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Bypass Budget For FY 1989 To Ask $2 Billion For NCI, With Projection To $3 Billion By 1993

"It's time to refuel the National Cancer Program," NCI Director Vincent DeVita said when he presented the first draft of the 1989 fiscal year bypass budget to the National Cancer Advisory Board this week. The refueling figure as it

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In Brief

Mihich, Kennedy, Aust New Presidents; Loeb, Coltman, Cady Presidents Elect; Carbone Honored

NEW OFFICERS for three of the major oncologic societies, recently elected: **Enrico Mihich,** Roswell Park Memorial Institute, assumed presidency of the American Assn. for Cancer Research at last week's annual meeting in Atlanta. He replaces **Alan Sartorelli,** Yale. **Lawrence Loeb,** Univ. of Washington, was elected vice president and president elect. **Robert Handschumacher,** Yale, was reelected secretary treasurer. New directors are Harris Busch, Susan Horwitz, Ronald Herberman and John Laszlo. **B.J. Kennedy,** Univ. of Minnesota, moved up to president of the American Society of Clinical Oncology, also at last week's annual meeting in Atlanta. **Samuel Hellman,** Memorial-Sloan Kettering, closed out his year as president. **Charles Coltman,** San Antonio, was elected president-elect. **Stephen Schimpff,** Baltimore, was reelected secretary treasurer. New directors are James Armitage and Cary Presant. **J. Bradley Aust,** San Antonio, took over as president of the Society of Surgical Oncology at SSO's annual meeting last month in London, a joint affair with the British Assn. of Surgical Oncology and the two countries' societies of head and neck surgeons. **Blake Cady,** Boston, moved up to president elect of SSO. **Benjamin Rush,** New Jersey, was elected vice president. **Charles Balch** and **Richard Wilson** were reelected secretary and treasurer, respectively. Outgoing President **Robert Hutter** is chairman of the Executive Council. . . . **TWO TOP** executives of Hybritech, the San Diego based subsidiary of Eli Lilly, have resigned. David Hale, president, left to go with another biotech company in San Diego, and Dennis Carlow, vice president of Hybritech's therapeutics division, resigned to join a new company in San Diego which is developing an AIDS vaccine. . . . **PAUL CARBONE,** director of the Univ. of Wisconsin Clinical Cancer Center, has received an honorary doctor of science degree from his alma mater, Albany Medical College of Union Univ.

Asking For $2 billion Is "Bold" But Justified, DeVita Insists

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now stands: $2.055 billion, the amount estimated by DeVita and his staff as "what we see as the needs and opportunities in research" for the 1989 fiscal year.

NCAB members were asked to consider the bypass figures over the next three months and offer their recommendations for any changes. NCI staff will continue working on it through the summer, with the final draft going to the President Sept. 15.

DeVita acknowledged that exceeding $2 billion in the bypass budget "is a bold step," but he pointed out that it was only about $50 million more than the amount estimated for FY 1989 in the five year projection in the 1988 bypass submission.The 1988 bypass budget asked $1.7 billion for that fiscal year and projected $1.95 billion for 1989.

The five year projections in the 1989 bypass budget are interesting: $2.265 billion for FY 1990; $2.58 billion for FY 1991; $2.85 billion for FY 1992; and, for FY 1993, $3.1 billion.

While the last figure may seem somewhat unrealistic, it is probably no more so than the $1 billion a year requested in the report of the National Panel of Consultants on the Conquest of Cancer which in 1970 said NCI should be getting in 1976. That report led to the National Cancer Act of 1971, but NCI didn't get $1 billion until 1981.

"It took us 44 years to get to $1 billion," an NCI staff member commented on the day (May 26) the institute was observing its 50th anniversary with a gala alumni gathering. "And only four years to get from $2 billion to $3 billion."

A lot of work remains to be done before NCI even gets to $2 billion, but recent history indicates that it is attainable. Although the White House traditionally ignores the bypass budget, Congress has been paying attention. The $1.403 billion NCI is receiving in the current, 1987, fiscal year is only about seven percent less than the bypass request. In the budget resolution approved this month, Congress allocated a 10 percent increase for biomedical research. Extrapolated to NCI, that would mean a total of about $1.55 billion, 10 percent under the bypass request of $1.7 billion. Don't bet that the final figure won't be even closer to the bypass.

For the past three years, the bypass budget has been related to the Year 2000 goals, with amounts listed in each category required to meet those goals, which overall add up to a reduction in cancer mortality of 50 percent. Each year the program is inadequately funded decreases the likelihood of achieving that reduction.

What would be the impact of a $2 billion budget? Here's what it would look like:

<>Research project grants (RO1s and PO1s) --Funded this year at $646.2 billion, the bypass budget asks $935.8 million. This year, 1,053 competing grants, 37.9 percent of those approved, are being funded, with a priority score payline of 165. In 1989 under the bypass budget, 1,461 competing grants would be funded, 50 percent of those approved, at a payline of 200. Grants this year are being negotiated downward an average of five percent from recommended levels; in 1989, they would be funded at full amounts approved by study sections.

<>Cancer centers--In FY 1987, $93.3 million is going into center core grants and planning grants. That would go up to $135 million in 1989, with intent of increasing the number of centers supported by NCI (now 57) 50 percent by 1992.

<>Clinical cooperative groups--They are getting $57.6 million in FY 1987; the 1989 request is $89.7 million, with the goal of doubling the number of patients entered on group protocols by 1992.

<>Cancer prevention and control--The total for this year is $66.5 million; the amount in the 1989 bypass budget is $111.4 million.

<>Intramaural research--$235.4 million in FY 1987, $276.9 million in the 1989 bypass.

<>Construction (including renovation)-- There is $5 million in the budget this year, with $2.5 million for on-campus and Frederick Cancer Research Facility construction and renovation and $2.5 million for construction/ grants. The bypass request is a hefty $38 million.

<>National Research Service Awards--$31.7 million in FY 1987, $38 million in the bypass for 1989, which would support 1,600 trainees.

<> Special initiatives--NCI asked $50 million in the 1988 bypass budget and is asking $70 million in 1989. The President's budget for 1988 did not include any money in this category, which NCI said in the bypass would be reserved for suddenly emerging opportunities and for such projects as getting started on genome mapping. The

special initiative in 1989 would provide funds for upgrading and expansion of biomedical research computing facilities.

<>Research and development contracts--This will total $180.3 million in 1987; the bypass asks for $255.5 million. Twenty million dollars of this in '87 is for AIDS contracts, and $34.1 million is for AIDS contracts in the bypass.

<>Research management and support--Goes from $67.1 million this year to $81.9 million the the 1989 bypass.

<>Other grants--$20.1 million this year, $22.9 million in the '89 bypass.

Other features of the 1989 bypass budget are $10 million for instrumentation needs of the extramural community and two year obligating authority for construction projects.

Through 1993

The five year projection through 1993 in the bypass budget has this breakdown:

*Research project grants--$935.8 million in 1989, $1.65 billion in 1993.

*Centers--$135 million, $217 million.

*Clinical cooperative groups--$89.7 million, $157.9 million.

*Cancer prevention and control--$111.4 million, $200 million.

*Intramural research--$276.9 million, $329.3 million.

*R&D contracts--$255.5 million, $311.9 million.

*Construction--$38 million, $50 million.

*NRSA--$38 million, $48 million.

*Other--$104.8 million, $140.2 million.

NCI is receiving $61.7 million for AIDS research in 1987. Of that amount, $8.3 million is going into grants, $34.1 million for contracts, $18.8 million for intramural research, and $450,000 for research management and support.

The estimates FY 1988, totaling $84.9 million, are $9 million for grants, $53.9 million for contracts, $21.1 million for intramural research and $890,000 for management and support.

Board member Enrico Mihich asked for a breakdown on differences over the years between amounts requested in the bypass budgets and amounts actually received. "Money not received is work not being done," he said. "It would be useful to see what the quantitative deficit has been toward the Year 2000 goals."

DeVita replied with caution, suggesting that the Board could assign that task to its Planning & Budget Committee. Although it could be done easily enough, he said, for him or NCI staff to do what would amount to crticism of the Administration "might take my mandate further" than would be prudent.

NCAB Okays Only A Committee For Centers, Not A Separate Division

The National Cancer Advisory Board backed away this week from any recommendation to change the location of the Cancer Centers Program within NCI. Instead, the Board approved NCI Director Vincent DeVita's recommendation that the NCAB Centers Committee be reconstituted to provide an additional layer of extramural oversight for the program.

DeVita had raised the organizational issue relating to centers after hearing complaints over the past year from center directors about what they perceived were problems relating to inadequate funding and "visibility" for centers. Some center directors had urged DeVita to create a new division for centers, or at least move the program from the Div. of Cancer Prevention & Control into his office.

The situation was aired at the last meeting of the DCPC Board of Scientific Counselors (**The Cancer Letter**, May 15). The suggestions on moving centers were not looked upon favorably by that Board, which determined that it was the responsibility of the NCAB anyway to recommend major organizational changes at NCI.

Virgil Loeb, chairman of the DCPC Board's Centers & Community Oncology Committee, presented the issues to the NCAB. He said that the consensus of the BSC was that centers should have more visibility but should stay in that division.

NCAB member John Durant, president of Fox Chase Cancer Center, said that the centers program "lost a lot" when it was moved into a division without centers in the name. The program had been in what was then the Div. of Cancer Research Resources & Centers, which had program responsibility for all NCI grants. When grant programs were allocated to the other divisions, the centers program was moved, with organ sites, construction and training, into what was then called the Div. of Cancer Resources, Centers & Community Activities. The name was later changed to the Div. of Cancer Prevention & Control.

"Many of us feel it is not any more appropriate for centers to be in DCPC than in

any other division," Durant said. "Cancer control is important at our center, and we take it very seriously. But centers are much more involved in basic science and clinical research. We have partnerships with NCI in many areas."

Centers need a "high level advocate" at NCI, Durant continued. He said DeVita "is too high, because he would have to be both judge and jury," indicating a preference for a separate division rather than moving the program into DeVita's office.

DeVita said he sensed a change in attitude by center directors in general from that expressed to him previously. "There was a strong feeling that a change in location is needed. I don't feel that now."

NCAB member Helene Brown said that before any decision is made to move the program, centers should be redefined. "I would opt for a redefinition of all centers and their activities, and then see if they need a new home."

William Longmire, member of the President's Cancer Panel, said that the Panel's meetings at various centers have impressed members with the quality of work they are doing but "if there is one weakness, it is in outreach and control. Early on, it was clear that with flat budgets, there was not much opportunity for centers to build up their cancer control efforts."

Board member Enrico Mihich said he supported Brown's suggestion. In redefining centers, "we should call a spade a spade, in terms of the authority of center directors," Mihich said. "At some institutions with strong (medical school) deans, the authority of the center directors does not extend past the two days of the (core grant) site visit."

"This conversation is running downhill," Board Chairman David Korn, dean of the Stanford Medical School, commented.

After Board member Victor Braren endorsed Brown's suggestion, Korn said "the shred of consensus is that we form a committee with a careful charge" to address the centers issues. Mihich suggested "speediness" be part of the charge, if any redefinitions are to be considered in renewal of the National Cancer Act, coming up next year. The vote to approve the "shred of consensus" was unanimous.

Loeb's presentation included a discussion of requirements for NCI recognition as a comprehensive cancer center, once a burning issue in the 1970s but not much in evidence for years. After the National Cancer Act of 1971 led to recognition of 21 comprehensive centers by NCI through the 70's, the only action since was withdrawal of such recognition to the comprehensive center in Denver. NCI never took any formal withdrawal action; that drastic and embarrassing prospect was averted by the fact that the center closed its doors and went out of business.

No monetary awards accompany recognition as comprehensive, but considerable prestige went with it, possibly with some edge in recruiting scientific staff and resulting potential advantage in competing for grants.

One of the requirements for recognition was leadership in community and regional outreach activities. NCI support of those activities at cancer centers ended in the early 1980s, with a new emphasis on cancer control research. Reluctance of some centers to participate in cancer control research has been a point of contention between them and DCPC.

The Univ. of Arizona Cancer Center in Tucson is the first to seek NCI recognition as comprehensive in the 1980s. DeVita told the NCAB that the Arizona request will make it neccessary for the Board to reeducate itself on requirements for comprehensive centers and to act soon on any proposals for changing those requirements.

Sydney Salmon is director of the Arizona center, which appears to meet all the present requirements: Housed in a beautiful new building, it has space dedicated to cancer research, programs of excellence in basic and clinical research, a strong outreach program, strong ties with community physicians and organizations, and the appropriate relationships with the university. Salmon and many of his staff members are recognized national leaders in their fields.

"I'm real excited about reviving comprehensive centers as an important factor," Loeb said after the meeting.

NCAB Gives Final Okay To New Program Project Guidelines, Review

The National Cancer Advisory Board this week gave final approval to revisions in NCI program project guidelines, the most significant of which eliminates the two chartered review committees in favor of special review committees which will be constituted to review all program project applications.

Under the new plan, when site visits are deemed necessary, they will be conducted by

the special review committees. The practice of forming separate site visit teams which then report back to the parent review committee will not be continued.

When the NCAB gave preliminary approval to the new guidelines last February (**The Cancer Letter**, Feb. 13), Board members asked that consideration be given to formalizing the selection of special review committees and to disregarding the high and low scores in establishing the final rating.

The last suggestion was not included in the final guidelines, but the Div. of Extramural Activities went probably as far as it could in "formalizing" committee selection. The provision for selection of reviewers states:

"The size and composition of each SRC are determined by the particular details of the application to be reviewed. It is the responsibility of the executive secretary to make these determinations based upon a thorough review of the application and suggestions from program staff.

"In identifying prospective qualified reviewers, the executive secretary takes full advantage of the many resources available, including existing name files of experienced reviewers, lists of grantees and contractors, computerized data bases, and consultation with program and review staff and recognized authorities in the scientific community. The executive secretary, as well as program staff, will identify reviewers who, because of collaboration, affiliation, or bias should be excluded from the SRC.

"The chairperson of the SRC is a senior investigator experienced in the review of complex multidisciplinary applications and generally knowledgeable in the scientific areas to be reviewed. The SRC memberhsip reflects a balance in terms of experience, expertise, and specialty so as to afford peer review of the separate components as well as the overall program project. A consultant experienced in management and fiscal administration may be needed when large program projects are reviewed. This consultant does not vote on the scientific merit of the components or assign a priority score for the application.

"The executive secretary may contact the principal investigator to discuss the specific disciplines or specialty areas of expertise which the principal investigator feels are required to review the application properly. Names of potential reviewers are not directly or indirectly solicited from the principal investigator.

"Names of individuals who, in the opinion of the principal investigator, may not be able to give an unbiased review, and who should not be considered for the SRC are solicited. Full consideration will be given to valid reasons presented by the principal investigator requesting that a particular reviewer not be invited, but the final decision rests with the executive secretary responsible for the review. The principal investigator should discuss these issues fully with coinvestigators before communicating this information to the executive secretary.

"When arrangements for the SRC are completed, the executive secretary advises the principal investigator and program director in writing of the details, including the roster of the SRC."

Other elements of the revisions include additional emphasis on letters of intent, asking for them for competitive renewals and supplementals as well as for new applications; reemphasis of the policy established in 1983, that components of poor quality will be considered along with all others in evaluation and assignment of priority scores, a practice initiated to discourage catchall applications which were in effect redesigned by reviewers who threw out the weaker elements; as a necessary corollary to the last provision, NCI may delete funds for those weaker components if the application is funded; and more detailed and explicit instructions for preparing applications.

In a foreword to the new guidelines, Barbara Bynum, DCE director, said that use of the word "guidelines" should not lead anyone to consider them "optional." They are in fact "procedures" and "requirements."

Board member Enrico Mihich expressed concern about stability and comparability of scores when each review is conducted by a different committee.

"It is true that an individual PO1 committee has a broader view in any one round of review," Bynum said. "But comparability of scores is always an issue. We have two committees now and the scores are not always comparable. You may be right, and we may end up with more scatter than we would like." But she emphasized what she said is "the important role of program staff" in achieving stability.

"I have the greatest respect for your

ability and integrity," Mihich said, "but you ask for the advice of peers, and staff is limited. The more you give a decisive role to smaller groups, the more you decrease the influence of peer reviewers."

"It is a real challenge for us to bring some comparability into this process," Robert Browning, chief of the Grants Review Branch, said. "What we're trying to do with the guidelines and operating procedures is to bring more uniformity into the process. It's a challenge, but I think we're up to it."

Board member Roswell Boutwell pointed out that Outstanding Investigator Award applications are reviewed by different groups of reviewers, and by mail. "The general view is that it results in remarkably consistent scoring. I think we should go ahead with this, at least as an experiment."

Board member Louis Sullivan suggested that the new guidelines be approved on a trial basis. Chairman David Korn suggested approval for three years, and the motion to that effect was approved, with Boutwell dissenting. "I don't think this should go out as temporary," Boutwell said.

"Okay, we'll word it so it is not seen as temporary," Korn said. "Does that make it unanimous?" Boutwell said it did.

NCI Adds $1 Million For CCOPs; Payline At 228, Plus Exceptions

The NCI Executive Committee added $1 million to the Community Clinical Oncology Program budget before presenting the recommendations for awards to the National Cancer Advisory Board this week. The result: Five more CCOPs, with priority scores between 220 and 228, will be funded.

In all, 50 CCOPs will be funded, four of which are "exceptions"--those with scores above the 228 payline but which were deemed by NCI staff to merit funding, for one reason or another--geography, fairness, their previous contributions.

The extra million dollars came from the money left in the pool earmarked by Congress for clinical trials, DeVita told the NCAB. That increased the CCOP budget to $11.5 million, about $2 million more than the program received in the year just ending. That money supported 57 CCOPs; the new, larger amount is needed for 50 because of the requirement in "CCOP II" for cancer control activities.

Div. of Cancer Prevention & Control staff had estimated that it would take more than $16.5 million to support 57 in CCOP II.

Without the extra million, the payline would have been in the low 220s (**The Cancer Letter**, May 15). At least four previously announced as in the funding range would have been left out.

DeVita said he had received about 75 phone calls and letters from members of Congress. "That gives you an idea of congressional interest in prevention and community activities," he said.

Recalling that he had originally hoped to establish 200 CCOPs when he initiated the program, DeVita noted that even with 57, the program was found in the recently completed evaluation to be "extremely effective."

"If we have the opportunity before the year is out, we will try to fund more," he said. But he did not leave much hope that it would be done from existing NCI funds, including the rest of the money in the clinical trials pot. "There are a lot of competing priorities," including potential studies of colony stimulating factors.

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

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.

European Assn. for Cancer Research--June 1-3, Helskinki. Ninth annual meeting. Contact EACR-87, Duodecim, Kalevankatu 11, 00100 Helsinki, Finland.

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, Univ. 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 Norweigian 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 Lyumphoma--June 10-13, Lugano, Switzerland. Contact Dr. F. Cavalli, Div. of Oncology, Ospedale San Giovanni, 6500 Bellinzona, Switzerland.

Ad Hoc Methylene Chloride Study Advisory Panel--June 10, NIH Bldg 31 Rm 7, 9 a.m., open.

Div. of Cancer Etiology Board of Scientific Counselors--June 11-12, NIH Bldg 31 Rm 10. Open June 11 1 p.m.-recess, June 12 8:30 a.m.-adjournment.

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., Indianopolis 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 Biology-Immunology Contract Review Committee --June 15, Linden Hill Hotel, Bethesda. Open 9-9:30 a.m.

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.

Chest Tumors--June 22-26, Pomerio Castle, Como, Italy. Postgraduate course. Contact European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

President's Cancer Panel--June 22, Univ. of Pittsburgh School of Medicine, Scaife Hall, 8:30 a.m., open.

FDA Technical Electronic Product Radiation Safety Standards Committee--June 22-23, Twinbrook Bldg Rm 416-418, 12720 Twinbrook Parkway, Rockville, MD. Draft amendments to the performance standard for diagnostic x-ray systems and their major components, 8:30 a.m. both days, all open.

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.

Ad Hoc Acrylonitrile Study Advisory Panel--June 29, NIH Bldg 31 Rm 7, 10 a.m., open.

FDA Immunology Devices Panel--June 29-30, Hubert Humphrey Bldg Rm 503A-529A, Washington DC, open 9 a.m.-noon and 4-5 p.m. June 29 and 9-10 a.m. and 3-5 p.m. June 30. Premarket approval for a tumor marker test kit for the monitoring of cancer and a test kit for the detection of neural tube defects.

Cancer Clinical Investigation Review Committee--June 29-30, Historic Inn of Annapolis, open June 29 8:30-9 a.m.

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

Medical Oncology--July 6-11, Pomerio Castle, Como, Italy. Postgraduate course. Contact , Secretariat, European School of Oncology, Via Venezian 1, 20133 Milano, Italy.

Oncogenes--July 7-11, Hood College, Frederick, MD. Third annual meeting. Contact Margaret Fanning, Conference Coordinator, PRI, NCI-FCRF, PO Box B, Frederick 21701, phone 301/698-1089.

Argentine Congress of Clinical Oncology and Riverplate Oncology Meeting--July 7-Aug. 1, Buenos Aires. Contact Dr. Hugo Crego, Dr. Estevez Foundation, Paraguay 5190, (1425) Buenos Aires, Argentina.

Emerging Technologies and Issues in Cancer Management--July 9-10, Society Hill Sheraton, Philadelphia. Contact CDP Associates Inc., 404/391-9872.

Developing and Implementing Freestanding Cancer Centers: The Hospital Perspective--July 9-10, Grand Hyatt, New York. Contact American Hospital Assn., P.O. Box 98946, Chicago 60693, phone 312/280-6083.

Neurofibromatosis--July 13-15, NIH Masur Auditorium. Consensus development conference. Contact Barbara McChesney, Prospect Associates, Suite 500, 1801 Rockville Pke, Rockville, MD 20852, phone 301/468-6555.

International Congress of Radiation Research--July 19-24, Edinburgh. Contact Dr. Martin Fielden, Secretary General, 8th ICRR, MRC, Radiobiology Unit, Harwell, Didcot, Oxon, UK OX11 OAE.

Medical and Experimental Mammalian Genetics--July 20-31, Bar Harbor, Maine. Contact Dr. Victor McKusick, 292 Carnegie Bldg, Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore, MD 21205, or Dr. Thomas Roderick, Training & Ed. Office, Jackson Laboratory, Bar Harbor 04609.

Spheroids in Cancer Research--July 26-28, Cambridge, UK. Third international conference. Contact Dr. Peter Twentyman, Clinical Oncology and Radiotherapeutics Unit, MRC Center, Hills Rd, Cambridge CB2 2GH, UK.

Oncology Nursing Seminar--July 27-28, Dallas. Sponsored by St. Paul Medical Center. Contact Mary Gerbracht, RN, 5909 Harry Hines Blvd., Dallas 75235, phone 214/879-2648.

DNA Tumor Virus--July 27-Aug. 1, Cambridge. Contact P. Latter, Imperial Cancer Research Fund, Lincoln's Inn Fields, London, WC2A 3PX, UK.

FUTURE MEETINGS

Upper Gastrointestinal Cancer--Sept. 9, Cleveland Clinic, Bunts Auditorium. Contact Dept. of Continuing Education, Cleveland Clinic Educational Foundation, 9500 Euclid Ave. Rm TT3-301, Cleveland, OH 44106, phone (local) 444-5696, (Ohio) 800/762-8172, (elsewhere) 800/762-8173.

Current Concepts in Psycho-Oncology and AIDS--Sept. 17-19, Rockefeller Univ., New York. Sponsored by Memorial Sloan-Kettering Cancer Center Psychiatry Service, Jimmie Holland, course director. Contact CME Office, 212/794-6754.

Challenge of Oncology Nursing--Sept. 18-19, Dallas. Contact Mary Gerbracht, 214/879-2648.

Leukemia & Lymphoma: Challenges for the Future--Sept. 28-30, Nagoya. Third Nagoya International Symposium on Cancer Treatment. Contact Secretariat, Central Convention Service Inc., 1-45 Shirakabe, Higashi-Ku, Nagoya 461, Japan.

Challenges of Oncology Nursing--Oct. 7-9, Cleveland Clinic. Contact Dept. of Continuing Education, Cleveland Clinic Educationa. Foundation, 9500 Euclid Ave. Rm TT3-301, Cleveland, OH 44106.

Magnetic Resonance Imaging--Oct. 26-28, Masur Auditorium, NIH. Consensus development conference.

Head & Neck Cancer Patient: Special Patients with Special Needs--Oct. 31, Cleveland Clinic.

Clinical Oncology and Cancer Nursing--Nov. 1-4, Madrid. Fourth European conference on clinical oncology and cancer nursing. Organized by the Federation of European Cancer Societies. Contact SIASA Congresos, Paseo de la Habana, 134, Madrid 28036, Spain.

Breast Cancer Chemoprevention--Nov. 20, Essex House, New York. Sponsored by the Chemotherapy Foundation and Div. of Medical Oncology of Mount Sinai School of Medicine. Contact Jaclyn Silverman, Chemoprevention Workshop Coordinator, Mount Sinai Medical Center, One Gustave Levy Place, New York 10029, phone 212/369-5440.

Chemoprevention of Human Cancer--Jan 12-15, 1988, Tucson. Third international conference. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602/626-2276.

Advances in Hematologic Malignancies and Bone Marrow Transplantation--March 5-12, 1988, Snowbird, UT. Sixth winter symposium. Contact Mary Humphrey, address above.

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-87223-30

Title: AIDS DTP computer DIS Installation
Deadline: July 16

The Developmental Therapeutics Program of NCI's Div. of Cancer Treatment is engaged in developing a comprehensive information system to handle data on chemical substances tested against AIDS. DTP already possesses a system, the NCI Drug Information System (DIS), which contains and manages all the data associated with the screening of chemicals for anti-cancer activity. It has been decided that DIS software shall be used for the anti-AIDS system.

The DIS was installed during 1984-85 and now serves a majority of the information management needs of DTP. The systems includes the ability to search and display chemical structures and has a generalized interactive searching capability for all of the data in the NCI screening data bases. These capabilities will be required of the anti-AIDS system. Design, development, coding and testing will be part of this contract.

It should be noted that the DIS is being converted from a 36 bit computer to a 32 bit computer; development of the anti-AIDS system must take this conversion in stride. Finally, numerous enhancements, both major and minor, are planned for the DIS and the contractor will be required to accommodate these to, or install these on, the anti-AIDS system.

To manage this project, an offeror should be able to provide a variety of computer systems and applications programming capabilities, ranging from senior programmer/analyst to junior programmer. A variety of computers and computer languages are involved and familiarity with these will be an advantage.

It is anticipated that one award will be made for this effort for a period of 24 months.

Contract Specialist: Elsa Carlton
RCB Blair Bldg Rm 224
301-427-8737

RFP NCI-CM-87224-30

Title: Preclinical pharmacology investigations of anti-AIDS agents
Deadline: July 20

The Developmental Therapeutics Program is soliciting organizations having the necessary experience, scientific and technical personnel and facilities to conduct a series of preclinical pharmacology studies of anti-AIDS drugs in nondisease bearing animals. The studies may involve the development of methodology for the quantitative measurement of the drug and/or metabolites in animal body fluids; stability studies of the drugs in biological milieux; determination of the most effective mode of drug administration to achieve viral inhibitory concentrations in body fluids and tissues; bioavailability studies following administration of drug by the optimum route; tissue distribution and excretion studies and structural determination of metabolites and transformation products of the parent drug. The government will supply all equipment, solvents, reagents and animal facilities needed to conduct this type of work.

It is anticipated that more than one award will be made for this effort, as a result of this RFP, for a period of 60 months.

Contract Specialist: Elsa Carlton
RCB Blair Bldg Rm 224
301-427-8737

Cooperative Agreements

Title: Community chronic disease prevention
Application receipt date: July 15

The Centers for Disease Control plans to award three to five cooperative agreements to public health departments of states, District of Columbia, commonwealth and territories for assistance in development of community based chronic disease prevention programs which relate to cardiovascular disease and cancer. Objectives of the program are:

*To develop the states' internal capacity to process and analyze community level chronic disease behavioral risk factor data.

*To demonstrate the capacity of the states to assist two or more communities each to design and implement effective community based interventions focusing on measurable, local chronic disease priorities related to cardiovascular disease and cancer.

It is expected that 50 percent of the resources specified for intervention activities under this cooperative agreement will be directed at high risk and minority populations.

Approximately $400,000 will be available in FY 1987 for this program. The average award will be $100,000 a year for three years.

Applications (three copies) must be submitted to Chief, Grants Management Branch, Procurement and Grants Office, CDC, 255 E. Paces Ferry Rd NE, Rm 321, Atlanta, GA 30305.

The Cancer Letter _Editor Jerry D. Boyd Associate Editor Patricia Williams

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