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## DCPC Board Votes To Keep Women's Health Trial Alive, At Least For Now; Issue Goes To NCAB

A sharply divided Div. of Cancer Prevention & Control Board of Scientific Counselors sent mixed signals to the National Cancer Advisory Board and NCI Director Vincent DeVita on the massive, controversial Women's Health Trial, which is testing the hypothesis that reducing dietary fat  
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### *In Brief*

### Senate Subcommittee Recommends \$1.52 Billion For NCI; Scharff Succeeds Eagle At Einstein

SENATE APPROPRIATIONS Subcommittee for Labor, HHS & Education recommended a 1988 fiscal year appropriation of \$1,524,422,000 for NCI in the bill it marked up last Friday. That is \$76 million more than the House gave NCI in its bill. Assuming the Senate gives NCI at least as much money for AIDS as the House did--\$94 million--the total amount would approach \$1.62 billion, only \$80 million under the bypass budget request. The Senate subcommittee, chaired by Lawton Chiles (D.-FL), did not reveal the recommended breakdown by programs and mechanisms, and embargoed those figures until the full Appropriations Committee acts, scheduled for this week. . . . MATTHEW SCHARFF, associate director for laboratory investigations at Albert Einstein Cancer Research Center, has succeeded Harry Eagle as director of the center. Eagle, who founded the center in 1972, will continue as deputy director of the center and as associate dean for scientific affairs of the College of Medicine. Scharff also has served as chairman of the Dept. of Cell Biology and of the Div. of Biological Sciences, and recently completed a term as chairman of the Board of Scientific Counselors of NCI's Div. of Cancer Biology & Diagnosis. . . . FDA POLICY for new drug application approval of anticancer agents, which recently has come under criticism from NCI Div. of Cancer Treatment Director Bruce Chabner, among others, is on the agenda for the DCT Board of Scientific Counselors meeting Oct. 2. Chabner will open the discussion, at 8 a.m. in Bldg 31 Rm 10, followed by Robert Temple of FDA; Stephen Carter, vice president of Bristol-Myers; and Martin Abeloff, chairman of the FDA Oncologic Drugs Advisory Committee. Those interested in the controversy are encouraged to attend. . . . JOYCE DOHERTY, with NCI's Office Of Cancer Communications for five years, has joined the National Eye Institute as an information specialist.

### Mammography Screening Effective In Women

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## Board Rejects PAC Recommendation, Leaves Door Open For Full Scale Trial

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will reduce the risk of breast cancer. The 10 year study will cost an estimated \$100 million.

The trial has been controversial from the start, among DCPC Board members, NCI staff and NCAB members. Among the criticisms were that the results might not be interpretable, that it cost too much considering NCI's budget limits, that recruiting the 32,500 women needed for the study was not feasible, that compliance with the low fat diet could not be achieved in sufficient numbers of study subjects, and that monitoring compliance would not be possible.

About three years ago, the DCPC Board approved a limited feasibility study to address those issues. A "vanguard" cohort of 303 women, all with one or more high risk factors, were enrolled and randomized to the intervention group or controls. Dietary recommendations were developed, and monitoring systems put into place.

A Policy Advisory Committee was appointed to follow the feasibility study, which was taking place in clinical units at Baylor College of Medicine in Houston, Univ. of Cincinnati and Univ. of Washington in Seattle, with a statistical center at the Univ. of Washington and a nutrition unit at New England Medical Center in Boston. Paul Engstrom, who is now chairman of the BSC, is chairman of PAC.

A Steering Committee was established to work with the investigators. Donald Iverson, former DCPC Prevention Program director and now with the Univ. of Colorado Health Sciences Center, is chairman.

The feasibility study was completed last year, and PAC, the BSC and NCI agreed to proceed with the trial at the three locations, with expansion to 30 or more additional locations this year if the major issues could be resolved.

PAC met last July and voted unanimously to proceed with the full scale trial, conditional upon review of outstanding data dealing with the issues which were to be available in September.

PAC met again Sept. 13-14, considered the data, and voted 10-1 with one abstention that the full scale trial not be approved or funded. However, PAC also approved unanimously a motion recommending the study be

continued with the 1,200 subjects already enrolled, and another motion asking the BSC to appoint an advisory committee to develop an agenda for research in breast cancer prevention.

The recommendation not to proceed with the full scale trial stunned the participating investigators and BSC and NCI proponents. It delighted others who had opposed the program or who had other ideas on how the \$100 million could be spent.

Maureen Henderson, who is principal investigator for the clinical unit at the Univ. of Washington and is also a former member of the NCAB, appeared at the DCPC Board meeting Monday to argue the case for full implementation, accompanied by Ross Prentice, PI for the statistical center.

Their presentations, along with that of David Byar, chief of the Biometry Branch in DCPC, who supported full implementation, convinced a majority of Board members to take the unusual action of overturning a recommendation of a Board committee. They were strongly supported by Iverson, who now is a member of the Board; and Board members Robert McKenna, Frank Meyskens, Edward Bresnick and William Darity.

The vote was not exactly an all out refutation of PAC's position, however. NCI likes to get a solid consensus from its advisors on controversial issues; this vote was 6-5, with two abstentions.

Moreover, a following vote to recommend immediate implementation of the full scale trial was defeated, 7-4. Consensus finally was achieved on a vote to continue the study at the three existing clinical units and to continue funding the nutrition and statistical units while a Board committee reviews the problems with Henderson and the other investigators. That vote was unanimous.

That final recommendation is close to PAC's last suggestion, although the overall PAC position seemed to close the door to full implementation. The BSC position seems to leave the door ajar, at least for now.

The committee will report to the Board at its January meeting, with a final recommendation (hopefully) to go to the NCAB then.

Henderson, Prentice and Engstrom are scheduled to present the current recommendations to the NCAB Monday, Sept. 28, at 1 p.m.

The flip flop by PAC from July to September was duly noted in the BSC discussion. Engstrom insisted that it was not a complete change of heart, since many reservations had

been strongly expressed in the July meeting.

Others were not convinced, and privately expressed the opinion that NCI had cooled toward the trial because of its cost and competing priorities.

Byar said that DeVita, for one, would support full implementation if his advisors felt it was scientifically sound. In a discussion with DeVita last week, Byar said, the NCI director said that if the trial is deemed worth doing, "we'll find the money for it somewhere."

Minutes of the July meeting point out reservations PAC members had:

"It is clear that there is genuine scientific debate on the validity of the hypothesis. Analytic epidemiologic data do not support it, certainly not a linear reduction in breast cancer risk associated with reduction in dietary fat intake, and this fact cannot be dismissed. Agreement was not reached within PAC about whether or not these data per se can be believed, because of the concern over inaccuracies in assessing individual diets, especially within a relatively homogenous population. Ecologic data support the hypothesis (international variation in breast cancer rates, migrant studies, time trends). . . Animal data support the hypothesis, but they may support other hypotheses equally well, e.g., that lower total calorie intake is responsible for reduction in mammary cancer. Concern was expressed that the hypothesis and the intervention may be oversimplified or already out of date, that the determinant(s) may be more complex than simply level of fat, e.g., particular fat constituents, other dietary constituents that change along with reduction in fat or are substituted for fat, total caloric intake, protein, alcohol, nonnutritional factors, or some interaction of other factors with an effect of fat. . . It was pointed out that the international data are based on per capita fat availability rather than intake, i.e., data taken from balance sheets of food that goes into marketing channels, not what is actually eaten or how it is prepared. It was also noted that simple reduction in total dietary fat in a U.S. diet would not result in a diet that resembled that in the low breast cancer incidence countries of Singapore or Japan."

The minutes went on, however: "PAC concluded that even without conviction as to the validity of the hypothesis, there were major arguments for moving forward with the

Women's Health Trial, and that it would recommend going ahead with it because it is worth doing in spite of all the problems. Arguments for moving forward are that women's health deserves and needs more attention (there have been few if any clinical trials addressing diseases primarily of women), and that breast cancer in particular deserves such a major focus of attention.

"There is strong rationale for epidemiology moving beyond observation into intervention in this regard. Even with reservations about the hypothesis, if there is a possibility that feasible dietary change can reduce breast cancer incidence, that possibility deserves a rigorous test such as can best be made by a randomized prevention trial. Reduced fat intake appears feasible, perhaps more so than many other kinds of dietary change. Moreover, it was stated that no other single hypothesis fits the existent data nearly as well."

One of the major reservations expressed in the PAC July minutes which impressed many BSC members was the potential impact of a negative result. "If it turned out to be negative, or with no difference between the groups, it was thought that this would not disprove the dietary hypothesis because of the inaccuracies inherent in dietary records, but it would weaken the effectiveness of subsequent public health advice with regard to diet. On the other hand, if the trial were positive, this result would not demonstrate that all women should be advised to eat only 20 percent of calories as fat, because the trial women are highly selected, and neither the design nor the outcome have been set up to be generalizable to all women."

PAC's summary of arguments against the full scale trial included "a need for additional information before going ahead; lack of a validated biological marker of dietary fat intake with which to monitor nutritional adherence, plus reservations about the accuracy of currently available dietary assessment instruments;" and the prospect that 50,000 subjects might be needed.

"A motion was passed which unanimously approved proceeding to the full scale trial, conditional upon PAC's review of outstanding data that will be available in September. These data would be the results from the USDA feeding study, particularly on serum cholesterol levels; and some revised estimates of the sample size necessary for appropriate statistical power of dietary adherence is

less than assumed and there turns out to be greater convergence than expected between the control and intervention groups, and/or if baseline (control group) event rates are lower than anticipated, and/or if accrual into the study is slower than estimated."

Byar presented results of the USDA feeding study, in which a group of 49 women volunteers received specific diets and cholesterol was measured. The study demonstrated that low fat diets do decrease serum cholesterol, Byar said.

In its September recommendation, however, PAC contended that while the USDA study suggests "that cholesterol is a measure of adherence to a low fat diet, it does not have the specificity and reproducibility needed to serve as a marker for the Women's Health Trial. . . The cholesterol data diversity in the vanguard group (as reported last June by Prentice) was discouraging and suggests that it is difficult for study subjects, in spite of their best efforts, to determine the composition of their diet. Although the investigators worked diligently to apply state of the art techniques for measuring dietary compliance, PAC feels that there is a need for more research on objective markers of low fat diet compliance. We were further concerned that the prospect of increased use of estrogens and progestins in postmenopausal women and the availability of hypocholesterolemic medications could produce external influences which could make the dietary study more difficult to interpret because the drug impact could be more powerful than that of diet."

PAC's September statement also included continuing concern about the sample size.

Henderson's responses to some of the reservations included:

\*On validity of the hypothesis: "If we knew one way or the other, we wouldn't have to do the trial."

\*On whether 32,500 women can be recruited in three years, as called for: 1,200 have been recruited since last December, in addition to the 303 in the vanguard group. That is probably the fastest accrual in the history of NCI clinical trials, and it is just at the three clinical units. She acknowledged that it might not proceed that fast or smoothly at all 30 additional units.

\*On generalizability of the study. "The plan for compliance may not be generalizable. The biological results will. How we got them to comply may teach us how to generalize it."

## Mammography Screening Effective In Women Under 50, BCDDP Says

Mammography screening for breast cancer is as effective in younger women as the technique is for women over 50, the massive Breast Cancer Detection Demonstration Project End Results conclude.

The massive screening program, which involved more than 280,000 women by 1975, began in 1973 when the American Cancer Society funded 12 centers to do annual physical exams and mammography on 5,000 women at each center.

The program was later expanded when NCI funded additional centers, and increased the number of women to 10,000 per center. By 1975, there were 29 centers in 27 locations.

"The findings in this study show there is no doubt of the very successful results of screening for breast cancer with mammography in younger as well as older women," the report concludes.

Intensive data analyses compared women in their 40s with women in their 50s. "In terms of kinds of breast cancers found, modality of finding them, and survival rates once they have been found, the parallel results for the two groups show that screening was virtually as effective in the younger as in the older women."

In addition, "very high" survival rates were observed in up to 11 years followup of 4,240 women with a histologically confirmed diagnosis of breast cancer in the project. The relative five, eight, and 10 year survival rates were, 88, 83, and 79 percent, respectively.

When compared to data from NCI's Surveillance, Epidemiology & End Results program from 1977 to 1982, survival rates are about the same for individual subcategories by tumor size and nodal class.

For overall invasive cancers, however, the five year and eight year survival rates were 87 and 81 percent, respectively, for the BCDDP, compared with 74 and 65 percent for SEER.

"Thus the substantial gains in survival followed the large shift toward a high proportion of cancers being diagnosed and treated in more favorable stages through the screening accomplishments."

Almost half the number of women (46 percent) died in the BCDDP group as compared to SEER. "Relative case fatality rates, the complements of the relative survival rates,"

found an eight year fatality rate of 19 percent for the BCDDP groups versus 35 percent for SEER.

The trial was prompted by the success of randomized clinical trials begun in 1963 by the Health Insurance Plan of Greater New York to see whether periodic screening with mammography and clinical exam could reduce breast cancer mortality.

Herbert Seidman and colleagues authored the report, to be published in the upcoming issue of ACS' "Ca--A Cancer Journal for Clinicians."

## **New Jersey Commission Calls For Major Increase In Cancer Spending**

The New Jersey Commission on Cancer released a report last month which assessed specific cancer research needs in the state and sets forth recommendations to meet those needs, including expenditure of \$5.5 million a year for grants, \$1.5 million a year for major equipment and \$10 million in first year costs for construction or renovation.

Those expenditures are needed "to attract a critical mass of esteemed scientists, provide them with facilities, services and stable support, and encourage creative research, administered by a world class scientific advisory committee," the report said.

"This report provides a blueprint for action which, if followed, will do much to make New Jersey a leader in cancer research," said Herbert Spiegel, former chairman of the commission. The report was compiled by the commission with the help of more than 100 cancer experts throughout New Jersey.

Among the recommendations was for development of a New Jersey cooperative group in which community oncologists would work with scientists to coordinate clinical trials. "The beauty of this innovative concept," said Frederick Cohen, present chairman of the commission and director of the Newark Beth Israel Medical Center, "is that patients can obtain new, experimental treatments in their local community."

"A statewide, coordinated focus which would promote interaction among investigators, coordinate existing resources and provide financial and technical support seems to be a central theme for all the areas," said John Fay, executive director of the commission.

Seven groups of cancer researchers and

policy makers identified specific cancer research needs and opportunities in the state for their respective areas:

**Basic research.** What is needed is a planned, coordinated, statewide focus on cancer research, including mechanisms to (1) promote interaction among investigators; (2) coordinate existing resources; (3) provide financial and technical support to research institutions throughout the state. Investment in people and facilities is required--specifically, fellowships and awards for promising young scientists, international symposia, visiting scientist programs, bridging grants, seed project funds, equipment repair and maintenance funds, and in the long term a separate institution dedicated to fundamental cancer research.

**Multidisciplinary.** More than 40 New Jersey hospitals are involved in clinical cancer research. Of the 62 (now 50) Community Clinical Oncology Programs developed by NCI to fund cancer research in the community, four are located in New Jersey. Among the goals of clinical cancer research in New Jersey are these: to bring the advantages of clinical research to patients in their own communities; to provide patients with immediate access to new treatments and technologies; to allow practitioners to become expert in new treatments; to facilitate clinical investigation of new products emanating from New Jersey companies and laboratories; and to educate the public in methods of cancer control.

To reach these and other important objectives, research must be conducted in an organized and statistically meaningful way. This could be accomplished by a New Jersey Cooperative Cancer Group, a consortium of research and clinical cancer facilities that would coordinate cancer related projects too large or complex to be carried out by individual investigators or institutions.

**Nursing/psychosocial.** The nursing and psychosocial disciplines should form an advisory group to provide information on research in patient care. Among other services, the advisory group would encourage collaborative nursing-psychosocial research in symptom management and patient compliance with therapies; support for in home care; early detection of breast cancer among high risk women; measurement of effective nursing care; and comprehensive rehabilitation and self care.

**Pediatric oncology.** Designating pediatric

oncology centers at six major hospitals as centers for the state would ensure the best treatment for pediatric cancer patients as well as enhance research. A multidisciplinary New Jersey Pediatric Oncology Network should be established. Among other activities, it would support discipline specific subcommittees, enhance the skills of general hospital pathologists and diagnostic radiologists in caring for pediatric patients, and establish an educational outreach program for physicians. Basic core funding is important, including endowed positions for investigators, money for pilot research projects and statewide educational symposia.

**Radiation research.** Approximately 30, or one third, of New Jersey's hospitals have megavoltage radiation equipment. With coordination and relatively modest funding, significant research efforts could be quickly and easily initiated.

**Epidemiology/control/environment.** New Jersey provides unique opportunities for epidemiological investigations of cancer because of the diversity and density of its population as well as its wide range of occupations and lifestyles. The state's cancer registry presents a valuable resource. By concentrating on epidemiological studies that reflect both local needs and NCI priorities, the state can maximize its ability to attract research funding. Programs in both primary prevention and secondary interventions, or screening, are recommended. Radon exposure is of particular concern in northern areas of the state. Occupational and environmental exposure to carcinogenic chemicals and toxic wastes are of equal concern.

## NCI Advisory Group, Other Cancer Meetings For Oct., Nov., Future

**Protection of Human Subjects in Cancer Research: Solutions to Dilemmas, Old and New**—Oct. 1-2, San Antonio. Sponsored by NIH, FDA, Univ. of Texas Health Science Center and Southwest Oncology Group. Contact Pat Cote, IRB, Univ. of Texas Health Science Center, 7703 Floyd Curl Dr., San Antonio, TX 78284, phone 512/567-2350.

**Div. of Cancer Treatment Board of Scientific Counselors**—Oct. 1-2, NIH Bldg 31 Rm 10, open 8:30 a.m.-approximately 5:30 p.m. Oct. 1 and 8 a.m.-adjournment Oct. 2. Closed 5:45 p.m.-adjournment Oct. 1.

**Cancer and Sexuality**—Oct. 1, Indianapolis. Contact ACS, Medical Affairs Dept., 1843 N. Meridian St., Indianapolis 46202, phone 317/923-2225.

**VII National Cancer Congress**—Oct. 1, Bogota. Contact Academic Div., National Cancer Institute, Calle 1 No. 9-85, Bogota, Colombia.

**Head and Neck Carcinology**—Oct. 1-2, Paris. Annual symposium. Contact Dr. J. Richard/Mrs. H. Lamadon,

Head and Neck Surgery Dept., Institut Gustave-Roussy, 39, rue Camille-Desmoulins, 94805 Villejuif Cedex, France.

**Piedmont Oncology Assn.**—Oct. 1-3, Hyatt Regency Hotel, Savannah. 8th annual symposium. Contact POA, Bowman Gray School of Medicine, 300 S. Hawthorne Rd., Winston-Salem, NC 27103, phone 919/748-4464.

**Hodgkin's Lymphoma**—Oct. 2-3, Cologne. Recent advances in basic and clinical research. Contact Prof. Dr. V. Diehl, Med. Univ.-Klinik 1, J. Stelzmannstr. 9, 5000 Köln 41, Federal Republic of Germany.

**Cancer of the Pancreas**—Oct. 2-3, Velden, Austria. Diagnosis and treatment. Contact Dr. D. Manfreda, Chir. Abtlg., Landeskrankenhaus, 9020 Klagenfurt, Austria.

**Regional Cancer Care Conference**—Oct. 2-5, Singapore. Contact Singapore Cancer Society, 15 Enggor St., 06-03 & 04 Realty, Centre, Singapore 0207.

**Ultrasonic Examination of the Breast**—Oct. 3-5, New Orleans. 5th international conference. Contact Catherine Cole-Beuglet, MD, Dept. of Radiological Sciences, Univ. of California (Irvine), 101 City Drive South, Orange, CA 92668, phone 714/634-6175.

**Behavioral Techniques and Relaxation in Treatment of Stress, Pain and Anxiety**—Oct. 5-8, New York. Contact Lisa Griffin, Course Secretary, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-7019.

**International Gynecologic Cancer Society**—Oct. 5-8, Amsterdam. 1st meeting. Contact QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands.

**Turkish-French Cancer Days**—Oct. 5-9, Ankara. Hematologic malignancies. Contact Prof. D. Firat, Director, Div. of Oncology, Hacettepe Univ., Faculty of Medicine, Ankara, Turkey.

**Nutritional Status Assessment of the Individual**—Oct. 6-7, New York. Contact Dr. G.E. Livingston, American Health Foundation, Food & Nutrition Council, PO Box 285, Dobbs Ferry, NY 10522, phone 914/693-2660.

**Multidisciplinary Course for Doctors and Nurses**—Oct. 6-8, High Wycombe, UK. Contact Institute of Oncology Marie Curie Memorial Foundation, 28 Belgrave Square, London SW1X 8QG, UK.

**Immunocytochemistry, Electron Microscopy and Molecular Biology in Tumor Diagnosis**—Oct. 6-10, Detroit. Workshop. Contact Vivan Powell, Secretary, Michigan Cancer Foundation, 110 E. Warren Ave., Detroit 48201.

**Challenges of Oncology Nursing**—Oct. 7-9, Cleveland. Contact Dept. of Continuing Education, Cleveland Clinic Educational Foundation, 9500 Euclid Ave. Rm TT3-301, Cleveland 44106, phone (in state) 800/762-8172; outside Ohio, 800/762-8173.

**Sarcomas**—Oct. 8-10, Tarpon Springs, FL. International symposium. Contact Dr. James Ryan, Dept. of Orthopedic Surgery, Wayne State Univ. School of Medicine, 4201 St. Antoine 7C, Detroit 48201, phone 313/577-5098.

**Managing Your Cancer Program: You and Your Patients**—Oct. 8-9, Hilton Head, SC. Workshop for physicians and health care administrators. Contact Cancer CarePoint, 2394 Mount Vernon Rd., Suite 200, Atlanta 30338, phone 404/399-1812.

**AIDS and Associated Cancers in Africa**—Oct. 8-9, Naples. 2nd international symposium. Contact Burson Marsteller, A. Lanzone, Piazza S. Alessandro 6, 20123 Milan, Italy.

**Enhancing Quality of Life: Oncology Social Work Strategies**—Oct. 9-10, Tampa. Contact Nancy Elkins, 813/972-8407.

**Cancer Biology and Immunology Contract Review Committee**—Oct. 9, NIH Bldg 31 Rm 9, open 9-9:30 a.m.

**Cancer Management**—Oct. 9-10, Univ. of Arkansas Medical Center, Little Rock. Contact Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago

60611.

Body Imaging--Oct. 10-18, Maui, Hawaii. 12th annual international conference. Contact Dept. of Radiology, Nu Med Regional Medical Center, 22141 Roscoe Blvd., Canoga Park, CA 91304.

Lasers in Medicine: Expanding Clinical Applications--Oct. 10, Alta Bates Hospital Auditorium, Berkeley. Contact Mary Grim, Medical Education Coordinator, Alta Bates Hospital, 3001 Colby St., Berkeley, CA 94705, phone 415/540-1420.

Cancer Chemotherapy--Oct. 11-14, Westin Galleria Hotel, Houston. 9th annual symposium. Contact Office of Conference Services, M.D. Anderson Hospital, 1515 Holcombe Blvd, Houston 77030, phone 713/792-2222.

Screening in Oncology--Oct. 13-16, Florence. Contact Dr. D. Palli, M. Rosselli del Turco, CSPO, Viale Volta 171, 50131 Florence, Italy.

Metastasis--Oct. 14-16, Kiev. New approaches. Contact Prof. K.P. Balitsky, Institute for Oncol. Problems, Vasikovskaya Street 45, 252022 Kiev 22, USSR.

Biometry & Epidemiology Contract Review Committee--Oct. 14-16, Federal Bldg, Bethesda. Open Oct. 15, 9-10 a.m.

Les Tumeurs du Thymus--Oct. 15-16, Grenoble. Contact Unite de Concertation et de Recherche pour le Traitement des Affections Cancereuses, CHUBP 217 X, 38043 Grenoble Cedex, France.

Cancer du Sein--Oct. 15-17, Avignon, France. Contact Dr. Serin, Clinique Sainte Catherine, BP 859, 84000 Avignon.

Doctor Involvement in Public Education About Cancer--Oct. 15-17, Singapore. UICC workshop. Contact Singapore Cancer Society, 15, Enggor St., 06-03 & 04 Realty Centre, Singapore.

New Perspectives in Cancer Research--Oct. 15-18, Halkis, Greece. 1st international workshop. Contact J.G. Delinassios, Anticancer Research, 5, Argyropoulou St., Kato Patissia, Athens 11145.

Cancer: A Molecular Perspective--Oct. 16-17, San Antonio. Contact National Foundation for Cancer Research, 7315 Wisconsin Ave., Suite 332W, Bethesda, MD 20814, phone 301/654-1250.

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

Scripps Cancer Symposia--Oct. 19-21, Sheraton Harbor Island Hotel, San Diego. 11th annual Cancer Symposium and 7th annual Cancer Symposium for Nurses. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego 92121, phone 619/453-6222.

Div. of Cancer Etiology Board of Scientific Counselors--Oct. 22, NIH Bldg 31 Rm 10. Open 1 p.m.-adjournment.

Internacional de Curugia de Cabeza y Cuello--Oct. 22, Barcelona. XV symposium. Contact Dr. Olsina, Unidad de Cirugia Oncologica del Hospital della Santa Creu IS. Pau, SA Maria Claret, 167, 08025 Barcelona, Spain.

South African Society of Radiotherapists--Oct. 22-24, Mpekweni, South Africa. 11th national congress. Contact Prof. R. Sealy, Radiotherapy Dept., Groote Schuur Hospital, Observatory 7925, South Africa.

Psychologie et Cancer--Oct. 22-24, Marseille. Contact Dr. R. Fresco, Association Psychologie et Cancers, Institut Paoli-Calmettes, 232, Bd de Ste Marguerite, 13009 Marseille, France.

IX Congress of Radiation Oncologists of India--Oct. 22-25, Srinagar. Contact Dr. B. Sanyal, Dept. of Radiotherapy, Sher-I-Kashmir Institute of Medical Sciences, Srinagar 190 011 (J&K), India.

1st Uruguayan Congress of Oncology--Oct. 22-25, Montevideo. Contact 1st Congreso Uruguayo de Oncologia, Secretaria, Juan C. Blanco 3315, Montevideo, Uruguay.

Physician as Ethicist; Focus on Cancer Care; Pediatric Emergencies--Oct. 22-24, Doublewood Inn, Fargo, ND. Fall symposium. Contact Medical Education, St. Luke's Hospitals-MeritCare, 5th St. N. at Mills, Fargo 58122, phone 701/234-5933.

President's Cancer Panel--Oct. 23, Univ. of Pittsburgh, Scaife Hall, Lecture Room 5, 8:30 a.m., open.

Clinical Dosimetry in Radiotherapy--Oct. 23, London. Contact Institute of Physical Sciences in Medicine, 47, Belgrave Square, London SW1X 8QX, UK.

Models and Mechanisms in Chemical Carcinogenesis--Oct. 23, Alghero, Italy. 4th Sardinian international meeting. Contact Dr. R. Garcea, Istituto di Patologia Generale, Via P. Manzella 4, 07100, Sassari, Italy.

Cancer Congress--Oct. 24-26, Damascus. Contact Secretariat, Syrian Cancer Society, PO Box 4567, Damascus, Syria.

Magnetic Resonance Imaging--Oct. 26-28, NIH Clinical Center, Masur Auditorium. NIH consensus development conference. Contact Sharon Feldman, Prospect Associates, 301/468-6555.

Comprehensive Approach to Cancer Care: Defining Your Role--Oct. 26-28, Orlando, FL. Repeat of program sponsored by American Hospital Assn. Sept. 9-11 in Denver.

Pediatric Oncology--Oct. 27, London. Contact Institute of Oncology, Marie Cure Memorial Foundation, 28 Belgrave Square, London SW1X 9QG, UK.

Jornadas Nacionales de Cancerologia--Oct. 27-31, Morelia, Mexico. Contact Dr. Eduardo Arana, Secretario, Sociedad Mexicana de Estudios Oncologicos, Tepic 126, 40 piso, Apartado Postal 27-100, CP 06760, Mexico, DF.

Update On Common Cancer for the Primary Care Physician--Oct. 29-30, San Francisco. Contact Janet Johnson, Univ. of California, Extend Programs in Medical Education, Rm U-569, San Francisco 94143.

European Society for Medical Oncology--Oct. 30-Nov. 1, Lugano. 13th congress. Contact F. Cavalli, MD, Div. of Oncology, Ospedale San Giovanni, 6500 Bellinzona, Switzerland.

Interdisciplinary Pain Management--Oct. 30-31, Miramar Sheraton Hotel, Santa Monica. Contact Dept. of Continuing Education in Health Sciences, UCLA Extension, PO Box 24901, Los Angeles 90024, phone 213/825-7257.

The Head and Neck Cancer Patient: Special Patients with Special Needs--Oct. 31, Cleveland. Contact Dept. of Continuing Education, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland 44106, phone (local) 444-5696; (inside Ohio) 800/762-8172; (elsewhere) 800/762-8173.

Clinical Oncology and Cancer Nursing--Nov. 1-4, Madrid. 4th European conference. Contact SIASA Congresos, Paseo de la Habana, 134, Madrid 28036, Spain. Also, satellite meeting, European Society for Psychosocial Oncology. Contact ESPO Secretary J. De Haes, Institute of Social Medicine, Univ. of Leiden, Wassenaarweg 62, 2333 AL Leiden, Netherlands.

Perspectives in Cancer Treatment--Nov. 1, Palacio de Congresos, Madrid. Contact Science and Medicine, 909 Third Ave., New York 10022, phone 212/909-9643.

International Society for Interferon Research--Nov. 2-6, Washington DC. Contact ASM Meetings Office, 1913 Eye St. NW, Washington DC 20006, phone 202/833-9680.

Div. of Cancer Biology & Diagnosis Board of Scientific Counselors--Nov. 3, NIH Bldg 31 Rm 10, 9 a.m., open.

Progress in In Vitro Toxicology--Nov. 4-5, Baltimore. Contact Jeanne Ryan, Program Coordinator, Office of Continuing Education, Johns Hopkins Medical Institutions, 720 Rutland Ave., Baltimore 21205, phone 301/955-6046.

Bone Marrow Transplantation: Clinical Intervention--Nov. 4-6, New York. Contact Lisa Griffin, Course

Secretary, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-7019.

French Radiology Congress--Nov. 4, Villejuif, France. Contact Mrs. N. Leroy, Radiology Dept., Inst. Gustave-Roussy, 30 rue C. Demoulines, 94805 Villejuif, Cedex, France.

Venezuelan Congress of Oncology and Congress of Oncology Nursing--Nov. 4-7, Maracaibo, Venezuela. Contact Sociedad Venezolana de Oncologia, Torre El Colegio Urb, Santa Fe, Piso 15, Oficina C-2, Caracas 1080, Venezuela.

Cancer Research Manpower Review Committee--Nov. 5-6, Bethesda Ramada Inn, open Nov. 5 8:30-9 a.m.

Ethical and Legal Issues in Cancer Nursing--Nov. 5, Brisbane. 11th annual Oncology Nursing Seminar. Contact Sr. Susan Goddard, Secretary, Oncology Nurses Group, Queensland Cancer Fund, PO Box 201, Spring Hill, Qld., Australia 4000.

Integrated Management of Head & Neck Cancer--Nov 5-9, Grantham, Lincs, UK. Contact Dr. P.J. Bradley, Univ. Hospital, Queens Medical Centre, Nottingham, NG7 2UH, UK.

Cancer Management--Nov. 6-7, Hershey Hotel, Philadelphia. Contact Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago, IL 60611.

Genetic Mechanisms and Cancer--Nov. 8-11, Westin Galleria Hotel, Houston. 40th annual symposium on Fundamental Cancer Research. Contact Office of Conference Services, UT M.D. Anderson Hospital, 1515 Holcombe Blvd, Houston 77030, phone 713/792-2222.

Xth Peruvian Cancer Congress--Nov. 8-12, Lima. Contact Dr. O. Barriga, President, Xth Peruvian Cancer Congress, Instituto Nacional de Enfermedas Neoplasticas, Avenida Alfonso Ugarte 825, Lima, Peru.

XIIth International Symposium for Comparative Research on Leukemia and Related Diseases--Nov. 8-14, Jerusalem. Contact Dr. David Yohn, Secretary-General, Suite 302, 410 W. 12th Ave., Columbus, OH 43210; or Dr. Ze'ev Trainin, Kimron Veterinary Institute, PO Box 12, Beit Dagan 50200, Israel.

Immunity to Cancer--Nov. 9-11, Williamsburg, VA. Second conference. Contact Carole Kirby, Biological Response Modifiers Program, Div. of Cancer Treatment, NCI Frederick Cancer Research Facility, Bldg 567 Rm 138, Frederick, MD 21701.

Smoking or Health--Nov. 9-12, Tokyo. Contact Secretariat, 6th Conference on Smoking or Health, c/o Japan Convention Services Inc., Nippon Press Center Bldg., 2-2-1, Uchisaiwai-cho, Chiyoda-ku, Tokyo 100, Japan.

Oral Cancer and Jaw Tumors--Nov. 9-14, Singapore. Contact 1st International Congress of Oral Cancer and Jaw Tumors, Dept. of Oral Surgery, Faculty of Dentistry, National Univ. of Singapore, Lower Kent Ridge, Singapore 0511.

Cancer Nursing Update--Nov. 10, London. Contact Institute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London, SW1X 8QG, UK.

Recent Advances in the Systemic Therapy of Genitourinary Malignancies--Nov. 11-14, Westin Galleria Hotel, Houston. Contact Office of Conference Services, UT M.D. Anderson Hospital, 1515 Holcombe Blvd, Houston 77030, phone 713/792-2222.

Cincinnati Cancer Conference VI: Sarcoma--Nov. 13-14, Cincinnati. Contact Tom O'Connor, CME Coordinator, Bethesda Hospital, 619 Oak St., Cincinnati, OH 45206.

1st International Endocurietherapy/Hyperthermia Conference and Workshop--Nov. 13-28, Bombay/Hyderabad/Delhi, India. Contact Professional Education Div., Tata Memorial Hospital, Tata Memorial Centre, Bombay

400 012, India.

Biliary Tract Disease--Dilemmas and Decisions--Nov. 14, Alta Bates Hospital Auditorium, Berkeley. Contact Mary Grim, Medical Education Coordinator, 3001 Colby St., Berkeley, CA 94705, phone 415/540-1420.

National Cancer Advisory Board--Nov. 16-18, NIH Bldg 31 Rm 6, 8:30 a.m. each day, all open. Annual program review.

12 annual symposium on chemotherapy--Nov. 16, Paris. Contact L. Saint Ange, Organisation des Reunions Scientifiques, Institut Gustave-Roussy, 39, rue C.-Desmouins, 94805 Villejuif, Cedex, France.

Clinical Oncology Society of Australia--Nov. 16-18, Melbourne. Annual scientific meeting. Contact COSA, GPO Box 4708, Sydney NSW 2001, Australia.

Breast Cancer Chemoprevention--Nov. 20, Essex House, New York. First international workshop and conference. Contact Chemoprevention Workshop, Div. of Medical Oncology, Mount Sinai Medical Center, One Gustave L. Levy Pl., New York 10029, phone 212/369-5440.

Neoplasia and the Nervous System--Nov. 21, Cleveland. Contact Barbara Guy, R. Livingston Ireland Cancer Center, Univ. Hospitals of Cleveland/Case Western Reserve Univ., 2074 Abington Rd., Cleveland 44106, phone 216/844-7856.

Lung Cancer: The Problems of Prevention--Nov. 20, London. Contact Administrative Officer, Institute of Oncology, Marie Curie Memorial Foundation, 28 28 Belgrave Square, London SW1X 8QG, UK.

Radiotherapy: Cure Without Mutilation--Nov. 20, Rotterdam. Contact B. Lowenberg, Dr. Daniel den Hoed Cancer Center, PO Box 5201, 3008 AE Rotterdam, Netherlands.

Colorectal Cancer and The Care of the Patient with Cancer--Nov. 24-26, London. Contact Insitute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London SW1X 8QG, UK.

4th Panhellenic Oncological Conference--Nov. 26-28, Athens. Contact D. Lainiotou, Medical Library A. Anargin Oncological Hospital of Kifisia, N. Kifisia, Greece.

Pathology of Pediatric Tumors--Nov. 30-Dec. 3, Genova. Contact G. Rossini, c/o Scientific Direction G. Gaslimi, Childrens Hospital, Via 5 May 39, 16148 Genova, Italy.

## FUTURE MEETINGS

Interferons and Tumor Necrosis Factors Advances in Clinical Research--Dec. 9, Brussels. Contact D. Eeckhoudt, Executive Secretary, EORTC Data Center, Boulevard de Waterloo 125, 1000 Brussels, Belgium.

Regulation of Proliferation and Differentiation in Normal and Neoplastic Cells--Dec. 10-11, Westin Hotel, Boston. 10th annual Bristol-Myers Symposium on Cancer Research. Contact Nancy Taussig, Bristol-Myers, 345 Park Ave., New York 10154, phone 212/546-4337.

29th Annual Postgraduate Institute for Pathologists in Clinical Pathology--February through April 1988, Home Study Course A; April 25-May 6, In Residence Course B. Application and preregistration advised at earliest possible date. Complete preregistration must be accomplished before March 25 unless by special arrangement. Contact John Frost, MD, 604 Pathology Bldg., Johns Hopkins Hospital, Baltimore, MD 21205.

Expanding Role of Folates and Fluoropyrimidines in Cancer Chemotherapy--April 28-29, 2988, Hilleboe Auditorium, Roswell Park Memorial Institute, Buffalo. Contact Gayle Bersani RN, Coordinator for Continuing Education, phone 716/845-2339.

## The Cancer Letter

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