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P.O. BOX 2370 Reston, Virginia 22080 Telephone 703-620-4646

Rabson, Broder Interviewed At White House; Brown Says He Is Not Interested; Sartorelli Not Contacted

The White House focused its attention on two NCI staff members last week in the search for a new director of the Institute, and it appeared that that selection probably will be made from within. Acting Director Alan Rabson and Samuel Broder, director of the Div. of Cancer Treatment's Clinical Oncology Program, were called to the White House for
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In Brief

Special Armand Hammer Prize Aimed At Helping Rosenberg Continue His Work; DEA Not Moved

STEVEN ROSENBERG, just back from Paris where he picked up the 1988 Griffuel Prize worth \$60,000, will receive another award next month which, if not in the Nobel prestige class, certainly approaches it in cash value. Armand Hammer has created a special "Hammer Cancer Prize for Adoptive Immunotherapy" which will he will present to Rosenberg along with a check for \$200,000 at a Dec. 13 luncheon in Los Angeles. It was Hammer's intention to provide Rosenberg with enough financial security so that he will stay at NCI and continue his work in immunotherapy. Hammer believes Rosenberg's research has resulted in the most significant advance in cancer treatment in the last decade, and he did not want him to be tempted by lucrative offers from academia or industry, or even by a promotion within NCI (for instance, to the NCI directorship). It's a one time award; the chairman of the President's Cancer Panel and of Occidental Petroleum will continue his annual \$100,000 awards and his offer of \$1 million to anyone who comes up with a cancer cure comparable in impact to Jonas Salk's polio vaccine. . . CORRECTION: the Div. of Extramural Activities has not moved yet from the Westwood Building in Bethesda to the Executive Plaza Building in Rockville (The Cancer Letter, Nov. 4). The Div. of Cancer Biology & Diagnosis offices in Westwood have made the move, but DEA will not probably until spring. All other NCI offices in the Westwood, Landow and Blair buildings have now been relocated to Rockville. . . ERNST WYNDER, president of the American Health Foundation, has won another award for his research which helped establish the relationship of tobacco to cancer and other diseases. This week, Wynder received the Max von Pettenkofer Medal "for outstanding contributions to public health."

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Rabson, Broder Interviewed At White House; Others May Be Considered

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interviews, *The Cancer Letter* has learned. It was also learned that Rabson and Broder were the only recommendations to the President by the Dept. of Health & Human Services.

That does not necessarily mean that the President's White House advisors are not considering other NCI staff members or candidates from outside government. The White House indicated soon after Vincent DeVita announced his retirement that recommendations from NIH Director James Wyngaarden's search committee and from HHS might not be the only source of candidates.

One scientist/administrator who had been recommended to the search committee and reportedly had been on its final list told *The Cancer Letter* last week that he is not interested. Arnold (Bud) Brown, dean of the Univ. of Wisconsin School of Medicine, said "I can't imagine leaving here." Contrary to a report in *The Cancer Letter* that he is close to retirement, Brown said that that will not be soon. "Even if it were, I would stay here on the faculty. If someone from Washington contacts me about the job, my answer will be just what I told you."

No one from the government had contacted him, Brown said. Neither has anyone contacted another prominent nominee from academia, Alan Sartorelli, director of the Yale Univ. Comprehensive Cancer Center.

Sartorelli told *The Cancer Letter* that he had not been invited to the White House for an interview, and he did not expect to be. NCI staff members reported as prospects "are excellent people. Any of them would be an outstanding director," Sartorelli said.

Brown agreed that "there is no lack of talent on that list."

Rabson, the most senior of NCI's division directors, is director of the Div. of Cancer Biology & Diagnosis, appointed to that job in 1975 by then Director Frank Rauscher. Wyngaarden named him acting NCI director upon DeVita's departure.

Rabson is 62, served as a pharmacist's mate in the U.S. Maritime Service during World War II, received a BA from the Univ. of Rochester and his M.D., in 1950, from State Univ. of New York (Downstate). After a residency in pathology at University Hospital in New York, he joined the Public Health Service Commissioned Corps in 1952, worked with the

Communicable Disease Center in epidemiology, took a research fellowship in virology and then more study in pathology, in New Orleans. He came to NIH in 1955, and joined NCI's Laboratory of Pathology in 1956. He was deputy chief of the lab when Rauscher moved him up to division director.

Rabson is clinical professor of pathology at Georgetown, George Washington and the Uniformed Services Univ. of Health Sciences and has been assistant surgeon general since 1980. He is a member of the Institute of Medicine and has received the PHS Distinguished Service Medal, among other honors.

Broder, 43, received both his BS and MD at the Univ. of Michigan. He did his internship and residency at Stanford and joined NCI in 1972 as a clinical associate in the Metabolism Branch in the Div. of Cancer Treatment's intramural Clinical Oncology Program. He was an investigator in the Medicine Branch for two years, then returned to the Metabolism Branch as a senior investigator. In 1981, he was appointed associate director of DCT and director of the Clinical Oncology Program and deputy clinical director of the institute, with DeVita retaining the role of clinical director.

Broder's special areas of research interest include clinical immunology, with attention on abnormalities of cellular regulation in neoplastic diseases. He described the phenomenon of circulating suppressor cells of monocyte origin in multiple myeloma. He also described the immunoregulatory activity of certain T-cell neoplasms and helped characterize immunologic features of adult T-cell leukemia.

More recently, Broder has gained international acclaim as among the first to systematically evaluate antiretroviral drugs using live human immunodeficiency virus infectivity assays. He demonstrated that AZT could inhibit replication of HIV in vitro and thereby helped establish the likely therapeutic dose range as the target level for clinical trials. So far, it is the only agent approved by FDA for treatment of AIDS patients.

Broder is now studying a number of other agents seeking to define drugs and biologics that inhibit replication of HIV by attacking the virus at discrete points in its life cycle.

As head of NCI's intramural clinical research arm, Broder is responsible for the five branches which carry out that research and for the AIDS clinical research which is assigned to NCI.

Tough Year Coming Up For RO1s: NCI Projects That Only 25% Will Be Paid

The 1989 fiscal year is shaping up as one of the most difficult for NCI supported extramural research in the Institute's history, or at least in the last 20 years.

That is particularly true for investigator initiated (RO1) research grants. Fifteen years ago, it was not unusual for NCI (and the rest of NIH) to fund 45 percent of approved competing RO1s. More recently, NCI has struggled to pay about a third; last year, it was 36 percent.

This year, NCI is projecting that only 25 percent of approved competing grants will be funded. In the first round, only 22 percent were funded, but that is expected to go up a little in the later rounds.

Brian Kimes, Div. of Cancer Biology & Diagnosis associate director and head of the division's Extramural Research Program, told the DCBD Board of Scientific Counselors that last year, "very few grants were left unfunded which we felt really should have been. . . This year, we have a serious problem."

Too Many Grants

Kimes said the problem is the result of a "large commitment base" caused by the congressional mandate for NIH to fund a minimum number of grants, which was included in appropriations bills for three or four years prior to this year. "That was probably more than we should have funded," Kimes said.

The trend toward longer term grants has also added to the commitment. The massive commitment to noncompeting grants soaks up an unusually large portion of the current year's budget, leaving less for new and competing renewals.

The Florida demonstration project which has led to the new policy of permitting some grantees to carry over unexpended funds (The Cancer Letter, Nov. 18) will make matters worse, Kimes said. "That's good for you, but we have been getting back about \$8 million a year which we've put back into the RO1 pool. We won't get that now."

Kimes described the outcome of a "forward" he recently had with his branch chiefs and administrative officer Brenda Underwood (Other elements of NCI call it a "retreat" when they go off together for a day or two for some planning sessions. "I never have understood why they call it that," Kimes said).

The "forward" resulted in some interbranch

transfers aimed at spreading out the workload in the extramural program:

--All hematopoietic research grants, including leukemia and lymphoma, have been moved from the Cancer Biology Branch to the Cancer Immunology Branch.

--The ATCC cell line contract was moved from the Cancer Diagnosis Branch to the Cancer Immunology Branch.

--The Small Business Innovative Research grants under Janet Gerendasy were moved into Kimes office, to be managed by Underwood.

Summary Statement Problems

Until three years ago, study section executive secretaries typed up summary statements and sent them to be printed and then distributed, including to grantees. Then, the Div. of Research Grants centralized printing of the statements, using a computer based system.

The predictable result: Grantees are supposed to receive their summary statements within 20 days after review; instead, it sometimes takes two to three months.

Kimes pointed out that it is vital for applicants to learn in a timely fashion the criticism of their grants. "It's important for them to have that in revising their application. They can't wait for months"

NIH regulations forbid release of priority or percentile scores until the summary statements go out. When the statements are delayed, applicants don't know where they stand.

Kimes said the problem is related to "glitches" in the computer system. "Jerry Green [Jerome Green, director of DRG] is working hard to overcome it. It is a major problem."

NIH is experimenting with a process it calls "triaging," which is causing a lot of concern around the campus. It was brought on by the misguided effort by the Administration to reduce the number of NIH employees, and the result could be deterioration in the quality of peer review.

The experiment so far is limited to grant applications in response to RFAs, which usually describe the area of research and sometimes the methods to be used, possibly with other parameters and proscriptions. "Triaging" is done when a a group, probably including some peers along with NIH staff, takes a comparatively quick look at the application. Those obviously not meeting the requirements are immediately rejected, thus cutting down on review time and staff time required to process those applications which get full scale review.

"The problem is if those people don't get a total review, how are they every going to improve?" Kimes commented. "Maybe they had a good idea but just don't know how to write a grant application. You don't want to lose people who might be productive by discouraging them at this stage."

Kimes said that triaging is not being used extensively now, "but this shows how the limits on FTEs (full time equivalents) affect our thinking. Here we are thinking about how we can get good review of only the upper half of applications. At NIH, the review people always get short changed, especially in FTEs. DRG always comes last after the institutes when new positions are available. At NCI, the Div. of Extramural Activities comes after the program divisions."

Pressures to speed up review, particularly for AIDS related grants, from Congress and the public, coming at a time when FTE restrictions are almost intolerable, further threatens the quality of review, Kimes said. The "fast track" system for reviewing AIDS grants, which is supposed to cut the time from nine months to six or seven, is an example. "We've seen some grants not adequately reviewed because of that. We need some help from the scientific community on this."

Walter Reed Oncologic Pharmacy Program Accredited; Slots Available

Walter Reed Army Medical Center's Oncologic Pharmacy Residency Program has had its accreditation renewed by the American Society of Hospital Pharmacies.

The program is headed by Maj. Fred Lombardo, chief of oncologic pharmacy. It is one of only three accredited oncology pharmacy residency programs in the country, the other two at Univ. of Texas (San Antonio) and Univ. of Illinois (Chicago).

The Walter Reed program has two slots for the one year program. Currently neither of the slots is filled.

Civilian pharmacists who have support of their own institutions may apply for the program. If accepted, they will incur no military obligation. Those interested should contact Lombardo, whose phone number is 202/576-1751. The residency starts July 1.

Oncologic pharmacists provide support to medical, pediatric and gynecologic oncologists; all services requiring cancer chemotherapy; and all centralized research data requirements involving pharmaceutical products.

Four New Centers Funded In '88, More Consortia May Be On The Way

Dire forecasts for the Cancer Centers Program in the 1989 fiscal year have left NCI staff somewhat discouraged, but 1988 started off much the same way and did not turn out all that badly.

Core grant budgets were funded at less than recommended levels, and some were left unfunded that perhaps would have been kept alive in less stringent times. But four new centers competed successfully and were funded during the year, in Colorado, Pittsburgh (reported previously in *The Cancer Letter*), the Univ. of Michigan Cancer Center in Ann Arbor and a consortium cancer center grant to the minority consortium of Drew Univ., Meharry Medical College and Morehouse School of Medicine.

Alfred Haynes is director of the minority consortium, which received an eight month award of \$690,733 (four months of the year were covered by extension of the consortium's planning grant). The application received an excellent priority score of 148.

The new cancer center consortium incorporating three predominantly black medical schools will emphasize research programs in cancer prevention and control in black and other medically underserved groups.

"The consortium has made excellent progress in the recruitment of good faculty and the development of peer reviewed and supported research programs," Robert Young, director of the Centers & Community Oncology Program in NCI's Div. of Cancer Prevention & Control, told the division's Board of Scientific Counselors.

Two major programs are proposed, in cancer prevention and control and in social epidemiology, supported by three shared resources (epi-stat, survey research core and editorial core).

"Strengths include the high potential for meaningful intervention studies in cancer prevention and control, and the possibility of substantially increasing the numbers of blacks entered onto national cooperative clinical trials," Young said. "Weaknesses to be addressed involve the limited degree of consortium wide activity compared with the number of studies focused in the individual member institutions. In addition, details of the roles of the advisory committees and criteria for membership of the consortium are not clear. Given the impressive progress to date,

these issues will no doubt be resolved as the consortium develops."

Max Wicha is director of the Univ. of Michigan Cancer Center, which received a 1988 award of \$999,734 in support of seven clinical and six basic research programs, and 10 shared resources plus administration, senior leadership, planning and evaluation and center development.

"The university and medical center leaders have presented tangible evidence for substantial commitment to the cancer center," Young said. "The center leadership has demonstrated the ability to draw together excellent basic and clinical investigators into coherent and generally very strong programs and shared resources.

"The very strong commitment by clinical and basic scientists to collaborate in innovative nontherapeutic studies is commendable. The basic research investigators are largely excellent. Remaining to be developed are innovative, well designed therapeutic trials utilizing both the strengths of the clinical investigators and the wealth of clinical opportunities which are present in the Univ. of Michigan Cancer Center. In spite of this current area of weakness, the application is recommended for three years of funding with a high level of enthusiasm."

The Michigan application had a priority score of 159, also considered excellent.

Young discussed the prospects for three more emerging cancer consortia.

Objectives for the current fiscal year include working with these groups to facilitate their applications:

* The D.C. Cancer Consortium. "During the last three years, the Cancer Centers Branch has had a number of meetings with representatives of the D.C. Cancer Consortium. Here again, there have been a number of players. Initially, the D.C. government's representatives in the health department appeared as if they would take a leadership role. But after some preliminary discussions and a visit to Dr. Shirley Lansky's center, the Illinois Cancer Council, they appeared to withdraw.

"Howard's cancer center is willing to be a member. More recently, with the announcement that the Washington Hospital Center, with the support of its owner, the Mid-Atlantic Group, will build a new cancer center, there has emerged an interest in that organization to take the leadership role. There have been a number of meetings with Dr. Jack Lynch and

others to discuss this possibility. They are aware of the process that Drew, Morehouse and Meharry have gone through, and are particularly interested in the possibility of securing a planning grant to aid them in developing their structure."

Members of the consortium are the American Cancer Society D.C. Div.; D.C. Commission of Public Health; Council of Churches of Greater Washington; Georgetown Univ. Hospital; Howard Univ. Hospital; Medical Chirurgical Society; Medical Society of D.C.; Tumor Registrars Society of Metropolitan Washington; and Washington Hospital Center.

The Howard Univ. Cancer Center and Georgetown's Lombardi Cancer Research Center are jointly recognized by NCI as a comprehensive cancer center. Howard has an NCI center core grant; Georgetown lost its core grant two years ago and is in the process of developing its application for another.

* The Univ. of Medicine & Dentistry of New Jersey. "During the last three years there has been a continual dialogue with various representatives from Newark concerning either a cancer center or a cancer center consortium. There have also been meetings with members of the New Jersey Cancer Commission. The situation is complicated because a number of organizations are attempting to be the major players in cancer in New Jersey.

"The UMDNJ has three campuses but one president. The campuses are located in Newark, New Brunswick and Camden, which is just across the Delaware River from Philadelphia. There is also the Center for Molecular Medicine & Immunology headed by Dr. David Goldenberg. This is located on university property in Newark, but has its own board of directors and is not administratively or financially tied into the medical school of Newark.

"Representatives from these two organizations have been in touch with us to discuss either a cancer center or a consortium cancer center. In view of the population density of minorities in Newark, there has been a strong interest in creating a consortium, but the local political situation is such that no real momentum develops, much less a leader. Dr. Goldenberg submitted a planning grant application two and a half years ago to prepare for a consortium. It was disapproved.

"Most recently, Dr. Thomas Hall has joined Dr. Goldenberg's institute and is now discussing the possibility of developing an application to support a basic science cancer

center with a core support grant from NCI."

* Louisiana Cancer Consortium. "Recently, the Cancer Centers Branch has maintained a dialogue with Dr. Edward Krentz of New Orleans concerning the possibility of a consortium cancer center. This consortium includes several institutes in the greater New Orleans area as well as access to a population of blacks with the highest mortality due to lung cancer in the United States.

"In May of 1988, I met with members of the proposed consortium and discussed NCI's cancer center support grant and the interest NCI has in supporting such centers. They have engaged Drs. Paul Engstrom, Dwight Janerich and Thomas Davis as consultants. They now are actively seeking to recruit a director of this consortium so that they may put themselves in a more advantageous position in terms of securing a consortium center grant."

Two other new cancer centers are preparing applications for submission in 1989, at the Univ. of New Mexico and Univ. of Illinois (Chicago). If they compete successfully, first year funding probably would come from the FY 1990 budget.

As for the FY 1989 budget, it appears that there will be a shortfall of about \$5 million for core grants. The program is getting \$100 million, same as in 1988.

Eighteen centers will compete for renewals, along with any new centers which get their acts together. The present funding plan calls for paying 85 percent of recommended budgets for the re-competing awards.

"Unless a tooth fairy comes along and does something about the flat budget, the payline will be very tight," commented Lucius Sinks, chief of the Cancer Centers Branch. Some of the 18 may be left out.

"What Is Missing" Because Of Budget Limits? Greenwald Lists DCPC Items

NCI's bypass budget had requested \$111 million for cancer prevention and control in the 1989 fiscal year, but ended up getting \$74 million. Div. of Cancer Prevention & Control Director Peter Greenwald told his Board of Scientific Counselors wistfully, "We had hoped to do much more than we have funding for."

Greenwald listed some examples of "what is missing" because more money was not available:

--"The smoking program has been given priority, but we felt that school based and physician/dentist interventions needed more

attention. We could do more about smoking.

--"Prevention intervention trials need to be expanded. [These include] trials of diet modification should complement the chemoprevention trials but have been difficult to get under way. The scope and intensity of the chemopreventive area must be expanded to be sure we are following through on all of the exciting opportunities suggested by the pre-clinical and epidemiological results.

--"Under Dr. Claudia Baquet's leadership, our minority programs have taken hold. We would like to continue to build the cancer control program for black populations, and move more rapidly in the initiation of cancer control for Hispanic and native American populations.

--"Worksite and occupational cancer prevention could use greater support. We are about to release an RFA in this area.

--"There are opportunities in early detection for more widescale adoption of mammography and pap testing, and for research to improve or better utilize early diagnostic techniques for lung, bladder, prostate and colon cancer.

--"In 1984, we hoped to fund 120-130 CCOPs, more than double the present number, and to add a cooperative group for prevention and control.

--"We wanted to add at least one cancer prevention unit (CPRU) and enlarge three cancer control science programs to CPRUs. Under the leadership of Dr. Carlos Caban, this program has done very well."

Greenwald noted that those programs would have been funded from the money earmarked by Congress for cancer prevention and control. Also, "The crucially important facilities program has been almost forgotten when it comes to budgeting."

NCI Advisory Group, Other Cancer Meetings For Dec., Jan., Future

Facing the Challenge: Meeting the Spiritual Needs of Persons with Cancer--Dec. 1, Calvary Hospital, Bronx, NY. Contact Sr. Patricia Sheridan, phone 212/518-2259.

Cancer Clinical Investigation Review Committee--Dec. 1-2, Guest Quarters Hotel, Bethesda. Open Dec. 1, 8:30-9 a.m.

Cancer Centers Support Grant Review Committee--Dec. 1-2, Holiday Inn Crowne Plaza, Rockville, MD, open Dec. 1 8:30-9:30 a.m.

American Society of Hematology--Dec. 3-6, San Antonio. Phone 609/848-1000.

Mechanisms of Antimutagenesis and Anticarcinogene-

sls--Dec. 4-9, Ohito, Japan. Second international conference. Contact D.M. Shankel, Cochair, Organizing Committee, Dept. of Microbiology, Univ. of Kansas, Lawrence, KS 66045.

National Cancer Advisory Board--Dec. 5-6, NIH Bldg 31 Rm 6, 8:30 a.m., all open. Annual program review.

NCAB Cancer Centers Committee--Dec. 5, immediately following conclusion of full Board session, Bldg 31 Rm 6, open.

NCAB Minority Manpower Development Committee--Dec. 5, 6 p.m., Bldg 31 Rm 6, open.

Care of the Patient with Advanced Cancer--Dec. 5-7, Oxford, UK. Contact Study Centre Coordinator, Sir Michael Sobell House, Churchill Hospital, Oxford OX3 7LJ, UK.

Advances in Cancer Treatment--Dec. 7-9, Hyatt Regency Hotel, Los Angeles. American Cancer Society national conference. Contact ACS, 3340 Peachtree Rd NE, Atlanta, GA 30026.

BASO 1988 Forum--Dec. 8, London. Head and neck oncology for the general surgeon. British Assn. of Surgical Oncology. Contact Mrs. S.L. Batcher, BASO, Royal College of Surgeons, Lincoln's Inn Field, London WC2A 3PN, UK.

Hamburger Symposium uber Tumormarker--Dec. 8-10, Hamburg, FRG. New tumor markers, immunoscintigraphy, immunotherapy, radiotherapy. Contact Prof. Dr. R. Klapdor, I. Dept. of Medicine, University Hospital, Martinstr. 52, 2 Hamburg, FRG.

Annual Symposium on Oncological Surgery--Dec. 9-10, Villejuif, France. Contact Institut Gustave-Roussy, 39 rue Camille Desmoulins, 94805 Villejuif Cedex, France.

Reunion Scientifique--Dec. 12, Paris. Societe Francaise du Cancer et Federation Nationale des Centres de Lutte Contre le Cancer. Biological response modifiers. Contact Mme. S. Villedieu, Institut Curie, 26 rue d'Ulm, 75231 Paris Cedex 05, France.

EORTC Pharmacokinetics and Metabolism Group--Dec. 14-17, Cambridge, UK. Modern anticancer drug development. Contact Dr. P. Workman, Chairman PAM Group, Clinical Oncology & Radiotherapeutics Unit, Medical REsearch Council Centre, Hillis Road, Cambridge CB2 2QH, UK.

Xth Congress of Assn. of Radiation Oncologists of India--Dec. 16-19, Calcutta. Contact Dr. S.K. Ghosh, Cancer Centre, Calcutta 700 063, India.

FDA Oncologic Drugs Advisory Committee--Dec. 19-20, Parklawn Bldg Rms D and E, 5600 Fishers Lne, Rockville, MD. 9 a.m. both days, all open.

The Scientific and Clinical Basis of Cancer Biotherapy--Jan. 10-13, Franklin, TN. Comprehensive practical review of cancer biotherapy. Contact Lisa Hepler, Biological Therapy Institute, PO Box 1676, Franklin, TN 37065, phone 615/790-7535.

Cancer Research and AIDS--Jan. 11-13, Venice. Fifth international symposium by the French Assn. for Research on Cancer, European School of Oncology, and the U.S. NIH. Contact Coordinating Council for Cancer Research, 555 Madison Ave., Suite 2900, New York 10022, phone 212/319-6920.

Growth Regulation of Cancer--Jan. 21-27, Keystone, CO. Contact UCLA Symposia, 2031 Armacost Ave., Los Angeles 90025, phone 213/207-5042.

Genetic Mechanisms in Carcinogenesis & Tumor Progression--Jan. 21-27, Keystone, CO., contact UCLA Symposia, address above.

Immunogenicity--Jan. 21-28, Steamboat Springs, CO, contact UCLA Symposia, address above.

Role of DNA Viruses in Human Tumors--Jan. 22-26, Catamaran Resort Hotel, San Diego. AACR special conference in cancer research. Contact American Assn. for Cancer Research, 530 Walnut St., 10th Floor, Philadelphia 19106, phone 215/221-4565.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Jan. 26-27, NIH Bldg 1 Wilson Hall, 8:30 a.m. both days, all open.

Venezuelan Society of Oncology & Roswell Park Memorial Institute--Jan. 27-Feb. 1, Margarit Island, Venezuela. Contact Gilberto Castro-Ron, Policlinica Metropolitana, Unidad Dermatologia-4E, Urb. Caurimare, Calle A-1, Caracas, 1060 Venezuela.

Cancer Update--Jan. 27, London. Acute leukemia. Contact Conference Centre Manager, Royal Marsden Hospital, Fulham Road, London SW3 6JJ, UK.

FUTURE MEETINGS

Effects of Therapy on the Biology and Kinetics of Surviving Tumor--Feb. 15-19, Vancouver, BC. International symposium. Contact International Symposium Secretariat, Venue West, 801-750 Jervis St., Vancouver, BC, Canada V6E 2A9, phone 604/681-5226.

American Society of Preventive Oncology--March 20-21, Hyatt Regency, Bethesda. Annual meeting. Topics include selected maneuvers on disease prevention: balance between cancer and noncancer outcomes; behavioral and societal interventions in cancer control; etiology of breast neoplasia; hypothesis development; methodologic issues in the conduct of chemoprevention trials. Contact Richard Love, MD, ASPO, 1300 University Ave., 7C, Madison, WI 53706, phone 608/263-6919.

Costs, Quality, Choices and Other Conundrums--March 22-25, Washington DC. 15th annual meeting of the Assn. of Community Cancer Centers. Contact Carol Johnson, ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852, phone 301/984-9496.

Viruses and Cancer--April 6-7, Chapel Hill, NC. 13th annual symposium of the Lineberger Cancer Research Center. Contact LCRC, CB#7295, School of Medicine, Univ. of North Carolina, Chapel Hill, NC 27599, phone 919/966-3036.

National Melanoma Conference--April 14-15, Sir Francis Drake Hotel, San Francisco. Contact 415/595-2704; outside California, 800/222-8882.

Oral Complications of Cancer Therapies: Diagnosis, Prevention, Treatment--April 17-19, Masur Auditorium, NIH Clinical Center. NIH consensus development conference. Contact Kathleen Edmunds, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852, phone 301/468-MEET.

Fourth Princeton Liposome Conference--May 15-16, Scanticon Conference Center, Princeton, NJ. Design of delivery systems; liposomal amphotericin B; cancer chemotherapy; immunity and vaccines. Contact Susan Hernandez or Paula Pluta, Liposome Company Inc., 1 Research Way, Princeton Forrestal Center, Princeton, NJ 08540, phone 609/452-7060.

Transforming Growth Factor-Betas: Chemistry, Biology and Therapeutics--May 18-20, Key Bridge Marriott, Arlington, VA. Biological mechanisms, potential for therapeutic applications. Deadline for abstracts is Feb. 1. Send abstracts to Karl Piez, PhD, Collagen Corp., Celtrix Laboratories, 2500 Faber Place, Palo Alto, CA 94303. Abstract forms are not necessary. Piez is cochairman of the conference with Michael Sporn of NCI. For further information, contact Conference Dept., New York Academy of Sciences, 2 East 63rd St., New York 10021, phone 212/838-0230.

Gastrointestinal Cancer--Aug. 27-Sept. 1, Jerusalem. Second international conference. Deadline for abstracts is May 1. Contact the Conference Secretariat, PO Box 50006, Tel Aviv 61500, Israel.

1989 ACOS Cancer Management Courses. The following cancer management courses sponsored by the Commission on Cancer of the American College of Surgeons are scheduled for 1989, with persons to be contacted for each:

--Feb. 3-4, Bethesda, MD, cosponsored by the Uniformed Services Univ. of Health Sciences and Naval Hospital, Bimal Ghosh and John Spratt.

--March 10-11, Lubbock, TX, cosponsored by St. Mary of the Plains Hospital, David Close.

--April 21-22, Seattle, cosponsored by Virginia Mason

Medical Center, Philip Jolly.

--May 12-13, Louisville, cosponsored by the James Graham Brown Cancer Center, John Spratt.

--June 8-9, Little Rock, Robert Janes, James Bledsoe and John Burge.

--July 21-22, St. Louis, William Kraybill.

--Aug. 25-26, Buffalo, cosponsored by Roswell Park Memorial Institute, Douglas Holyoke and Lemuel Herrera.

--Sept. 8-9, Eugene, OR, Christopher Lim.

The individuals may be contacted through the American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312/664-4050.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Executive Plaza room number shown, National Cancer Institute, NIH, Bethesda, MD 20892. Proposals may be hand delivered to Executive Plaza, 6130 Executive Blvd., Rockville, MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CP-95611-21

Title: Support services for biochemical epidemiology

Deadline: Approximately Jan. 21

This will be a 100 percent small business set aside with a size standard of 500 employees.

The Environmental Epidemiology Branch and the Laboratory of Human Carcinogenesis of NCI's Div. of Cancer Etiology are soliciting proposals for support services for biochemical epidemiology projects. This is recompetition of a contract held by Microbiological Associates.

Primary objectives of this contract are support services which include (1) bioprocessing, inventorying, storing and distributing biological materials; (2) support to field centers for the collection and shipment of biospecimens; (3) identifying and selecting subcontract laboratories to perform support services required by NCI; (4) monitoring subcontract laboratories to ensure the production of high quality data and fulfillment of contractual obligations; (5) ensuring that data and other end products of subcontract laboratories are acceptable, complete and in the proper format prior to their transfer to NCI; and (6) transferring unused and residual biospecimens to a long term storage facility.

Additionally, the contractor must meet with the NCI project officer as frequently as necessary, often on a daily basis. The contractor shall maintain a laboratory capable of processing and storing a wide range of biospecimens, including but not limited to serum, plasma, red blood cells, white blood cells, urine, feces, saliva and tumor tissue.

The contractor shall maintain a repository for biospecimens to be managed under this effort utilizing freezers furnished by the government or purchased under this acquisition. An on line computerized biospecimen inventory system, provided by NCI, shall be utilized by the contractor. The contractor or anyone employed by the contractor's organization shall be ineligible to compete for subcontracts awarded by the prime contractor under this acquisition.

Contract Specialist: Barbara Shadrick

RCB Executive Plaza South Rm 620

301/496-8611

RFP NCI-CP-95615-21

Title: Support services for biostatistical and analytical studies

Deadline: Approximately Jan. 6

The Biostatistics Branch of the Div. of Cancer Etiology is soliciting proposals for support services for biostatistical and analytical projects. The contractor will support data collection activities for almost 20 projects.

The studies to be supported by this contract are designed by NCI investigators who also analyze and interpret study results. The contractor must be capable of providing support for a number of studies conducted simultaneously in widespread geographic regions of the U.S. and other countries, including the Peoples Republic of China. A listing of the proposed studies to be supported by this contract will be provided in the RFP package. A critical capability of the contractor will be to respond quickly to changes in priority and to supply support to urgent new efforts.

Types of support needed in the conduct of studies will vary, but may include (1) study initiation and liaison; (2) preparations of study materials and procedures; (3) hiring, training and supervising abstractors, coders, interviewers, tracers and field supervisors; (4) data collection; (5) data preparation; (6) data processing, which shall include the design and organization of a computer system to efficiently record and maintain the data in a manner which best facilitates analysis; and (7) study monitoring, quality control and reporting.

The contractor will be expected to utilize the NIH computer facility which has IBM computers which are accessed by remote terminals to be provided by the contractor on the contractor's premises.

The contractor must demonstrate how it will ensure that contract personnel will be available for extended foreign travel, particularly to China, and must also demonstrate how it will accomplish the task of attendance to face discussions on a nearly daily basis with the NCI project officers.

Contract Specialist: Barbara Shadrick

RCB Executive Plaza South Rm 620

301/496-8611

RFAs Available

RFA 88-CA-18

Title: Identification and evaluation of molecular probes for pathological classification of human astrocytomas.

Application receipt date: Jan. 16

This RFA (previously announced in **The Cancer Letter** Sept. 23) initially was announced as limited to institutions in the U.S. After further consideration, NCI said it believes there may be opportunities for institutions in Canada and Mexico to submit applications through this RFA and to participate effectively with this multi-institutional cooperative study.

This expansion will ensure that important patient populations, scientists and clinicians in these countries will not be excluded, NCI said.

Copies of the complete RFA may be obtained from Doris Balinsky, PhD, Program Director for Biochemistry and Immunodiagnosis, Div. of Cancer Biology & Diagnosis, NCI, Rm 10A10 Westwood Bldg, Bethesda, MD 20892, phone 301/496-1591.

The Cancer Letter — Editor Jerry D. Boyd

Associate Editor Patricia Williams

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