THE CANCER LETTER

Vol. 13 No. 18

May 1, 1987

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

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NCI "Month" Appropriate For May, With Several Major Decisions Pending To Start Next 50 Years

With all of NCI's Boards of Scientific Counselors and the National Cancer Advisory Board meeting within the next 30 days, along with the annual meetings of some of the major oncologic professional societies, capped with the May 26 NCI

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In Brief

Donald Metcalf Wins Bristol-Myers Award; NCI Starts Search For Biological Carcinogenesis AD

DONALD METCALF, who discovered that normal blood cells are activated by specific hormones and that certain human leukemias remain totally dependent on these hormones throughout the course of the disease, has received the 10th annual Bristol-Myers Award for Distinguished Achievement in Cancer Research. The $50,000 prize was presented to the Australian cancer biology professor this week in New York. Henry Pitot, director of McArdle Laboratory and chairman of the committee that selected Metcalf for the award, said "the possibility of treating leukemia by turning malignant cells back into normal ones rather than by administering toxic drugs is a major consequence of Professor Metcalf's research." Metcalf is head of cancer research at the Walter and Eliza Hall Institute of Medical Research in Melbourne. . . . **NCI FINALLY** has officially started the search for an associate director for biological carcinogenesis in the Div. of Cancer Etiology. The position has been held on an acting basis by DCE Director Richard Adamson since he reorganized the division more than two years ago. The new AD will plan, direct and conduct basic resarch in the role of biological agents, genetic sequences, viral genes and combinations of viral and cellular genes in carcinogenesis and will direct and coordinate AIDS vaccine research and development efforts. Six intramural labs and an $80 million a year grant and contract program are included. This is a Senior Executive Service position, salary $64,700 to $73,400 plus physician's comparability allowance. Contact Jean Craigue, Personnel Management Branch, NCI, phone 301/496-1771. . . . **OPPOSITION** to legislation legalizing medical use of heroin has been expressed by the American Pharmaceutical Assn. The pharmacists group opposes the "Compassionate Pain Relief Act" (S. 143) because "there are other drugs with less abuse potential than heroin that are just as effective if prescribed and administered in the proper dosage."

Decisions Due On Centers, Organ Systems, Other Resources Programs

(Continued from page 1)
50th Anniversary Alumni Celebration, the institute and its advisors are facing a number of vital decisions that could set the tone for at least the first few of the next 50 years.

<>The Cancer Centers Program: Will it go into a new division created for it and the organ systems, training and construction programs?

<>Will the Organ Systems Program be continued in its present form? A decision is needed before any recompetition of the Organ Systems Coordinating Center cooperative agreement can get under way. A final decision probably will not be required before next January.

<>The Construction/Renovation Program: Whether it will once again survive the White House ax is not so much the question, since Congress can be counted upon to keep it alive. More important is a developing concept similar to one surfacing in--

<>The Community Clinical Oncology Program: What's going to happen with all those good programs making major contributions to clinical trials which will not be funded, at least initially?

Most of the unfunded CCOPs intend to continue with nonfederal support, but they will ask at least for recognition, to be included with their funded brethren in research base activities, to receive any nonfinancial support that NCI extends to CCOPs. Some quarters at NIH contend that recognition is possible only in the form of monetary awards, but there are precedents to the contrary.

For the construction program, the NCI imprimatur may be even more important. Some recent examples: the Arizona Cancer Center in Tucson recently completed a magnificent $15 million facility, to which NCI contributed only a little more than $1 million. Center Director Sydney Salmon and his colleagues used the NCI stamp of approval to raise $11 million in cash plus $3 million in bonds which will be retired by further contributions. William Fishman, director of the La Jolla Cancer Research Foundation, used a $600,000 NCI construction grant to raise the $6 million cost of his excellent new building.

Donald Fox, chief of the Research Facilities Branch in the Div. of Cancer Prevention & Control told the division's Board of Scientific Counselors Centers & Community Oncology Committee that "we're providing the stamp of approval," which permits institutions to raise as much as 10 times the NCI award in local funds.

Fox said that last year, there were five to seven construction/renovation applications determined in review to be meritorious but were not funded because of the limited budget. This year, with only $2.5 million in the construction budget, two more meritorious applications have been reviewed, making the total of $6.5 million in unfunded construction grants. Fox said he is developing a funding plan that "will spread $2.5 million over $6.5 million in recommended projects." He has no doubt that the recipients will be able to raise the rest of the money on their own.

When NCI began funding construction grants in substantial amounts in the early 1970s, grantees were required to put up only 25 percent of the costs. As money for construction became more limited, the NCAB changed the requirement to 50-50 matching. That requirement is still on the books, but obviously the grantees have gone far beyond it.

That imprimatur does involve some money, however. Fox is looking at the possibility of offering NCI approval of proposed projects, with review by NCI staff, engineers and architects, with no dollar awards.

"That would be a very good program," committee member Robert McKenna commented. "The private sector should do it. Money from NCI should go into funding research."

Committee member John Ultmann disagreed. "A bootstrap operation is to be admired, but I think [not funding or underfunding construction] is shortsighted. The cost of research includes capital investment. During the last decade, capital investment in research has been slim, to the point where we're not going to be competitive. The physical plants at many medical schools are getting more and more inferior. It is unrealistic not to set aside a certain amount of money for capital improvements. The situation with our highways is coming home to roost, with bridges falling down."

Federal funding for research construction should be made only on the basis of peer review, Ultmann insisted. "The peer review system has been circumvented in the past. It is essential that this scientific advisory board go on record, that the peer review

system should determine what construction takes place."

"I find myself strategically agreeing with you, but not tactically," committee member James Holland said. The circumvention of peer review Ultmann had in mind had been done at the behest of powerful members of Congress. "Circumvention of this process went on before the National Cancer Act and is likely to go on indefinitely."

Holland said Fox' use of "seed capital" to generate construction funds is "far more important. It is easier to get Rockefeller and others to put their names on bricks than to pay for secretaries and data collection."

Armand Hammer, chairman of the President's Cancer Panel, and the American Cancer Society paid for a survey by CDP Associates a couple of years ago to determine cancer research and clinical construction needs. The most conservative interpretation of the survey's findings was that NCI's share of perceived needs was in the neighborhood of $25 million a year for at least five years. The NCI bypass budget has been requesting that amount, but neither the Office of Management & Budget nor Congress have paid much attention to it.

If the construction budget were to get $25 million a year and NCI used it as seed money, paying 10 percent of grantee costs, the deficiency in facilities could be made up in about two years.

The NCAB may be asked this month to decide if the resources programs in DCPC should have their own division, but a decision on the Organ Systems Program probably is not so imminent.

Andrew Chiarodo, chief of the Organ Systems Section, said that if the decision is made to retain the Organ Systems Coordinating Center, the RFA would be issued about May, 1988. A final decision to proceed would have to be made by the NCAB at its winter meeting (January or February 1988).

The OSCC, located at Roswell Park Memorial Institute with James Karr as principal investigator, is funded with about $1 million a year, expiring July 31, 1989. It assists the six organ systems working groups with their information review and communications efforts, workshops and concept development.

Overall, the program has been very successful in developing concepts for NCI supported research and getting them approved by the appropriate BSCs.

Il-2/LAK Recommended For Modified Group C Category

FDA's Oncologic Drugs Advisory Committee has recommended approval of a joint NCI/FDA proposal to place interleukin-2/LAK in a modified group C category.

Availability of the treatment will be limited to patients with metastatic melanoma and renal cell carcinoma treated at NCI recognized clinical and comprehensive cancer centers. Approximately 38 centers will be eligible to provide the therapy under protocols examining or comparing Il-2 and Il-2/LAK.

Patients who cannot be randomized will be offered therapy on a single arm protocol of Il-2/LAK treatment.

After considerable discussion and three votes, the committee voted unanimously to approve the proposal "as long as all therapy is given under a research protocol." An earlier vote on the proposal resulted in five yeas and three nays. The dissenting votes were cast by committee members Susan Krown, Thomas Fleming and Charles Moertel.

Krown and other members expressed concern about the availability of a one arm protocol of Il-2/LAK for patients who cannot or refuse to be randomized.

"I think that there's no doubt that we have the responsibility to develop IlL- and Il-2/LAK," Krown said, but questioned extending treatment "to everyone who chooses not to participate in this trial."

NCI officials stressed that they expect most patients will be randomized to either Il-2 or Il-2/LAK, but that patients with disease that is not clinically followable who are ineligible for a randomized protocol could be enrolled in the single arm Il-2/LAK protocol and evaluated by endpoints such as survival and toxicity.

"Every patient I've ever treated with metastatic melanoma or metastatic renal cell cancer has gone on to die of that disease [after therapy other than Il-2/LAK]," Steven Rosenberg said. Citing the promise of the therapy which he developed, he said "it would be unreasonable to deny patients with those metastatic cancers this therapy."

Group C drugs are those which NCI, with FDA approval, provides free to qualified physicians which have been demonstrative as effective against one or more forms of cancer but which have not yet been approved by FDA for marketing.

FDA Commissioner Frank Young asked, "Is there a ground between the full blown C and other types of clinical trials? Is there a way to be patient oriented as well as trying to get the data from our clinical trials from a larger number of people when there seems to be a substantial opportunity?"

Committee members also expressed concern about the quality of data to be obtained from the program. Robert Bast suggested that NCI hold a meeting of interested centers to discuss clinical and laboratory parameters and to better define information to be obtained from patients. Div. of Cancer Treatment Director Bruce Chabner offered to supply the committee with monthly progress reports on the trials.

Although the data to be collected will be more limited than that obtained in a phase 2 trial, it will include "significant endpoint data" such as response, survival and toxicity, he stressed.

Robert Temple, director of FDA's Office of Drug Research & Review, said that the program will include "more research than one ordinarily thinks of in a group C protocol.

"There is still a great deal more to learn about many aspects of Il-2 and LAK," such as the role of LAK cells, different doses and infusion regimens, but "all of those things can be well asked in a setting that is less rigid than the ordinary cancer trial," he said.

Participating centers will be expected to maintain and submit data on treatment, eligibility, toxicity and responses. Center staff will be required to visit a center currently conducting trials, and each center must demonstrate the ability to generate LAK cells before treating the first patient.

The proposal also contains a stipulation that FDA and NCI will meet in six months, and then periodically to review the program.

Chabner estimated that about 15 centers could start the treatment "in the very near future." Participating centers will be expected to conduct the trials as part of a broader program of research trials of Il-2/LAK therapy in the diseases.

NCI's research plan for Il-2/LAK includes developmental studies seeking to improve the regimen; expanded studies seeking to evaluate the role of ex vivo LAK cells; adjuvant studies in renal cell carcinoma and melanoma; and expanded phase 2 studies of Il-2/LAK in other tumors. The institute has written a letter to the directors of the 38 centers asking for proposals about Il-2 and Il-2/LAK.

The high cost of expanding trials of Il-2/LAK is one of the reasons why NCI asked for the modified Group C category. "There is no way we could support the data collection, the personnel and the facilities that would be necessary in treating the number of patients we expect to want this therapy through the NCI research trial bases," Chabner said. "We think a good deal of this support will have to be generated either by the cancer centers, through private sources or third parties."

Moertel criticized the "extraordinary cost" of the treatment and questioned whether third parties would reimburse for the therapy, and if the centers planned to charge patients for the treatment. Robert Wittes, director of DCT's Cancer Therapy Evaluation Program, told him that there are no plans to charge for the treatment, but that "billing for clinical care seems reasonable."

Moertel also cited the potential adverse effect of widespread publicity on cancer patients. "There has never been an investigational treatment that has ever become such a media extravaganza," he said. "Our patients have been severely impacted by this kind of publicity."

He also maintained that its response and regression rates, and their durations, were equivalent to those obtained with interferon.

"What about the 80 percent of people who don't respond to interferon?" Chabner asked. "What are they supposed to do?"

Committee members also raised concerns about the safety of the treatment, and means to ensure quality control.

FDA is currently working to help devise a means of developing LAK cells in the absence of human serum in order to reduce the possibility of transmission of viral diseases, such as last summer's hepatitis A contamination of serum that forced the suspension of extramural Il-2/LAK trials.

Notice of the meeting was published in the "Federal Register" the same day the meeting was held. According to the notice, Young authorized an exception to the requirement to publish meeting notices 15 days in advance because of the need for "immediate consideration of this urgent and important public health issue."

FDA and NCI officials began meeting in March to develop the proposal, and had hoped to bring the matter to the committee prior to Rosenberg's most recent article last month.

Top Applicants For Early Detection Breast Cancer Grants Were Women PIs

The top six scores in competition resulting from an RFA for grants to develop ways to increase use of mammography and breast palpation for early detection of breast cancer were submitted by women principal investigators.

Jan Howard, program director in the Health Promotion Sciences Branch of the Div. of Cancer Prevention & Control, said that four of the six, with scores of 155 or better, will be funded. A fifth is being considered for funding as an exception.

The best priority score was received by Suzanne Fletcher, of the Univ. of North Carolina. The other three are Mary Costanza, Univ. of Massachusetts; Sarah Fox, UCLA Jonsson Comprehensive Cancer Center; and Dorothy Lane, State Univ. of New York (Stony Brook).

Responses to other recent RFAs from the Health Promotion Sciences Branch reported at the recent meeting of the Cancer Control Science Program Committee of the DCPC Board of Scientific Counselors included:

*Integrating tobacco education into the school system. Twenty three applications were received, six approved, two with priority scores in the fundable range of 164. Program director Barry Portnoy told **The Cancer Letter** that the two which will be funded "are very strong" and feels they will achieve the program's objectives. Money allocated for the RFA would have supported a third grant, and Portnoy said he has advised some of the stronger unfunded applicants to resubmit them as ROIs.

*Practice of cancer prevention and control activities in primary care medicine. Thirty six applications were received and will be reviewed May 14-15. The $1.2 million set aside for the RFA will support four or five grants. William Mayer is the program director.

*Modification of eating behavior in the community. Sixty three applications were received and will be reviewed May 20-22. Three to five awards are planned, provided there are that many scoring in the fundable range. Luise Light is the program director.

Lillian Gigliotti, director of the Cancer Control Science Program, said that the latter RFA drew in some "wide ranging" responses. "We're getting applications from large numbers of new people, many of them new to the cancer field."

ASCO Program Includes Chernobyl Talk, Symposia, Educational Sessions

Robert Gale and Richard Champlin, who were invited by the USSR for consultation on the Chernobyl nuclear plant disaster, will relate their experiences in sessions at the 23rd annual meeting of the American Society of Clinical Oncology.

Gale and Champlin, both members of ASCO, will speak at repeat sessions May 17 and 18, 5:30-6:30 p.m. both days. The meeting will be held in Atlanta's Georgia World Congress Center.

ASCO President Samuel Hellman said that John Mendelsohn and his Program Committee reviewed over 1,100 abstracts "and put together an outstanding presentation and poster session." In addition, 18 educational programs and 13 "meet the professor" sessions have been scheduled.

A Clinical Practice Committee forum is scheduled for May 17, 4:45-5:45 p.m., on the topic, "Are Biological Response Modifiers Ready for the Practicing Oncologist?" Committee Chairman Gary Ratkin will preside, and speakers will be Ernest Borden, Wisconsin Clinical Cancer Center, and Carl Pinsky, Biological Response Modifiers Program of NCI.

At the annual business meeting May 19, there will be a discussion of nonacademic clinical practitioners and their voice in ASCO, a question considered by the Clinical Practice Committee and the board of directors. Winner of the election to the office of president elect also will be announced then. B.J. Kennedy, the current president elect, will assume the presidency at the conclusion of the meeting.

Seven symposia have been scheduled for the educational program May 17:

*Monoclonal Antibodies: Use, Diagnostic Imaging and Treatment, chaired by Paul Bunn, Denver. Speakers are Robert Dillman, San Diego; and Frederick Appelbaum, Seattle.

*AIDS Update, chaired by Samuel Broder, NCI. Speakers are Carmen Allegra, NCI; and Jerome Groopman, Boston.

*Interleuken-2: A Critical Appraisal, chaired by Evan Hersh, Tucson. Speakers are Steven Rosenberg, NCI; Malcolm Mitchell, Los Angeles; and Geoffrey Weiss, San Antonio.

*Dose Intensity, chaired by Larry Norton, New York. Speakers are Richard Creech, Philadelphia; Vincent DeVita, NCI; and William Hryniuk, Hamilton.

*Drug Resistance, chaired by Victor Ling,

Hamilton. Speakers are George Stark, London; and Joseph Bertino, New York.

*Growth Factors, chaired by James Mulshine, NCI. Speakers are John Mendelsohn, New York; and Richard Klausner, NIH.

*Molecular Biology and Its Implications for Treatment of Human Tumor as Exemplified in Pediatrics, chaired by Mark Israel, NCI. Speakers are Stephen Friend, Cambridge; and Stan Korsmeyer, St. Louis.

Workshops during the May 17 educational program include:

*Update: Node Negative Breast Cancer Adjuvant Treatment, chaired by Craig Henderson.

*Ovarian Cancer, chaired by Tate Thigpen, Jackson, MS.

*Leukemia Update, chaired by Peter Wiernik, New York. Speakers are Richard Champlin, Los Angeles, and Peter Cassileth, Philadelphia.

*Update: Adjuvant Treatment for Rectal Carcinoma, chaired by Michael O'Connel, Rochestern, MN. Speakers are Thomas Fleming, Seattle; and Leonard Gunderson, Rochester.

*Bladder Cancer, chaired by Alan Yagoda, New York. Speakers are Frank Torti, Palo Alto; and Neil Bander, New York.

*Brain Tumors, chaired by Richard Kaplan, Baltimore. Speaker is Clifford Schold, Durham.

Sessions on "continuing interest topics" scheduled for the educational program May 17 include:

*New Roads in Radiotherapy, chaired by Norman Coleman, Boston. Speakers are William Saunders, Boston; and Daniel Kapp, Stanford.

*Making Sense of the Literature: Critical Interpretation of Clinical Trials Data, chaired by Susan Ellenberg, NCI. Speakers are Richard Simon, NCI; and Harland Sather, Pasadena.

*Psychosocial Problems and Support, chaired by Jimmie Holland, New York.

*Ethics and Process, chaired by Terry Ackerman, Memphis.

The joint ASCO/American Assn. for Cancer Research symposium will be held May 20, 8:30-10 a.m. AACR's annual meeting starts that day. The topic of the joint symposium is "Cytokines: Biological Status and Potential Clinical Applications." Presentations will be made on colony stimulating factors by Malcolm Moore, New York; TGF alpha and beta by Michael Sporn, NCI; Tumor necrosis factors, by David Goeddel; and "the interleukin story," by Warner Greene, NCI.

ACS To Continue Supporting Research In Treatment, Prevention: Loeb, Heald

The American Cancer Society "emphatically rejects the premise that a choice must be made between seeking improved methods of cancer treatment and expanding our understanding of how to prevent cancer," Virgil Loeb, ACS president, and Elliot Heald, chairman of the board of directors, said in the society's annual report.

Their statement was aimed at critics who argue that present day cancer research should shift away from finding cures for cancer and center instead on prevention. The society, they noted, "strives for creative balance" between improving methods of cancer treatment and preventing the disease. "To accept anything less represents a philosophical abandonment of the more than one million Americans currently being treated for cancer, or of the 74 million living Americans who, despite our present knowledge, may one day develop the disease."

Loeb and Heald said that ACS believes in an all encompassing, total program approach to cancer. Whether through the pioneer support of interferon research, the epidemiological study of American lifestyles and habits, the analysis of cancer in the economically disadvantaged, or the ongoing efforts to educate the public about cancer prevention, the society, they claimed, is committed to all types of research--cause, treatment and prevention.

The society's fight against tobacco represents one aspect of the multifaceted approach to prevention, the annual report pointed out. Its most recent initiatives and victories are the subject of "Toward A Tobacco Free Young America," the report's special feature. The Tobacco Free Young America Project, a cooperative venture with the American Heart and American Lung associations, is aimed at eliminating the tobacco threat to youth by the Year 2000. "Children entering the kindergarten class of 1987 could be the first to graduate from high school as a tobacco free generation," the report said.

Last year may have been a watershed year in the antitobacco campaign, according to the feature. Restrictions on smoking in U.S. government buildings and in the military increased momentum in efforts to ban smoking on domestic flights, legislation banning radio and TV advertising for smokeless tobacco products, and the spread of clean

indoor air legislation were among the achievements.

The report stated that for the first time, ACS' total audited public support topped the $270 million mark--more than $71 million of that received through legacies and bequests. Actor Richard Crenna will chair the 1987 fund raising effort.

Copies of the annual report are availabe free from local units or divisions of ACS.

St. Vincent of New York Included Among CCOPs Which Will Be Funded

Add yet another Community Clinical Oncology Program to those which scored well enough in review to be assured of funding--the St. Vincent Hospital CCOP in New York City.

The St. Vincent score had not been previously picked up in **The Cancer Letter**'s survey of CCOP applicants, reported in the April 3 and subsequent issues. The list of those with priority scores of 230 or better now stands at 44. They follow, in no particular order except for the first, which topped everyone with a near perfect 115:

North Shore of Manhasset, NY; St. Vincent, New York City; Spartanburg, NC; Grand Rapids, MI; St. Louis, MO; Metropolitan Minneapolis, MN; Mt. Sinai of Miami, FL; Wilmington, DE; Evanston, IL; Columbus, OH; Florida Pediatric; Central Los Angeles; Toledo, OH; Rochester, NY; Green Mountain, VT; Southeastern Cancer Consortium; Portland, OR; Dayton, OH; Eastern Maine; Southern Maine; Geisinger Clinic, PA; Peoria, IL; Phoenix, AZ; Marshfield Clinic; Carle Clinic; Scranton, PA; Binghamton, NY; Kalamazoo, MI; Hackensack, NJ; Alleghenny of Pittsburgh, PA; Atlanta, GA; Ochsner of New Orleans, LA; Wichita, KS; Duluth, MN; Sioux Falls; Syracuse, NY; Kansas City, MO; Columbia, MO (the organization affiliated with Ellis Fischel Hospital); Sutter of Sacramento, CA; CCOP of the Ozarks of Springfield, MO; Springfield, IL; Fargo, ND; and Allentown, PA.

Principal investigators for any other CCOPs which scored 230 or better are invited to phone **The Cancer Letter** with that information. NCI will release the scores only to PIs.

NCI staff hopes to fund more than the 44 but will have to add more than the $10.5 million now earmarked for the program to do so. That amount probably can be stretched to cover the 44 plus two or three others which staff feels are important to include for geographic reasons and to keep some successful ones going which, for whatever reason, did not fare well in review.

Spurr To Become Professor Emeritus, Will Continue As PI Of New CCOP

Charles Spurr, principal investigator for one of the new CCOPs assured of funding (Southeastern Cancer Consortium), will become Professor Emeritus of Medicine July 1 at Bowman Gray School of Medicine.

Spurr will continue as PI of the CCOP and is in the process of recruiting someone with a special interest in preventive oncology to work with him on the cancer control protocols.

Spurr was the chief organizer and director of the Oncology Research Center at Bowman Gray and the first chairman of the regional cooperative group, the Piedmont Oncology Assn. Robert Capizzi now holds both those positions.

POA was one of the eight cooperative groups which lost NCI funding over the last two years. It is remaining active with support from private sources, industry and participating institutions in North and South Carolina, Virginia, Georgia and Tennessee.

POA is one of the research bases for the Southeastern CCOP, along with the Bowman Gray Oncology Research Center, Cancer & Leukemia Group B and National Surgical Adjuvant Breast & Bowl Project.

Among the other unfunded (by NCI) cooperative groups, most of which are continuing with industry and institutional support, is the Urologic Cooperative Oncology Group.

Gerald Murphy, professor of urology at State Univ. of New York (Buffalo) and former chairman of the National Prostatic Cancer Working Group in NCI's Organ Systems Program, is chairman of UCOG.

The group did not do well in review this year by the Cancer Clinical Investigation Review Committee and will have to continue developing its own support, as it has been doing since it was formed in November, 1985.

CCIRC site visitors, while commending the qualifications of group members, were critical of protocols submitted in the application. The group responded that the protocols were in draft form only. Site visitors also criticized as inadequate multidisciplinary contributions, adminis-

tration and planning. UCOG rebutted those criticisms, but the full CCIRC went along with the site visitors.

The reviewers acknowledged that Murphy "has played an important historical role in the area of urologic cancers" and that "two highly regarded statisticians, Alfred Bartolucci and Robert Birch" run the group's coordinating center at the Univ. of Alabama (Birmingham). Also, "To further enhance the group's research undertaking, 18 highly qualified urologic oncologists have organized with the expressed goal of conducting trials in three of the four organ sites where genitourinary malignancies arise. . . On the basis of gathered talent, this group was judged as having excellent potential."

Those 18, plus another, Bruce Bracken at the Univ. of Cincinnati who recently joined the group, are:

Mitchell Benson, Columbia Presbyterian Medical Center; Anton Bueschen, Univ. of Alabama (Birmingham); Isaac Powell, Wayne State Univ.; Joseph Drago, Ohio State Univ.; Robert Flanigan, Loyola Univ. of Chicago; Robert Gibbons, Virginia Mason Research Center; Patrick Guinan, Cook County Hospital; John Lynch, Georgetown Medical Center; David McLeod, Walter Reed Army Medical Center; William McRoberts, Univ. of Kentucky Medical Center; Brian Miles, Henry Ford Hospital; Timothy Moon, Tulane Univ. School of Medicine; Edson Pontes, Cleveland Clinic Foundation; Jacob Rajfer, UCLA; Peter Scardino, Baylor College of Medicine; Joseph Schmidt, Univ. of California (San Diego); Mark Soloway, Univ. of Tennessee; and Zev Wajsman, Univ. of Florida (Gainesville).

F. Kash Mostofi of the Armed Forces Institute of Pathology, is in charge of UCOG's central pathology laboratory.

The group has two active protocols. One is a phase 1 study of epirubicin in superficial bladder tumors. The other is a study of adjuvant alpha interferon in patients with renal cancer who have had nephrectomy with positive perirenal nodes or extension of the tumor into the renal capsule.

Protocols are being developed to study three new compounds for treatment of prostate, kidney and bladder cancer.

FDA Offers Support For Scientific Conferences Relating To Its Mission

The Food & Drug Administration has announced it will consider funding "a very limited number" of grants to support scientific conferences held in the U.S. or Canada. The awards may range from $2,000 to $15,000 in direct costs only.

"These conferences must relate directly to FDA's mission and funding priorities," the agency said. Before submitting an application prospective applicants should contact FDA to inquire about the agency's interest in the proposed conference.

FDA's mission is the regulation of development and sale of new drugs, biologics and devices with emphasis on safety and efficacy, along with certain regulatory aspects in protecting food supplies and cosmetics.

"FDA recognizes the value of supporting scientific meetings and conferences designed to coordinate, exchange and disseminate information when their objectives are clearly within the scope of the agency's scientific programs," the announcement said. "FDA's policy is to participate with other scientific organizations to support meetings where practicable, rather than to provide the sole support.

In addition to "modest general support" for conferences in the U.S. or Canada, funds may also be awarded to support part of the travel for individuals selected by the grantee to attend the meeting. Grant funds may not be used to provide general support for international scientific conferences held outside the U.S. or Canada; however, funds may be awarded to provide limited support to certain aspects only of those conferences, such as a selected symposium, panel or workshop, including the cost of planning and cost of travel of U.S. participants in that particular segment of the conference.

Among those listed as persons to contact are William Beheler, Center for Devices & Radiological Health, phone 301/443-2797; Hamilton Brown or Nickolas Pollok, Center for Drugs & Biologics, 301/443-6788. FDA's mailing address is 5600 Fishers Lane, Rockville, MD 20857.

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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.