THE CANCER LETTER

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Kimes Asks BSC For Advice On Centers Funding, Other Pressing Issues, But Doesn't Get Any

Brian Kimes had hoped to get some help from the Div. of Cancer Biology, Diagnosis, & Centers Board of Scientific Counselors in dealing with the issues he is facing in his new role as associate director for the Centers, Training, & Resources Program. What he got was an inkling of the frustrations and never ending controversies which have plagued

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In Brief

Margaret Holmes Named Centers Branch Chief; Kimes To Recruit MD As Special Assistant

MARGARET HOLMES, who has been acting chief of NCI's Cancer Centers Branch, has been appointed permanent chief of the branch. Holmes has been at NCI since 1978, with the centers program since 1984. She had previously worked in the Community Special Projects Branch and as an executive secretary of review committees in the Div. of Extramural Activities. Holmes received a PhD in molecular genetics from SUNY (Buffalo), did postdoctoral work at the Univ. of Michigan, and worked at Roswell Park Memorial Institute for four years before joining NCI. Brian Kimes, who heads the Centers, Training, & Resources Program in the Div. of Cancer Biology, Diagnosis, & Centers, predicted in announcing Holmes' appointment that "she will be the best chief that branch has ever had." Kimes had originally planned to hire an MD for the job, but instead now intends to recruit an MD as his special assistant to work with all the branches in his program. . . . **FOUR CURRENTLY** funded Community Clinical Oncology Programs which had received their awards out of sequence will be recompeted in 1991, not this year as reported in **The Cancer Letter** March 16. The four which are receiving one year awards this year will have to recompete this summer, along with any new programs and unfunded CCOPs which care to try again. Also, Irving Pierce is the prinicpal investigator for the Northwest CCOP in Takoma, WA, not Ronald Goldberg. . . . **GLENN STEELE**, New England Deaconess Hospital, will chair the NIH consensus development conference on adjuvant therapy of colon and rectum cancer April 16-18. . . . **NCI FELLOWSHIPS** in cancer prevention are available. The two to three year program offers independent research opportunities within the Div. of Cancer Prevention & Control, an academic course on current principles, methods and practices of cancer prevention and control, as well as opportunities for additional training and travel. Contact Dr. Douglas Weed, 301/496-8641. Application deadline is Sept. 1, fellowships begin July 1, 1991.

Kimes Asks For Advice On Funding Plan, Other Issues, Doesn't Get It

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everyone who has tried to run the centers program in the last 10-15 years.

Kimes asked the board last week for advice on the most pressing problem the program is facing at the moment: the funding plan for cancer center support (core) grants. The amount budgeted for the program in the current, 1990, fiscal year is $102.8 million, an increase of $2.5 million over 1989, when 56 center core grants were funded.

Seventeen center grants are being competed this year, and NCI is projecting that if they are funded at 85 percent of peer review recommended levels, the budget will support only 53 awards. Noncompeting core grants will have to take a four percent reduction from previously negotiated levels.

If the determination is made to fund all core grants at 100 percent of their recommended levels, the budget would support only 45 centers.

Kimes said that he will have to make his recommend-ation on the funding plan to the NCI Executive Committee by April 12. Only provisional awards have been made so far, with the final awards awaiting determination of the funding plan.

"We need your views," Kimes said. "There is a strong likelihood that the 1991 budget will be level, so we need to do some planning now for that."

NCI has utilized some "budget tricks" to stretch available funds over more centers, Kimes added. Some grants were "short funded," getting money for six or seven months from one fiscal year and the rest from the next year. "That comes back to haunt you eventually," he said.

"Once a center is lost, it's hard to jump start it," Kimes said.

"When the leadership goes, it's difficult to get them back."

Board Chairman Vittorio Defendi asked, "What has happened to centers which lose their funding? Have they died, or do they continue as cancer centers?"

Kimes said there has been no study which addresses that question, but "I know of some that have survived, raising their funds from other sources, and some went down."

That raised another issue. "Should we give centers which otherwise are not funded token awards, just to keep them alive? Some have said, 'Just give me $1, and we'll raise our own money.'" Being able to claim NCI recognition, albeit as an unfunded center, is worth a lot on the money raising circuit.

Kimes said that all competing centers being funded this year have priority scores of 190 or better; it is possible that some under 190 will not be funded. No comprehensive center scored better than 160, because "that is a more complex grant." Basic science centers have scored 130. "Peer review is telling me that we now have a range of centers only from excellent to outstanding."

Defendi asked if geographic considerations are involved in funding decisions. "If you think that is relevant, I would like to hear it," Kimes responded.

"If a cancer center has public health responsibilities, I think geography is important," Defendi said. "If it is judged just on scientific excellence, that is something else."

"You're asking us for something unreasonable," board member Margaret Kripke said. "You want our opinion on how to organize your budget but are offering only a little information. I would like to know your opinion of a funding plan."

Kimes, who has been involved with the centers program only since last November, pleaded his own inexperience as one reason why he wanted some advice. He has solicited opinions from center directors.

"One said we should fund everything on a sliding scale. Others say it should be strictly by priority scores and let the chips fall where they may. They won't say that when their score is 172 and the payline is 170. Others say keep as many centers alive as possible and hope for the peace dividend."

Kimes cited Fred Hutchinson Comprehensive Cancer Center as an example of a center which should be kept alive under just about any circumstances. "Hutchinson is up there in a corner of the world all by itself. It serves an enormous region and accepts responsibility for it. I would hesitate a long time before I cut them, if they had a 172 and the payline was 170."

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Board member Albert LoBuglio asked about the proposal considered last year to separate basic centers from comprehensive and clinical centers in the review process, protecting the latter two from competition with the basic centers.

"I've been waiting for that to come up," Kimes said. "That is involved in the five year plan [which Kimes and his advisors are in the process of drawing up--**The Cancer Letter**, March 9]. We have to decide on what balance we want, whether to let the different categories continue competing with each other. That leads to the issue of networking. Some basic science centers have very good collaboration with clinical centers. Wistar Institute and the Univ. of Pennsylvania are very good about moving from discovery to the bedside."

"The issue is that there is not enough money to fund all the core grants judged very meritorious or super meritorious," Board member Albert Owens said.

Kimes asked for concurrence on what he considers a core grant is supposed to do: promote a facility for cancer research, a facility for interdisciplinary, coordinated research, and stability in an institution; to create access to shared facilities in a cost effective manner; to take advantage of research opportunities in a cost effective manner.

LoBuglio added one more: "To identify other funding sources to make up for the federal dollar shortfall."

After a discussion on payback systems for use of shared resources which reached no conclusion, Kimes asked whether those systems should be subject to peer review, contending that at present they are not. LoBuglio said that the contributions of shared resources are included in the review.

"I'm asking whether we should develop criteria so that they will be reviewed evenly and consistently," Kimes said. "Same for staff investigators. Why is it important [for some centers] to pay staff investigator salaries from the core grant? I'm saying peer review should take a look at it."

Kimes said this was his "fresh outlook, not an experienced outlook" on those issues.

Kimes also brought up the prospect of core grant guideline revisions, a topic certain to embroil center representatives and NCI staff in yet another round of agonizing discussions if it is pursued.

Noting that eligibility for core grants now is that a center must have a minimum of $750,000 a year in direct, peer reviewed, research support, Kimes said, "That limit was developed in 1981. That would amount to three to five good RO1s now. Should we consider raising that?" He pointed out that this is supposed to be a guideline and that an institution may ask for an exception if it does not reach that amount.

"How about essential characteristics?" Kimes continued. "What is missing is that there is no real judgment on whether this is a cancer center. There must be some focus. Is it a center by the peer reviewer's determination?"

Finally, Kimes brought up another potentially explosive issue. "Should there be an upper limit for P30s (core grants)?" At present they range from a few hundred thousand dollars up to $8 million for Memorial Sloan-Kettering.

"I don't like caps," Kimes said. "We need flexibility. But is it reasonable to look at this?"

"They do, in peer review, although it is not in the guidelines," LoBuglio said.

Kimes pointed out that there is a ceiling now on renewals, limiting centers to a maximum of 50 percent over the last year of the previous award.

When Kimes returned to the issue of subjecting shared resources payback systems to peer review, Kripke said, "That makes me nervous. I'm not sure site visitors are capable of reviewing financial operations."

Kimes pressed the issue, and when board members continued to argue with him, he said, "Obviously, I'm not getting through."

The discussion ended with no consensus, or even individual expressions of advice, on the issues for which Kimes had asked for help.

Several board members said privately after the meeting that they hesitated offering their opinions on a funding plan without knowing which centers might be affected, their strong and weak points, and why staff members might feel their core grants should be kept alive at the expense of cutting everyone else's.

The 17 centers which are competing this year for core grants are:

--One "new" center, Georgetown Univ.'s Vincent Lombardi Cancer Research Center. Georgetown did not successfully compete when its grant was up for renewal two years ago, chose not to take the option of submitting an amended grant the following year, and its application is considered a new one this year. Georgetown's status as an NCI recognized comprehensive cancer center (in collaboration with Howard Univ.) depends on obtaining a funded core grant this year. It will, along with all the other existing comprehensive centers, have to meet the rest of the new requirements to continue with that status.

--Three centers unfunded in last year's competition, submitting amended applications--Northern California Cancer Center, Ohio State Univ., and Roswell Park

Memorial Institute. OSU and RPMI, also existing comprehensive centers, must get their grants funded to remain so. RPMI's amendment was submitted jointly with the renewal application of Grace Cancer Drug Center which has had its own separate core grant. Grace is part of RPMI.

--The remaining centers competing for renewals are Univ. of Pennsylvania, Roger Williams/Brown Univ., Case Western Reserve Univ., Fels Research Institute/Temple Univ., Massachusetts Institute of Technology, Univ. of Virginia, Fox Chase Cancer Center, Univ. of Vermont, Howard Univ., Univ. of Alabama, Univ. of Miami, City of Hope Cancer Research Center, and Cold Spring Harbor Laboratory.

Doctors Do More Cancer Screening, Especially Mammograms, ACS Says

Eighty percent of physicians claim to do more cancer screening of asymptomatic patients than they did five years ago, according to a study released this week by the American Cancer Society. The study updates an identical study performed in 1984.

Nearly all the 1,029 practicing primary care physicians surveyed--96 percent--say they are doing screening mammograms, compared to 49 percent in the 1984 survey. Nearly half say they are doing more screening mammograms than five years ago. In 1984, only 14 percent of physicians said they were giving mammograms greater emphasis.

The survey of physician attitudes and practices in early cancer detection was based on telephone interviews averaging 27 minutes each and was conducted last year. ACS said the results are directly comparable with its 1984 survey. The questionnaire was in the same format and contained many of the same questions as the 1984 survey.

The purpose of the survey is to check whether physicians are following ACS guidelines for early cancer detection, published 10 years ago. According to the 1989 survey, 37 percent of physicians are following the guidelines for mammogram screening (baseline mammogram between age 35-39, every one to two years from age 40-49 and every year over age 50). This compares with 11 percent in 1984.

"This is not to say that all women are now receiving mammograms at the rate prescribed by ACS guidelines, but this trend is an important milestone in the road toward that goal," ACS President Robert Schweitzer said this week at the annual ACS Science Writers' Seminar in Daytona Beach, FL.

Increases in colorectal screening, prostate cancer screening and pap testing also were reported.

"There is no doubt that we have come a long way in educating the primary physician about the specific needs of an asymptomatic patient," Schweitzer said. "This trend toward a more universal acceptance of the importance of prevention and early detection will have a decided impact on the mortality data during the next decade."

However, barriers still remain to cancer screening. "There are still some disagreements concerning specific provisions of certain ACS screening guidelines," he said. "Patient concerns about discomfort, safety and most importantly, the cost of screening tests have an important impact on physicians' behaviors--even when physicians agree with the current recommendations."

In the 1984 survey, 68 percent said they did more cancer screening than five years before. In both the current survey and the previous one, 90 percent of physicians reported doing digital rectal exams, pap tests, breast physicals and prostate exams.

The only cancer screening test still not widely used is proctosigmoidoscopy, the survey found. Yet, 49 percent of physicians report using proctoscopic exams on asymptomatic patheients, compared with 35 percent in 1984. Testing for occult blood in the stool is widely used by 89 percent of the physicians, compared with 75 percent in 1984.

The survey found that more obstetricians and gynecologists are screening for colon cancer--65 percent test for occult blood, compared with 40 percent in 1984. The porportion who are ordering or doing proctoscopic exams is 16 percent, compared with 8 percent five years ago.

The survey also found a decline in the number of phyusicians who report giving lung cancer screening more emphasis, from 13 percent in 1984 to 11 percent in 1989. Gastrointestinal cancer screening also fell from 5 percent to 2 percent, while early detection of skin cancer increased from 2 percent to five percent.

Use of chest x-rays as a cancer screen for asymptomatic patients has not decreased since 1984, the survey found. ACS does not recommend chest x-ray for cancer screening, but 41 percent of physicians say they do chest x-rays with asymptomatic patients, as did 42 percent in 1984.

After describing their early detection procedures, physicians in the survey were told about the ACS guidelines. A majority, 64 percent, said they found the ACS guidelines "very helpful."

While agreement with the guidelines for mammography, pap testing and proctoscopic exams has increased since the last survey, the guidelines continue to be the most controversial.

Physicians who diagree with the mammography guideline mainly do so because they think a baseline mammogram does not need to be done until age 30. About 18 percent say the mammography guideline is to expensive to follow.

Those who disagree about the pap testing guideline say the test should be done annually, while ACS recommends that after three normal tests in three consecutive years, it needs to be done only at the physician's discretion.

Physicians who disagree with the ACS guideline for proctoscopic exams say they are not convinced the procedure is needed, and that the yield is too low to justify the cost.

The survey also reported on another important cancer prevention topic, smoking. Nearly all the physicians surveyed, 96 percent, said they advise patients against smoking. In the 1984 survey, 89 percent said they advised patients against smoking.

Three out of four say they provide educational materials to patients to help them quit smoking, and take extra time to counsel smokers to help them quit. A little more than 70 percent say they make referrals to smoking cessation programs.

The survey found that 7 percent of physicians say they smoke, down from 12 percent five years ago.

The survey results were reported in the March/April issue of the journal CA, published by ACS.

PAs On Animal Retroviruses, Obesity, International Cancer Studies OK'd

The Div. of Cancer Etiology Board of Scientific Counselors approved three concepts for program announcements at its recent meeting.

Excerpts from the program announcement concept statements follow:

Domestic animal models of retrovirus associated malignancies. The purpose of this proposed program announcement is to inform the scientific community of NCI's continuing interest in supporting basic research on retroviral pathogenesis and neoplastic sequelae in domestic animal models of human cancer.

Studies of domestic animal retroviruses have the potential to provide valuable basic information on the mechanisms of cancer induction by viruses and to serve as models for the initial evaluation of intervention strategies prior to human clinical trials.

Mammalian retroviruses have been isolated from humans, monkeys, mice, cats, cows, goats, sheep, pigs and horses. In some virally infected animals, neoplastic and Kaposi's sarcoma-like lesions have been observed, supporting the hypothesis that retroviruses may be directly or indirectly involved in the development of malignancies and disease progression. Retrovirus animal models may aid in investigations of initiation and progression of neoplasia of viral origin and provide an understanding of the role of viruses in the etiology of human cancer.

In the past six years, NCI sponsored four workshops and issued three RFAs and one program announcement having as all or part of their focus animal retroviruses. As a result, new projects on domestic animal retrovirology were initiated. The earliest of these are entering the renewal phase, while the newer ones are ongoing. An evaluation of the progress made on these grants has made it clear that there is the potential for additional knowledge on the pathogenesis of cancers of viral etiology from animal models.

This announcement focuses on domestic animals because unique virus models have been identified in some of these animals which display correlative aspects to human neoplasia. For example, bovine leukemia virus, the causative agent of lymphosarcomas in cattle, is closely related to HTLV-1, the etiologic agent of adult T-cell leukemia in humans; bovine pulmonary carcinoma is a naturally occurring retrovirus-associated pulmonary neoplasm of mature sheep; and the bovine papillomavirus induces esophageal, ocular and skin carcinomas in the bovine which are related to human papillomavirus malignancies. In each of these animal models of cancer, the natural host of the virus is utilized.

At a recent Biological Carcinogenesis Branch sponsored workshop, "The Role of Human Immunodeficiency Virus and Other Viruses in AIDS-Associated Malignancies," Nov. 2-3, 1989, the workshop participants emphasized the importance of studying virally-induced cancers in the natural host where disease pathogenesis is not altered by a change in animal species.

Progress in most of these domestic animal systems has been limited by an indolent disease course and the fact that the neoplasms occur in a limited percentage of animals. Other limitations include: the lack of reagents for typing of cells of the immune system; probes for some viruses that are either not available or are not well characterized; monoclonal antibodies for some viral antigens are not available. Additionally, the number of scientists actively conducting research on each virus is small.

One goal of this program announcement is to encourage collaborations between scientists with complementary areas of research expertise, such as molecular biology of retroviruses and pathogenesis or immunology, with the intent of accelerating progress in these important cancer models. The overall purpose of this proposed program announcement is to help stimulate research activity in these virus cancer models and overcome these limitations.

Such studies will aid in understanding the properties of viruses and features of the host response that determine disease progression from initial virus infection to neoplastic sequelae. For the purposes of this announcement, domestic animals include cows, horses, sheep, goats and pigs; specifically excluded are retroviruses of cats, dogs and primates. Collaborative efforts between scientists with complementary areas of research expertise will be encouraged.

Specific research topics of interest to NCI include, but are not limited to:

1. Studies emphasizing the development and utilization of known retroviral domestic animal models for investigations of disease pathogenesis from the initial infection to the development of pre-neoplastic lesions and neoplastic sequelae.

2. Studies emphasizing the use of domestic animals for investigations of virus-host interactions to define and understand viral pathogenic and immune function alterations leading to pre-neoplastic lesions and neoplastic sequelae, including the role of other RNA and DNA virus cofactors.

3. Studies which emphasize the expression and regulation of viral or cellular genes in pre-neoplastic lesions and malignant tissues from retrovirus-infected domestic animals.

4. Studies to isolate and characterize new retroviruses from normal, pre-neoplastic lesions and neoplastic tissues of domestic animals and study the mechanisms of oncogenesis of these viruses.

Obesity, endocrine and fat metabolism and cancer risk.

Obesity influences the risk of many diseases, including certain types of cancer. In particular, the risk of endometrial cancer at all ages is increased by obesity. Other sites for which obesity has been reported to increase cancer risk are breast (at postmenopausal ages), gall bladder, kidney, prostate, ovary and colon, although findings are not consistent among studies. An inverse association has been reported between body mass and the risk of premenopausal breast cancer.

Risk of several disease varies not only with degree of obesity, but also with the body distribution of fat. This has been reported for breast cancer. An association between fat patterning as well as changes in endocrine metabolism have also been in response to changing environmental exposures. These findings resulted from a small series of studies, six of which were supported by NCI as a result of an RFA issues in 1984.

The purpose of this announcement is to encourage further studies to clarify associations recently found between body fat distribution and cancer risk, or risk factors, as well as to extend knowledge through the investigation of related or new hypotheses. A major goal is the definition of differences in adipose tissue metabolism and hormone metabolism from varied environmental exposures, as they relate to site-specific cancer risks.

Research topics of interest include but are not limited to:

1. Development and validation of improved measurement techniques for cancer risk factors related to adiposity, caloric balance, steroid hormone and fat metabolism, and diet; assessment of interaction and its effect on specific cancer risks.

2. The use of better measures of total diposity and of the distribution of adipose tissue in evaluating risk of various cancer sites, such as breast, endometrium, prostate, colon, gallbladder, ovary, lung and kidney. This includes interest in definition of cancer risk associated with the deposition or metabolic activity of adipose tissue in the visceral compartment, and clarification of any effect of height.

3. The impact on site-specific cancer risk of age, ethnic or race related variation in adiposity or in adipose tissue distribution, taking into consideration relevant confounding factors.

4. Evaluation of the relationship between site-specific cancer risk and risk of other diseases related to adipose tissue distribution, such as diabetes, hypertension, gallbladder disease and polycystic ovaries.

5. Evaluation of the etiologic validity of cancer risk estimates derived from case-control studies of adiposity or adipose tissue distribution.

6. Improved definition of the relationship between steroid hormone metabolism and adiposity, including adipose tissue patterning, as this information contributes to knowledge of cancer risk. This includes improved understanding of the role and causes of variation in hormone binding, both to hormone binding globulins and to cellular receptors in humans.

7. Insight into whether environmental factors which influence both cancer risk and steroid hormone metabolism, act directly as well as indirectly in affecting cancer risk. Environmental factors of interest include smoking, dietary variation, energy balance and intake of specific substances such as indoles, ethyl alcohol, saturated and unsaturated fatty acids.

8. Investigation into reasons for the crossover in obesity associated risk of breast cancer in pre and postmenopausal women.

9. Determination of whether adiposity/fat patterning, examined across age without regard to menopausal status, distinguishes populations with differing constellations of risk factors, as is true of the pre and postmenopausal risk factor patterns.

10. Evaluation of important health and physiologic effects associated with modification of major cancer risk factors, such as altering the quantity or quality of circulating estrogenic or androgenic hormones, weight reduction and dietary intervention.

International epidemiologic studies of cancer and human retroviruses. NCI has a continuing interest in the study of malignancies associated with the human retroviruses, particularly HIV. Some cancers of the lymphoreticular system (non-Hodgkin's lymphoma) and soft tissue (Kaposi's sarcoma) are significantly increased in incidence and display an aggressive pattern of development and progression in HIV infected individuals. Other tumor types, such as papillomavirus-associated cancers, may also be emerging more frequently in association with HIV infection.

The route of HIV infection may be responsible for differences in clinical outcomes, as Kaposi's sarcoma is less common in individuals who have acquired infection through IV drug use or the administration of blood products compared to other routes of infection. It remains to be determined whether the change from predominantly indolent, endemic KS to the more widespread occurrence of an aggressive, epidemic form of KS in Africa has resulted from HIV infections and whether KS is disproportionately represented as an AIDS associated illness in the KS endemic areas of central Africa compared to nonendemic areas.

While KS is very rare in children with AIDS in the U.S., 5 to 10 percent of African children with HIV infection have been reported to have KS. It is not known whether HIV has had an impact on the incidence of Burkitt's lymphoma in Africa, and whether HIV associated BL in Africa has the same frequency of specific chromosomal rearrangements as the HIV-unassociated form, as is the case in the U.S.

Infection with another retrovirus, HTLV-1, has been shown to cause adult T-cell leukemia. Endemic areas are found in Japan and the Caribbean, equatorial Africa and parts of southeastern U.S. There is evidence suggesting HTLV-1 may be indirectly associated with risk of other malignancies, possibly by chronic antigenic stimulation of alteration of immune function. Although the cumulative incidence of malignancy among those infection with HTLV-1 is low, it is still higher than that for other human oncogenic viruses.

The proposed initiative seeks to encourage epidemiologic research projects on the incidence and etiology of retrovirus associated malignancies in areas outside of North America and Europe. The initiative will permit a wide range of investigations, including but not limited to, the following:

1. Investigations of KS in both the endemic and epidemic forms, and non-Hodgkin's lymphoma, including Burkitt's lymphoma, in adults or children. Epidemiologic, genetic and multidisciplinary approaches may be used to elucidate the role of HIV and other factors in carcinogenesis.

2. Epidemiologic studies of the role of retroviruses in the etiology of human malignancies. Historic collections of sera and other biologic materials maintained at various locations that can be well characterized epidemiologically could be utilized in conducting surveys of virus prevalence or in historical cohort studies of the association between viral infection and malignancies.

3. Studies monitoring retrovirus-associated malignancies, for example, through population based registries; programs to collect tumor samples and other biologic materials from retrovirus infected and non-infected individuals who develop cancer, for utilization by collaborating laboratory-based scientists with expertise in elucidating cancer etiology.

Congressman Exhorts Scientists To Continue Anti-Smoking Fight

The scientific community has begun to play an active role in the antismoking crusade and should continue to "come out of the laboratory and march in the picket lines," a Massachusetts congressman told the annual meeting of the American Society of Preventive Oncology.

"We now truly understand the cigarette industry--it's an industry of death," said Rep. Chet Atkins, a Democrat from the 5th district of Massachusetts. Science has provided sufficient evidence of the dangers of smoking, that "if tobacco were to come onto the market today, the FDA wouldn't allow it. It would be part of the war on drugs."

The past 18 months have been very successful for the anti-smoking forces, Atkins said. The federal ban on smoking on domestic airline flights was extended and made permanent, and RJ Reynolds Co., was forced to back down on the promotion of a cigarette targeted to blacks. In addition, anti-smoking advocates helped to force the retreat of the tobacco industry in its attempt to seek more favorable trade terms with Thailand.

The tobacco industry is engaging in aggressive overseas marketing and promotion. In the past few years, U.S. cigarette makers have been successful in penetrating the markets in South Korea, the Philippeans, and to a lesser, but growing extent, Japan.

At the end of his talk, Akins was asked what ASPO members could do to help the anti-smoking campaign.

"I would hope that you as an association would think about that question," he said. "However, there are some very simple things that can have a big effect."

For example, members could write to HHS Secretary Louis Sullivan congratulating him for his strong stance against Uptown cigarettes, the brand Reynolds tried to test market in Philadelphia earlier this year.

Second, the issue of the heavy cigarette advertising in newsmagazines should be raised. Since the "clear and known function" of cigarettes is to kill people, Atkins said, "in my mind, there's no God-given freedom of speech for a product that kills people."

Third, epidemiology statistics for Asia need improvement, he said. Fourth, he urged ASPO members to "get out on the picket lines," because "you don't expect researchers to get out on picket lines and wave silly signs, so when you do, people take notice," he said.

Fifth, the scientific community should do what it can to train more minority researchers.

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

World Conference on Tobacco & Health--April 1-5, Perth, Australia. Contact Secretariat, Conference on Tobacco & Health, Locked Bag, Post Office Northbridge, Western Australia.

World Conference on Pain--April 1-6, Adelaide, Australia. Contact World Congress on Pain, Congress Secretariat, PO Box 753, Norwood SA 5067, Australia.

Leukemias--April 2-6, Orta San Giulio, Italy. Contact European School of Haematology, Centre Hayem, 1, avenue Claude Vellefaux, 75475 Paris Cedex 10, France.

Illinois Cancer Council Conference: Cancer Drug Resistance--April 4, Chicago. Contact Patti Jelen, Illinois Cancer Council, phone 312/346-9813.

Community Cancer Care--April 4, 11 & 18, Pittsburgh, PA, Visiting Nurse Assn. of Allegheny County, Seven Parkway Center. Contact Denise Brooks, phone 412/624-7899. Also to be held April 27, at Univ. of Pittsburgh School of Nursing, Victoria Bldg.

President's Cancer Panel--April 5, New York City, Columbia Univ. Comprehensive Cancer Center, Howard Clark Conference Center. Contact Dr. Elliott Stonehill, 301/496-1148.

Recent Advances in Head & Neck Cancer--April 5-6, Ankara, Turkey. Contact Dr. Dincer Firat, Div. of Oncology, Hacettepe Univ. Hacettepe 06100, Ankara, Turkey.

Breast Cancer--April 5-7, Athens, Greece. Contact G. Assimakopoulos, Karneadou Str. 3, Athens 106 75, Greece.

American Medical Assn. Health Reporting Conference--April 5-8, Denver, CO. Contact AMA, phone 312/645-5102.

Milestones in Oncology II--April 6, Leiden, The Netherlands. Contact Dr. P. Bentvelzen, Dutch Society of Oncology, TNO, Lange Kleiweg 151, 2277 GJ Rijswik, The Netherlands.

Radiation Research Society Annual Meeting--April 7-12, New Orleans. Contact Radiation Research Society, 1101 Market St., 14th Floor, Philadelphia, PA 19107.

National Committee to Review Current Procedures for Approval of New Drugs for Cancer & AIDS (Lasagna Committee)--April 10, NIH Bldg. 31 Rm 10. Open 9 a.m.-3:30 p.m.

NIH Consensus Conference: Adjuvant Therapy for Patients With Colon & Rectum Cancer--April 16-18, Masur Auditorium, NIH Clinical Center, Bethesda, MD. Contact Prospect Associates, Kathleen Isner, 301/468-MEET.

National Cancer Advisory Board Committee on Cancer Centers--April 17 and April 30, NIH Bldg. 31, Rm 11A10, open 10 a.m.

Advanced Bladder Cancer Seminar--April 17-18, San Servolo, Venice, Italy. Contact European School of Oncology, Via Venezian 1, 20133 Milan, Italy.

International Conference on Human Antibodies & Hybridomas--April 18-20, Lake Buena Vista, FL. Contact S.L. Patterson, Butterworth Publishers, 80 Montvale Ave., Stoneham, MA 02180, phone 617-438-8464.

Provocative Topics in Gynecologic Oncology--April 19-20, Baltimore, MD, Harrison's Pier 5 Clarion Inn. In conjunction with Houston Everett Memorial Course in Urogynecology. Contact Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Bldg., 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-2959.

International Brachytherapy & Remote Afterloading Symposium--April 19-21, St. Louis, MO. Contact Dr. Carlos Perex, 4511 Forest Park Blvd., Suite 411, St. Louis, MO 63108, phone 314/362-3497.

Molecular Targets for Cancer Chemotherapy: The Dorothy Snider Foundation Forum on Cancer Research--April 20, Memphis, TN. Contact Dr. James Hamner, Univ. of Tennessee-

Memphis, 847 Monroe Suite 235, Memphis, TN 38163, 901/528-6354.

Cancer Management Course--April 20-21, Salt Lake City, UT. Contact Dr. Dirk Noyes, American College of Surgeons, Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

American Radium Society Annual Meeting--April 21-25, Scottsdale, AZ. Contact American Radium Society, 1101 Market St., 14th Floor, Philadelphia, PA 19107.

Annual Congress of Radiotherapy & Oncology--April 22-26, Transkei, South Africa. Contact J.P. Jordaan, PO Box 30168, Mayville 4058, South Africa.

Cytology, Histology & Immune Markers in Leukemias and Lymphomas--April 23-27, Paris, France. Contact European School of Haematology, Centre Hayem, 1, avenue Claude Vellefaux, 75475 Paris Cedex 10, France.

Workshop on Small Cell Lung Cancer Antigens--April 25, London, UK. Contact Courtauld Institute, 5th Floor, 91 Riding House St., London W1P 8BT, UK.

Ambulatory Care Nursing Conference--April 26-27, San Diego, CA. Contact Shirley Kolkey, Meeting Management, 5665 Oberlin Dr. Suite 110, San Diego, CA 92121, phone 619/453-6222.

Anticancer Drug Discovery & Development--April 26-28, Detroit, MI. Contact Dr. Frederick Valeriote, Dept. of Medicine, Wayne State Univ., PO Box 02188, Detroit, MI 48202, phone 313/745-8252.

European Association for Cancer Education Annual Scientific Meeting--April 26-28, Bordeaux, France. Contact Dr. W. Bender, Centre for Medical Education, Groningen Faculty of Medicine, Bloemsingel 1, 9713 BZ Groningen, The Netherlands.

Southwest Oncology Group--April 30-May 2, Denver, CO, Denver Marriott City Center. Contact Marjorie Godfrey, SWOG, 5430 Fredericksburg Rd No. 618, Oak Hills Tower Bldg., San Antonio, TX 78229-6197, phone 512/366-9300.

Envisioning the Future: Oncology Social Work in the 1990s--May 2-5, St. Petersburg Beach, FL. TradeWinds Hotel. Sponsored by National Assoc. of Oncology Social Workers. Contact Nancy Elkins, H. Lee Moffitt Cancer Center, PO Box 280179, Tampa, FL 33682, phone 813/972-8483.

National Conference on Cancer and the Changing Healthcare System--May 3-5, San Francisco, CA. Sponsored by American Cancer Society. Contact ACS, 1599 Clifton Rd. NE, Atlanta, GA 30329, phone 404/329-7604.

Entrepreneurship & Innovation for Physicians--May 3-5, San Francisco, CA. Contact Center for Competition in Healthcare, Carol Bomar, phone 1-800-752-0926.

European Federation of Societies for Ultrasound--May 6-11, Jerusalem, Israel. Contact Kenes Ltd., PO Box 50006, Tel Aviv 61500, Israel.

Chest Tumors Course--May 7-11, Milan, Italy. Contact European School of Oncology, Via Venezian 1, 20133 Milan, Italy.

Overcoming Cancer Drug Resistance--May 10-11, Tokyo, Japan. 13th Bristol-Myers Squibb Symposium on Cancer Research. Contact Virginia Mintz, 202/835-8852, or Liza Fields, 202/835-8829.

Clinical Pharmacology in Space--May 10-11, Houston, TX. Contact American College of Clinical Pharmacology, 175 Strafford Ave. Suite 1, Wayne, PA 19087.

Molecular Genetics of Development--May 10-12, Arlie, VA. Contact Jack Harvey, Social & Scientific Systems, 7101 Wisconsin Ave. Suite 610, Bethesda, MD 20814, phone 301/986-4886.

Small Cell Lung Cancer--May 11-12, Ravenna, Italy. Contact Augustrera S.R.L., via Di Roma 86, 48100 Ravenna, Italy.

National Cancer Advisory Board--May 14-15, NIH Bldg. 31 Rm 10. Open May 14 from 8 a.m.-adjournment. Open May 15 from 1 p.m.-adjournment.

NCAB Committee on AIDS--May 14, NIH Bldg. 31 Rm 7 immediately following NCAB meeting.

NCAB Committee on Cancer Centers--May 14, NIH Bldg. 31 Rm 8 immedately folowing NCAB meeting.

NCAB Committee on Planning & Budget--May 14, NIH Bldg. 31 Rm 8, 6 p.m.

NCAB Committee on Information & Cancer Control--May 15, NIH Bldg. 31 Rm 7, 7 a.m.

American Roentgen Ray Society--May 13-18, Washington, Sheraton Washington Hotel. Contact American College of Radiology, 1891 Preston White Dr., Reston, VA 22091, phone 648-8912.

American Society for Clinical Microbiology--May 13-18, Anaheim, CA. Contact ASCM, 1913 I St. NW, Washington, DC 20006, phone 202/833-9680.

Topics in Clinical Medicine--May 14-18, Johns Hopkins Medical Institutions, Baltimore, MD. Contact Office of Continuing Education, Turner Bldg, 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-2959.

Oncology Nursing Society--May 16-19, Washington, D.C. Contact ONS, 1016 Greentree Rd, Pittsburgh, PA 15220-3125, phone 412/921-7373.

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors--May 16-17, Bethesda Marriott Hotel, Grand Ballroom, Bethesda, MD. Open May 16 from 8:30 a.m.-3 p.m. and May 17 8:30 a.m. to adjournment.

Cancer Prevention & Control & American Minorities: American Society of Clinical Oncology Committee on Cancer Prevention & Control--May 18, Washington, Ramada Renaissance Techworld Hotel. Contact ASCO, 435 N. Michigan Ave. Suite 1717, Chicago, IL 60611, phone 312/644-0828.

World Conference on Lung Health--May 20-24, Boston, MA. Contact Richard Grimes, American Lung Assn., 1740 Broadway, New York, NY 10091-4374, phone 212/315-8700.

AACR Special Conference in Cancer Research: Molecular Basis Of Tumor Immunology--May 20-22, Reston, VA, Sheraton Hotel. Contact AACR, Public Ledger Bldg. Suite 816, 8th & Chestnut Sts., Philadelphia, PA, phone 215/440-9300.

81st Annual Meeting American Assn. for Cancer Research--May 23-26, Washington, D.C. Contact AACR, 330 Market St., 2nd Floor, Philadelphia, PA 19106.

International Workshop on Californium-252 Neutron Therapy: Brachy & Boron Neutron Capture Therapy--May 25-27, Lexington, KY, Lexington Griffin Gate Marriott. Contact Terry Stuart, Radiation Therapy Oncology Center, Univ. of Kentucky Medical Center, Lexington, KY 40536-0084, phone 606/233-6489.

International Assoc. for Breast Cancer Research Biennial Meeting--May 27-29, 1991, Saint-Vincent, Italy. Contact Secretariat of the Meeting, Centro Congressi Grand Hotel Billia, 11027 Saint-Vincent, Aosta Valley, Italy, phone 0166/2011, fax 0166/201449.

MRI & Spectroscopy in Oncology--May 29-30, Venice, Italy. Contact European School of Oncology, Via Venezian 1, 20133 Milan, Italy.

Advances in MRI Imaging--May 31-June 2, Scottsdale, AZ, Marriott Camelback Inn. Contact Siemens Medical Systems Inc., 1-800-272-3837.

FUTURE MEETINGS

National Tumor Registrars Assn. Annual Meeting--June 5-9, San Antonio, TX, Hyatt Regency Riverwalk. Contact NTRA, 505 E. Hawley St., Mundelein, IL 60060, phone 708/566-0833.

Recent Advances in Urological Cancer Diagnosis & Treatment--June 27-29, Paris, France. Contact Dr. Saad Khoury, Clinique Urologique, Hopital de la Pitie, 83, Bd. de L'Hopital, 75634 Paris Cedex 13, France, phone 45.70.38.62, fax 45.70.30.78.

Antigen & Clone Specific Immunoregulation--Oct. 22-24, New York City, Vista International. Contact Conference Dept., New York Academy of Sciences, 2 E.63rd St., New York, NY 10021, phone 212/838-0230.