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DCE Board Approves New Study To Seek Causes Of Rising Breast Cancer Incidence In Young Women

The recent increase in breast cancer incidence among young women has prompted NCI's Epidemiology & Biostatistics Program to propose a three year study to look at the effects of alcohol consumption, oral contraceptive use and anthropo-

(Continued to page 2)

In Brief

NCAB Committee Worried About Requirements For Comprehensive Centers, To Meet Again

SOME MEMBERS of the National Cancer Advisory Board's Centers Committee are becoming increasingly concerned about the NCI staff proposal for comprehensive cancer center core grants (**The Cancer Letter**, April 29). Although the committee expressed general support for the concept of the new mechanism (known as P60 grants) when it was presented at the meeting in Chicago last month, there were some reservations about requirements for participation in prevention and treatment clinical trials. The committee will meet again in Chicago June 25 to discuss the issues and to finalize the agenda for the July 21-25 workshop in Washington which will further delve into the requirements for comprehensive centers . . . . **MARYCE JACOBS**, biological toxicologist with MITRE Corp., has joined the American Institute for Cancer Research as vice president for research. Jacobs formerly was an associate professor at Eppley Institute and cochairman of biochemistry at the Univ. of Texas Graduate School of Biomedical Sciences. Jacobs will coordinate AICR's $9 million grants program for research on diet and cancer and will be chief science advisor for educational programs. . . . **SUE MADSEN** has been named winner of the 1988 Brown Foundation Outstanding Nurse Oncologist Award at Univ. of Texas M.D. Anderson Cancer Center. Madsen, who specializes in care of acutely ill cancer patients, will receive $10,000. . . . **ROBERT GALLO** has picked up another honor. The chief of NCI's Laboratory of Tumor Cell Biology has been elected to the National Academy of Sciences. . . . **NIH STILL** is dragging its feet on NCI's new system for reviewing program project grants, which involves eliminating the standing review committees and using instead ad hoc reviewers. NCI has already abolished two of the three standing committees. "Other institutes have been doing it this way," Director Vincent DeVita said. "We can't understand NIH's reluctance to accept it."

DCE Board Approves Concept For New Breast Cancer Study In Young Women

(Continued from page 1)

metric and dietary measures on women under age 45. The study, to be supported by a contract and supervised by the Environmental Epidemiology Branch, will cost an estimated $2.3 million.

The Board approved the concept, and also went along with a proposed new contract to develop exposure assessment methods for studies of pesticides, to cost an estimated $310,000 over two years, and recompetition of the contract for support services for biochemical epidemiology, to cost an estimated $5.5 million over five years. The Board also approved other concepts, which will be reported next week in **The Cancer Letter.**

Louise Brinton of the Environmental Epidemiology Branch presented the breast cancer study concept to the Board:

Breast cancer incidence in women under age 45. Multiple contracts, including one for a coordinating center, three years, estimated total cost $2.3 million.

Breast cancer incidence has been rising at a rate of 1 to 2% per year for over 20 years. For most of this time, the increase has been largely confined to postmenopausal women. However, recently the rate of increase has accelerated to 3-4% and increases are now appearing in young women. The causes of these increases are unknown, although both endogenous and exogenous hormonal factors have been implicated. Of interest in this regard is the observation from a prepaid health plan that the increases in rates from the late 1970s to the mid-1980s have occurred almost exclusively for estrogen receptor positive tumors.

Along with the recent emergence of increased rates of breast cancer in younger women, three additional concerns have surfaced which justify a concerted and timely effort to study this disease in young women. Within the past two years, several case control and cohort investigations have noted an increased risk of breast cancer associated with alcohol consumption, with some evidence of dose response. While the relative risks are relatively low (generally under 2.0), the levels of drinking at which elevated risks have been seen are also low (1 drink/day or less), and therefore would apply to a large segment of the population. Thus, if these associations are indeed causal, they could be responsible for a large burden of disease. None of the studies to date have been designed specifically to address this issue, and many issues remain unclarified. However, two NCI investigations have indicated the importance of age. In our case control study, drinking habits at various ages were assessed, and the excess risk was confined to those who were "moderate or greater" drinkers at a relatively young age. Our cohort study did not assess drinking habits by age, but the risks associated with alcohol consumption were greatest among younger women (whose drinking history by definition would have referred to relatively young ages).

Although numerous ecologic studies have implicated increased caloric and/or dietary fat intake as a breast cancer risk factor, to date analytic epidemiologic studies have failed to provide any meaningful support for these hypotheses. One of the major concerns about previous analytic studies has been their inability to address diet at a young age (childhood and/or adolescence), which may be the key factor in a dietary etiology. This is the one area in which we have studied breast cancer in young women. Our case control study of diet and breast cancer risk among Asian Americans is limited to women under age 55 in an attempt to increase precision of estimates of dietary histories (and anthropometric measurements) at a young age. This study is just finishing its field phase and has yet to be analyzed, but regardless of the findings, the disparity of Asian and Caucasian diets will require further study among Caucasians. By beginning the planning process now, we should be in an ideal situation of incorporating relevant findings from the Asian-American study into the current investigation prior to its initiation (approximately 18 months from now).

Perhaps the most critical issue requiring attention by a study of young women is the breast cancer risk associated with long term oral contraceptive use at a young age or prior to a first birth. Three recent studies (Los Angeles, England and Sweden) have detected significant and substantial relative risks (3 to 4 fold) for such use. Because of changing contraceptive practices, only a few investigations have been able to address this increasingly popular pattern of use. Shortly, two investigations initiated to test these concerns will report similar, although less strong (e.g., 2 fold) associations. This will leave only one large study which has failed to find such a relationship (the cancer and steroid hormone study--CASH--conducted by CDC and various SEER centers in 1979-81).

Speculation on the reasons for the different findings has focused on subtle differences in oral contraceptive usage patterns geographically and on methodologic differences (e.g., use of SEER centers and random digit dialing by the CASH study). Because of the emerging prevalance of this pattern of oral contraceptive usage and the magnitude of the risks suggested, this controversy needs immediate attention. Because of our experience in studies of exogenous hormones and breast cancer and our development of the methodology used by the CASH study, we feel it is particularly appropriate for NCI to conduct an investigation to evaluate the complex issue of oral contraceptive effects.

Finally, most established and even speculative risk factors for breast cancer are thought to operate through hormonal processes, but the establishment of mechanisms has been elusive. Recently, several new mechanisms have been proposed (e.g., free vs. bound estrogen, estrogen metabolic pathways). Perhaps even more importantly, laboratory methods have been improved for assessing both the newly suggested mechanisms as well as more historical ones (e.g., prolactin). Thus, any investigation evaluating breast cancer risk factors on a large population of premenopausal women has an opportunity to clarify a variety of endocrine hypotheses. With our interest in biochemical epidemiology and our practical experience with the Asian American study and an ongoing study of endometrial cancer, we feel the program is in a good position to investigate the relationship between known and suspected breast cancer risk factors and specific hormonal profiles, especially among the controls of the proposed study.

The proposed case control study will be population based and multicenter, and will focus on newly diagnosed cases of breast cancer among women less than 45 years of age. The cases will be ascertained over a two year period, with attempts to accumulate approximately 1,000 incident cases of breast cancer.

One age matched control will be selected for every case. It is anticipated that controls will be selected from the communities from which the cases are derived and that a variant of random digit dialing will be employed for most subjects. However, to address the validity of random digit dialing in selecting population

controls, especially for estimating patterns of oral contraceptive usage, a methodologic study will be done on a sample basis to assess the influence of alternative methods of control selection.

Subjects will be interviewed in person, with an instrument designed jointly by NCI and the collaborating investigators. The questionnaire will focus on established breast cancer risk factors (family history of breast cancer, age at first live birth, age at menarche, menopausal status, history of benign breast disease, as well as the postulated risk factors of interest. To define specific oral contraceptives used over the lifetime of a subject, a life events calendar approach will be used in conjunction with picture displays of marketed preparations.

In addition to the interviews, anthropometric measurements will be taken, including a variety of skinfold thicknesses. To examine the relationship of interview information to biochemical measurements of hormonal, fat composition and micronutrient determinations, blood samples will be obtained from the controls and the breast cancer patients with localized disease who have not received chemotherapy. Attempts will be made to obtain the samples from patients while they are in the mid-luteal phase of their menstrual cycles. Blood will be stored until decisions are made regarding which assays are most appropriate, which will be decided on the basis of results from current studies and recommendations from experts in the field. Biochemical parameters to be considered include selected hormones (e.g., estradiol, estrone, estriol, progesterone), free and bound estrogen and testosterone, micronutrients (e.g., vitamins A and E, carotenoids, and selenium), lipids (i.e., total cholesterol and its fractions and triglycerides), and a profile of fatty acids. Costs for these assays will be sought from the biochemical epidemiology support services contract. The medical records of the cases will be reviewed to abstract information regarding stage of disease, histology and estrogen receptor status.

In addition to contracts with the collaborating centers, this concept includes a contract for a coordinating center. This organization will assist in the development of a questionnaire and training manuals; recruiting and training of field personnel; oversight of field activities, including monitoring of quality control procedures; conduct of random digit dialing; and coding and computerization of the data.

Analysis will be jointly undertaken by investigators at NCI and the research collaborators. Assessment of the effects of various exposures will involve calculations of odds rations, as estimators of relative risks. Summary risk estimates, adjusted for known and suspected confounding variables, will be accomplished through multivariate analysis techniques. Statistical significance of findings will be determined by the calculation of 95% confidence intervals and tests for trend of categorical variables.

Based on exposure estimates from the CASH study, we anticipate that approximately 36% will report use of oral contraceptives prior to age 25, and 6% use of more than 4 years. With a sample size of 1,000 cases and 1,000 controls, relative risks of 1.2 and 1.6 respectively would be detectable with 80% power. Similarly, an estimated exposure prevalence of 20% for consumption of more than 50 grams of ethanol per week would enable detection of a relative risk of 1.3.

"It's not clear that one more study will make a dent in these issues considering the number of studies going on," Board member Noel Weiss commented. "There is a formidable amount of literature on this."

Brinton said she was aware of only two positive case control studies which showed elevated risk two fold among those using oral contraceptives at a young age for an extended time.

Board member Thomas London, referring to the estimate that six percent of women have used oral contraceptives for four years, suggested that the attributable risk was small. Brinton responded that usage at younger ages shas increased significantly and is now estimated at 20-30 percent.

Board member Lawrence Fischer observed that there are different types of oral contraceptives on the market, with different estrogen and progesterone levels. Brinton said that the histories would obtain that information and account for the differences in the analysis.

Board member Dietrich Hoffmann asked how objective information would be obtained on alcohol use. Brinton said that biochemical analysis would be used, and also that "we hope to get more specific information on drinking patterns, such as age at which drinking started, binge drinking, etc."

"There have been a half dozen or more studies on the hormonal aspects," Board member Roy Shore said. "It is not clear that another measuring hormone levels will add much more."

The Board approved the concept, with only London voting against it.

Support services for biochemical epidemiology. Recompetition of a contract held by Microbiological Associates Inc. This is a prime contract which will total an estimated $5.5 million over five years. Of that amount, $2 million is earmarked for operation of a repository and $3.5 million for subcontractors. Staff estimated that in the first year, the repository cost would be $1.1 million, with $700,000 for subcontractors.

An increasing number of epidemiologic studies of cancer include laboratory analyses of biological specimens to assess the significance of biochemical and molecular endpoints to disease outcome. The Epidemiology & Biostatistics Program and the Laboratory of Human Carcinogenesis have a long standing interest in these interdisciplinary studies, termed "biochemical epidemiology." EBP and LHC staff have accrued considerable experience in collecting, processing and storing biological specimens, and in applying laboratory assays to assess biochemical and molecular endpoints. Studies with biochemical components include (1) viral serology in patients with or at elevated risk for hepatocellular carcinoma, Burkitt's lymphoma and nasopharyngeal carcinoma; (2) hormones in cancers of the breast and endometrium; (3) micronutrients in cancers of the lung and breast; and (4) carcinogen-DNA and carcinogen-hemoglobin adducts, and antibodies to these adducts, in persons exposed to tobacco smoke and/or environmental carcinogens.

The prime contract has provided the means for efficiently obtaining the services of laboratories willing to participate in a biochemical epidemiology program having a high level of quality control. The biochemical epidemiology contractor provides services in two major areas: (1) repository and logistical support and (2) acquisition of laboratory support. In providing these services, the contractor seeks advice of expert consultants to evaluate methodologies and assay systems to determine those with the best accuracy, precision, sensitivity and specificity to meet NCI's needs. The contractor operates the repository for the inventory and short term storage of the field collected biospecimens to be analyzed. To date, 16 subcontracts have been awarded, solicitations for three additional subcontracts are ongoing, and eight more are planned in the remaining time of the current contract.

All staff requests to use the support services contractor are reviewed by an inhouse committee, composed of representatives of EBP and LHC, and must be approved before the contractor can initiate a competitive procurement. NCI inhouse capabilities for performing the required work are explored before

submitting a request to the prime contractor.

Through a predetermined procedure, the prime contractor evaluates laboratories using expert consultants from government and academia, and may include site visits as part of the review process. After NCI approval of the prime contractor's laboratory selection, a subcontract is awarded. The prime contractor monitors a laboratory's performance through progress reports and site visits, which may include expert consultants.

It is intended that the prime contractor's organization will not be eligible to receive subcontracts for laboratory services. It is also intended that the operation of the repository need not be by the same organization responsible for the subcontracting activity.

"How do laboratories doing the studies qualify for the subcontracts?" Board member Anna Barker asked.

"We attempt to identify all the laboratories and investigators doing this work," said James Sontag, EBP project officer for the contract. "We contact them, and if they are interested in receiving the RFP, it is sent to them."

"Are their proposals submitted to the prime contractor, and does the prime contractor do the review?" Barker asked.

"We approve the procedure which they must use," Sontag said. "We participate in the review."

The Board approved the concept unanimously, after Hoffmann and Board member Myron Essex left the room. Their institutions, American Health Foundation and Harvard Univ., respectively, are major subcontractors in the program.

Development of exposure assessment methods for studies of pesticides. A new contract with an estimated total cost of $310,000 over two years.

Studies by investigators in the Occupational Studies Section have found associations between pesticide exposure and cancer. A particularly striking association was observed between farmers in Kansas exposed to phenoxyacetic acid herbicides and non-Hodgkin's lymphoma were the risk rose to over seven fold among those mixing or applying herbicides for 20 or more days per year. Chronic lymphatic leukemia and soft tissue sarcoma have been associated with use of certain insecticides. These findings, coupled with the carcinogenicity of several pesticides in bioassays and the growing contamination of water and food supplies have heightened concern regarding cancer risks.

A major limitation in conducting epidemiologic cancer studies of farmers and other pesticide exposed groups has been the difficulty in accurately determining relevant historical exposures. Persons in occupations having contact with pesticides are seldom exposed to single agents. The use of pesticides may have also changed over time. Finally, monitoring data are generally not available for these populations. All of these factors create uncertainties in studies based on subject recall of exposures. Although the problems associated with multiple exposures are similar to those in other areas of epidemiologic reserch, such as diet, relatively little methodologic research has been conducted with respect to pesticide exposures.

To pursue recent leads concerning cancer risk and pesticide exposure generated by these previous studies, it is important to improve procedures used to estimate pesticide exposure levels. Improved methods would ideally involve use of results from air and biologic monitoring and detailed employment or application records. However, because these data are not routinely available, it is important to assess the validity of pesticide exposure histories obtained from interviews, a method typically employed in past studies. Further, to improve exposure assessments, we need to develop methods to integrate exposure information from a variety of sources in addition to self reports including records of suppliers, individual records for income tax purposes, and biochemical monitoring.

This project will include several components designed to evaluate and improve procedures used to estimate pesticide exposure levels in epidemiologic studies including interviews of subjects and next of kin to assess the quality of responses from proxies; development of questionnaires with considerably more detail regarding pesticide use than those used in past NCI studies to identify important items affective exposure that can be obtained by interview and to compare these responses to measured exposure levels; comparison of subjects' recall regarding past pesticide use with purchase records subjects may have retained; contact with pesticide suppliers to corroborate farmers' self reported pesticide purchases; monitoring of exposures during pesticide use application using air monitoring, patch tests and biochemical monitoring; monitoring in homes using air monitoring, wipe samples, and biochemical monitoring to assess the potential for exposure to household members other than applicator/mixers; evaluation of interview information from subjects, or next of kin, by a panel of agronomists, toxicologists and other agricultural specialists to obtain their assessment of the validity of responses.

The study will be conducted in an agricultural area where a variety of crops and livestock are encountered to ensure that variation in types of pesticides and application methods used will occur among the study subjects. A possible locale is agricultural states in central U.S., the site of previous NCI studies on pesticides and cancer. Subjects will be restricted to ages 45 to 70 in order to include both active and retired farmers with a considerable farming history. Younger ages, where cancer rates are low and exposure histories are less complicated, will be excluded. Two hundred farmers who use pesticides will be identified by random digit dialing. Random digit dialing will be used to mimic conditions in population based case control studies and to avoid biases that might occur if we relied on volunteers. Twenty five farmers who indicate they do not anticipate using pesticides during the next growing season will also be selected for biochemical monitoring to evaluate nonagricultural exposures and residual levels from earlier exposures. These will include 15 who have not used any pesticides agriculturally for at least 10 years.

There are many farmers who do not use pesticides. For example, 65% of wheat farmers, 95% of hay farmers, 37% of sorghum farmers and 14% of corn farmers do not use pesticides on those crops.

Each of the 200 farmers using pesticides will be interviewed to obtain current and historical use of pesticides with detailed questions on those heavily used. Next of kin to be interviewed will be selected so that the group is comprised approximately of 100 spouses, 50 siblings, and 50 children to allow evaluation of the quality of the data according to type of proxy respondent. If possible, the interviews will be conducted during the farming off season to maximize availability and cooperation of the study subjects. Due to the anticipated length and detail of the questionnaire, the interviews will be conducted in person.

The interviews will include detailed questions on specific pesticides and mixtures used, days per year and years of use, pesticide suppliers, type of application equipment, and other factors thought to have a major influence on different types of spray mobs, acres sprayed, crop, capacity of spray tank and length of spray boom, liquids used to dilute pesticide, precautions taken to avoid contact with pesticides, etc.

A panel of agricultural pesticide experts will be assembled to review the farmers' reports of pesticide use.

The concept was approved unanimously.

Dynamic ONS Still The Largest And Growing With 13,000 Members

The Oncology Nursing Society, which was born in Pittsburgh and has its national offices there, came home with its 13th annual Congress this month, demonstrating once again that it is the largest and most dynamic of the oncologic societies.

Three thousand nurses turned out for the Congress, which won't be quite as many as registered for either the American Society of Clinical Oncology or American Assn. for Cancer Research annual meetings this week in New Orleans.

But ONS continued its phenomenal growth during the past year, adding 1,000 new members. With more than 13,000 active members it exceeds the combined membership of ASCO and AACR. Next largest is the American Society of Therapeutic Radiology & Oncology, with about 2,500 members; and the Society of Surgical Oncology, with approximately 1,000.

Not only is it the largest, ONS is the most active. It publishes a profitable journal, a newsletter, and a host of specialized materials; sponsors the Oncology Nursing Foundation which raises money and distributes it in the form of grants, scholarships and special awards; and supports the Oncology Nursing Certification Corp. which has now administered certification exams to 3,500 nurses, with 80 percent passing it. Over 2,000 now are entitled to the coveted "OCN" (Oncology Certified Nurse), to be joined soon by those from among the 900 who took the exam during the Pittsburgh Congress.

ONS also has more than 100 chapters across the U.S. and Canada. With a budget exceeding $3 million a year, it has a staff of 20 full time employees headed by Executive Director Pearl Moore. In addition, ONS members donated 12,000 hours of their time working on Society projects.

All this is supported by modest dues of $53 for staff nurses, which contributes 20 percent of the Society's budget; another 20 percent comes from revenue generated by the annual Congress; 20 percent from the journal; and the rest from grants, donations and income from other sources.

The ONS president has a perk that is probably unique among the oncology societies. Smith Kline & French provides a President's Grant of $5,000 a year, for the ONS chief to use as she (or even in the unlikely event, he) sees fit. Current President Deborah Mayer has saved hers up and will use it this summer to support an invitational conference on barriers to successful rehabilitation of cancer patients. Former President Judi Johnson used her grant to produce a videotape on oncology nursing in the 1940s.

The organization has 12 standing committees, including an active Government Relations Committee which, with the power of a large national membership behind it, could become a major force in dealing with Congress and the state legislatures. There are also special task forces on such matters as chapters, strategic planning and AIDS.

Awards and honors made at the recent Congress:

--Honorary Member, Josephine Craytor, Rochester, NY.

--Distinguished Service Award, Connie Henke Yarbro, Chair of the Oncology Nursing Foundation and past president of ONS. The award is supported by Roche Laboratories.

--Clinical Lecture, Roberta Strohl, Univ. of Maryland, "The Nursing Role in Radiation Therapy: Symptom Management of Acute and Chronic Reactions." Supported by Schering Corp.

--Excellence in Cancer Nursing Education, Ruth McCorkle, Univ. of Pennsylvania School of Nursing. Supported by Ross Laboratories.

--Excellence in Cancer Nursing Administration, Linda Arenth, Johns Hopkins Oncology Center. Supported by Cytogen Corp.

--Excellence in Cancer Nursing Research, Maryl Winningham, Ohio State Univ., "Aerobic Exercise and Nausea." Supported by Schering Corp.

--Excellence in Publication Awards for Clinical Practice, Juli Aistars, Chicago, "Fatigue in the Cancer Patient: A Conceptual Approach to a Clinical Problem;" and Michele Donehower, Lutherville, MD, "Malignant Complications of AIDS." Supported by Adria Laboratories.

--Excellence in Publication Award for Research, Helen Coons, Philadelphia; Howard Leventhal, Richard Love and Sandra Larson, Madison, WI; and David Nerenz, Detroit, "Anticipatory Nausea and Emotional Distress in Patients Receiving Cisplatin Based Chemotherapy." Supported by Adria Laboratories.

--Quality of Life Award, Karen Hassey, Beth Israel Hospital, Boston, "Pregnancy and Parenthood after Breasts Cancer." Supported by Upjohn Co.

--Research Awards, Cynthia Holt Bedell,

Duke Univ., "Anxiolytic Effect of Relaxation on Chemotherapy Side Effects;" and Marilyn Hockenberry, Emory Univ., "A Behavioral Nursing Intervention for Children Receiving Chemotherapy." Supported by Smith Kline & French Laboratories.

--Mara Mogensen Flaherty Memorial Lecture, Marion Morra, Yale Comprehensive Cancer Center, "Choices: Who Tells the Patients What They Need to Know?"

--Research Grant, Annette O'Connor, Univ. of Ottawa, "Patients' Decision Making About Following Cancer Treatment Protocols." Supported by Bristol-Myers Oncology Div.

--RFP For Public Education Award, Deborah Welch-McCaffrey, Phoenix, "Cancer Education in the High School: Promoting Self Care About Potential Breast Cancer." Supported by Lederle Laboratories.

--Pearl Moore Career Development Award, Cheryl Kosits, San Diego. Supported by Anthony J. Jannetti Inc.

--Undergraduate Scholarships, Kathleen Ducey, St. Mary's College, Leavenworth, KS; Judy Ehle, Marymount Univ., Arlington, VA; Holly Eyles, Univ. of Florida College of Nursing; Janice Hoss, California State Univ. (Dominguez Hills); and Barbara Montgomery, Capital Univ., Columbus, OH. Supported by Burroughs Wellcome.

--Undergraduate Scholarships, Monica Hartmann, Gwynedd-Mercy College, PA; and Mary Moschella, Univ. of Hartford. Supported by Lederle Laboratories.

--Undergraduate Scholarships, Mary Means, Coe College, Cedar Rapids; Laura Rush, Ashland College, OH; and Margaret Weber, Edgewood College, WI. Supported by Oncology Nursing Foundation.

--Graduate Scholarship, Ann Birkmire, Francis Payne Dalton School of Nursing. Supported by Adria Laboratories.

--Graduate Scholarship, Heather Porter, Univ. of California (San Francisco). Supported by Oncology Nursing Foundation.

DeVita "Alert" Advises That Negative Node Patients Helped With Treatment

NCI Director Vincent DeVita, convinced by evidence from clinical trials, much of which has not heen published, has sent a "Clinical Alert" to physicians and others advising them that adjuvant treatment of node negative breast cancer can improve results significantly.

DeVita's action followed the decision by the Cooperative Group Intergroup Study to close its node negative breast cancer trial because of the mounting evidence that treatment significantly improves disease free survival.

Bernard Fisher, chairman of the National Surgical Adjuvant Breast & Bowel Project, presented results of his group's node negative study at this month's meeting of the National Cancer Advisory Board. DeVita indicated in the discussion that he would issue his alert without waiting for the NSABP or other studies to be published. A full report on the discussion and trial results appears in the May issue of **The Clinical Cancer Letter.**

NCI Gets Concept Approval For New Computer Communications Network

The National Cancer Advisory Board Committee for Review of Contracts & Budget for the NCI Director's Office approved concepts for new and recompeting contracts and contract extensions which will total an estimated $9.3 million over the life of the awards.

Among the concepts approved was a new contract which will provide design, set up and maintain a local area network computer and communication facility for NCI's offices. The committee also approved extension of the contract which provides technical support services both for the office of the director and the Div. of Extramural Activities, and recompetition that contract which will cost an estimated $3.5 million over five years.

The concept statements follow:

Support for NCI local area networks. New five year contract, estimated total cost $2.394 million for NCI's share, with another $471,000 for the National Institute of Child Health & Human Development which has offices in the new Executive Plaza Building to which most of NCI's off campus offices (excluding those at FCRF) are moving.

NCI staff at the Executive Plaza needs to share information among themselves, with other components of their divisions, other NCI and NIH organizations on the NIH campus and at the Frederick Cancer Research Facility, and with their contractors, grantees, and other researchers throughout the world. In addition, NCI staff will need access to computing facilities, especially those at DCRT and at FCRF. The appropriate technology for timely and efficient transmission of information is by means of local area networks (LANs) which provide connectivity within organizations and among various locations. LANs also provide efficiencies within offices in several areas including sharing of resources such as printers, large storage devices and communications facilities; combining capabilities provided by a variety of vendors; and managing software and office procedures.

At the same time, the office of the NCI director has recently installed a LAN in Building 31 and is eager to expand the capabilities for communication with other components of the Institute.

NCI proposes a centralized strategy to the design,

implementation, maintenance and management of these LANs. This approach will promote economies of scale in all areas from hardware procurement through management of contractor support; planning and design decisions that will better ensure efficient communication among groups in a single location and between the users in separate facilities; and superior LAN management and user support than would be available with individually procured LANs.

The proposed contract will provide the design, implementation, management, maintenance, and user support for the new LANs in Executive Plaza, the integration and expansion of existing networks in Building 31, and installation of bridges and gateways to other networks and computer facilities. The contractor will provide professional and technical staff skilled in requirements analysis, data communications, programming, local area network design and configuration, installation and testing of LAN hardware and software, network management, user assistance, documentation and training.

Technical support services for DEA and OD, NCI. This is recompetition of the contract now held by Technical Resources Inc., at an estimated cost of $3.5 million over five years. The committee also approved modification of the existing contract, adding about $500,000 and terminating it two years early. Increased activities and meetings away from the NIH campus for the NCAB and President's Cancer Panel resulted in costs exceeding those originally allocated for the contract, which was due to extend into 1991. The new contract will be awarded in August 1989.

The Div. of Extramural Activities and the Grants Administration Branch and Extramural Financial Data Branch of the Office of the Director are proposing to share a logistical support contract to provide logistical and technical support for projects and activities which require services and expertise not available in NCI. Since the proposed contract will be in effect for five years, it is not possible to anticipate in detail all of the needs. Among the tasks that will be performed are (1) scientific and logistical support to DEA executive secretaries in the management of peer review; (2) develop announcements for opportunities to engage in bilateral cancer research with the USSR and assist in the implementation of the program; (3) investigation, development and testing of new review procedures; (4) technical assistance to DEA, GAB and EFDB in their operational activities including documenting policies and procedures, developing reports and documents; (5) technical and logistical support of grant and contract review; and (6) logistical support of the activities of the NCAB and President's Cancer Panel as needed.

Initial review of this contract will be performed outside DEA to avoid any potential conflict of interest.

Automatic data processing support services for DEA and OD. Recompetition of a contract held by General Sciences Corp. The new five year contract will cost an estimated total of $1.28 million.

NCI's Div. of Extramural Activities and the Grants Administration Branch in the Office of the Director will share a support services contract for specialized ADP projects and tasks in order to permit these organizations to adapt ongoing work requirements to technologies which can help each unit work more efficiently within the staffing and fiscal limitation placed on them. The projects anticipated would require technical expertise for a series of specific time limited tasks for which government staffing would not be appropriate. The proposed contract would be for five years starting in 1989 and extending through 1993.

Among the tasks that will be performed are (1) systems and data support for the scientific review and evaluation administered by DEA; (2) systems and data support for the consultant file which DEA executive secretaries use to identify prospective reviewers; (3) program maintenance for automated procedures used to provide summary statements and other data to NCAB members; (4) systems development for tracking of applications received by DEA for review, for automation of special action packages brought to the NCAB, for the implementation of computer assisted review procedures; (5) application of emerging automation technologies to the tasks of referral and review.

Among the tasks that would be performed for OD are (1) development and modification of GAB's computerized award system which will enable grants management specialists to automatically calculate single and multibudget grants and transmit them into NIH's interactive award system for final issuance of award notices; (2) enhancement of GAB's computerized control system which tracks the course of an award through all phases of the complex awards process; (3) support for the electronic receipt of grant applications; (4) integrating, modifying and supporting all of GAB's computer and automation activities by providing technical assistance, training, system and user documentation, system analysis and evaluation.

Initial review of responses to this proposed RFP will be performed outside DEA to avoid potential conflict of interest.

The committee also gave concept approval to extension of a contract with Second Foundation Inc. for computer processing services for the International Cancer Information Center's databases, and an extension of a contract with Technical Resources Inc. for information processing for PDQ.

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

Combination Therapies: New and Emerging Uses for Cyclooxygenase Inhibitors, Calcium Channel Blockers, and Biological Response Modifiers on Immunity--June 2-3, Essex House, New York. Directed by Allan Goldstein, George Washington Univ. Contact Dr. Elizabeth Gerst, Committee on Medical Education, New York Academy of Medicine, 2 East 103rd St., New York 10029, phone 212/876-8200.

Israel Cancer Research Fund Award Luncheon--June 2, The Pierre Cotillion Room, 11 a.m. Richard Axel, Columbia Univ., will be the speaker. Contact ICRF, 212/969-9800.

Div. of Cancer Treatment Board of Scientific Counselors--June 6-7, NIH, Bldg 31, Conference Rm 6. 8:30 a.m.

Symposium on Research on Chemistry, Biochemistry and pharmacology of Trimetrexate--June 6-7, Univ. of Vermont, Burlington, VT. Contact Dr. John McCormack, phone 301/496-3597.

The Care of the Patient With Cancer--June 6-8, London. Contact Institute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London SW1X 8QG, UK.

General Meeting of the Nordic Cancer Union--June 7-10, Reykjavik, Iceland. Contact Secretariat Nordic Cancerunion, P.O. Box 5420, 125 Reykjavic, Iceland.

Music Therapy with the Terminally Ill: A Symposium --June 9-10, Calvary Hospital, Bronx, NY. Contact Sr. Patricia Sheridan, phone 212/430-9393 ext. 2259 or 212/863-6900.

Cancer Research Manpower Review Committee--June 9-10, Guest Quarters Hotel, Bethesda, MD, open 8:30-9 a.m.

Malignant Melanoma: New Concepts in Diagnosis and Treatment--June 10, St. John's Mercy Medical Center, St. Louis. Contact Judith O'Guin, Corporate

Meeting/Special Events Planner, 314/569-6290.

Fourth International Conference on AIDS--June 12-16, Stockholm. Contact Prof. L.O. Kallings, National Bacteriological Laboratory, 105 21 Stockholm, Sweden.

Clinical Aspects of Hyperthermia--June 12-17, Sheraton Univ. Center, Durham, NC. Contact Sandy Huskins, Duke Univ. Medical Center, Box 3085, Durham, NC 27710, phone 919/684-4384.

American Society of Colon and Rectal Surgeons Annual Conference--June 12-17, Anaheim, CA. Contact Miss H. Gibson, ASCRS, 615 Griswold, Suite 1717, Detroit, MI 48226, 313/961-7880.

Critical Issues in Tumor Microcirculation, Angiogenesis and Metastasis--June 13-17, Pittsburgh, PA. Contact Hilda Diamond, associate director, Biomedical Engineering Program, Carnegie Mellon Univ. of Pittsburgh, PA 15213, phone 412/268-2521.

Frederick Cancer Research Facility Advisory Committee--June 13-14, Building 549 Executive Board Room, Frederick, MD. Open 8:30-11 a.m. June 13, 8:30 a.m.-adjournment June 14.

Eurocancer--June 15-17, Paris. Contact Secretariat d'Eurocancer, Hopital Saint-Louis, Centre G. Hayem, 1, Av. Claude-Vellefaux, 75010 Paris, France.

Biology & Epidemiology Contract Review Committee--June 23-24, Hyatt Regency Hotel, Bethesda, MD, open June 23 9-9:30 a.m.

National Cancer Advisory Board Centers Committee--June 25, O'Hare Hilton, 10 a.m.

Adjuvant Therapy of Cancer--June 25, Bunts Auditorium, Cleveland Clinic. Contact Dept. of Continuing Education, Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Rm TT3-301, Cleveland, OH 44195, phone 444-5694 (local), 800/762-8172 (Ohio), 800/762-8173 (elsewhere).

Cancer Clinical Investigation Review Committee--June 27-28, Historical Inns of Annapolis, Annapolis, MD, open June 27 8:30-9 a.m.

AIDS: Essential Issues and Practical Approaches--June 29, Alta Bates Hospital, Berkeley, CA. Contact Mary Grim, medical education coordinator, phone 415/540-1420.

Therapeutic Progress in Urologic cancers: An International Symposium--June 29-July 1, Hotel Inter-Continental, Paris. Contact American Urological Assn. Office of education, 6750 West Loop South, Suite 900, Bellaire, TX 77401.

Biochemistry of Chemical Carcinogenesis (a Satellite Symposium of the 14th International Congress of Biochemistry)--July 6-9, Prague, Czechoslovakia. Contact Dr. J. Hradec, Dept. of Molecular Biology, Research Institute of Tuberculosis and Respiratory Diseases, Bulovka, 1807 Prague 8, Czechoslovakia.

Cancer Pain-2nd International Congress--July 14-17, Rye, NY. Contact Mary Callaway, Memorial Sloan Kettering Cancer Center, 1275 York Ave., New York, NY 10021.

Third Annual Cancer Conference--July 14-16, Disneyland Hotel, Anaheim, CA. Sponsored by the Univ. of California (Irvine) Cancer Center. Theme of the conference will be "Health Care for Women." Contact Joanne Clayton, Communications Manager, UCI Cancer Center, 101 The City Dr., Orange, CA 92668, phone 714/937-7724.

Chemotherapy of Clinical and Experimental Cancer, Gordon Research Conference--July 18-22, Colby-Sawyer College, New London, NH. Contact Thomas Tritton, Dept. of Pharmacology, Univ. of Vermont Medical School, Burlington, VT 05405.

Fourth International Symposium on Selenium in Biology and Medicine--July 18-20, Univ. of Tubingen, West Germany. Contact Dr. A. Wendel, Physiologisch-Chemisches Institute der Universitat, Hoppe-Seyler-Strabe 4, D-7400 Tubingen, Germany, or Dr. O. Levander, USDA, Agricultural Research Service, Human Nutrition Research Center, Beltsville, MD 20705, phone 301/344-2504.

National Cancer Advisory Board Centers Committee--July 21-22, Washington DC Capitol Hilton Hotel, 8:30 a.m. Workshop on development of criteria for comprehensive cancer centers.

FUTURE MEETINGS

Breast Issues 1988: Challenges and Choices--Sept. 6-9, Englewood, CO. Contact Joan Camp, Nancy Gosselin Foundation for Breast and Other Women's Health Issues, 8200 E. Belleview, Suite 102, Englewood, CO 80111, phone 303/788-6966.

Radioimmunodetection and Radioimmunotherapy of Cancer--Sept. 8-10, Princeton, NJ. Abstracts of proffered papers and posters on radiochemistry of antibodies, experimental studies of targeting with monoclonal antibodies, clinical studies of radioimmunodetection of cancer and other diseases, experimental and clinical radioimmunotherapy, and host responses to monoclonal antibodies are invited. Deadline is July 15. Contact Robyn Kohn, Center for Molecular Medicine and Immunology, 1 Bruce St., Newark, NJ 07103, phone 201/456-4600.

Growth and Differentiation in Pancreatic Cancer--Sept. 19-20, Marriott Hotel, Bethesda. Organ Systems Program workshop. Contact Dr. Harold Asch, Organ Systems Coordinating Center, Roswell Park Memorial Institute, 666 Elm St., Buffalo, NY 14263, phone 716/845-2317.

New Directions: Responding to the Needs of Oncology Social Workers--Sept. 29-30, Holiday Inn Crowne Plaza, Orlando, FL. Contact Kimberly Kauss, Dept. of Social Work, Florida Hospital Altamonte, 601 E. Altamonte Ave., Altamonte Springs, FL 32701, phone 407/830-4321.

Frontiers for Therapeutic Advance--Oct. 31, Princeton Univ. 50th anniversary symposium. Contact R.H. Jones, Squibb Institute for Medical Research, 609/921-4265.

Bladder Cancer Symposium--Nov. 2-4, Semiramis Intercontinental Hotel, Cairo. Sponsored by the National Cancer Institute of Cairo and the European School of Oncology. Contact Symposium Secretariat, Dr. Nazli Gad El Mawla, NCI, Cairo, Fom El Khalig, Cairo, Egypt.

National Conference on Advances in Cancer Management--Dec. 7-9, Hyatt Regency Hotel, Los Angeles. Contact the conference, American Cancer Society, 3340 Peachtree Rd NE, Atlanta, GA 30026.

The following meetings sponsored by the International Society for Preventive Oncology, World Health Organization and French National League Against Cancer, have been scheduled for April 9-15, 1989, in Nice:

Immunology and Biological Control of Cancer, April 9-11.

Cancer in Patients with AIDS, April 12.

Perspectives and Trends in Cancer Prevention and Detection, April 13-15.

Contact ISPO, 217 E. 8th St., Suite 303, New York 10028, phone 212/534-4991.

European Assn. for Cancer Research--Sept. 11-13, 1989. 10th anniversary meeting. Contact Dr. John Weisburger, American Health Foundation, Valhalla, NY 10595.

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

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