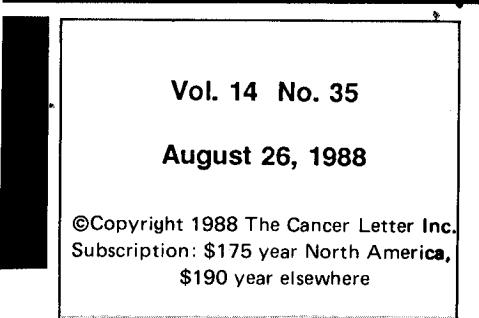


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## Rabson Recommended For NCI Acting Director, Will Be Top Prospect For Permanent Appointment

Alan Rabson, director of NCI's Div. of Cancer Biology & Diagnosis, has been recommended by NIH Director James Wyngaarden for appointment as NCI acting director when Vincent DeVita departs next week for his new job as  
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In Brief

### Gigliotti Named Greenwald Special Assistant; Coltman To Get ACCC Clinical Research Award

LILLIAN GIGLIOTTI has been named by Div. of Cancer Prevention & Control Director Peter Greenwald as his special assistant to coordinate epidemiology and cancer prevention activities of NCI and other agencies. Gigliotti has been director of the Cancer Control Science Program. Edward Sondik, chief of DCPC's Operations Research Branch, is acting director of the Science Program. Greenwald said the program's organizational structure is being examined, but any changes will have to await final decisions on the proposed move of the centers, community oncology, construction and training programs out of DCPC. Those decisions now will probably not be made until a new NCI director has been appointed. . .

CHARLES COLTMAN, professor of medicine at the Univ. of Texas Health Science Center (San Antonio), chairman of the Southwest Oncology Group and current president of the American Society of Clinical Oncology, will receive the Assn. of Community Cancer Center's annual award for outstanding achievement in clinical research. The award will be presented at the ACCC fall leadership conference Sept. 22-24 in Boston . . . .

ALFRED SMITH, professor and director of medical physics in the Dept. of Radiation Oncology at the Univ. of Pennsylvania, has been elected president elect of the American Assn. of Physicists in Medicine. . . "JOHNS HOPKINS Medical Grand Rounds," an accredited audiovisual continuing education series of case discussions for clinicians, is available for individual and group subscriptions. The five bimonthly programs cover 30 topics a year; each program has four 60 minute audiocassettes, illustrated booklet, self grading quiz and optional slides. Individual price is \$425 year without slides, \$525 with. For groups, the price is the same for the first member, \$95 for each additional. Contact Johns Hopkins Univ. School of Medicine, Office of Continuing Education, 17 Turner, 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-3988.

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## Rabson Recommended As NCI Acting Director, Could Be On Permanent List

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physician in chief at Memorial Hospital in New York.

The official appointment, by HHS Secretary Otis Bowen, had not been announced by **The Cancer Letter** press time this week. Neither Wyngaarden nor Rabson would comment.

Meanwhile, Maryann Roper, NCI acting deputy director, has been designated unofficial acting director by DeVita while he clears his desk and wraps up 25 years of service at the Institute.

Rabson, 62, has been DCBD director since 1974, when he was appointed by Director Frank Rauscher to succeed Nathaniel Berlin. Rabson had been chief of the Laboratory of Pathology.

Rabson joined the Public Health Service in 1952, working for what is now the Centers for Disease Control. He spent two years with CDC, then worked for a year at the PHS hospital in New Orleans. Before joining NCI in 1955, he spent two months on sea duty with the U.S. Coast Guard.

Rabson's wife is Ruth Kirschstein, who is director of the National Institute of General Medical Sciences and the only woman ever to head an NIH institute (the National Center for Nursing Research, with Ada Sue Hinshaw as director, does not officially have institute status but probably will in the future).

The last time the NCI directorship was open, the person named as acting director (DeVita) received the permanent appointment seven months later. The fact that the NCI director is a presidential appointment, along with the reality that a new President will be in the White House in five months, does not make automatic the ascension of acting to permanent. It does seem likely that Rabson will be acting director for several months, while the new Administration gets itself organized. That will afford him the opportunity to see how he likes the job, and others who may have a say in the final appointment a chance to see how he handles it.

Whether Rabson would want to end up his career as NCI director is one thing; there is little doubt that he can do the job. He has gained distinction running a division with world renowned intramural scientists and a large portfolio of grants at most of the leading basic research institutions in the country. His own credentials as a scientist are

impressive, one of the primary reasons DeVita wanted him to continue as DCBD director, the only division director he retained.

DCBD's role in the Institute has changed drastically since Rabson took over, with most of the changes initiated by others--Rauscher, DeVita and former director Arthur Upton. The NCI clinical director, chief of surgery and chief of radiation therapy all were moved from DCBD to the Div. of Cancer Treatment by Rauscher. Upton moved the Breast Cancer Task Force into the Organ Systems Program and then into the Div. of Cancer Prevention & Control, and handed Rabson the portfolio of basic research grants which had been administered by what is now the Div. of Extramural Activities. DeVita moved the imaging portion of diagnosis to DCT, consolidating it with all NIH imaging research into the Radiation Research Program.

Losing positions, budget, space and turf drives government managers up the wall and frequently out of government. Rabson handled it with grace and good humor, and built his reputation as an outstanding executive.

If Bowen goes along with Wyngaarden's recommendation, DCBD deputy director Ihor Masnyk will take over as acting director of the division. Masnyk has been holding down two jobs, also as acting director of the NCI Office of International Affairs. Federico Welsch, with the Harvard/MIT Div. of Health & Science Technology, has agreed to take that position, to start in mid-September.

## Medicine Branch In Quick Recovery Under Meyers After Big Turnover

NCI's Medicine Branch, long a highly visible and vital component of the Div. of Cancer Treatment's intramural Clinical Oncology Program, has been decimated over the last few months by the departure of key staff members:

\*Robert Young, chief of the branch since 1974, moved over to the Div. of Cancer Prevention & Control as director of the Centers & Community Oncology Program.

\*Marc Lippman, who as chief of the Medical Breast Cancer Section built an international reputation for his research in hormonal regulation of breast cancer, left to become director of the Vincent Lombardi Cancer Research Center at Georgetown Univ., taking 35 people with him including a dozen staff members plus research fellows.

\*Robert Ozols, chief of the Experimental Therapeutics Section and internationally known

for his work in treatment of ovarian cancer and development of techniques to overcome drug resistance, left to become chairman of the Dept. of Medical Oncology at Fox Chase Cancer Center, taking two physicians and several fellows with him.

\*Finally, the branch's "spiritual leader, one of its most important (but honorary) members," in the words of Clinical Oncology Program Director Samuel Broder, is leaving to become physician in chief at Memorial Hospital. It has been 14 years since Vincent DeVita moved up from Medicine Branch chief to DCT director, but even as NCI director he still played an active role in clinical activities. That, in fact, was why he retained the designation as NCI clinical director.

The wholesale turnover has led to speculation that the Medicine Branch is on the ropes and will not be able to adequately care for cancer patients at the Clinical Center. That speculation is incorrect, according to Charles (Snuffy) Meyers, who succeeded Young and is only the third chief of the branch since 1971.

Meyers acknowledged that the vacancies presented a problem, compounded by the "dramatic expansion" of NCI beds at the Clinical Center to 78. Of 10 attending physicians in the branch, eight have left or are planning to do so, two with Ozols and the others with Lippman.

But Meyers has already replaced those physicians and will soon fill three more full time equivalent slots needed to accommodate the expansion. There will be a total of 15 attending physicians, with two of them working half time for the branch.

"We have replenished the staff from our own fellows," Meyers said. "I think it is essential that we build from within, with the best of our fellows. We now have the clinical service covered. We can rebuild the laboratories a little more leisurely. We have identified people to fill out the labs, but are delayed now by the hiring freeze."

Meyers has been chief of the Clinical Pharmacology Branch since 1981. The two branches are being combined, which Meyers said will give him the opportunity to "control the laboratory development of new drugs and take them to the clinic to test them."

Meyers said that Lippman's Medical Breast Cancer Section will remain, with Kenneth Cowan as chief. Cowan is an MD with a PhD in pharmacology and an expert in the molecular biology of drug resistance.

The branch will undertake a new, major

effort in colon cancer, headed by Carmen Allegra, who has a keen interest in the pharmacology of 5-FU. The effort has been organized as a team rather than a section. The team has recently initiated a new protocol, with the combination of 5-FU, leucovorin and cisplatin for treatment of metastatic colon cancer, and is rapidly accruing patients.

Meyers said that Allegra's team probably would expand to include protocols for other GI cancers, particularly esophageal.

A working group to include members of Steven Rosenberg's Surgery Branch and Eli Glatstein's Radiation Oncology Branch is being formed with primary interest in treatment of bladder and prostate cancer, Meyers said.

Eddie Reed, who worked with Ozols, is heading the ovarian cancer studies.

"I would very much like to get involved with acute leukemia," Meyers said. "Chemotherapy of AML is being widely developed outside; here, we can take advantage of the intramural program's strength in growth factors, such as peptides. Specifically, growth factor antagonists like suramin."

Broder and Meyers emphasized that the Medicine Branch "is a resource for the entire Institute." Lab scientists take their ideas to the clinic, and clinical investigators frequently come up with ideas which need lab work.

Broder pointed out that NCI scientists outside of COP and DCT play "intellectually significant roles" in COP research and training activities with "their input of ideas." He named Thomas Waldmann, chief of the Metabolism Branch; Ira Pastan, chief of the Laboratory of Molecular Biology; and Jeffrey Schlom, chief of the Laboratory of Tumor Immunology & Biology, all in the Div. of Cancer Biology & Diagnosis.

Neither Meyers nor Broder are dismayed by the wholesale departure of Medicine Branch personnel.

"Vince DeVita told me when I took the job that this sort of turnover has happened in the branch at least two times before," Meyers said. "This is a similar pattern."

"NCI has to serve as an important training ground," Broder said. "A high percentage of the major figures in cancer research around the country has spent time in the Clinical Oncology Program, including the Medicine Branch [One of whom is Broder, who was a member of the branch when he was promoted to COP director]. I hope that will continue. This is a great opportunity for gifted young investigators. I expect this will continue to be

a major area where young men and women can move into clinical investigation and excell. It's a cyclical process. All changes represent opportunities. That is an inherent feature of the intramural program. A new generation of gifted people come in, establish themselves, become world leaders, and then leave.

"What I tell people is that if a young person has as a goal, a burning ambition, to participate in finding a cure for a cancer otherwise incurable, this is the place to work. If not, then they should work someplace else. The salary here is uncompetitive, there are no great perks. But if they do have that burning desire, that makes up for it."

Broder said it is "exceedingly unlikely" that DeVita could have implemented the MOPP regimen for Hodgkin's disease "and proven that it works at another institution. He had the creative freedom to do that here. I have serious doubts that Steve Rosenberg could have initiated adoptive immunotherapy, at least not at the inception phase, anywhere else."

"Marc Lippman was a clinical associate here. The same soil that allowed him to grow, that allowed Bob Young to establish himself as a major figure in ovarian cancer and other cancers, that nurtured Vince DeVita, is still here. There is now and will continue to be a pool of new people who will come to NIH and will be the new Marc Lippmans, Vince DeVitas, and Phil Scheins.

"It says something about this place," Broder continued, "when people leave for major positions elsewhere. Eli Glatstein is populating radiotherapy departments around the country. There will be another generation of Marc Lippmans. I promise you that, with time, there will be another Vince DeVita coming out of here. He leaves behind a lot of intellectual sons."

## **House-Senate Conferees Agree On NCI Total For FY'89, Cut It \$19 Million**

The process that started a year and a half ago, when NCI and the National Cancer Advisory Board agreed on a bypass budget request of \$2 billion for the fiscal year (1989) that starts Oct. 1, 1988, has been completed. The result:

House and Senate conferees agreed on a total of \$1,593,536,000 for NCI, identical to the President's request. Then, to meet the deficit reduction mandated by Gramm-Rudman, they assessed a 1.2 percent across the board cut for the entire Labor-HHS-Education-

Related Agencies appropriations bill. That cost NCI \$19.1 million.

Spread over a budget of more than one and a half billion dollars, \$19 million doesn't seem like much, and it undoubtedly can be absorbed without much trauma, except to the grantees with priority scores right on the payline who would have been funded with that money, or those planning to participate in new programs that will be delayed for at least a year.

The four percent payraise federal employees will receive starting next Jan. 1 will squeeze the budget a little more. That was not included in the President's original budget request, and no money was added in the appropriations bill to pay for it. For NCI, raise will cost \$5,189,000, all of which will come out of the pool for competing research project (ROI and POI) grants.

The fact that the original conference figure and the President's request were identical should not be surprising. Congress and the President cut a deal late last year covering two years on total spending for each department. Any extra money voted for NCI would have had to come out of the HHS total somewhere else.

Congress did not go along in detail with the Administration. The White House request for the cancer control line item was \$69.8 million, an increase of less than \$2 million over the 1988 figure. Conferees agreed it should be \$75 million, and it came out \$74.1 million after Gramm-Rudman.

There is even a little money for construction, although it won't help reduce the massive backlog around the country of cancer research facilities needs. Conferees accepted the Senate's action in earmarking \$2.5 million for construction at Frederick Cancer Research Facility. Language in the conference reports specifies that it be available until expended, meaning it does not have to be completely spent before the end of the 1989 fiscal year.

The House bill did not include any money for programs that are awaiting reauthorization. That includes cancer control, research training and construction. Although the reauthorization process has yet to be completed (the Senate has acted, the House has not), conferees funded those programs anyway. They agreed to the Administration request of \$32.4 million for training, which was cut to just under \$32 million by the 1.2 percent reduction.

NCI was to get \$125.3 million for AIDS research, the amount requested by the President and approved by conferees. That

came out to \$123.8 million, still a whopping increase over the \$90 million for NCI AIDS spending in the current fiscal year.

NCI's total increase for 1989 over current spending is a little more than \$105 million.

The total NIH appropriation will be \$7,152,207,000 after deficit reduction. That is an increase of about \$96 million over the 1988 total. AIDS research spending NIH wide will be \$607 million, about \$20 million more than requested by the President and \$140 million more than in 1988. The National Institute for Allergy & Infectious Diseases will get \$315.2 million for AIDS research.

**The conferees dispatched a potentially vexatious problem that cropped up in the House bill report.**

The House Appropriations Committee had decreed that henceforth, all information related to nutrition and health be routed through the Dept. of Agriculture. That would have meant unending delays and probably oblivion for any reports or publications which might adversely impact sales of any food product, however important that information might be from a health standpoint.

The conference report says, "Conferees are agreed that there shall be no change in the respective roles of the USDA and the DHHS with respect to nutrition information services and research. These roles are based on current law, which indicates that the USDA is the lead agency for human nutrition research and dissemination, except for biomedical aspects of human nutrition concerned with prevention, diagnosis or treatment of disease."

The Senate committee, infuriated at personnel reductions imposed by the White House at NIH, had inserted language in its bill establishing a minimum number of full time equivalents (FTEs). Such a directive, while not unprecedented, generally is considered inappropriate for an appropriations bill, and conferees took it out. However, "Conferees are agreed that funding provided in this bill, including an additional \$10.5 million in the office of the director, is to support a total of no less than 13,252 full time positions including an additional 200 FTEs for AIDS research and an additional 150 FTEs for non-AIDS activities." It remains to be seen if the White House pays any attention to this.

The bill includes money for two major construction projects at NIH, including \$15 million to get started on a new consolidated office building. That amount is intended for initial plans and specifications, architectural

drawings and site preparation. Another \$14 million was earmarked for the next phase of the new Child Health/Neuroscience facility, and \$5 million for repairs and renovations related to AIDS research.

Conferees repeated House and Senate committee concerns "about the use of program funds for repair and renovation projects which might more appropriately be budgeted for under the Buildings and Facilities account. The House language flatly banned this practice while the Senate language required the individual projects with a cost of over \$400,000 be reported to the committees. Subsequent to the release of these reports, the committees were informed that the Public Health Service will issue new guidelines by Sept. 30, 1988, which will establish formal restrictions on this practice. The conferees expect that these new guidelines will correct problems in this area and have therefore decided that no additional limitations should be imposed by the committees during fiscal year 1989."

## **ASCO Members To Be Asked If They Will Participate In Planning Survey**

The American Society of Clinical Oncology, in marking its 25th anniversary, will undertake a "strategic planning effort" during the year that involves offering every member an opportunity to help determine directions the Society will take during the next three to five years.

Former President Sydney Salmon is chairman of the Strategic Planning Committee which will develop a questionnaire to be sent to all members who indicate willingness to participate.

During the first week in September, members will receive this memo from President Charles Coltman:

"It is altogether fitting and proper that ASCO in its 25th year should engage in strategic planning for its next five years. I have appointed a Strategic Planning Committee which has chosen a well known firm to assist the Society in this area.

"Your response to this memo will aid the committee in focusing a detailed questionnaire to those who are willing to share their time, thoughts and opinions about the future direction of the Society."

Coltman asked that one of the two following statements be checked:

"Yes, Chuck, I will be pleased to help in the determination of the future direction of

the Society. Please mail me the detailed questionnaire."

"I have neither the time nor the inclination to fool with a questionnaire."

"In light of the rapid growth of ASCO, the Society needs to conduct an environmental assessment and comprehensive membership survey to ascertain its changing conditions and relationships with allied oncologic groups, NCI, clinical research, practicing oncologists, and, most importantly, its members," ASCO Executive Director James Gantenberg said. "The objective of this initiative is to develop a three to five year plan and a continuing planning process that will enable ASCO to be proactive in the field of oncology. Leaders of the Society, opinion leaders of other societies, associations and federal agencies will be asked through interviews their opinions about the field of oncology during this planning process."

## **Panel To Hear Reports On Innovations In Cancer Treatment, Research**

The President's Cancer Panel meeting Sept. 19 in Tucson (Univ. of Arizona College of Medicine, DuVal Auditorium, 8:30 a.m.) will feature reports on innovations in cancer treatment and prevention by Arizona Cancer Center scientists.

Robert Cassady, head of radiation oncology, will report on hyperthermia as a treatment modality; and Frank Meyskens, director of cancer prevention and control, will discuss the Arizona program in cancer prevention.

Jeffrey Trent, director of basic science, will chair a symposium on multidrug resistance. Presenters will be Thomas Grogan, associate professor of pathology, on detection of P-glycoprotein expression and intrinsic drug resistance in human tumors; William Dalton, assistant professor of medicine and pharmacology, on pharmacologic characteristics and in vitro reversal of multidrug resistance; and Sydney Salmon director of the cancer center, on recent achievements and future perspectives for reversal of multidrug resistance in cancer patients.

Panel meetings are open to the public.

## **Three Years Later, Worker Health Intervention RFA May Be Ready Soon**

In what probably is the longest interval between concept approval and issuance of the RFA since the system was implemented by NCI in the mid-1970s, a request for applications

for the worker health promotion intervention program should be available later this year.

The Div. of Cancer Prevention & Control Board of Scientific Counselors approved the concept for the program in May, 1985 (*The Cancer Letter*, May 17, 1985). But the division's budget has been almost flat since then, and no money was available to fund it.

DCPC had estimated in 1985 that five grants would be awarded, each for five year periods, at a total cost over that time of \$7.5 million.

DCPC's 1989 fiscal year budget is expected to include enough money for first year costs of the worker intervention program. A draft of the RFA is now undergoing internal review.

Major objectives of the program will be to evaluate the effects of health promotion interventions on the cancer related behavior of participants; to determine how effective primary and secondary prevention activities are incorporated into pre-employment and/or periodic medical examinations offered to workers, retirees and/or their dependents; and to determine how effective primary and secondary prevention activities are incorporated into the health benefits packages offered to workers, retirees and/or their dependents.

The program was discussed by the Board of Scientific Counselor's Cancer Control Science Program Committee during the Board's last meeting. Committee members discussed whether investigators should be expected to respond to more than one of the cancer control opportunities. These include smoking prevention and cessation efforts with emphasis on evaluation and policy research, nutrition with a focus on chronic disease control which includes cancer prevention, and screening interventions to promote the utilization of breast and cervical cancer screening programs. The committee felt that investigators should be asked to respond to any two of the three potential opportunities.

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

**Cooperative Group Chairmen**--Sept. 2, NIH Bldg 31 Rm 6, 8:30 a.m.

**International Symposium on Human Tumor Markers**--Sept. 3-5, Taiwan. Contact Secretariat, Chinese Assn. for Clinical Biochemistry, Peitou PO Box 2-114, Taipei, Taiwan 11216, Republic of China.

**Fifth International Conference on Cancer Nursing**--Sept. 4-9, London. Contact Christine James, Macmillan Journal Ltd., 4, Little Essex St., London WC2R 3LF, UK.

**International Academy of Pathology**--Sept. 4-9, Dublin. XVII International Congress. Contact IAP, 44

Northumberland Rd., Dublin 4, Ireland.

**UICC Advanced Postgraduate Course on Medical Oncology for the Asia-Pacific Region**--Sept. 5-10, Beijing, China. Contact Mrs. Cui-qiao Gao, Office of Foreign Affairs, Cancer Institute & Hospital, Chinese Academy of Medical Sciences, PO Box 2258, Beijing, China.

**European Society for Therapeutic Radiology and Oncology**--Sept. 5-8, Den Haag, The Netherlands. Seventh annual meeting. Contact ESTRO Secretariat, Dept. of Radiotherapy, University Hospital St. Raphael, 3000 Leuven, Belgium.

**Breast Issues 1988: Challenges and Choices**--Sept. 6-9, Sheraton Denver Tech Center, Denver. Contact Joan Camp, Conference Planner, Nancy Gosselin Foundation for Breast and Other Women's Health Issues, 800 E. Belleview, Mailbox #3, Central Tower, Englewood, CO 80111, phone 303/972-1706.

**Diet, Nutrition & Cancer**--Sept. 6, Arlington, VA, 7 p.m.; Sept. 7, Bethesda, MD, 1 p.m.; Sept. 7, Tyson's Corner, VA., 7 p.m. No fee, but registration is limited. Phone 1-800/228-2028 Ext. 285. Sponsored by the American Institute for Cancer Research.

**Fundamental Tumor Registry Operations**--Sept. 7-9, Springhill Memorial Hospital, Mobile, AL. Contact local coordinators Karen Wilson, 205/460-5274, or Diane Bass, 205/460-5251.

**Molecular Diagnostics of Human Cancer**--Sept. 7-11, Cold Spring Harbor, NY. Contact Registrar, Cold Spring Harbor Laboratory, Bungtown Rd., Cold Spring Harbor, NY 11724, phone 516/367-8343.

**Radioimmunoassay and Radioimmunotherapy of Cancer**--Sept. 8-10, Princeton, NJ. Second conference. Contact Robyn Kohn, Center for Molecular Medicine & Immunology, 1 Bruce St., Newark, NJ 07103, phone 201/456-4600.

**Cancer Management Course**--Sept. 9-10, Houston. Contact Dr. Charles Balch, Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312/664-4050.

**Retroviruses and Disease**--Sept. 10-14, Crete. Contact Sifis Papamatheakis, IMBB PO Box 527, Heraklion, Crete, Greece; or George Pavlakis, NCI-FCRF, PO Box B, Frederick, MD 21701, phone 301/698-1475.

**Research on Human Tumor Antigens**--Sept. 12, Dayton, OH. Contact Nancy Zimmerman, Dayton Oncology Society, 4100 S. Kettering Blvd., Dayton 45439, phone 513/293-8508.

**Diagnostic Cytopathology Course**--Sept. 12-14, New York. Contact Steven Hajdu, MD, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-7999.

**Intraoperative Radiation Therapy**--Sept. 12-13, Innsbruck, Austria. Second international symposium. Contact Prof. Dr. E. Bodner, 2nd Surgical Dept., Prof. Dr. H. Frommhold, Dept. of Radiation Therapy, Univ. of Innsbruck, Anichstr. 35, 6020 Innsbruck, Austria.

**Cancer Nursing Strategies: Today and Tomorrow**--Sept. 13-16, Westin Galleria Hotel, Houston. Contact Conference Services-HMB 131, UT M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston 77030, phone 713/792-2222.

**Modern Approaches to New Vaccines Including Prevention of AIDS**--Sept. 14-18, Cold Spring Harbor. Contact Registrar, CSH Laboratory, Bungtown Rd., Cold Spring Harbor, NY 11724, phone 516/367-8343.

**AIDS and Associated Cancers in Africa**--Sept. 14-16, Tanzania. Third international conference. Contact Dr. Charles Mgone, Medican Assn. of Tanzania, PO Box 701, Dar es Salaam, Tanzania, Africa.

**Soft Tissue Tumor**--Sept. 15-17, New York. 8th annual symposium. Contact Steven Hajdu, MD, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-7999.

**Breast Cancer 1988: Clinical and Basic Science Advances**--Sept. 15-17, Dallas. Contact Barbara Grayson,

Office of the Dean, Baylor Univ. Medical Center, 3500 Gaston Ave., Dallas 75246, phone 214/820-2317.

**VIII Brachytherapy Update**--Sept. 16-17, New York. Contact Roberto Fuenmayor, CME Planning Office, C-180, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/794-6754.

**American Society of Pediatric Hematology/Oncology**--Sept. 16-18, Chicago. First annual meeting. Contact Dr. Carl Pochedly, Wyler Children's Hospital, 5841 S. Maryland Ave., Chicago 60637, phone 312/702-6808.

**President's Cancer Panel**--Sept. 19, Arizona Cancer Center, Tucson, 9 a.m., open.

**Regulation of 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.

**Human Tumor Markers**--Sept. 19-23, Stockholm. Fifth international conference. Contact G.D. Biarkmayer, Doz. Dr. Dr., Schwarzspanierstrasse 15, A-1090, Vienna, Austria.

**Problems of Diagnosis and Therapy of Endometrial Cancer**--Sept. 20-23, Eisenach, German Democratic Republic. Contact Medical Academy of Erfurt, Dept. of Gynecology and Obstetrics, Gorkistr. 6, 5020 Erfurt, GDR.

**Oncology Economics V: Can Cancer Programs Survive in the 1980s?**--Sept. 22-24, Boston. Assn. of Community Cancer Centers fall leadership conference. Contact ACCC Fall Conference, 11600 Nebel St., Suite 201, Rockville, MD 20852, phone 301/984-9496.

**Conjoined Meeting of the Venezuelan Society of Oncology and Roswell Park Memorial Institute**--Sept. 22-24, Margarit Island, Venezuela. Contact Dr. Lemuel Herrera, Dept. of Surgery, RPMI, 666 Elm St., Buffalo, NY 14263, phone 716/845-5815.

**Transrectal Ultrasound in the Diagnosis and Management of Prostate Cancer**--Sept. 23-24, Chicago. Third international symposium. Contact Diversified Conference Management Inc., PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535.

**Advances in Chemotherapy of AIDS**--Sept. 23, Univ. of Alabama (Birmingham). Organized by the Div. of Clinical Pharmacology. Contact CME Office, phone 205/934-2687 or 1-800/231-0507.

**International Society for Oncodevelopmental Biology & Medicine**--Sept. 25-29, Barcelona, Spain. 16th international congress. Contact Secretariat, Barcelona Relaciones Publicas, Edificio Laietana, c/Pau Claris No. 138, 7 4a 08009, Barcelona.

**National Cancer Advisory Board Centers Committee**--Sept. 25, NIH Bldg 31 Rm 7, 7:30 p.m.

**National Cancer Advisory Board**--Sept. 26-28, Bethesda. NIH Bldg 31 Rm 6. Open Sept. 26 and 28, closed Sept. 27 for review of grants.

**NCAB AIDS Committee**--Sept. 26, NIH Bldg 31 Rm 7, to start immediately after session of the full Board ends, approximately 5-6 p.m.

**NCAB Organ Systems Committee**--Sept. 26, NIH Bldg 31 Rm 8, to start after full Board meeting ends, about 5-6 p.m.

**NCAB Information & Cancer Control for the Year 2000 Committee**--Sept. 26, NIH Bldg 31 Rm 8, to start after Organ Systems Committee meeting ends.

**Cancer Biology and Immunology Contract Review Committee**--Sept. 26, Guest Quarters Hotel, Bethesda, open 9-9:30 a.m.

**Metastasis Research Society**--Sept. 26-29, Heidelberg, W. Germany. 2nd international meeting. Contact Prof. V. Schirmacher, Institut für Immunologie und Genetik, Deutsches Krebsforschungszentrum, Im Neuenheimer Feld 280, D-6900 Heidelberg 1, Federal Republic of Germany.

**NCAB Committee on Review of the Office of the Director Contracts & Budget**--Sept. 27, NIH Bldg 31 Rm 7, to start immediately after end of closed Board

meeting, probably about 2:30 p.m.

**NCAB Planning & Budget Committee**--Sept. 27, NIH Bldg 31 Rm 8, 6:30 p.m. Part of this meeting will be closed.

**Challenges of Oncology Nursing**--Sept. 28-30, Bunts Auditorium, Cleveland Clinic Foundation. Contact Dept. of Continuing Education (TT31), Cleveland Clinic Educational Foundation, 9500 Euclid Ave., Cleveland, OH 44195, phone 444-5695 (local); 800/762-8172 (Ohio); 800/762-8173 (elsewhere).

**Fundamental Tumor Registry Operations**--Sept. 28-30, Chesterfield, MO. Contact Local Coordinator, Bonnie Lehmann, 314/434-1500 Ext. 4018.

**American College of Epidemiology**--Sept. 28-30, Ann Arbor, MI. Annual scientific symposium. Contact Dr. Curtis Mettlin, Roswell Park Memorial Institute, 666 Elm St., Buffalo, NY 14263.

**European Groups on Head and Neck Cancer Studies**--Sept. 28, Paris. 12th plenary session. Contact Dr. J.L. Lefebvre, Head & Neck Oncology Dept. Centre Oscar Lambret, Rue F. Combemale, BP 307, 59020 Lille, France.

**New Directions: Responding to the Needs of Oncology Social Workers**--Sept. 29-30, Holiday Inn Crowne Plaza, Orlando, FL. Contact Kimberly Kauss, BSW, 1988 Conference Chairperson, Dept. of Social Work, Florida Hospital Altamonte, 601 E. Altamonte Ave., Altamonte Springs, FL 32701, phone 407/830-4321 Ext. 2209.

**Cancer Programs: Maintaining the Momentum for Success**--Sept. 29-30, Mariner's Inn, Hilton Head Island, SC. Contact Ron Gilden, CDP Inc., 5901 Peachtree Dunwoody Rd., Suite C100, Atlanta, GA 30328, phone 404/391-9872.

**Chemically Contaminated Aquatic Food Resources and Human Cancer Risk**--Sept. 29-30, Conference Center, National Institute of Environmental Health Sciences, Research Triangle Park, NC. Contact Martha Taylor, Office of the Senior Scientific Advisor to the Director, NIEHS, RTP, NC 27709.

**Royal Australian College of Radiologists**--Oct. 2-9, Auckland, New Zealand. 39th annual scientific meeting. Contact Dr. G. Foote, Dept. of Radiology, Auckland Hospital, Private Bag, Auckland, N.Z.

**Symposium on Variability in Pharmacokinetics and Drug Response**--Oct. 3-5, Gothenburg, Sweden. Contact Symposium, Swedish Academy of Pharmaceutical Sciences, PO Box 1136, 111 81 Stockholm, Sweden.

**Epstein-Barr Virus and Associated Malignant Diseases**--Oct. 3-7, Rome. 3rd international symposium. Contact Dr. Alberto Faggioni, Dipartimento de Medicina Sperimentale, Viale Regina Elena 324, 00161, Rome, Italy; or Dr. D.V. Ablashi, EBV Assn., PO Box 895, Olney, MD 20832.

**German Society for Laser Medicine**--Oct. 5-8, Vienna. 4th annual meeting. Contact Dr. A. Tuchmann, c/o Wiener Medizinische Akademie, Alser Strasse 4, A-1090 Vienna, Austria.

**Div. of Cancer Prevention & Control Board of Scientific Counselors**--Oct. 6-7, NIH Bldg 1 Wilson Hall, 8:30 p.m. both days.

**Div. of Cancer Treatment Board of Scientific Counselors**--Oct. 6-7, NIH Bldg 31 Rm 10, open 9 a.m. Oct. 6, 8:30 a.m. Oct. 7.

**Harvard Postgraduate Course on Urologic Cancer**--Oct. 6-8, Boston. Contact Dr. Jerome Richie, phone 617/732-6598.

**Cancer Program Planning Workshop**--Oct. 6-7, Mariner's Inn, Hilton Head Island, SC. Contact Nancy Reid, Cancer CarePoint, 2394 Mt. Vernon Rd., Suite 200, Atlanta, GA 30338, phone 404/399-1812.

**Development and Differentiation: Modern Approaches**

**to Classical Problems**--Oct. 11-14, Houston. 41st annual symposium on fundamental cancer research. Contact Office of Conference Services, UT M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, phone 713/792-2222.

**Second International Conference on Anticancer Research**--Oct. 11-15, Porto-Carras, Halkidiki, Greece. Contact Dr. John Delinassios, Anticancer Research, 5, Argyropoulou Str., Kato Patissia, Athens 11145, Greece.

**American Society of Human Genetics**--Oct. 12-16, New Orleans. Annual meeting. Contact Margaret Gardiner, ASHG, 15501-B Monona Dr., Derwood, MD 20855, phone 301/424-4120.

**Control of Cell Proliferation and Cancer**--Oct. 13-14, Royal Sonesta Hotel, Cambridge, MA. 1988 symposium. Contact Office of Continuing Education, Tufts Univ. School of Medicine, 136 Harrison Ave., Box 36, Boston, MA 02111, phone 617/956-6579.

**Biometry and Epidemiology Contract Review Committee**--Oct. 13-14, Bethesda Marriott, open Oct. 13 9-10 a.m.

**Nonmelanoma Skin Cancer**--Oct. 15, Cleveland. Symposium for physicians, with CME credit. Contact Barbara Guy, Assistant to the Director, Ireland Cancer Center, Lowman Bldg 211, University Hospitals of Cleveland, 2074 Abington Rd., Cleveland, OH 44106, phone 216/844-7856.

**Toward 2000 IV, Oncology Today**--Oct. 20-21, Fox Chase Cancer Center, Philadelphia. Contact Mrs. Janet Dooley, Conference Coordinator, Fox Chase Cancer Center, 7701 Burholme Ave., Philadelphia, PA 19111, phone 215/718-1781.

**DNA Probes: Market Challenges and Opportunities**--Oct. 25, Marriott Hotel, San Diego. Executive conference. Contact Communitech Market Intelligence, PO Box 67, Yorktown Heights, NY 10598, phone 914/245-7764.

**Div. of Cancer Etiology Board of Scientific Counselors**--Oct. 27-28, NIH Bldg 31 Rm 10, open Oct. 27 1 p.m.-adjournment and Oct. 28 9 a.m.-adjournment.

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

**Joint Congresses: XXIX Brazilian/XXI PanAmerican Otolaryngology and Head and Neck Surgery**--Oct. 30-Nov. 4, Salvador, Bahia, Brazil. Contact Dr. Severino Cortizo, Rua Humberto de Campos 11-902, Salvador 40150, Bahia, Brazil.

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

#### FUTURE MEETINGS

**Role of DNA Viruses in Human Tumors**--Jan. 22-26, San Diego. American Assn. for Cancer Research Special Conference. Enrollment limited. Deadline for reduced registration fee, Oct. 14; advance registration ends Dec. 5. For information and application forms, contact AACR, Temple Univ. School of Medicine, West Bldg Rm 301, Philadelphia, PA 19140, phone 215/221-4565. After Sept. 15, the address will be 530 Walnut St., 10th Floor, Philadelphia 19106.

**Oncogenes and Onco-Suppressor Genes**--March 30-April 1, Athens. European Assn. for Cancer Research spring symposium. Contact Prof. D.A. Spandidos, National Hellenic Research Foundation, 48, Vass. Constantinu Avenue, GR-11635 Athens, Greece.

## The Cancer Letter

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