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Institute Of Medicine Report Says Insurers Should Pay Patient Care Costs In Clinical Trials

Third party payers, government and nongovernment, should be required through changes in Medicare regulations and actions by state regulatory agencies to pay patient care costs for those enrolled in approved clinical investigation protocols,

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In Brief

Broder Keynote Speaker At ACCC Meeting; Tefft To Head Radiation Therapy At Cleveland Clinic

. . . **NCI DIRECTOR** Samuel Broder will be the keynote speaker at the awards luncheon April 1 during the 15th annual meeting of the Assn. of Community Cancer Centers in Washington. The meeting will start March 29. "Quality vs. Reimbursement and Other Conundrums" is the theme of the meeting. A special preconference meeting for attendees involved with the Community Clinical Oncology Program is scheduled for March 29 at 10:30 a.m. . . . **MELVIN TEFFT,** chairman of radiation therapy at Rhode Island Hospital and professor of radiation medicine at Brown Univ., has been named chairman of the Dept. of Radiation Therapy at the Cleveland Clinic Foundation. He will assume the new position May 15. . . . **SOUTHERN RESEARCH** Institute has appointed three new section heads in the Biochemistry Research Dept. **Lee Wilkoff** heads the Cell Science Section; **Pat Noker,** the Biochemical Pharmacology Section; and **Jasbir Kahlon,** the Viral Epidemiology & Disease Control Section. . . . **TWIN DAUGHTERS** Sarah Courtney and Ashley Brooke were born Dec. 20 to Terri and Chuck Coltman of San Antonio. The mother is with the Cancer Therapy & Research Foundation of South Texas, the father is chairman of the Southwest Oncology Group and current president of the American Society of Clinical Oncology. . . . **"WE WOULD** much rather have the slots than the stipend increases," Susan Horwitz, cochairman of pharmacology at Albert Einstein College of Medicine, told Samuel Broder last week. Broder had explained to the Div. of Cancer Treatment Board of Scientific Counselors that the increases in stipends for National Research Service Awards, with no extra money appropriated to cover the raises, would result in a reduction of 70 awards this year from the 1,450 supported in 1988. Horwitz, a member of the Board, argued that institutions "can supplement the stipends, but we need the positions. Everything we do depends on bringing bright young people into research."

IOM Report Says Insurers Should Pay Patient Care Costs In Clinical Trials

(Continued from page 1)
a report by a committee of the Institute of Medicine recommends. The report, which probably will be released next week, was in response to a request from NIH to IOM for an assessment of the availability of appropriate resources for research related to patients.

Paul Marks, president of Memorial Sloan-Kettering Cancer Center, chaired the committee. Members included Samuel Wells, chairman of surgery at Washington Univ. and a member of the National Cancer Advisory Board; and Louis Lasagna, dean of graduate biomedical sciences at Tufts Univ. and chairman of the committee currently investigating FDA's review process for cancer and AIDS drugs.

The committee addressed four major issues and developed recommendations for each. The recommendations reflect in general those developed by the American Society of Clinical Oncology as presented by Karen Antman, chairman of ASCO's Public Issues Committee.

Fuding of clinical investigation in the U.S.

1. Payment of standard patient care costs. "Third party payers (government and nongovernment) should pay the necessary and appropriate patient care costs for beneficiaries enrolled in approved clinical investigation protocols. This requires a clarification in current Medicare regulations involving definitions of medically necessary care. State regulatory agencies should require conforming changes by all other third party payer policies."

2. Payment of patient care costs in specific disease settings. "There are diseases for which appropriate and required care involves investigational protocols. Such diseases include certain types of cancer, genetic diseases, and possibly other severe, life threatening diseases. In these cases, third party payers (government and nongovernment) should pay the standard patient care costs while costs related to the investigational conclusions should be borne by the sponsoring agency."

3. Payment for clinical trials. "The committee believes that third party payers should seek to participate in funding of clinical trials above and beyond reimbursing for standard patient care costs. This approach provides the potential to increase the efficacy and cost effectiveness of diagnosis and treatment, thereby allowing for the possibility of significant financial gain in the long run."

4. Increase in NIH funding clinical investigation. "The data presented to the committee indicated that the amount being spent for clinical trials represents approximately six to seven percent of the total NIH budget. Although it was not possible to document the overall sum being spent on clinical investigation, it was the committee's judgment that increased support for clinical investigation would be valuable, preferably from new sources, but as a product of redistribution if necessary."

Training of the young clinical investigator in the U.S.

1. The program. "A national training program that annually produces approximately 1,000 new, well trained clinical investigators is estimated to be necessary to replace U.S. medical school faculty members who leave their investigative careers. Each MD trainee should receive up to five years of experience (which follows the standard clinical residency training), proceeding from closely supervised training experience and moving toward increasing independence. This five year period should include at least one year of clinical subspecialty training since it is impossible to develop clinical investigators who lack knowledge of the particular discipline involved. The postgraduate training period for the MD/PhD fellow may require a shorter period than five years (e.g., perhaps three), one of which should include clinical subspecialty training.

"National training programs are essential for clinical investigators in other health professions such as nursing, clinical psychology or dentistry. These programs should prepare them to make scientific contributions to health care within their fields and should include those aspects of training described below."

2. Methods of training. "The training program should include, in addition to opportunities to master the fundamental biomedical science, design and responsible conduct of clinical trials, including a solid foundation in areas such as clinical trials methodology, biostatistics, clinical epidemiology and clinical pharmacology. In addition, efforts must be made to enhance an awareness of the ethical, social and economic factors related to clinical investigation."

3. Financing. "NIH institutional clinical research training grants should continue and be expanded to become the major funding

source for the first three years of this program. In some instances, individual fellowships may be utilized to support the first three years. In most cases, the final two years should be competitively funded by a mechanism similar to the NIH career development awards. Medicare should include, in its payment for hospital services, graduate medical education costs for the time that persons in formal clinical investigation training programs spend in direct standard patient care beyond the required residency years. Pharmaceutical and medical devices companies should continue and expand funding for training of clinical investigators."

4. Career path stabilization. "The clinical investigational trainee should be in a national system that provides career stabilization and secures ultimate entry into a track toward tenure. The academic institutions and the training program directors should encourage and follow the trainees. Furthermore, they must be held accountable for this process at the time of peer reviewed renewal of the research training awards."

5. Data collection. "There should be a national program to collect appropriate data on clinical investigator training and outcomes."

Resource considerations and necessary organization and structure of clinical investigation

1. Data collection on funding for clinical investigation. "NIH grants supporting patient related clinical research should be specifically tracked. These should be separated from studies which, for example, use human tissue but do not specifically involve subject-investigator contact. Currently, it is not possible to distinguish between these types of human investigations because all of the applications are categorized only as to whether or not human subjects are involved."

2. RO1 mechanism to fund clinical investigation. "An RO1 mechanism dedicated to patient related clinical studies should be developed. NIH research grants that represent studies ready for patient application should be reviewed by study sections set up for this purpose. The number of study sections, as well as the qualification of the members of these study sections, would be determined over time by the number and orientation of the grants submitted. Since the studies under review would be only those that are ready for patient application, the basic research leading up to the proposal would be supported primarily by other mechanisms. All such studies would continue to be funded by the relevant institutes following current advisory council/board procedures."

3. Funding of general clinical research centers. "Funding and the mission of general clinical research centers should be expanded. (This type of center) has proven successful in the application of basic research advances to the bedside. While the most appropriate mechanism continues to be NIH, methods must be encouraged to allow support from other sources such as the pharmaceutical industry."

Other recommendations under resource considerations deal with the need for conflict of interest guidelines, reducing time for review of new drugs by FDA, exclusion of some patient groups such as children, women, elderly and minorities from many clinical trials, and increasing patient accrual to clinical studies.

The final issue, outcome assessment research, presented recommendations for increased scientific evaluation of outcomes, increase in funding outcome assessment, and NIH's role in outcome assessment.

DCT Board Approves Three New RRP, CTEP Grant Supported Programs

Three major new grant supported programs were given concept approval by the Div. of Cancer Treatment Board of Scientific Counselors at its last meeting.

Altogether, the grants, proposed by the Cancer Therapy Evaluation Program and the Radiation Research Program, would total $3.3 million a year.

While two of the grant programs were approved unanimously, a third, involving PET studies of brain tumor metabolism, was questioned by several Board members who appeared concerned about the cost of the project--$900,000 a year--and its approach.

Board Chairman John Niederhuber voted against the proposal and members John Mendelsohn and Susan Horwitz abstained. Niederhuber indicated he opposed using the RFA mechanism for PET research. Mendelsohn said he abstained because, "I'm not convinced you'll get an answer (to the research questions posed by the grant proposal)."

Therapeutic Correlates of Drug Resistance. Four to six grants, five years each, with an estimated total cost of $1.5 million a year.

The Cancer Therapy Evaluation Program has proposed these new grantsto provide funding for the application of preclinical advances to clinical trials, to correlate the results of laboratory research assays with

results on clinical trials, and if possible, determine clinically relevant means of overcoming drug resistance.

NCI supports extensive research in the clinic and laboratory to detect and understand the emergence of treatment resistant malignancies through contracts, grants and cooperative agreements. Such efforts form the basis for the development of treatment modalities to circumvent acquired drug resistance. However, as promising scientific advances occur in the laboratory, there is insufficient support for methods to rapidly assess the potential clinical relevance.

This project will fund multiple institutions to determine the correlation between acquired antineoplastic drug resistance and clinical outcome. Support will be provided to institutions with established clinical, laboratory and statistical resources to obtain tumor tissue for assays of drug resistance and to correlate the results of such assays with treatment outcome. The term "correlation" is defined in a broad context and includes, but is not limited to, assessment of resistance and correlation with treatment response in the following settings: (a) a clinical trial which measures drug resistance in the laboratory of tumor samples obtained prior to treatment and at the time of recurrence or progressive disease and, (b) a clinical trial which studies patients whose tumors are assessed in the laboratory as drug resistance, and treatment includes the drug for which resistance was demonstrated in combination with an agent directed at overcoming or reversing the drug resistance.

Horwitz commented that the drug resistance grant is "a very good idea, but are we ready for this? These have to be very good grants."

DCT Director Bruce Chabner said the applications would go through the usual peer review process. "We think there are some interesting leads now and we need to put some money in to take advantage of the opportunities," he said.

Board member Robert Schimke said the grant is "a very good idea, the money won't be wasted." It was approved unanimously.

Clinical PET Studies of Brain Tumor Metabolism. Six grants, five years each, estimated total cost $900,000 a year.

The Radiation Research Program proposed the concept to advance the use of positron emission tomography in evaluating essential features of tumor metabolism to improve the knowledge of tumor growth, effects of therapy and patient prognosis and management.

PET has ideal properties for evaluating essential features of tumor metabolism. In comparison to the tissues from which they arise, tumors have an accelerated intermediary metabolism, and this may be used as a basis for characterizing tumor aggressiveness and response to specific antineoplastic therapy. It was the consensus of a recent workshop that the time was ripe to exploit advances in understanding distinctive tumor metabolism and the technology of PET, to develop clinically useful analytic methods for assessing regional glucose metabolism, protein synthesis and DNA synthesis.

Based on successful studies at NIH for brain tumors, it appears that PET studies of the metabolism of other tumors are likely to result in improved knowledge of tumor aggressiveness and patient prognosis. PET studies on response to radio and chemotherapy, choice of optimal site of biopsy to obtain a maximally representative sample of tumor, better distinction between local tumor invasion and the response of normal tissue, may improve surgical treatment planning of cancer patients.

The aim of this RFA is to support meritorious research in the use of PET for brain tumor imaging, tumor metabolism, malignant tissue resistance to antineoplastic therapy and many other aspects of imaging and therapy of brain tumors. PET is unique among other imaging modalities. It provides regional and global information about physiology or chemistry within body organs with high sensitivity and specificity.

Niederhuber asked Radiation Research Program Director John Antoine whether it is necessary to put out an RFA to encourage PET research. "Most PET institutions are research institutions," he said. "Isn't it better to use the standard program project mechanism?"

Antoine said PET research is a rapidly developing area and more medical schools are interested in working with the technology. "The Board could do a service by getting the science done on PET before it is in widespread use," he said. "If we can get this answer in brain tumors, we would have a significant advance."

Other members spoke in support of the proposal. William Hryniuk said PET "is a powerful tool and may be a way to identify patients early. We shouldn't underestimate the power of this technique."

Board member James Cox said he also supported the concept. "This is probably one of the hottest predictive assays, and it is ultimately noninvasive."

National Collaborative Clinical Trials: Carcinoma of the Head and Neck and Musculoskeletal Tumors. Five to six cooperative agreements, four years each, estimated total cost $900,000 a year.

RRP proposed the concept to permit the addition of two more tumors to the multi-institutional studies now in progress involving the Radiation Diagnostic Oncology Group.

The objective of this study would be to diagnose, stage and monitor head and neck and musculoskeletal tumors emplying single or multiple technologies of new and advanced type. Furthermore, to develop algorithms for the appropriate sequential selection of these diagnostic procedures. Related aims will be improved quality and cost reduction of the diagnostic procedure.

Several imaging technologies of recent development (magnetic resonance, computed tomography, ultrasound, digital radiography, positron emission tomography, single photon emission tomography) have reached a stage of development which justifies investigation into the capacity of each of these modalities to detect cancer and to determine its exent, that is, to stage the disease employing a single modality or a combination of modalities, and to monitor therapy. Early assessment of these technologies is important for evaluating their impact on the management of cancer.

Many studies have been carried out using these various technologies and have been reported in the literature. However, such studies usually consist of small numbers of cases so that statistical data have remained questionable. Furthermore, the objectives of the studies have been diverse. Since one modality seldom provides all of the information needed, various combinations of the different technologies have been employed, but without successful solution of the proper sequence of the modalities. The algorithms employed at a given instititution have represented opinions based on logic but not necessarily on fact.

This study will be added to the ongoing multi-institutional studies now in progress. That is, diagnosis, staging and monitoring of carcinomas of the lung, the prostate, the colon/rectum and the pancreas. The ongoing studies have an operations control center and statistical center. These same centers would provide services for the new initiative.

These funds would bring to six the number of tumor sites being studied for the most direct and efficient diagnosis, staging and monitoring of tumors employing imaging methodology.

The concept was approved unanimously.

DCT Board Will Not Reopen Funding For Construction Of Proton Beam Lab

The Div. of Cancer Treatment Board of Scientific Counselors voted last week not to reopen funding for facilities or equipment for heavy particle accelerators. The Board's negative action was taken in the face of enthusiastic approval by an ad hoc committee established to review a request for NCI assistance in replacing and upgrading existing facilities.

The request, by the Harvard Cyclotron Laboratory, Massachusetts General Hospital and the Massachusetts Eye & Ear Infirmary, asked the Board to reconsider its policy discouraging funding requests for construction of heavy particle accelerators. That policy has been in effect since the funding, beginning in 1978, of four neutron generators.

The Board's negative vote, taken in a closed session, was based on the limited DCT budget and the relatively small number of tumors demonstrated so far as better treated by heavy particle therapy. The vote does not mean that institutions cannot submit grant applications for support of heavy particle therapy facility development. It is unlikely that those applications would be funded, considering the opposition of DCT's Board, although the reviewing study section and the National Cancer Advisory Board would have the final say.

Built in the 1940s

Herman Suit of Massachusetts General Hospital's Dept. of Radiation Medicine asked the Board for "approval to apply" for NCI support for replacement of Harvard's cyclotron. The machine, intended for physics research, was built in the 1940s and is nearing the end of its useful life.

At the hospital's request, the Board formed a committee last fall to visit the cyclotron lab to see the work being performed there, and to reconsider the policy on funding accelerators.

Since 1974, a group of physicians, physicists and engineers from the three institutions have conducted clinical investigations of proton beam therapy. They have treated 1,880 cancer patients.

Proton beams permit radiation to be deposited in a defined volume of tissue, sparing the surrounding tissue. Almost no radiation is deposited beyond the site of the maximum dose, or target volume. This provides a much higher dose in tumor bearing tissue than in surrounding normal tissue.

The Harvard Board of Trustees has said it would allocate land and start a capital campaign for a. building to house the new machine at the hospital if the group got independent peer review of its work, and some outside funding.

Suit asked the DCT Board whether NCI would be receptive to an application for partial support of the proton unit. A new heavy particle accelerator would cost nearly $21 million. Suit estimated it will cost about $5 million a year to pay for the operation of the machine, beam delivery and patient support.

"We are aware that funds are not lush (at NCI), but we would be appreciative of any funds NCI can give, and we ask NCI for support to get funds from other institutions," Suit said.

The Harvard cyclotron is a fixed horizontal beam, requiring the patient to be positioned. Also, it is not in a hospital setting.

Suit said a new cyclotron with a rotating gantry is needed. The unit would have three treatment bays, allowing the researchers to put large numbers of patients through phase 3 trials.

The Board committee that visited the cyclotron lab recommended supporting an application.

In its report, the committee, chaired by James Cox of M.D. Anderson Cancer Center, commended the group's work.

"It is difficult to justify a nonreceptive attitude towards a grant application when replacement of a technologically out of date, existing facility is involved, and when the research group involved has a record of substantial contributions," the report said. "Over the past two decades, the Harvard group has treated as many patients as all other proton facilities in the world combined."

The group "has an outstanding record over the past 15 years in developing proton therapy within the physical limitations imposed by the design of a cyclotron intended for physics research," the report said. "They have pioneered in treatment planning and delivery techniques for protons, including development of patient positioning techniques, dosimetric methods, 3D treatment planning and sophisticated beam delivery techniques."

Some of those techniques are now used in conventional radiation therapy.

The cyclotron "is a valuable tool for investigating dose response relationships for tumor control and normal tissue injury," the committee said.

The group's clinical trials have demonstrated "highly successful local control and survival" in several tumor types, the report said. Those are:

--Base of skull chordoma and chondrosarcoma. The group got an 80 percent five year control and survival rate in a trial involving 105 patients.

--Soft tissue sarcoma. About an 85 percent local control rate in 65 patients.

--Paraspinal sarcoma. No radiation myelitis and 100 percent local control in a trial involving 16 patients.

--Prostate T3 cancer. A randomized study involving 150 patients found no decrease in local control or increased morbidity using proton beam therapy.

--Uveal melanoma. A trial involving 1,000 patients achieved 98 percent local control, 95 percent eye retention and an 80 percent five year survival rate.

--Meningioma. A study of 12 patients achieved 100 percent local control.

--Craniopharyngioma. A study of 24 patients achieved 100 percent local control.

The group is designing studies to exploit dose localization with protons for stage 4 carcinoma of the nasopharynx and glioblastoma multiform. Those studies are expected to begin this year, Suit said.

Other studies the group wants to do include carcinoma of the rectum, head and neck, cervix and bladder. The group intends to collaborate with the Lawrence Berkeley Laboratory and Loma Linda Univ. on some studies.

NCI Advisory Group, Other Cancer Meetings For March, April, Future

Clinical Advances in Biotechnology--March 1, Hyatt Regency, Chicago. Contact Communitech Market Intelligence Inc., phone 914/245-7764.

Health Care for Women--March 2-4, Palm Springs, CA. Second annual symposium sponsored by the Univ. of California (Irvine) Cancer Center. Contact Marianne French, RN, Cancer Center, UCI Medical Center, 101 City Dr., Bldg 44, Rt. 81, Orange, CA 92668, phone 714/634-5081.

EORTC G.I. Tract Cancer Cooperative Group--March 3-4, Brussles, Belgium. Contact Prof. Dr. U. Metzger, Dept. Chirurgie, Universitatsspital, 8091,Zurich, Switzerland.

Biennial International Breast Cancer Research Conference--March 5-9, Tel Aviv Hilton Conference Center, Tel Aviv, Israel. Contact Dr. Iafa Keydar, Dean, Faculty of Life Sciences, Tel Aviv Univ., Ramat Aviv 69978, Israel, phone 972/3-413532.

Biennial Conference on Chemotherapy of Infectious Diseases and Malignancies--March 5-8, Montreux, Switzerland. Contact Congress Secretariat, PO Box 700640, D-8000 Munich 70, FRG, phone 089/780-9170.

Therapeutic Endoscopy and Bleeding Ulcers--March 6-8, NIH Clinical Center. Contact Susan Wallace, Prospect Associates, phone 301/468-6555.

Symposium Cancer du Pancreas--March 6-7, Paris, France. Contact Mme. S. Villedieu, Institut Curie, 26, rue d'Ulm, 75231 Paris Cedex, 05, France.

President's Cancer Panel--March 6, Howard Univ., Washington DC, 9 a.m.-12:30 p.m., open.

Sixth NCI-EORTC Symposium on New Drugs in Cancer Therapy--March 7-10, Amsterdam, Netherlands. Contact EORTC New Drug Development Office, Free Univ. Hospital, PO Box 7057, 1007 MB, Amsterdam, Netherlands, phone (0)20/548-5192.

Advanced Course in Cancer Pain Control--March 9-10, Oxford, UK. Contact Study Centre Coordinator, Sir Michael Sobell House, The Churchill Hospital, Oxford OX 3, 7LJ, UK.

Cancer Management Course--March 10-11, Lubbock, TX. Sponsored by Commission on Cancer, American College of Surgeons and St. Mary of the Plains Hospital. Contact Dr. David Close, Cancer Dept., American College of Surgeons, 55 E. Erie Street, Chicago, IL 60611, phone 312/664-4050.

Advances in Clinical Oncology--March 11-17, Snowbird, Utah. Contact Mary Humphrey, Arizona Cancer Center, Tucson, AZ 85724, phone 602/626-2276.

Papillomaviruses--March 11-18, Taos, NM. Contact UCLA Symposia, 2032 Armacost Ave., Los Angeles, CA 90025, phone 213/207-5042.

Current Problems in Breast Cancer--March 12-15, Vienna, Austria. Contact Secretariat, International College of Surgeons, E. Ribar-Maurer, c/o Weiner Medizinishe Akademie, Alser Strasse 4, A-1090 Vienna, Austria.

Cancer Research Manpower Review Committee--March 16-17, Guest Quarters Hotel, Bethesda. Open March 16, 8:30-9 a.m.

Advances in Cancer Treatment Research and Autologous Bone Marrow Transplantation Symposium--March 16-18, Grand Hyatt Hotel, New York City. Contact Office of Continuing Medical Education, Albert Einstein College of Medicine, Montefiore Medical Center, 3301 Bainbridge Ave., Bronx, NY 10467, phone 212/920-6674.

Radiation Research Society and North American Hyperthermia Group--March 18-23, Seattle, WA. Annual meetings. Contact Radiation Research Society, 1101 Market St., 14th Floor, Philadelphia, PA 19107, phone 215/574-3153.

Cancer Biology & Immunology Contract Review Committee--March 20-21, Guest Quarters Hotel, Bethesda. Open March 20, 9-9:30 a.m.

American Society of Preventive Oncology--March 20-21, Hyatt Regency, Bethesda, MD. Contact Dr. Richard Love, American Society of Preventive Oncology, 1300 University Ave.7C, Madison, WI53706, phone 608/263-6919.

Advances in Cancer Control--March 22, Guest Quarters Hotel, Bethesda. Contact Linda Morgan, Div. of Cancer Control, Fox Chase Cancer Center, Philadelphia, PA 19111, phone 215/728-2986.

EORTC G.I. Tract Cancer Cooperative Group--March 22-23, Nijmegen, Netherlands. Contact Prof. Dr. U. Metzger, Dept. Chirurgie, Universtatsspital, 8091, Zurich, Switzerland.

Cancer Update--March 24, London, UK. Contact Conference Centre Manager, Royal Marsden Hospital, Fulham Road, London, SW3 6JJ, UK.

Cancer Clinical Investigation Review Committee--March 27-29, Guest Quarters Hotel, Bethesda. Open March 27, 7-7:30 p.m.

Molecular Mechanisms in DNA Replication and Recombination--March 27-April 3, Keystone, CO. Contact UCLA Symposia, 2032 Armacost Ave., Los Angeles, CA 90025, phone 213/207-5042.

Assn. of Community Cancer Centers--March 29-April 1, Washington, D.C. 15th national meeting. Contact

Carol Johnson, ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852, phone 301/984-9496.

Cancer Centers Support Grant Review Committee--March 30-31, Holiday Inn Crowne Plaza, Rockville, MD. Open March 30, 8:30-9:30 a.m.

Monoclonal Antibody Immunoconjugates for Cancer--March 30-April 1, San Diego, CA. Contact Cass Jones, Meeting Management, 3770 Tansy St., San Diego, CA 92121, phone 619/453-6222.

Oncogenes and Oncosuppressor Genes--March 30-April 1, Athens, Greece. Contact Prof. D.A. Spandidos, National Hellenic Research Foundation, 48, Vass. Constantinu Ave., Gr-11635 Athens, Greece.

Meeting Patient and Family Support and Referral Needs--April 1, 18, 15, at Westmoreland County Community College, Youngwood, PA; and April 24,25, May 1, at Butler County (PA) Community College. Three day courses sponsored by Community Cancer Care of Pittsburgh. Contact Karen Robinson, Pittsburgh Cancer Institute/School of Nursing, 412/624-4785.

In Vitro Toxicology: New Directions--April 4-5, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD. Contact Program Coordinator, Office of Continuing Education, Turner 22, 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-2959.

Diagnosis and Treatment of Neoplastic Disorders: Medical, Surgical and Radiotherapeutic Aspects--April 6-7, Baltimore. Contact Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Bldg, 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-2959.

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

Immunology and Biologic Control of Cancer--April 9-11, Nice. **Cancer in Patients with AIDS**--April 12, Nice. **Perspectives and Trends in Cancer Prevention and Detection**--April 13-15, Nice. Contact H.E. Nieburgs M.D., International Society for Preventive Oncology, 217 E. 8th St. Suite 303, New York 10028, phone 212/534-4991.

British Assn. for Cancer Research and Assn. of Cancer Physicians--April 10-12, Glasgow. Annual meeting. Contact Mrs. B. Cavilla, Institute of Biology, 20 Queensberry Pl., London SW7 2DZ, United Kingdom.

Care of the Patient with Advanced Cancer--April 10-14, Oxford, UK. Contact Study Centre Coordinator, Sir Michael Sobell House, Churchill Hospital, Oxford OX3 7LJ, UK.

Strategies in Cancer Medical Therapy: Biological Bases and Clinical Implications--April 12-15, Rimini, Italy. Contact Dr. Ruggero Ridolfi, Oncology Dept., Ospedale Pierantoni, Via Forlanini, 47100 Forli, Italy.

J. Donald Woodruff Symposium on Gynecologic Oncology--April 13-14, Lord Baltimore Radisson Plaza Hotel, Baltimore, MD. On April 15, the Houston Everett Memorial Course in Gynecologic Urology. Sponsored by Dept. of Obstetrics and Gynecology, Johns Hopkins Medical Institutions. Contact Office of Continuing Education, Turner Building, 720 Rutland Ave., Baltimore, MD 21205 phone 301/955-2959.

National Melanoma Conference--April 14-15, Sir Francis Drake Hotel, San Francisco. Northern California Cancer Center and the Melanoma Foundation. Phone (within California) 415/595-2704; outside California, 800/222-8882.

Cell Regulators and Cancer--April 14, Memphis. Dorothy Snider Foundation Forum on Cancer Research. Contact Dr. James Hamner, Forum Director, Univ. of Tennessee (Memphis), 62 S. Dunlap Rm 507, Memphis, TN 38163, phone 901/528-6354.

American Radium Society--April 15-19, Stouffer Grand Beach Resort, St. Thomas, U.S. Virgin Islands. Contact Suzanne Bohn, Administrative Director, American Radium Society, 1101 Market St., 14th Floor, Philadelphia, PA 19107, phone 215/574-3179.

European Assn. for Cancer Education--April 16-19, Athens. Second annual scientific meeting. Contact Dr. W. Bender, Centre for Medical Education Research & Development, PO Box 30.001, 9700 RB Groningen, The Netherlands.

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

Chemoprevention--April 19, Chicago. Illinois Cancer Council spring clinical trials meeting. Contact Sharon Talarek, ICC, 312/346-9813.

Cancer Management Course--April 21-22, Virginia Mason Medical Center, Seattle. Contact Philip Jolly, MD, FACS, Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312/664-4050.

Cultural and Religious Diversity: Implications for Health Care Professionals--April 25-26, Calvary Hospital, Bronx, New York. Contact Sr. Patricia Sheridan, Calvary Hospital, 1740 Eastchester Rd., Bronx, NY 10461, phone 212/518-2259.

Molecular Basis of Cell Growth Regulation--April 30-May 10, Mallorca, Spain. Contact Dr. Mariano Barbacid, Dept. of Molecular Biology, Squibb Institute for Medical Research, PO Box 400, Princeton, NJ 08543.

FUTURE MEETINGS

Photosensitization: Medical and Environmental Applications--May 1-3, Toledo. Intensive short course. Contact Pat Green, Center for Photochemical Sciences, Bowling Green State Univ., Bowling Green, OH 43403, phone 419/372-2033.

Great Lakes Symposium on Photodynamic Cancer Therapy--May 4-5, Toledo. Contact Office of Continuing Medical Education, Medical College of Ohio, C.S. 10008, Toledo 43699, phone 419/381-4237.

Frontiers in Cancer Research--May 16-17, New York. Contact Julie Beaver, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York 10021, phone 212/639-3573.

Molecular Events in Mutation and Cancer--May 21-23, Tiburon, CA. Third AACR Special Conference in Cancer Research. Participation is by application only. March 15 is the deadline for applications. For copies of the application form, contact American Assn. for Cancer Research, phone 215/440-9300.

Ovarian Cancer: Problems but Progress--June 14, Cleveland. Contact Cleveland Clinic Educational Foundation, Dept. of Continuing Education (TT31), 9500 Euclid Ave., Cleveland, OH 44195, phone (local) 444-5696; (Ohio) 800/762-8172; (outside Ohio) 800/762-8173.

Oncogenes--June 27-July 1, Frederick, MD. Fifth annual meeting on oncogenes sponsored by Foundation for Advanced Cancer Studies. Contact Margaret Fanning, FACS, PO Box 249, Libertytown, MD 21762, phone 301/898-9266.

Midwest Regional Oncology Conference--Oct. 19-20, Kansas City (incorrectly listed last month with a March date). Contact Beth Paul, 800/451-3182.

New Approaches to Problems in Radiation Oncology: Applications of Molecular Biology--Nov. 12-15, Tucson. Deadline for poster session abstracts is Aug. 15. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, 602/626-2276.

Adjuvant Therapy of Cancer--March 7-10, 1990, Tucson. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, 602/626-2276.

International Symposium on New Advances in Urologic Cancer Diagnosis and Treatment--June 27-29, Inter-Continental Hotel, Paris. Contact Gerald Murphy M.D., Senior Vice President/Medical Affairs, American Cancer Society, 3340 Peachtree Rd NE, Atlanta, GA 30026, phone 414/320-3333.

RFAs Available

RFA 89-CA-09
Title: Cancer prevention and control research small grants program
Application receipt date: May 5

NCI's Div. of Cancer Prevention & Control invites small grants research applications (RO3) in areas relevant to the cancer prevention and control program as noted below.

New as well as experienced investigators in relevant fields and disciplines (e.g., disease prevention and control, medicine, public health, health promotion, epidemiology, social work, nursing research, nutrition, health policy, health services research and behavioral sciences such as social psychology, health education, sociology, and community organization) may apply for small grants to test ideas or do pilot studies.

Up to 30 awards will be made under this RFA if meritorious applications and funds are available. Under previous RFAs, 79 awards have been made.

Cancer control program areas appropriate for research grants include human intervention research in the following areas:

*Prevention (chemoprevention, diet and nutrition intervention studies).

*Screening and early detection, e.g., pilot studies of new methods; application of NCI guidelines for early detection. In breast screening and detection, studies of breast self examination as a single modality will not be accepted.

*Cancer control sciences (studies to change current behaviors and/or institute new behaviors or health promotion interventions effective in reducing incidence, morbidity or mortality from cancer).

*Smoking prevention and cessation pilot studies targeted at improving utilization of current technologies in target populations or organizations are encouraged. Minor enhancements of existing technology are not encouraged.

*Applications research in modifying, feasibility testing, and adopting proven, state of the art intervention programs and strategies from other research projects (e.g., screening, smoking prevention, etc.) for use in special populations, state and local health agencies, or other organizational and community settings. In addition, planning, epidemiologic and survey studies aimed at developing cancer control interventions or cancer control operations research and evaluation studies.

*Community oncology (improving the application of patient management and continuing care research advances into community settings).

*Applied epidemiology (using epidemiologic methods to determine the association between exposure to an intervention and its impact on disease).

Studies to determine the efficacy of chemotherapy, surgery, radiotherapy and other primary treatment interventions are not considered cancer control research under this RFA. Animal studies are not allowed.

Total costs (direct plus indirect) must not exceed $35,000. The duration of support is one year but may be longer (up to two years) if the $35,000 funding limit is not exceeded for the entire project.

Applicants may be established researchers, new investigators, qualified staff of public health departments and collaborating agencies, and predoctoral investigators. Dissertation research proposals are allowed. The only ineligible applications are those individuals who are or have previously been principal investigator on an NCI funded cancer control grant or contract for more than two years; previous recipients (PIs) of a DCPC small grant; and foreign institutions.

Written and telephone inquiries are encouraged. Contact Carlos Caban, PhD, Program Director for Cancer Control Research, DCPC, NCI, Executive Plaza North Rm 218, Bethesda, MD 20892, phone 301/496-8577.

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 the 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-95620-32
Title: Field center for a case control study of cutaneous malignant melanoma
Deadline: Approximately May 1

The Environmental Epidemiology Branch of the Epidemiology & Biostatistics Program of NCI's Div. of Cancer Etiology is seeking contractors who will collaborate with the branch in a case control study of cutaneous malignant melanoma.

The primary responsibilities of the contract will be the accrual of newly diagnosed cutaneous malignant melanoma cases and matched controls and subsequent data collection. The scope of work includes collaborating on the development of data collection instruments, identifying study subjects, conducting detailed skin examinations with photography, obtaining pathology specimens, administering a questionnaire, and in some centers, collection of blood, skin, and tumor specimens (only collection and transportation of samples will be handled under this contract).

Field activities which will be performed by the successful offerors shall be under the supervision and guidance of a coordinating center. The coordinating center shall be a separate contractor performing the work under a second contract (see below).

It is anticipated that incrementally funded, cost reimbursement, completion type contracts will be awarded for a three year period.
Contract Specialist: Richard Hartmann
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CP-95643-32
Title: Coordinating center for a case control study of cutaneous malignant melanoma
Deadline: Approximately May 1

The Environmental Branch of the Div. of Cancer Etiology is seeking a contractor to supervise field activities in the case control study of cutaneous malignant melanoma. The primary responsibilities of the contract will be the quality control of all phases of data collection, development of data collection instruments, the training and supervision of field personnel, the guidance of field activities in multiple field centers, the monitoring of data collection, the coding and keying of data, and the creation and editing of data sets for analysis.

The field centers will be responsible for the actual data collection and shall be separate contractors performing work under separate contracts.

It is anticipated that an incrementally funded, cost reimbursement, completion type contract will be awarded for a three year period. A single award is anticipated for this project.
Contract Specialist: Richard Hartmann
RCB Executive Plaza South Rm 620
301/496-8611