed before approval.

--A commitment to training cancer prevention scientists and leaders and developing career tracks for these individuals.

--A commitment to an annual cancer prevention workshop or symposium for their region.

Organizational Elements

--A multidisciplinary group of prevention oriented scientists, including relevant DCPC funded local investigators, as well as scientists who deal with getting interventions adopted in the real world, e.g. economists, political scientists, etc.

--A collaborative effort by the appropriate organizations from universities, health departments, voluntary organizations, community oriented or based organizations, cancer centers, insurance companies, etc.

--A track record of prior successful funding from other agencies and success in implementing intervention programs for other diseases.

--Evidence of matching funds and commitments for the future, and evidence of ability

to provide leverage for NCI funds, e.g. a ratio of NCI matching funds of 1:1 for the first two years, increasing to 1:3-5 fold or more for later years.

Two types of CPRU awards will be made-- CPRU 1, a two stage five year grant consisting of a two year feasibility period followed by a three year implementation award; and CPRU 2, a well organized cancer prevention research effort for five years, renewable.

Caban said five to 15 CPRU 1 awards are anticipated, averaging \$100,000 direct costs per year, for a total of \$1 million a year for two years. Grantees would refine the proposed approach during the two year feasibility period, developing specific plans and approaches to meet specific prevention objectives, obtain working relationships and commitments from organizations. Following peer review, two to five continuation awards would be made for three years, at a total budget of about \$2 million a year.

Two to five CPRU 2 awards are anticipated to institutions capable of moving directly to that step, with an average award of about \$1 million each.

Responding to Darity's question on whether this type of work could be done by CCSPs and CCRUs, Caban said that might be possible. "But we need to build momentum for cancer prevention. It was felt we need to build an identity" for the application of cancer prevention research.

"I like the linkages," Darity said. "This could be a stimulus to get agencies working together."

The concept was endorsed without dissent.

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

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 Prevention Committee--May 6, NIH Bldg 31 Rm 2, 4 p.m., open.

Div. of Cancer Prevention & Control Board of Scientific Counselors Budget & Evaluation Committee--May 6, NIH Bldg 31 Rm 7, 7:30 p.m., open.

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.

Frederick Cancer Research Facility Advisory Committee--May 7-8, FCRF, Frederick, MD. Open May 7,

8:30-9:30 a.m.

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.

Cancer Biology & Immunology Contract Review Committee--May 15, Bethesda Holiday Inn, open 9-9:30 a.m.

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.

Bone Marrow Transplantation: Clinical Intervention--May 18-22, New York. Contact Lisa Griffin, Course Secretary, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-7019.

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.

4th Annual Symposium on Gynecology Oncology--May 19, Minneapolis. Contact Audrey Chan, Registrar, CME, Box 293 Mayo Memorial Bldg, 420 Delaware St. SE, Minneapolis 55455, phone 612/626-5525.

RNA Tumor Virus--May 19-24, Cold Spring Harbor, NY. Phone 516/367-8346.

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.

Current Concepts in Radiation Therapy--May 20-22, Minneapolis. Contact Seymour Levitt MD, Course Chairman, CME, Univ. of Minnesota, Box 202 UMHC, Minneapolis 55455, phone 612/626-5525.

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 Committee on Environmental Carcinogenesis--May 25, NIH Bldg 31 Rm 7, 7:30 p.m., open.

NCAB Committee on Construction--May 25, NIH Bldg 31 Rm 8, 6 p.m., closed.

National Cancer Advisory Board--May 26-27, NIH Bldg 31 Rm 6, 8:30 a.m. Open all day May 26 and from 8-10:30 a.m. May 27.

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.

Professional Survivorship for the 80s: Stress and Coping Mechanisms in Oncology Nursing--May 28, Rochester, NY. Sponsored by Genesee Valley Chapter of the Oncology Nursing Society. Contact Cathy Berendts, RN, BSN, Park Ridge Hospital, 1555 Long Pond Rd., Rochester 14626.

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.

Div. of Cancer Treatment Board of Scientific Counselors--June 1-2, NIH Bldg 31 Rm 10, 8:30 a.m. Closed June 1, 5:30 p.m.--recess.

Third International Conference on AIDS--June 1-5, Washington Hilton Hotel, Washington DC. Contact AIDS Conference, 655 15th St. NW, Suite 300, Washington DC 20005, phone 202/347-5900.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--June 2, NIH Bldg 31 Rm 4, 9 a.m.

Epidemiology in Environmental Health--June 3-5, Pittsburgh. International symposium. Contact Dr. James Whittenberger, Program Chairman, Center for Environmental Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA 15261, phone 412/624-1559.

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.

Organ Directed Toxicities of Anticancer Drugs--June 4-6, Burlington, VT. First international symposium. Contact Miles Hacker, PhD, Vermont Regional Cancer Center, One S. Prospect St., Burlington 05401, phone 802/656-4414.

Breast Cancer Management 1987--June 4-6, Boston. International symposium. Contact Dr. Jay Harris, Joint Center for Radiation Therapy, 50 Binney St., Boston 02115, phone 615/732-1889.

European Society of Brachytherapy--June 6-7, Oslo. 23d meeting. Contact Norwegian Radium Hospital, Oslo 3, Norway.

Methods of Immunologic Research--June 7-20, Buffalo. Contact the Ernest Witebsky Center for Immunology, Rm 233 Sherman Hall, State Univ. of NY, Buffalo, NY 14214.

Critical Issues in Tumor Microcirculation, Angiogenesis and Metastases--June 8-12, Pittsburgh. Contact R. Hilda Diamond, Associate Director, Biomedical Engineering Program, Carnegie Mellon Univ., Pittsburgh 15213, phone 412/268-2521.

Symposium on Plastic Surgery in Oncology--June 8-12, Island of San Servolo, Venice. Contact Secretariat, European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

Current Status and Prospects in Malignant Lymphoma--June 10-13, Lugano, Switzerland. Contact Dr. F. Cavalli, Div. of Oncology, Ospedale San Giovanni, 6500 Bellinzona, Switzerland.

Div. of Cancer Etiology Board of Scientific Counselors--June 11-12, NIH.

International Clinical Hyperthermia Society--June 14-17, Lund, Sweden. 7th annual meeting. Contact the society, c/o Dept. of Radiation Oncology, Indiana Univ. Medical Center, 535 Barnhill Dr., Indianapolis

46223.

NIH Consensus Conference on Prostate Cancer--June 15-17, NIH Bldg 10 Masur Auditorium. Consensus development on the management of clinically localized prostate cancer. Contact Nancy Cowan, Prospect Associates, 1801 Rockville Pike Suite 500, Rockville, MD 20852, phone 301/468-6555.

Cancer: The Whole Spectrum--June 17, Moseley Salvatori Conference Center, Los Angeles. Contact Linda Richie-Walker, Network Coordinator, Cancer Management Network of Southern California, 213/224-7371.

Cancer Research Manpower Review Committee--June 18-19, Bethesda Marriott, open 8:30-9 a.m. June 18.

Cancer Prevention and Detection--June 25-27, Westin Hotel, Seattle. 2nd national conference. Contact American Cancer Society, the conference, 90 Park Ave., New York 10016.

International Congress of Cancer Pharmacology and Therapeutics--June 25-27, Buenos Aires. Contact Dr. Eduardo Cazap, Dr. Estevez Foundation, Paraguay 5190, (1425) Buenos Aires, Argentina.

Assn. of American Cancer Institutes--June 26-28, Arizona Cancer Center, Tucson. Annual meeting. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, 1515 N. Campbell, Tucson 85724, phone 602/626-2276.

4th EORTC Breast Cancer Working Conference--June 30-July 3, London. Contact Conference Secretariat, Millstream Ltd., South Harting, Petersfield, Hampshire GU31 5LF, UK.

FUTURE MEETINGS

Emerging Technologies and Issues in Cancer Management--July 9-10, Society Hill Sheraton, Philadelphia. Cancer program structure, reimbursement, roles of professionals and marketing. This meeting replaces one previously scheduled for July 8-9 at Fox Chase on freestanding cancer centers; that topic will be included in this meeting. Sponsored by Fox Chase Cancer Center, CDP Associates Inc. and InterCommunity Cancer Centers of America Inc. Contact CDP, 404/391-9872.

5th National Conference on Cancer Nursing--Sept. 14-16, Crystal Gateway Marriott, Arlington, VA. Sponsored by the American Cancer Society with the Assn. of Pediatric Oncology Nurses and Oncology Nursing Society. Contact Tish Greene, RN, MSN, ACS national conference, 90 Park Ave., New York 10016.

Role of Nutrition in the Origins of Disease--Sept. 21-22, Fairmont Hotel, San Francisco. 7th annual Bristol-Myers symposium on nutrition research. Contact Helen Miller, Program Coordinator, Continuing Education, Univ. of California (Davis) School of Medicine, 2701 Stockton Blvd., Sacramento 95817, phone 916/453-4390.

American Society for Therapeutic Radiology and Oncology--Oct. 19-23, Sheraton-Boston Hotel, Boston. 29th annual scientific meeting. Contact ASTRO, 1891 Preston White Dr., Reston, VA 22091, phone 703/648-8900.

2nd Conference on Immunity to Cancer--Nov. 9-11, Colonial Williamsburg Conference Center, Williamsburg, VA. Contact Carole Kirby, BRMP, NCI, Frederick Cancer Research Facility, Bldg 567 Rm 138, Frederick, MD 21701, phone 301/698-1418.

Recent Advances in the Systemic Therapy of Genitourinary Malignancies--Nov. 11-14, Westin Galleria Hotel, Houston. Sponsored by M.D. Anderson Hospital and Tumor Institute. Contact Office of Conference Services, MDA, 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-87215-18

Title: Phase 1 clinical trials of biological response modifiers

Deadline: July 5

The Biological Response Modifiers Program of the Div. of Cancer Treatment is seeking organizations to perform phase 1 clinical trials of biological response modifiers (brms), and in addition, to have the capability to perform basic immunologic, pharmacokinetic and clinical monitoring as required by the following tasks.

Task A: Phase 1 clinical studies of monoclonal antibodies or monoclonal immunoconjugates in cancer.

This theoretical protocol shall be a phase 1 1B clinical and laboratory evaluation of an actual unconjugated monoclonal antibody. The theoretical protocol should address, but is not limited to, the following:

Objectives--To determine the optimal biological dose (of investigational agents); to determine the toxicities; to determine the effects on tumor response.

Task B: Phase 1 clinical studies of cytokines and immunomodulators alone or in combination with other anticancer modalities in cancer patients.

This theoretical protocol shall be a phase 1B clinical and laboratory evaluation of an actual cytokine of immunomodulator other than an interferon or interleukin-2.

The theoretical protocol should address, but is not limited to, the following:

Objectives--To determine the optimal biological dose (of investigational agents); to determine the toxicities; to determine the effect on tumor response.

Approximately eight awards will be made for this study. It is anticipated that cost reimbursement, five year incrementally funded contracts will be awarded.

A preproposal conference is planned for prospective offerors for the purpose of providing information which may be helpful in the preparation of proposals and to answer any questions which offerors may have regarding this solicitation. Complete instructions will be provided in the RFP package.

Contract Specialist: Catherine Baker

RCB Blair Bldg Rm 212
301/427-8737

NCI CONTRACT AWARDS

Title: Computer based searches for chemical structures

Contractor: Z Inc., \$438,031

Title: Detailed drug evaluation and development of treatment strategies for chemotherapeutic agents

Contractor: Southern Research Institute, \$2,062,324

The Cancer Letter

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Associate Editor Patricia Williams

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