

THE

CANCER LETTER

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Health Associations Oppose U.S. Trade Policy On Tobacco Exports; Recommend Restrictions

The American Medical Assn. and three voluntary health organizations are joining in an effort to pressure Congress to prohibit federal agencies from directly or indirectly aiding tobacco companies in selling tobacco products overseas and to impose marketing regulations similar to those that apply in the U.S. The AMA, the American Lung Assn., the American Heart Assn. and ACS have urged Congress to pass legislation prohibiting the federal government from encouraging any for-

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In Brief

Fauci, Washington Univ. Chancellor, Merck Chairman Reportedly On Final NIH Director List

THREE NAMES submitted to HHS Secretary Louis Sullivan for consideration as director of NIH were, sources told **The Cancer Letter**: Anthony Fauci, director of the National Institute of Allergy & Infectious Diseases; William Danforth, chancellor of Washington Univ. (St. Louis) School of Medicine; and Roy Vagelos, chairman and CEO of Merck. The position is a presidential appointment, but Sullivan can send the list on to the White House with his own recommendation. . . .

AMERICAN ASSN. for Cancer Research headquarters in Philadelphia has been relocated, following the near disastrous fire one floor below AACR's offices which burned for four days in May. The new address is 330 Market St., Second Floor, Philadelphia, PA 19106. The phone and FAX numbers are the same. The fire, allegedly the work of an arsonist, sent 130 firemen to the hospital for treatment of smoke inhalation. AACR records and databases were preserved despite extensive smoke damage. Severe water damage occurred in offices below the ninth floor, where the fire started and was contained. AACR plans to move into permanent quarters by the end of this year. . . .

CLARIFICATION: AACR has not taken any official position supporting or opposing the legislation to provide the Jackson Laboratory funds to rebuild its mouse facility. AACR President Harris Busch did send letters to members of Congress supporting the Senate bill and appropriations, but he did so as an individual on Baylor College of Medicine stationery. . . .

WILL MEDICAL Oncologists Survive into the Next Century? One of the world's premier medical oncologists, Robert Young, will discuss that question in the keynote address of the Oct. 13-14 conference, "Toward 2000 V" at Fox Chase Cancer Center. Young is president of Fox Chase.

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U.S. Trade Policy Encourages Tobacco Proliferation, Health Groups Say

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eign government to expand the marketing of tobacco products.

An estimated one billion persons worldwide smoked five trillion cigarettes in 1986, resulting in 2.5 million smoking related deaths, according to a paper released by the associations.

Although the U.S. is a world leader in promoting international health, U.S. tobacco trade policy encourages the proliferation of tobacco in other countries, according to the paper, "The International Marketing of Tobacco," written for ACS by Gregory Connolly, director of the Div. of Dental Health and director of the Office of Nonsmoking & Health in the Massachusetts Dept. of Public Health.

The paper is contained in a larger set of recommendations that came out of a conference sponsored by the associations, held in Houston in January.

The 74 page final report from the meeting, "Tobacco Use in America Conference: Final Report," contains recommendations on smoking reduction and all aspects of tobacco production, use, addiction and marketing in the U.S. and internationally.

Copies of the report are available from the American Medical Assn., Public Affairs Group, 1101 Vermont Ave. N.W., Washington, D.C. 20005.

Using the threat of trade sanctions, the U.S. Trade Office helps open new markets overseas for tobacco companies, according to Connolly's paper.

U.S. cigarette exports have doubled since 1983, with 100 billion cigarettes sent to other countries in 1988.

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The U.S. is the world's leading cigarette exporter. "The United States cannot be Number 1 in world health and Number 1 in cigarette exports," the report says. "Our own tobacco policy may reverse all the gains we have made in promoting world health. Our own tobacco policy makes a hypocrisy of our efforts to curb international trade in addictive drugs."

While smoking rates are declining by 1.5 percent a year in developed nations, they are rising by 2 percent a year in developing countries, the report says.

Six transnational tobacco companies produce approximately 40 percent of the world's cigarettes, or up to 85 percent if production by countries with state owned cigarette monopolies are excluded. European tobacco firms dominate the market in Africa, and U.S. firms dominate the Latin American market. All are expanding their marketing to Asia.

In fact, Asia will be the next battlefield for cigarette marketing, and, Connolly's paper says, the U.S. Trade Office is helping tobacco companies gain an upper hand.

In the 1960s, as smoking rates fell in the U.S., tobacco firms looked to Latin America for new markets. By the early 1980s, diseases caused by smoking in Brazil rivaled the amount of disease caused by infections and malnutrition, the report says.

State owned tobacco monopolies tend to minimize smoking. The monopolies produce a harsher cigarette which uses locally grown tobacco, and tend not to do much advertising and promotion of smoking.

"History is repeating itself today: Smoking rates are falling again in the United States and companies are looking abroad for new smokers to replace those who quit at home."

"The new targets are the closed cigarette markets of Japan, Korea, Taiwan, Thailand and China. Many of the same strategies used to open the markets of South America are being used again. But this time, there is a new twist: the United States is using governmental trade threats to force resistant countries to remove tobacco trade restrictions."

In 1984, Congress amended the 1974 Trade Act to allow the president to conduct investigations of alleged unfair trade practices by foreign countries. Three investigations were conducted on tobacco trading practices of Japan, Taiwan and Korea.

Between 1985 and 1988, the U.S. trade representative threatened the three countries with sanctions on goods they exported to the

U.S. unless U.S. cigarette companies were given free access to their markets. According to the report, no other U.S. agricultural product received the same attention. All three nations capitulated to the U.S. demands. Japan and Korea also were pressured to denationalize their tobacco companies.

Trade threats by the U.S. also were used to expand advertising and promotional opportunities. The U.S. trade representative pressured Taiwan and Korea to repeal their restrictions on cigarette advertising and to allow television advertising. The countries refused to permit television advertising but did allow print advertisements.

U.S. companies contend that their goal is to encourage Far Eastern smokers to switch to their brands and not to target nonsmokers. But the companies actually expanded promotion and advertising following their entry into Latin America, the report says.

In Argentina, for example, per capital cigarette consumption has risen an average of 6.4 percent each year from 1966 to 1975, almost three times higher than the annual rate increase for the years prior to entry by U.S. firms.

According to the report, the same thing is happening in Asia. Two years after entry by the transnational tobacco companies, there has been a tenfold increase in the number of television ads for cigarettes.

The companies also are targeting non-smoking women, and recent data show sharp increases in smoking among urban Oriental women. A 1987 study found female Japanese college students to be four times as likely to smoke than their mothers.

The report argued that keeping foreign markets closed to multinational tobacco companies is "good medicine for any national tobacco control program."

Report's Recommendations

The Tobacco In America Conference made the following recommendations with regard to international marketing of tobacco:

<>Congress should pass legislation to prohibit the U.S. Trade Office, the Depts. of State or Commerce, or any other agency of the U.S. government from actively encouraging, persuading or compelling any foreign government to expand the marketing of tobacco products whether it be by repealing laws restricting marketing practices or securing agreements to introduce new measures or expand current ones. This applies to promotion, advertisement, distribution and

taxation of tobacco products.

<>Congress should pass legislation requiring any manufacturer who sells tobacco products in the U.S. to place the same health warning labels that are required in the U.S. on advertisements and packages sold abroad unless more stringent health disclosures are required. Manufacturers should also be required to disclose the tar and nicotine content of brand if the level is different from the same brand sold in the U.S.

<>Congress should restrict the use of U.S. funds by international trade and monetary agencies such as the World Bank or International Monetary Fund from being used to provide financial or technical support for tobacco agriculture or manufacture.

<>Congress should increase U.S. funding for smoking control activities for the World Health Organization and work with WHO in establishing an international data base and clearing house on tobacco control.

<>The Surgeon General should devote the upcoming Surgeon General's Report to the health consequences of world smoking.

<>The General Accounting Office should undertake a study on the economic costs and benefits to the U.S. of the export of tobacco.

The study should include analyses of the past activities undertaken by the USTR to determine if tobacco products have been accorded preferential treatment.

Other areas to be studied include an environmental impact study on the use of pesticides, deforestation and other environmentally destructive practices for the growth of tobacco. In addition, the study should include the financial implications of reducing tobacco exports on American farmers.

<>NIH should establish a collaborative project with other nations to gather health data on the consequences of worldwide tobacco use.

<>A world conference should be held on the world health consequences of tobacco use. The conference should encourage foreign health experts and government representatives to participate.

<>A clearinghouse should be established as a corporate entity and in collaboration with voluntary health agencies, professional groups, the Public Health Service, Pan American Health Organization and the World Health Organization to provide relevant data on health, economic, environmental and social impact of worldwide tobacco use.

Besides making recommendations on the

international marketing of tobacco, the conference report made a number of recommendations having to do with all other aspects of tobacco use.

The major recommendations of the conference were:

<>FDA should be given authority over all tobacco products.

<>Tobacco advertising and marketing must be severely restricted to eliminate its influence on children.

<>Excise taxes and user fees on tobacco products should be increased to raise revenues and discourage use by children.

<>The financial umbilical cord tying the federal government to the tobacco industry--Tobacco Price Support Program--should be severed to reduce tobacco's undue political influence on the federal decision making process.

<>Action is needed to protect nonsmokers from involuntary smoking in public places, on trains, buses and planes, and in the workplace.

<>The federal government must eliminate the cynical inconsistency between its domestic health policy and the way in which it exercises its international trade leverage to open up tobacco markets in other nations thereby enabling American tobacco manufacturers to increase overall tobacco use in those countries.

Women, Children And Minorities

The major issue of the conference was how to dramatically reduce smoking among children, young women, minorities and Americans with fewer years of formal education. The conference called for developing more effective ways to work with these populations, which, the report said, "have been so effectively targeted by the tobacco industry."

Following are the conference report's specific recommendations regarding women, children and minorities:

<>Federal policy should establish, or provide incentives for states to adopt, age 21 as the minimum age for purchase of tobacco products. Provisions for strong enforcement should be made, including meaningful penalties for violations.

<>The federal government should ban the sale of tobacco products through vending machines.

<>The federal government should ban the distribution of free samples of tobacco products through the mail, on public property and other places open to the public.

<>The federal government should require federally funded educational institutions to provide a smoke free environment for children.

<>The federal government should increase federal funding for research on how to decrease tobacco use by minority groups and women.

<>Congress should fund a strong program of antismoking public service announcements, as well as a paid counter-advertisement campaign specifically directed to women and minorities.

<>Federal grants should be provided to minority health professional and other organizations to support programs to prevent tobacco use and to help smokers stop.

<>Congress should eliminate the tax deduction for tobacco advertising and promotional expenditures.

<>Congress should increase the budget of the Office on Smoking and Health. In addition, the budget of the Office of Minority Health should be increased for antismoking programs targeting minorities.

<>Congress should provide additional federal funding for antismoking activities provided within existing federal public health programs serving women, children and minorities.

Nicotine Addiction

Another key concern of the conference was the need for public policy makers to recognize the powerfully addictive nature of nicotine. Most tobacco users become "hooked" before they are old enough to appreciate the health consequences of smoking, the report says.

More than 90 percent of all tobacco users begin while they are teenagers or younger; 50 percent of all high school seniors who smoke begin by the seventh and eighth grade and 25 percent of all high school seniors who smoke begin before or during sixth grade.

A recent report by the General Accounting Office found that increasing the federal excise tax on cigarettes by 20 cents a pack potentially could result in 500,000 fewer teenage smokers. The report, "Teenage Smoking: Higher Excise Tax Should Significantly reduce the Number of Smokers," concluded that the tax increase could lead to about 25,000 fewer deaths.

Following are recommendations from the report on nicotine addiction:

<>Legislation should ensure that all programs for the prevention and treatment of alcohol and other drug dependencies should address nicotine as well, since nicotine leads to more deaths than any other addictive drug in the U.S. and is implicated in the

development of other drug dependencies.

<>Preventing nicotine addiction is critical because the addiction which develops can be so strong. Prevention programs need to begin at the preschool age and should include education about the dangers of drug addiction in general and what these conditions are. Opportunities to begin the education exist in programs which target young children and pregnant women, such as the Special Supplemental Food Program for Women, Infants and Children, Aid to Families with Dependent Children and Head Start.

<>Because nicotine is a highly addictive drug, aggressive efforts to counter market tobacco products are needed to help shift the momentum.

<>Tobacco use and nicotine addiction are not a matter of free choice. Therefore, warning labels on tobacco products should not be construed as protecting tobacco manufacturers from product liability. Legislation which establishes labeling requirements for tobacco products should specify this.

<>New nicotine delivery systems should be evaluated by FDA for toxicity and addictive potential.

<>Because the addiction to tobacco is the greatest public health problem facing the U.S., a portion of revenues from increased excise taxes on tobacco products should be devoted to countermarketing, public health promotion and research efforts to prevent and treat tobacco use. The use of tax money for antitobacco efforts should be clearly stated on package labels. In addition, increases in excise taxes on tobacco products are themselves an important part of a comprehensive program to control tobacco use; such taxes are known to reduce use, especially among the young.

<>Current levels of funding to reduce tobacco use are inadequate considering the magnitude of the problem. Funding should be substantially increased.

<>Studies of the public's level of awareness of the enormity of nicotine addiction and its consequences should be conducted serially at the federal level.

<>Treatment for nicotine addiction should be widely available and reimbursed by insurance carriers, including Medicare and Medicaid. Standard and guidelines for managing nicotine addiction ought to be developed as have been done for other diseases including alcoholism and other drug addictions.

<>The training of health professionals should include instruction and clinical

experience with managing nicotine addiction.

<>Tobacco free environments enhance efforts of those who have stopped using tobacco to remain abstinent, encourage current users to consider quitting and help discourage the young from beginning to experiment with nicotine. Tobacco free schools, workplaces, healthcare institutions and other facilities also help prevent health problems caused by tobacco smoke pollution.

<>The behavioral and physiological processes of addiction begin with the first dose of nicotine, and the easy availability of tobacco products encourages use and promotes relapse to nicotine addiction. Therefore, access to nicotine delivery systems should be limited to those age 21 or over, free sampling of tobacco products should be banned and the locations where tobacco is sold should be sharply limited.

New Reporting Method For Pap Smear Recommended By Scientists And NCI

Cytopathologists have developed a new system for reporting the results of cervical/vaginal Papanicolaou smears.

The new method, called "The Bethesda System" because it grew out of an NCI workshop in Bethesda last December, provides a more uniform way to classify and describe infections and precancerous and cancerous cell changes.

The recommendations from the workshop were published in the Aug. 18 issue of the "Journal of the American Medical Association." The meeting was attended by cytopathologists and representatives of national medical and other organizations.

The primary recommendation is that the Bethesda System should replace the outdated Papanicolaou classification of cervical smears. Under the old system, smear results are given a class number 1 through 5.

"While there was agreement that class 1 was normal and class 5 was cancer, there was no consensus as to the meaning of intermediate classes," said Diane Solomon, chief of NCI's cytopathology section and chairman of the terminology group at the December workshop.

"The diagnosis of Pap class 2 could have very different implications from laboratory to laboratory, creating confusion for both doctor and patient," Solomon said. Also, Pap classes do not provide diagnoses for noncancerous conditions, such as infections.

The Bethesda system uses clear, unambiguous diagnostic terms to describe infections and precancerous and cancerous cell changes to communicate information about the smear from the cytopathologist to the patient's physician. It also reports on the adequacy of the cervical smear, identifying samples that are unsuitable for interpretation.

Recognizing unsatisfactory smears may help to reduce false negative results. Between 15 and 40 percent of women who have cancer or precancerous conditions may have a pap smear designated as normal, according to the American College of Obstetricians and Gynecologists.

ACOG attributes half of the false negative problem to clinician error taking the sample and the other half to laboratory personnel error in reading the specimen.

In response to concerns about false negative readings, the federal government and three states, Maryland, New York and California, have passed quality control legislation to regulate laboratories that screen pap smears. Acceptance of the Bethesda system would facilitate greater quality control measures at laboratories where pap smears are read, the workshop recommendations say.

Another recommendation from the workshop is that the cytopathology report on pap smears should be considered a medical consultation rather than a laboratory test.

"It is not a simple laboratory test that is analyzed by a machine, like a blood glucose level," Solomon said. "It is a diagnostic evaluation that depends on the interpretation of thousands of cells on a slide by the human eye of a cytotechnologist or cytopathologist.

"Information regarding the patient's clinical status must also be considered in the evaluation. We need to disabuse other physicians and the public in general from the idea that the evaluation of the cervical smear is a simple yes/no test."

Five professional organizations have indicated their support of the Bethesda System: International Academy of Cytology, American Society of Cytology, American Society for Cytotechnology, College of American Pathologists and Planned Parenthood Federation.

Pap smear evaluation is greater than 90 percent effective in detecting cancer of the uterine cervix. The death rate from uterine cancer has decreased more than 70 percent during the last 40 years mainly due to pap smears and regular checkups.

Currently, the five year survival rate for all cervical cancer patients is 66 percent, and reaches 80 to 90 percent with early diagnosis and 100 percent for women whose cancer is designated in situ at the time they are diagnosed. In 1989, there will be approximately 13,000 new cases and 6,000 deaths from cervical cancer in the U.S.

The National Health Interview Survey of 1987 reported that less than half of American women age 18 or older had had a pap smear within the previous year. About 65 percent had had a pap smear evaluated within the last three years.

NCI and the American Cancer Society recommend that all women who are, or have been sexually active, or have reached age 18 have an annual pap smear and pelvic examination.

After a woman has had three or more consecutive satisfactory normal annual examinations, the pap smear may be evaluated less frequently at the discretion of her physician.

Court Orders Selikoff To Release Data On Asbestos Studies To Tobacco Firms

A federal appeals court in New York has ruled that cancer researcher Irving Selikoff must give his computer tapes with raw data from two published studies on smoking and asbestos to tobacco companies.

The decision overturns a 1986 state court ruling that the collection of data would be an "unreasonable burden" on Selikoff, who estimated it would take a thousand hours to gather the information.

The U.S. Court of Appeals for the Second Circuit in Manhattan ordered Mount Sinai Hospital and the American Cancer Society to release computer tapes on which the relevant data are stored to the American Tobacco Co., R.J. Reynolds Tobacco Co. and Philip Morris.

ACS and Mount Sinai have petitioned the court for a rehearing of the case.

In 1986, R.J. Reynolds subpoenaed Mount Sinai and ACS for all raw data from Selikoff's studies on smoking and asbestos: "Asbestos Exposure, Cigarette Smoking and Death Rates," published in 1979 in the "Annals of the New York Academy of Science," and "Mortality Effects of Cigarette Smoking Among Amosite Asbestos Factory Workers," published in 1980 in the "Journal of the National Cancer Institute."

The studies concluded that when cigarette

smoking is combined with occupational exposure to asbestos, the risks of developing cancer increase geometrically.

Reynolds, and later the other two tobacco companies, said the data are involved in product liability suits brought by relatives of deceased asbestos workers claiming the workers died of lung cancer caused by the combination of cigarette smoking and asbestos exposure.

In the 1986 ruling, the state court said the subpoenae "would have the effect of denying the opportunity of first publication" to the researchers and "could also have a chilling effect and discourage future scientific endeavors."

Under the appellate court ruling, Mount Sinai and ACS must release computer tapes and supporting documentation, including computer code books and "documents showing the calculations and analytical methods and assumptions used in developing the information" for the two studies.

The federal court found that New York law does not protect "a scholar's privilege impeding production of research data," and that the state court's decision did not clearly establish the existence of a "scholar's privilege." The appellate court rejected the arguments of Mount Sinai and ACS that releasing the data would have a "chilling effect" on research, since the tobacco companies had requested data from studies published several years ago.

175 Top Scientists Would Receive Pay Raises Under Bush Proposal

A bill proposed by the White House and submitted to Congress would provide salary increases to about 175 eligible Senior Executive Service employees at NIH.

The bill would allow for raises of up to 25 percent for top scientific and medical positions. The pay scale for SES positions would be increased by a minimum of 8 percent at the ES-1 level, from \$68,700 to \$74,500. The pay scale then would increase proportionately, all the way up to 25 percent at the ES-6 level, from the current \$80,700 to \$100,900.

Salaries for positions falling under the Executive Schedule, which range from \$75,500 at level V to \$99,500 at level I, would be increased from \$94,400 to \$124,400.

Under the proposal, employees would be required to receive a certification of acceptable performance every three years as a condition of the higher salaries.

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

5th European Conference on Clinical Oncology--Sept. 3-7, South Bank Centre, London. Contact Conference Associates EECO, Congress House, 55 New Cavendish St., London W1M 7RE, UK.

XIIth Brazilian Head & Neck Surgery Congress--Sept. 3, Fortaleza. Contact Brazilian Head & Neck Surgery Society, Rua Teodoro Sampaio, 115-2 andar, CEP 05405, Sao Paulo, Brazil.

Advances in Drug Development and Delivery--Sept. 8-9, Lexington, Ky. Lucille Parker Markey Cancer Center Second Annual Cancer Symposium, with separate programs for physicians and nurses. Contact Karen Christian, Markey Cancer Center, 800 Rose St., Lexington, KY 40536, phone 606/257-4500.

Innovative Approaches in Cancer Therapy--Sept. 8-9, Pittsburgh. Fourth annual Mary A. Davis Memorial Symposium. Contact Kristine Krutules, Pittsburgh Cancer Institute, 200 Meyran Ave., Pittsburgh, PA 15213, phone 412/624-1023.

ACOS Cancer Management Course--Sept. 8-9, Eugene, OR. Contact Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

Ohio Valley-Lake Erie Assn. of Cancer Centers--Sept. 8-9, East Lansing, MI. 12th annual oncology meeting. Contact Nikolay Dimitra, Michigan State Univ., Rm B220 Life Sciences, East Lansing 48824, phone 614/292-1135.

Incidence of Cancer in Women in Different Countries--Sept. 10-15, Seoul, Korea. 21st Medical Women's International Congress. Contact MWIA Secretariat, Haendenkampstr. 1,5000 Cologne 41, FRG.

European Assn. for Cancer Research--Sept. 11-13, Galway, Ireland. 10th anniversary meeting. Contact Dr. S.M. Lavelle, Experimental Medicine, University College, Galway; or in North America, Dr. J.H. Weisburger, American Health Foundation, Valhalla, NY 10595.

Immunology in Solid Tumors: Animal Models--Sept. 11-12, Crowne Plaza, Rockville, MD. Attendance limited; apply by sending letter of research interests and reason for attending to Dr. John Finerty, Cellular Immunology Program, EPS Rm 634, NCI, NIH, Bethesda, MD 20892. For further information, phone Fran Oscar, 202/842-7600.

Joint Musculoskeletal Tumor Society and European Musculoskeletal Oncology Society Meeting--Sept. 11-13, Bologna, Italy. Contact Bone Tumor Center, Istituto Ortopedico Rizzoli, Via Pupilli 1, 40136 Bologna, Italy.

Pathological Effects of Radiation--Sept. 11-13, Bethesda, MD. Contact American Registry of Pathology, C.A. Tuchs, Rm 1062, Washington DC 20306, phone 202/576-2980.

EORTC-PAM-AACR-BACR Symposium on Cell Membrane and Cell Signals as Targets in Cancer Chemotherapy--Sept. 13-17, Cambridge, UK. Contact BACR Secretariat, Institute of Biology, 20 Queensberry Pl., London SW7 2DZ, UK.

National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS (Lasagna Committee)--Sept. 13, Parklawn Bldg, 5600 Fishers Lane, Rockville, MD, Third Floor Rm E, 9 a.m.-4 p.m., open.

Transrectal Ultrasound in the Diagnosis and Management of Prostate Cancer--Sept. 14-16, Chicago. Fourth international symposium. Contact Diversified Conference Management, PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535.

Cancer Technology Transfer--Sept. 14-16, Marriott Hotel, Princeton, NJ. First symposium on new investigational cancer technologies and their transfer. Contact Kim Mazzei, Administrator TEX ICT, 1 Bruce St., Newark, NJ 07103, phone 201/456-4600.

American Society of Pediatric Hematology/Oncology--Sept. 15-17, Chicago. Second annual meeting. Contact Carl Pochedly MD, Secretary, ASPHO, Box 97, Wyler Children's Hospital, 5841 S. Maryland Ave., Chicago, IL 60637.

Gene Regulation Oncogenesis AIDS--Sept. 15-21, Loutraki, Greece. First international conference. Contact Dr. Steve Kottaridis, Director of Virology, Hellenic Anti-Cancer Institute, 171 Alexandras Ave., 115 22 Athens, Greece.

Living with Cancer--Sept. 16, Houston. Conference for patients at M.D. Anderson Cancer Center. Contact 792-2553, or

1-800/345-6324.

International Society of Chemotherapy--Sept. 17-22, Jerusalem. 16th congress. Contact KENES, PO Box 50006, Tel Aviv 61500, Israel.

Tumor Biology 89--Sept. 17-22, Freiburg, FRG. International Society of Oncodevelopment, Biology, and Medicine. Contact Prof. Dr. S. von Kleist, Institute of Immunobiology, Medical Faculty, Univ. of Freiburg, Stefan-Meier Str. 8, 7800 Freiburg, Federal Republic of Germany.

National Cancer Advisory Board Committee on Cancer Centers--Sept. 17, 6 p.m., NIH Bldg 31 Rm 7.

NCAB Committee on Planning & Budget--Sept. 17, 7:30 p.m., NIH Bldg 31 Rm 8.

NCAB Committee on Information & Cancer Control for the Year 2000--Sept. 18, 7:30 a.m., NIH Bldg 31 Rm 7.

National Cancer Advisory Board--Sept. 18-19, NIH Bldg 31 Rm 6, open 9:30 a.m.-1:30 p.m. Sept. 18, 8 a.m. to adjournment Sept. 19.

NCAB Committee on Program & Agenda--Sept. 18, 12 noon, NIH Bldg 31 Rm 10A03.

NCAB Committee on AIDS--Sept. 18, NIH Bldg 31 Rm 8, to start immediately following the closed session of the full board, probably about 5 p.m.

NCAB Committee on Environmental Carcinogenesis--Sept. 18, NIH Bldg 31 Rm 7, 6 p.m.

NCAB Committee on Minority Manpower--Sept. 18, NIH Bldg 31 Rm 8, 7:30 p.m.

Chemical Carcinogenesis--Sept. 18-22, Villasimius, Sardinia, Italy. 5th Sardinian international meeting. Contact Dr. A. Columbano, Istituto di Farmacologia e Patologia Biochimica, Via Porcella 4, 09100, Cagliari, Italy.

La Prevention, le Depliage et l'Information en Cancerologie: Les Obstacles Psycho-Sociaux--Sept. 19-21, Montpellier, France. Contact Centre Regional de Lutte Contre le Cancer, 34094 Montpellier, Cedex, France.

Neoadjuvant Therapy and Upper Gastrointestinal Cancer--Sept. 20, Cleveland. Contact Ronald Bukowski MD, Cleveland Clinic Cancer Center, 9500 Euclid Ave (T33), Cleveland, OH 44195, phone 216/444-6825.

Oncology Social Work: A Clinical Focus--Sept. 21-22, Clearwater Beach, FL. Florida Society of Oncology Social Workers sixth annual conference. Contact Linda Scott, FSOSW Conference Chairperson, H. Lee Moffitt Cancer Center & Research Institute, PO Box 280179, Tampa 33682, phone 813/972-4673.

Cancer Care: Increasing the Odds--Sept. 21-22, Atlantic City, NJ. Contact Richard Attilio, Comprehensive Community Cancer Center, Allentown Hospital-Lehigh Valley Hospital Center, 17th and Chew Streets, Allentown, PA 18104, phone 215/776-8880.

Cancer Update--Sept. 22, London. Myeloma and paraproteinemia. Contact Conference Centre Manager, Royal Marsden Hospital, Fulham Road, London SW3 6JJ, UK.

Biology and Clinics of Breast Cancer--Sept. 25-27, Genova, Italy. Joint NCI-IST meeting. Contact E. Campora, Istituto Nazionale per la Ricerca sul Cancro, Viale Benedetto XV, 10, 16132 Genova, Italy.

Molecular Mechanisms and their Clinical Application in Malignancies--Sept. 26-27, Toronto. 12th annual Bristol-Myers Symposium on Cancer Research. For information phone 416/333-4330.

Symposium on Tumor Targeting--Sept. 28-30, Brussels. 50th anniversary of Jules Bordet Institute. Contact Administrative Secretariat, ECCO, Rue Vilain XIII, 17a, B-1050 Brussels.

Gynecologic Cancer Update--Sept. 28, Allentown, PA. Contact Sandra Smith, Allentown Hospital-Lehigh Valley Hospital Center, 17th and Chew Streets, Allentown, PA 18104, phone 215/778-2582.

Community Cancer Centers: The Critical Link for the Year 2000--Oct. 5-6, Killington, VT. Contact Green Mountain Oncology Group, 160 Allen St., Rutland, VT 05701, phone 802/775-7111 ext 184.

Issues in Oncology Nursing--Oct. 6, M.D. Anderson Cancer Center, Houston. Call 713/792-8574.

Breast Cancer: Current Research, Practice and Controversy--Oct. 6, Chapel Hill, NC. Contact Nancy Barnes, Office of

Continuing Education, Campus Box #7000, Univ. of North Carolina, Chapel Hill 25799, phone 919/962-2118.

Piedmont Oncology Assn.--Oct. 6-7, Myrtle Beach, SC. 10th annual symposium. Contact Cancer Center/POA, 300 S. Hawthorne Rd., Winston-Salem, NC 27103, phone 919/748-4464.

Urologic Oncology: An Update--Oct. 7, Roswell Park Memorial Institute Oncology Seminars. Contact Gayle Bersani, 716/845-2339.

Blood Cell Growth Factors: Their Biology and Clinical Applications--Oct. 8-12, Capri. Sponsored by "International Journal of Cell Cloning," 4100 S. Kettering Blvd., Dayton, OH 45439; and International Menarini Foundation. Organized under auspices of the Hipple Cancer Research Center.

XIVth International Symposium for Comparative Research on Leukemia and Related Diseases--Oct. 8-12, Vail, CO. Preceded by a satellite conference on AIDS Oct. 6-7 in Denver. Cosponsored by the American Assn. for Cancer Research and IACRLRD. Contact Conference Secretariat, IACRLRD, 410 W. 12th Ave., Suite 302, Columbus, OH 43210, phone 614/292-5602.

Cancer Biotherapy Achieving State of the Art--Oct. 11, Cleveland. Contact Ronald Bukowski, M.D., Cleveland Clinic Cancer Center, 9500 Euclid Ave. (T33), Cleveland, OH 44195, phone 216/444-6825.

Div. of Cancer Treatment Board of Scientific Counselors--Oct. 12-13, NIH Bldg 31 Rm 10, 8:30 a.m.

Div. of Cancer Prevention & Control Board of Scientific Counselors--Oct. 12-13, NIH Bldg 31 Rm 6, 8:30 a.m.

President's Cancer Panel--Sept. 13, Stanford Univ., 9 a.m.-12:30 p.m., open.

Toward 2000 V--Oct. 13-14, Fox Chase Cancer Center, Philadelphia. Contact Kathy Smith or Louise Blasick, Fox Chase Cancer Center, 430 Rhawn St., Bldg A, Philadelphia, PA 19111, phone 215/728-2715.

14th International Body Imaging Conference--Oct. 14-21, Waikoloa, Kona, Hawaii. Contact Ronald Friedman, M.D., Program Director, 9800 D. Topanga Canyon Blvd., Suite 232, Chatsworth, CA 91311, phone 818/700-9821.

2nd International Conference on Melanoma--Oct. 16-19, Venice. Contact General Secretariat, Melanoma Conference, Istituto Nazionale Tumori, Via G. Venezian 1, 20133 Milan, Italy.

Continuum of Care--Oct. 16-17, Cleveland. Contact Ina Hardesty, Cleveland Clinic Foundation, 9500 Euclid Ave., A110, Cleveland, OH 44195.

Midwest Regional Oncology Conference--Oct. 19-20, Kansas City, MO. Contact Beth Paul, 800/451-3182.

Oncology Nursing Symposium--Oct. 25, Los Angeles. Contact Marie Randolph, Education and Training, St. Vincent Medical Center, PO Box 57992, Los Angeles, CA 90057, phone 213/484-7451.

National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS (Lasagna Committee)--Oct. 25, NIH Bldg 31 Rm 10, 9 a.m.-4 p.m., open.

IX Congreso Argentino y Regional de Oncologia Clinica--Oct. 29-Nov. 2, Buenos Aires. Contact Dr. E. Mickiewicz, Av. Santa Fe 3233-2 B, Buenos Aires (1425), Argentina.

9th Annual Scripps Memorial Hospital 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 Scripps Cancer Symposium--Oct. 30-Nov. 1, San Diego. Contact Nomi Feldman, Conference Coordinator, 3770 Tansy, San Diego, CA 92121, phone 619/453-6222.

Foundation Course in Care of the Patient with Advanced Cancer--Oct. 30-Nov. 3, Oxford, UK. Contact Study Centre Coordinator, Sir Michael Sobell House, Churchill Hospital, Oxford OX3 7LJ, UK.

Living with Cancer--Oct. 31, New York. Conference on survivorship sponsored by the Oncology Nursing Education Committee of Columbia-Presbyterian Medical Center. Contact Columbia Univ. Comprehensive Cancer Center, 701 W. 168th St., Rm 1424, New York 10032, phone 212/305-6905.

NCI CONTRACT AWARDS

Title: Procurement of prostate cancer cell lines
Contractors: Stanford Univ., \$843,820; Northwestern Univ., \$796,694