

THE

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Clinical Trials, Centers Would Be First In Line For Money Added To Budget, Broder Tells Congress

Treatment and prevention clinical trials and cancer centers would be top candidates for additional funding if Congress were to add more money to the President's fiscal 1990 budget (Continued to page 2)

In Brief

Michael Grever Named DCT Deputy Director; MSK's Burton Lee New White House Physician

MICHAEL GREVER, associate professor of medicine in the Div. of Hematology/Oncology at Ohio State Univ., will be the new deputy director of NCI's Div. of Cancer Treatment. Grever, 43, received his M.D. degree from the Univ. of Pittsburgh. DCT Director Bruce Chabner has been without a deputy since Robert Wittes left late last year to join Bristol-Myers. Wittes had been filling the position on a part time basis (he was also director of the Cancer Therapy Evaluation Program) since the departure of Gregory Curt last summer. Curt has given notice at Roger Williams General Hospital in Rhode Island that he will return to NCI, probably no later than July 1, to head the Clinical Oncology Program, which has been without a director since Samuel Broder moved into the NCI director's office. . . . **BURTON LEE** has left Memorial Sloan-Kettering Cancer Center after 30 years there to become White House physician. Reportedly a longtime friend of President George Bush, Lee was officially appointed to the post this month. At Memorial, Lee specialized in cancers involving white blood cells and the lymph system. . . .

ROBERT HADSELL, former director of public information for Fox Chase Cancer Center and before that a branch chief in NCI's Office of Cancer Communications, is the new director of medical information for the Univ. of Texas Southwestern Medical Center in Dallas. **Barbara Blumberg**, Hadsell's wife, is director of patient education at Baylor Univ. Medical Center in Dallas. . . . **ROSEMARY ROMANO** has left as chief of the Information Projects Branch in the Office of Cancer Communications to become chief of the Public Information Branch in the Dept. of Health & Human Service Office of Smoking & Health. . . . **PAUL ENGSTROM**, vice president for cancer control at Fox Chase Cancer Center, has been named head of community cancer program activities for Fox Chase Network Inc., a subsidiary of the center. Engstrom's additional duties will involve overseeing community outreach programs associated with the Network's joint ventures.

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Clinical Trials And Cancer Centers Top Broder's Funding Wish List

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request for NCI, Director Samuel Broder told Congress last week.

In response to questions from members of the House Labor-HHS-Education Appropriations Subcommittee, Broder also said the proposed supercomputer upgrade is "one of the highest priorities," but that trials and cancer centers would take precedent.

Chairman William Natcher (D-KY) has said the subcommittee may propose adding \$500 million to the President's request of \$6.7 billion for NIH. He asked NIH Director James Wyngaarden to provide a list of how the money would be allocated among the institutes.

"We are criticized from time to time that we appropriate too much money for the Cancer Institute," Natcher said. "It doesn't bother this subcommittee. Whatever amount is necessary, we will put in for cancer."

In his first appearance before the subcommittee, Broder gave a forceful 10 minute presentation in response to Natcher's annual question, "Doctor, what can you tell us this year that you couldn't tell us last year?"

Broder listed NCI's work on interleukin-2/tumor infiltrating lymphocytes, suramin as a treatment for advanced prostate cancer, the clinical alert on adjuvant therapy for women with node negative breast cancer and dideoxyinosine for AIDS therapy as some of the last year's highlights.

"I wish to dispel the notion that we are not making progress in the control of common cancers," Broder said. "We have turned the tide of cancer in certain age groups."

Since 1973, the mortality rate has decreased for persons under age 65 in the following cancers: breast, liver, brain, pancreas, larynx, colorectal, leukemia, oral,

ovary, stomach, thyroid, bladder, uterus, cervix, Hodgkin's and testicular. The cancer death rate for children under age 15 also has decreased.

However, for those over age 65, mortality rates have increased for cancers of the lung, brain, melanoma, multiple myeloma, non-Hodgkin's lymphoma, kidney/renal, esophagus, ovary, prostate, breast, leukemia, pancreas and larynx.

Broder said he has asked all division directors to study the problem of the increasing mortality rates for older people, and the disproportionate cancer mortality rate of minorities.

In outlining the 1990 budget for NCI's non-AIDS activity, Broder noted the 5.3 percent increase for research project grants, the 3.4 percent increase in National Research Service Awards and the 5.8 percent increase for intramural research.

"These are important activities and we will continue our commitment to the basic science and clinical trials programs that these mechanisms support," he said.

However, Broder noted the budget contains decreases of 1.2 percent in funding for the Cancer Centers Program, a 5 percent drop in research management and support, which funds the Office of Cancer Communications and other information dissemination projects, and a 100 percent drop in funding for repairs at the Frederick Cancer Research Facility.

Natcher asked Broder about the effect of the decrease in the non-AIDS budget for cancer centers.

Five centers probably will not be funded in fiscal 1989 and another five may not receive funds in fiscal 1990, Broder said. He said a report by the Institute of Medicine on the centers is expected to be finished soon.

Natcher asked how many construction grants had been approved for funding and how many actually would receive funding from sources other than the federal government. There is no money in the President's 1990 budget for NCI (or any other NIH) funded construction.

Broder said about 15 grants worth about \$16 million have been approved, but at least 10 are unable to go forward due to lack of funds.

"What is the department's rationale for not requesting funds for extramural cancer construction?" Natcher asked.

Dennis Williams, deputy assistant secretary for the budget at HHS, said the department is organizing a conference "to bring all relevant

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information together so a reasonable judgement can be made about the need."

[Ed. note: This would be one more in a seemingly endless series of "conferences" and "surveys" to look at biomedical research construction needs. The National Cancer Advisory Board conducted a survey 10 years ago which found that cancer related facility needs required \$20 million a year in 50-50 matching funds for at least five years; a survey sponsored by Armand Hammer and the American Cancer Society five years ago came up with a similar estimate; and last year, a panel convened by NIH at the request of Congress found that \$2.5-3 billion over seven years is required to repair the country's biomedical research infrastructure and expand it as determined by peer review].

Natcher noted that the President's budget includes a general provision requiring that basic research receive a 6 percent increase.

"What is the impact of this policy on applied research like cancer prevention and control?" he asked.

"Naturally, we have to look very carefully at managing the other important activities that we do," Broder replied.

"Basic research has always been our highest priority, but it is not our only priority, and if we have a commitment in excess of 6 percent for basic research it does have an effect on our ability to fund other aspects of our program, such as chemoprevention protocols and a number of other clinical trials."

Rep. Joseph Early noted the President's budget contains \$548 million less for NCI than what is recommended in the bypass budget. "What would not be funded in the President's budget?" he asked.

Funding for work on new biologicals, some gene transfer experiments, clinical treatment trials, repairs for Frederick and the difference between funding less than 30 percent of approved grants and 50 percent, as called for in the bypass budget, would not be funded in the President's budget, Broder said.

In addition, the bypass budget included about \$30 million more for cancer centers, which would provide for five new centers, avoid the phase out of some centers and fully fund the centers at recommended levels.

Rep. David Obey (D-WI) said he visited Frederick last year. "I couldn't help but notice the poor state of some of the facilities there," he said.

When Broder repeated that the budget included no funding for repairs, Obey asked,

"How much could you use?"

About \$3 to \$5 million for repairs and improvements are needed, Broder said.

Most Critical Needs

"You have discussed shortfalls for grants, centers, construction and computers," Natcher said. "Which of these is the most critical in your view for 1990?"

Broder replied, "I believe that our commitment to basic research is our number one priority. But I would also say we have a very strong commitment to cancer treatment and prevention trials, and our cancer centers program."

Obey noted the bypass budget requested \$15 million for upgrading of NCI's supercomputer. He asked what the upgrade would accomplish.

Broder said the upgrade would speed up the time scale for some experiments and save laboratory time, mainly for new drug development. At present, the supercomputer is operated 24 hours a day and is nearing full capacity.

"If it speeds up the process, it would be stupid not to enhance the supercomputer capacity," Early said.

Broder noted that the upgrade was included in the bypass budget.

"Shouldn't the supercomputer be one of the first priorities?" Early asked.

"I believe there are other opportunities we must pursue," Broder said. He said treatment and prevention trials would have a higher priority.

Early pressed Broder on the issue. "Why isn't the \$15 million for the supercomputer the top priority?"

"The supercomputer is one of the highest priorities," Broder replied.

Early asked about the number of positions included in the bypass budget and the President's budget. The bypass budget had 2,600 positions for NCI, while the President's budget included 2,150. In 1984, NCI had 2,416 positions.

"What is the effect of this drop?" Early asked.

"It means we are asking a great deal of our staff," Broder said.

Rep. Silvio Conte (R-MA) asked about the problems of insurance coverage for patient care costs for patients on clinical trials and patient accrual.

"Insurance is a significant problem," Broder said. "Programs are impaired when you can't get third party payment."

Patient accrual has increased, Broder said.

NCI's goal is to double accrual to 52,000 patients by 1992.

"The issue is no longer can we get patient and doctor participation," Broder said. "The problem is many can't participate" due to eligibility requirements of the protocols.

Conte also asked about NCI's reasons for issuing the clinical alert on node negative breast cancer last year.

Broder responded that former NCI Director Vincent DeVita thought the information on adjuvant therapy could help thousands of women and should be made available, but that it takes medical journals about a year to publish articles. He said the response to the alert was "favorable."

Rep. Louis Stokes (D-OH) asked about the high cancer death rate among minorities. Rep. Steny Hoyer (D-MD) also said he was concerned about the problem.

"Those statistics struck me on my first day on the job," Broder said. He said factors contributing to the higher death rate might be smoking, alcohol use, nutrition, and access to and quality of medical care.

However, Broder said there is no satisfactory explanation for the increasing rates of prostate cancer and multiple myeloma among blacks, and the problem needs further basic research.

Broder said the problem of access to medical care needs to be studied on the local level. "What works in one city in one state may not work in another city and another state."

"Isn't the situation further exacerbated by the critical shortage of minority health professionals?" Stokes asked.

"Yes, it is," Broder replied. NCI has several career development and training programs for minorities, Broder said, but the issue is "very urgent."

He said he has created a position for a special assistant in his office for minority applicants and is interviewing for candidates for the job.

Hoyer asked Broder about the status of Surgery Branch Chief Steven Rosenberg's gene transfer trial involving IL-2/TIL therapy. The trial is scheduled to begin this year.

"It will be the functional equivalent of the Wright brothers," Broder said. "How long will it take us to get from the Wright brothers to a 747?--that's your next question."

"I was just about to ask that," Hoyer said.

"We would be talking about experimental therapy in three to five years," Broder said.

Hoyer also asked whether NCI had made any effort to work with "mass producers of food" on providing nutritional information to consumers.

Broder said Div. of Cancer Prevention & Control Director Peter Greenwald, Div. of Cancer Etiology Director Richard Adamson and the Office of Cancer Communications are working with retailers to provide nutritional information on grocery bags and on store shelves.

By the end of the hearing, Broder and the subcommittee appeared to have established a good rapport. Natcher said it had been "a good hearing."

"We want you to know that we wish you the best of everything," Natcher told Broder.

"And when you come back next year and I ask you the first question, 'Doctor, what can you tell us this year that you didn't tell us last year,' you're going to have a good answer."

Broder replied, "Sir, I'm preparing my response as we speak."

NIH Losing "Superstars" Due To Pay; Conte To Press For Higher Salaries

Rep. Silvio Conte (R-MA) plans to introduce legislation to address the disparity in salaries earned by NIH physicians and scientists and those in academia and the private sector.

Conte made the announcement at NIH budget hearings before the House Labor-HHS-Education Appropriations Subcommittee last week. Conte is the ranking minority member of the subcommittee.

"We are losing our superstars," NIH Director James Wyngaarden said in response to a question from Conte about the issue. "We are losing our emerging and middle level scientists as well. This may be the most important problem we face."

Top NIH scientists are paid between \$86,000 and \$90,000 a year, Wyngaarden said. In contrast, department chairmen of medical schools are paid an average of \$178,000.

As a consequence of the lower salaries, Wyngaarden said, NIH has lost 28 percent of its Senior Executive Service in the past 10 years.

"The disparity is getting worse each year," Wyngaarden said. "We have not been able to recruit a single scientist for the Senior Executive Service from outside" in the past 10 years.

Some SES-level positions have been filled

from nongovernment ranks but only through the PHS Commissioned Corps. Werner Kirsten, brought in last year as director of Frederick Cancer Research Center, is an example. Peter Greenwald came from the New York State Dept. of Health in 1982 to head the Div. of Cancer Prevention & Control, but he also is a Corps member. For a number of reasons, it is not always possible to use the Corps to recruit from outside government.

Conte's staff is updating a bill introduced two years ago establishing a senior biomedical research service that would supplement the incomes of top scientists. That bill was included in the NIH appropriations bill last year, but was cut.

Conte's new version of the bill is expected to be introduced in about a week.

Currently, NIH has more than 100 vacant positions in the SES and the Senior Scientific Service, according to a report by the quadrennial commission on federal pay raises.

Since 1982, about 20 prominent scientists have expressed interest in working at NIH, but declined offers because they were making between 20 and 263 percent more than NIH could pay.

When scientists leave NIH, they often get pay increases from 30 to 500 percent higher than their government salaries.

Surgical branch chiefs in two NIH institutes left in 1985 and 1986 for salaries triple their federal pay. Those positions have not yet been filled, according to the report.

"Since 1982, on at least six occasions, top candidates for four institute director positions asked not to be considered further because NIH could not offer adequate salaries," the report said.

At NCI, at least three SES positions have been vacant since 1984, according to the report, which was reprinted in the Feb. 2 issue of the "Congressional Record." [NCI sources challenged that statement. Although at any given time, several SES positions may be vacant, there are none that have been unfilled for five years for which active recruiting has been undertaken, sources said].

At the subcommittee's hearing this week Rep. William Natcher (D-KY) said he will propose adding about \$500 million to the NIH budget.

"Despite a (research project grant) budget increase of 5.6 percent, the number of new competing grants will drop to 4,719, the lowest level in more than 10 years," Natcher said. "The number of trainees has declined and

funding for centers has also declined."

Natcher also asked Wyngaarden for a report on the state of federal biomedical research.

The NIH budget request is \$6.7 billion, an increase of \$233 million over FY 1989. AIDS research through NIH is estimated at \$752.7 million, an increase of \$149 million over fiscal 1989.

Conte asked Wyngaarden about the NIH decision to increase the stipends for trainees, even though the request for funding was deleted in the fiscal 1989 budget.

"After the hearings were over last year, we went back and looked at it and we felt pressured to do something," Wyngaarden said. "We knew it would result in some decrease in training positions. We asked the institutes to find areas to cut."

Wyngaarden said a proposal "for some modest reprogramming" is being considered by the Public Health Service. If the proposal is approved, it would result in a 2 percent decrease in the number of trainees.

Rep. Carl Pursell (R-MI) and Rep. David Obey (D-WI) said they were concerned about the size of the increase for AIDS research compared to other NIH endeavors.

"The whole AIDS program bothers me," Pursell said. "I wonder if it's not out of balance."

Excluding AIDS funding, the proposed NIH budget increase is 3.6 percent, while AIDS research would receive almost a 20 percent increase, he said.

The number of new non-AIDS grants NIH will be able to fund in 1990 is 4,556, Obey said.

"We are responding to the priorities set by the President and Congress," Wyngaarden said.

"Every member of the committee is in favor of more AIDS funding, but I'm concerned that in an era of squeezed budgets, emphasis on a high visibility disease will cause us to lose momentum in other areas," Obey said.

"How much skewing of the applications is there? Are researchers twisting themselves in pretzels to find an AIDS connection for their work?" Obey asked.

Wyngaarden responded, "In the early stages of any new program, priority scores go down a little, but the priority scores have been quite comparable to the NIH average."

NIH "went through the same thing in the expansion of NCI in the early 1970s," he said.

Anthony Fauci, associate director for AIDS research and director of the National Institute of Allergy & Infectious Diseases,

noted that, "the basic science spawned by the AIDS effort will have beneficial effects (for AIDS) five to 10 years from now."

Before that time, however, the "slowing down of funds for non-AIDS research will have a detrimental effect on the ability of researchers to take advantage of the many opportunities in other areas," Fauci said.

Listing several areas in which cuts must be made, such as grants and research training fellowships, Rep. Joseph Early (D-MA) said the President's budget request for NIH "will maintain mediocrity at a little below the level of last year."

Paylines have gone from about 170 three years ago to about 150, and the number of grants funded has also gone down.

"Everything in biomedical research is going down. I'm glad the Administration has made biomedical research such a priority," Early said with more than a touch of sarcasm.

"Your figures are the same as ours," Wyngaarden replied.

In past years "we've had to bring the number of grants down in order to bring this bill out of Congress. We haven't been in favor of that," Natcher said. "We're going to bring you out a good bill."

Animal Rights

Natcher also noted that "from time to time" the subcommittee gets letters and calls from animal rights advocates. Natcher said the subcommittee is concerned about animal welfare, but does not adhere to the views of animal rights advocates which would unduly restrict the use of animals in biomedical research.

He said the subcommittee "would be delighted" to add funds to the NIH budget to improve the conditions and treatment of research animals.

Pursell asked Wyngaarden about modernization of the NIH Clinical Center.

NIH is taking "a new approach" to plans for the clinical center's renovation, Wyngaarden said.

Previous plans called for renovation that cost about \$2 million per unit. With 17 units left to modernize, NIH decided to do "a more modest renovation," that would include items such as modernizing the sprinkler system. That work will cost about \$500,000 per unit, Wyngaarden said.

"I've found that researchers care about their facilities," Pursell said. "I think the NIH research facilities should be the best in the world."

ACCC Joins ONS, Other Nursing Organizations In Opposing RCTs

The Assn. of Community Cancer Centers Board of Directors has unanimously agreed to oppose the American Medical Assn.'s proposal to establish registered care technologists (RCT) as a new category of bedside caregiver in hospitals.

ACCC joined the Oncology Nursing Society and most other nursing groups in opposing RCT. In a resolution approved by the Board, ACCC said, "The establishment of the RCT position is unnecessary, duplicative, costly and can only serve to fragment patient care. Most importantly, the RCT proposal does not address the increased demand for qualified registered nurses at the bedside."

AMA is proceeding with its plans to establish pilot programs to train RCTs despite objections raised by ONS, the American Nursing Assn. and 44 other national nursing organizations.

Dinner To Raise Money For Inn At NIH Planned For April 11 In DC

Construction is under way on the Children's Inn at NIH, a "home away from home" for children receiving outpatient therapy at the NIH Clinical Center. The \$6.2 million project is being financed entirely with private funds, other than the donation of two acres of land on the campus for the Inn.

Merck & Co. has contributed \$3.5 million for construction costs, and Washington builder Alan Kay is donating his time to supervise the project. Lederle Laboratories has contributed \$100,000 to underwrite expenses of a fund raising dinner April 11, at the Dept. of Health & Human Services auditorium in Washington.

The \$1,000 a plate dinner will be attended by top government and congressional leaders and representatives of major U.S. corporations. Debbie Dingell, wife of Rep. John Dingell (D-MI), chairperson of the dinner, expects to raise \$750,000 at the event.

The 33,000 square foot Inn will be able to house 36 families at a time. Typical rooms will have two double beds, a full bath, closet space, table and chair and a sofa bed. There will be two two bedroom apartments for families requiring lengthy stays, and two large common kitchens where families may prepare their own meals if they wish. The Inn will have a large family room with a fireplace, an indoor/outdoor play area, laundry facilities,

game room and quiet rooms, a library, and an elevator connecting the two levels.

The Inn stemmed from the interest of Carmala Walgren, wife of Rep. Doug Walgren (D-PA), when a young acquaintance was treated at NIH by NCI physicians. She witnessed the struggles some families endured to remain with their children. Walgren joined with Philip Pizzo, chief of NCI's Pediatric Branch, to form Friends of the Children's Inn, and began soliciting contributions.

Those interested in attending the April 11 dinner or in making contributions (all tax deductible, including the dinner) may contact Anne Fleming or Susan O'Neill at O'Neill & Fleming, 1320 19th St. NW, Suite 400, Washington DC 20036, phone 202/296-4480 or 331-1022.

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

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.

Liposomes in Cancer Treatment--April 5, Roswell Park Memorial Institute. Oncology seminar series. Contact Gayle Bersani, Education Office, RPMI, Elm and Carlton Streets, Buffalo, NY 14263, phone 716/845-2339.

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.

Psychosocial Education for Health Care Providers--April 13-14, M.D. Anderson Cancer Center, Houston. 14th annual mental health conference. Contact MDACC, Continuing Education, 1515 Holcombe Blvd., Houston, TX 77030.

Biometry & Epidemiology Contract Review Committee--April 13, NIH Bldg 31 Rm 10, open 10-11 a.m.

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.

Siemens Radiation Therapy Users' Conference--April 23-26, Silverado Country Club & Resort, Napa Valley, CA. Stereotactic and intraoperative techniques; Medicare reimbursement; monoclonal antibody applications. Contact Siemens Medical Systems, Radiation Therapy Div., 186 Wood Ave. South, Iselin, NJ 08830, phone 201/321-3425.

President's Cancer Panel--April 26, Meharry Medical College, Nashville. 9 a.m. open.

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.

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.

National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS--May 2, NIH Bldg 31 Rm 10, 9 a.m.-4 p.m., open.

National Cancer Advisory Board Committee on Cancer Centers--May 3, O'Hare Hilton, Chicago. 9:30 a.m.-4 p.m., open.

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.

Div. of Cancer Prevention & Control Board of Scientific Counselors--May 4-5, NIH Bldg 31 Rm 10, 8:30 a.m., all open.

Sunlight, Ultraviolet Radiation and the Skin--May 8-10, NIH Clinical Center, Masur Auditorium. NIH consensus development conference. Contact Andrea Manning, Prospect Associates, 1801 Rockville Pike, Suite 500, Rockville, MD, phone 301/468-MEET.

Cancer Management Course--May 12-13, James Graham Brown Cancer Center, Louisville. Contact John Spratt, M.D., American College of Surgeons, Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

10th International Congress of Cytology--May 14-18, Buenos Aires. Contact Dr. Lucrecia Illescas de Peluffo, Cabello 3830, Buenos Aires 1425, Argentina.

National Cancer Advisory Board--May 15-16, NIH Bldg 31 Rm 6.

Frederick Cancer Research Facility Advisory Committee--May 15-16, FCRF Bldg 549, Frederick, MD. Open May 15, 8:30-11 a.m.

Fourth Princeton Liposome Conference--May 15-16, Scanticon Conference Center, Princeton. Contact Susan Hernandez or Paula Pluta, phone 609/452-7060.

Care of the Patient with Advanced Cancer--May 15-19, Oxford, UK. Contact Study Centre Coordinator, Sir Michael Sobell House, Churchill Hospital, Oxford OX3 7LJ, UK.

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.

Oncology Nursing Society--May 17-20, Moscone Convention Center, San Francisco. 14th annual congress.

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.

American Society of Clinical Oncology--May 21-23, Moscone Convention Center, San Francisco. 25th annual meeting.

Society of Surgical Oncology and Society of Head & Neck Surgeons--May 21-24, St. Francis Hotel and Moscone Convention Center, San Francisco. Joint annual meeting.

American Assn. for Cancer Research--May 24-27, Moscone Convention Center, San Francisco. 80th annual meeting.

Molecular Aspects of Growth Control--May 28-31, Honolulu. Joint meeting of AACR and the Japanese Cancer Assn. Contact AACR, 530 Walnut St., 10th Floor, Philadelphia, PA 19106, phone 215/440-9300.

FUTURE MEETINGS

Scientific Foundations for Clinical Progress--June 26-27, Senate House, Univ. of London. Euro-Oncology 89. Contact BDI Conferences Ltd., 3 Beaconsfield Terrace Rd., Kensington, London W14 0PP, England.

Treating the Drug Resistant Cancer Patient--July 13-15, Anaheim. Fourth annual Univ. of California (Irvine) Cancer Conference. Contact UCI Cancer Center, UCI Medical Center, 101 City Drive South, Bldg 44, Rt. 81, Orange, CA 92668, phone 714/634-5081.

Transfer of Cancer Technology--Sept. 14-16, Princeton, N.J. Contact the New Jersey Technology Extension Center for Investigational Cancer Treatment, Center for Molecular Medicine and Immunology, 1 Bruce St., Newark, NJ 07103, phone 201/456-4600.

Symposium on Tumour Targeting--Sept. 28-30, Univ. of Brussels, Belgium. 50th anniversary of Jules Bordet Institute. Deadline for abstracts is June 15. Contact European Congress Consultants & Organizers, Rue Vilain XIII, 17a, B-1050, Brussels.

Continuum of Care--Oct. 16-17, Cleveland Clinic Cancer Center. Sponsored by the Oncology Nursing Task Force. Deadline for abstracts is June 15. Contact Ina Hardesty, RN, MA, Cleveland Clinic Foundation, 9500 Euclid Ave., A110, Cleveland, OH 44195.

9th Annual Cancer Symposium for Nurses--Oct. 29-Nov. 1, San Diego. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, CA 92121; phone 619/453-6222.

13th Annual Cancer Symposium--Oct. 30-Nov. 1, San Diego. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, CA 92121, phone 619/453-6222.

Practical Advances in Bioprognosis and Blomodulation for the Medical Oncologist--Nov. 9-10, New York City. Contact Jaclyn Silverman, Div. of Medical Oncology, Box 1178, Mount Sinai School of Medicine, One Gustave L. Levy Pl., New York, NY 10029, phone 212/241-6772.

Gastro-Intestinal Cancer--Nov. 10-11, Los Angeles. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, CA 92121, phone 619/453-6222.

12th Annual San Antonio Breast Cancer Symposium--Dec. 8-9, San Antonio. Abstract deadline is June 15. Contact Marilyn Acre, 4450 Medical Dr., San Antonio, TX 78229, phone 512/691-6700.

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-61002-21

Title: Tracing individuals for environmental epidemiologic studies on cancer (master agreements)

Deadline: Approximately May 17

NCI's Div. of Cancer Etiology, Epidemiology & Biostatistics Program, Environmental Epidemiology Branch, is seeking experienced firms to carry out tracing of epidemiologic study subjects. These firms will provide support for the following tracing methods: credit bureau records, motor vehicle bureau records, publicly available directories, and lists and other resources and sources.

The required services will be defined by master agreement orders issued during the remainder of the five year period of performance. This is a reissuance of a master agreement announcement with the intention of seeking new sources and enlarging the current pool of master agreement holders. The pool now consists of four organizations whose master agreements expire Jan. 29, 1991. Existing master agreement holders are not required to respond to this announcement.

Master agreements will be awarded to all firms whose technical proposal is considered acceptable. Multiple MAO/RFPs will be issued each year. A master agreement holder is free to respond or not to any particular RFP without having any effect on its master agreement.

Contracting Officer: Barbara Shadrick

RCB Executive Plaza South Rm 620
301/496-8611