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One Year Later, Cancer Centers And NCI Are Getting Along Just Fine, AACI Learns

What a difference a year makes, especially if you have an interest in cancer centers.

A year ago, NCI's Cancer Centers Branch was working out of the Div. of Cancer Prevention & Control. Center directors and their staff members felt that their interests were not high on DCPC's priority list and had
(Continued to page 2)

In Brief

Gramm-Rudman-Hollings Could Slash NCI Budget By \$650 Million; Holleb Retires From 'Ca'

NCI WOULD lose \$650 million from its \$1.7 billion budget if Congress and the Administration do not reach an agreement on how to meet the Gramm-Rudman-Hollings deficit target. "That would be an absolute catastrophe," Director Samuel Broder said. Congress/White House negotiations are continuing on a package of budget cuts and revenue increases which would prevent imposition of an across the board reduction. . . . ARTHUR HOLLEB is stepping down as editor in chief of the American Cancer Society's "Ca-A Cancer Journal for Clinicians," a position he has held for the past 20 years. He will continue to contribute to the journal as editor emeritus. Gerald Murphy, ACS chief medical officer, takes over as editor in chief. "Dr. Holleb made 'Ca' what it is today--a practical, straightforward journal for all members of the cancer care team," Murphy wrote in the journal's July/August issue. Holleb retired as senior vice president for medical affairs two years ago. . . . ONCOLOGY NURSING Society has issued a call for abstracts intended for presentation at its 16th annual congress in San Antonio May 8-11, 1991. Deadline is Sept. 7. Contact ONS, 1016 Greentree Rd, Pittsburgh, PA 15220 for instructions, or phone 412/921-7373. . . . BARBARA BUSH visited patients at the Univ. of Texas M.D. Anderson Cancer Center during the economic summit held in Houston earlier this month. Catharine Andriessen, wife of the foreign minister for the Commission of the European Community, and Judith Hurd, wife of the United Kingdom foreign minister, also visited the cancer center. President George Bush is donating to M.D. Anderson half the proceeds from his autobiography, "Looking Forward." . . . McARDLE LABORATORY for Cancer Research celebrates the 50th anniversary of its founding this fall. The laboratory will hold several celebratory events Oct. 18-20, including an anniversary symposium on Oct. 19, featuring scientific reports from seven McArdle alumni. For registration information, contact Bette Sheehan, McArdle Laboratory, 1400 University Ave., Madison, WI 53706.

Most Comprehensive
Centers Getting
Core Grants Renewed
... Page 4

ONS Award Winners,
Grantees, Announced
At Annual Congress
... Page 5

Cancer Meetings
For Aug., Sept.
... Page 6

RFP, RFA Available
... Page 8

One Year Later, Centers And NCI Are Getting Along Fine, AACI Learns

(Continued from page 1)

been recently outraged by a DCPC proposal to fund a cancer control initiative out of the limited centers core grant budget. They had seen Centers Branch staff vacancies left unfilled, and had witnessed the departure of two of their champions, Jerome Yates and his successor, Robert Young, who had been DCPC associate directors in charge of the Centers & Community Oncology Program.

Centers people were further incensed when they perceived, rightly or wrongly, that NCI Director Samuel Broder, and the National Cancer Advisory Board were not paying sufficient attention to the Institute of Medicine report which called for increased support of cancer centers.

All that would have been bearable had the centers program been adequately funded. But a flat budget had forced NCI to fund core grants at 85 percent of recommended levels in an effort to spread the money around and keep as many core grants alive as possible. The number dwindled anyway, from a peak of 61 to 56 last year, and it was said that four more probably going were going to be dropped in 1990.

The frustrations exploded at the meeting last year of the Assn. of American Cancer Institutes, when AACI members lashed out at NCI, the NCAB, and Broder (*The Cancer Letter*, June 30, 1989).

Broder responded the following week, asking that the centers not "judge me on a snapshot in time."

Not long thereafter, Broder set in motion a train of events, starting with moving the Centers Branch (and Research Facilities, Organ Systems, and Training branches) from DCPC to the Div. of Cancer Biology & Diagnosis, which was renamed to include centers. DCBD Director Alan Rabson welcomed them with open

arms, created a new Centers, Training & Resources Program to house them and appointed Brian Kimes to head it.

Kimes has spent much of the past year visiting centers, working with center directors on writing the five year strategic plan for centers as called for in the IOM report (which has been nearly completed), and rebuilding the Centers Branch. He appointed Margaret Holmes, a veteran of the centers program, chief of the branch, and she is in the process of hiring a program director. Kimes is trying to recruit an MD as his special assistant, whose primary role will be to work with centers.

Broder even managed to squeeze out a little more money for the centers program for the current fiscal year. In the FY 1990 appropriations bill for NCI, \$105.6 million had been earmarked for centers. After sequestration to meet the Gramm-Rudman-Hollings target, NCI was left with \$102.5 million. Broder moved \$1.5 million from NCI's "exception pool" into centers, and another \$700,000 was added from the national black leadership initiative, making a total of \$104.7 million.

Revision of the criteria for comprehensive cancer center status was completed during the year, and the new system for review and recognition of comprehensive centers was established.

Broder also spent an evening between the ASCO and AACR meetings with centers representatives, responding to questions and complaints, and he meets regularly with an ad hoc committee of center directors.

The result was that this year's annual AACI meeting, held last month in Rochester, MN, was a lovefest between NCI and center directors. John Ulmann, director of the Univ. of Chicago Cancer Center, summed up the feelings of a majority of those at the meeting:

"There has been more progress [in addressing cancer center problems and concerns] in the last year than there was in the previous six years."

Rabson, Kimes, Holmes, and other NCI staff members put on a workshop the afternoon and morning prior to the AACI meeting, delving into a series of issues and developing, more or less, a consensus on them.

One of the workshops, on "Reducing Budget Disproportionality," considered a number of approaches to decreasing the distance between the largest centers, in terms of core grants, and everyone else. Those all became irrelevant when Memorial Sloan-Kettering Physician in Chief Vincent DeVita suggested that the largest (his and Fox Chase) be

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limited to zero increases in their core grants for a few years, with a sliding scale permitting increasingly larger grants, possibly with no limit for the centers with the smallest grants. Fox Chase President Robert Young concurred, after making the point that no prospect for an increase would be too much to expect from the two centers and asked that the sliding scale start with at least five percent available at the top.

Earlier this year, Broder had indicated he had considered altering the rich get richer formula, which permitted centers to seek increases of up to 50 percent when applying for renewal of their core grants. He indicated at the same time (*The Cancer Letter*, May 18) that this was perhaps a topic he might be well advised to leave alone.

Asked for his reaction to the DeVita/Young proposal, Broder said this week, "Life is full of surprises."

He added that he would "look forward to a dialogue with centers on flexibility" of core grants. He cautioned that "adherence to scientific excellence" should remain the primary consideration in determining the extent of NCI support.

However, "The primary focus should be: are we doing the very best we can to eliminate death and suffering from cancer? I think we sometimes become too focused on budget matters."

Broder reiterated his support for the cancer centers program. That program "means a great deal to NCI, both directly and indirectly. We must do everything we can to strengthen the centers program. There are certain things that will fail unless we have a strong centers program."

Workshop sessions prior to the AACI meeting were held on the annual budget process, shared resource payback systems, defining centers, staff investigator salaries, and clinical protocols, in addition to the session on reducing budget disproportionality. Summaries of those discussions as presented by the session chairmen, with comment by others, follow:

* Annual budget process, John Ulmann, chairman. Cancer center advocacy in the directorship of NCI has not been strong enough to obtain the same proportional increase for the centers program as obtained by the institute as a whole. The recent director of NIH (James Wyngaarden) was not a centers advocate. Cancer Centers should see to it that the new NIH director should be properly advised on centers. Centers need to reverse the negative impression of Congress about centers, perhaps by summarizing accomplishments of centers for the NCI director to use in dealing with Congress; and by citing specific

scientific programs which could be enhanced with more money.

* Defining cancer centers, Albert Owens, chairman. Considering whether the eligibility of centers for core grants should be changed, the answer is no. Established programs with high quality laboratory or clinical research, with at least \$750,000 a year in direct cost of peer reviewed research support from NCI, are eligible to apply for P30 (center core) grants. Eighty institutions in the U.S. qualify under that criterion. We didn't see anything broken that needed to be fixed.

Kimes disagreed. "I think we should raise the ante," he said. "I think that \$750,000 may be too little to get representative diversity in a center. We wouldn't have to cross anyone off the list if we raised it. There could be exceptions for smaller centers with broad programs."

Edward Bresnick, Norris Cotton Cancer Center, pointed out that the average RO1 grant is now \$75,000 a year. "That implies that a center with 10 RO1s would qualify. I think we could raise the minimum now."

Yates, now at Roswell Park Cancer Institute, said that five years ago when he was at NCI, 87 institutions were eligible to apply for core grants, although "some were on the fringe. Some with among the highest [level of support from NCI], including Stanford and UCSF, chose not to pursue core grants."

* Clinical protocols, Paul Bunn, chairman. We looked at the review process and the quality of the process. Those protocols not peer reviewed should be reviewed. Centers should be involved in the Group C mechanism for distribution of proven drugs not yet approved by FDA for marketing. The role of centers in getting protocols into the community was discussed. The Community Clinical Oncology Program (CCOP) and Cooperative Group Outreach Program (CGOP) work well in helping community organizations get started in clinical trials. Could there be a CGOP for centers? How can centers get funded to do a cancer center trial, rather than a cooperative group trial? If centers had access to a pot like the CCOP pot, it could do a lot for accrual. Possibly, centers could do some studies together. The NCI supported IL-2/LAK study [in which six centers collaborated with NCI support] worked well. But that was not a center initiated study.

* Staff investigator salaries, Walter Eckhart, chairman. [Payment of staff investigator salaries out of the core grant has been a thorny issue for years. Some centers rely heavily on it, some do not. In an effort to control the size of grant requests, NCI

imposed a 25 percent limit on staff investigator salaries. NCI has been concerned that this part of the core grant is not peer reviewed, although individuals receiving such payment are peer reviewed as principals on RO1s or PO1s. NCI presented a series of questions on the issue to the workshop, including whether the 25 percent cap should be changed].

There was not a lot of enthusiasm for removing the cap [Eckhart reported]. Staff investigator salaries are useful for certain centers in the context of those centers. There was enthusiasm for more peer review of those salaries.

* Shared resource payback systems, Anthony Mastromarino, chairman. It was agreed that NCI should not try to micromanage by mandating a system for payback. We unanimously agreed there should be no specific policy for payback. There was no objection to an institution having a written policy in place, and that should be included in the core grant application. Reviewers should have appropriate information on the center's cost sharing, charges, payback, and differential fees and be told not to look at those but at the efficacious use of shared resources by the faculty.

Richard Steckel, director of the UCLA Jonsson Comprehensive Cancer Center, wrapped up the session with this comment:

"The emphasis has been on doing things that can reduce the cost of the cancer center support grant, in order to maintain the RO1 pool. We should stand that on its ear. Let's have a report once a year showing what the cancer center support grant does for RO1s."

"About one third of the core grant budget supports RO1s," DeVita added. "If we would do away with core grants, it would cost RO1s \$35 to \$45 million."

Most Comprehensive Centers Getting Core Grants Renewed; List Not Out

During the 1990 fiscal year, 17 cancer centers will have competed for cancer center support (core) grants, all but one competing renewals. Seven of those are existing NCI recognized comprehensive centers, and retention of the core grant is necessary to keep that status.

The one "new" grant was actually submitted by Georgetown Univ. Lombardi Cancer Research Center, which had stayed out of competition for a year after failing to get its grant renewed. Because of that, Georgetown lost its comprehensive recognition.

Although review of all the grants has been completed, through the National Cancer Advisory Board, and a priority score payline of 175 has been

established, NCI still has not released the complete list of those that will be funded. NIH practice is that grant awards may not be made public until they have been officially awarded. As of July 20, there were still 10 awards to go.

Those that have been awarded are listed below, along with the principal investigator (center director):

--Univ. of Pennsylvania, John Glick. This represents one half of the Fox Chase/Univ. of Pennsylvania Comprehensive Cancer Center. Fox Chase's grant also was up for renewal this year, has been reviewed, and has obtained a very good priority score which assures that it will be funded. But the award has not yet been made official. Penn's grant was awarded last December, having been approved by the NCAB last October.

--Univ. of Alabama (Birmingham), Albert LoBuglio. Another comprehensive cancer center home free and eligible to seek reaffirmation of that status under the new system.

--Ohio State Univ., David Schuller. An existing comprehensive center on thin ice after failing to get its grant renewed last year. Schuller submitted an amended application which fared considerably better, and he is also eligible to go after comprehensive status renewal.

--Roswell Park Cancer Institute, Thomas Tomasi. Combined for the first time with the core grant of Grace Cancer Drug Center, headed by Enrico Mihich, the application sailed through with a good score, after Roswell Park's renewal last year did not make it. The center, with its revised name ("Center" replacing "Memorial") is still alive as a comprehensive center.

--Massachusetts Institute of Technology, Phillip Sharp. One of the top priority scores, another demonstration that basic science centers do better than the clinical/ comprehensive centers in review.

--Univ. of Vermont, Roger Foster. One of the smaller core grants.

--Temple Univ., Carlo Croce. This is listed as a "core program on carcinogenesis" rather than a cancer center support grant.

Most of those not yet officially awarded their grants probably have been informed that they will be funded. That includes Georgetown, which has a fundable score and was told the award would be effective Sept. 1.

That will make Georgetown eligible to apply for reinstatement as a comprehensive center, although it is not clear what impact that will have on crosstown Howard Univ. The previous comprehensive recognition was as the "Georgetown Univ./Howard Univ. Compre-

hensive Cancer Center." Howard's grant also was up for renewal this year and has not yet been awarded.

NCI Director Samuel Broder has indicated that with the new criteria for comprehensive recognition, he may not look with favor on multi-institution arrangements to achieve it. If that does become his policy, it could also force Fox Chase and the Univ. of Pennsylvania to go their separate ways.

The only other multi-institution comprehensive center is the Illinois Cancer Council, which has developed into a strong statewide organization with outstanding cancer control and clinical research activities, backed by the basic research of the academic institution members. It would be excluded from a policy against consortia.

Other centers competing for renewal this year which have not yet been awarded (as of July 20) are the Northern California Cancer Center, Roger Williams/ Brown Univ., Case Western Reserve Univ., Univ. of Virginia, Univ. of Miami (the remaining comprehensive center competing this year), City of Hope Cancer Research Center, and Cold Spring Harbor Laboratory.

Brian Kimes, director of the Centers, Training, & Resources Program in the Div. of Cancer Biology, Diagnosis, & Centers, told members of the Assn. of American Cancer Institutes at their annual meeting that NCI intends to solicit applications for center planning grants in underserved areas.

Kimes said that NCI would like to achieve a better geographic distribution of cancer centers which the institute believes was the intent of Congress in writing centers into the National Cancer Act.

AACI President Sydney Salmon suggested that if there were a center in each state, every congressional delegation would be more interested in the centers program. "I believe it was the intent of Congress that every American be no more than a day's drive from a cancer center," Salmon added.

Albert Owens, Johns Hopkins Univ., wasn't convinced. "Why the emphasis on planning grants when the budget is so tight?" he asked.

"You can't stop planning for the future," Kimes responded. "Besides, the money in a planning grant is small. It will have no big impact on the budget."

Salmon had some second thoughts, wondering if it were wise to promote development of new centers when NCI doesn't have the resources to adequately support existing centers. "If the bypass budget is adopted, we could then have planning grants. But with budget austerity, perhaps we should freeze the number of centers."

"We need a national effort," Owens said. "Maybe AACI could help, perhaps adopt a new center."

Joseph Simone, current chairman of the Cancer Center Support Grant Review Committee, discussed the committee's additional new role in reviewing centers for comprehensive status.

"There needs to be a clear separation. We need to be sure that review of comprehensiveness does not influence the core grant review. It has not been decided when the comprehensive review should be (in relation to core grant review), the next round, or the next day.

John Mayer, executive secretary of the CCSG Review Committee, noted that since no NIH money is involved, "there is no need for a priority score, just pass or fail. The official plans now are to delay [comprehensive review] one round [after core grant review]."

Simone said that at the last meeting of his committee, Broder and the committee agreed that "if we err, we will err on the side of inclusiveness. Splitting hairs serves little purpose. If there is honest activity [in the appropriate areas], a center will be accepted as comprehensive."

ONS Award Winners, Grantees Announced At 15th Annual Congress

The Oncology Nursing Society presented awards to 15 individuals at its recent 15th annual congress, in addition to the award lectures. Three persons also were named honorary members of the society, and three industry sponsored grants were announced by the Oncology Nursing Foundation.

Award recipients were:

* Sen. Edward Kennedy and his son, Edward Kennedy Jr. The senator, who addressed the opening session of the ONS congress, and his son jointly received the first ONS Public Service Award, the senator for his legislative leadership in health issues, including a key role in passage of the National Cancer Act of 1971, the younger Kennedy, whose leg was amputated for treatment of soft tissue sarcoma in 1973, for championing the rights of people with disabilities.

* Rose McGee, professor of nursing at the American Cancer Society and at Emory Univ., and Betty Gallucci, professor at the Univ. of Washington School of Nursing, received the ONS/Ross Excellence in Cancer Nursing Education Awards.

* Joan McNally, administrator of the home care program and director of health care services for the

Michigan Cancer Foundation in Detroit, received the ONS/Cytogen Corp. Excellence in Cancer Nursing Administration Award.

* Barbara Holtzclaw, associate professor and associate director of the Center for Nursing Research at Vanderbilt Univ. School of Nursing, received the ONS/Schering Corp. Excellence in Cancer Nursing Research Award.

* Marianne Zimberg, psychiatric nurse clinician at Memorial Sloan-Kettering Cancer Center, received the ONS/Upjohn Co. Quality of Life Award.

* Judith Johnson, oncology nursing director of the North Cancer Center in Minneapolis and former ONS president, received the ONS/AMGEN Excellence in Patient/Public Education Award.

* Marjorie Boyer, head nurse at the VA Medical Center in Washington DC, and Mary Pickett, assistant professor of nursing at Thomas Jefferson Univ., were recipients of the ONS/SmithKline & French Research Award.

* Linda Jordan, nurse manager at Parkview Regional Oncology Center in Ft. Wayne, IN, received the ONS/Adria Laboratories Excellence in Publication Award for Research.

* Rita Wickham, practitioner-teacher at Rush Presbyterian St. Luke's Medical Center, received the ONS/Adria Laboratories Excellence in Publication Award for Clinical Practice.

* Marcia Grant, associate research scientist and director of nursing research and education at City of Hope National Medical Center, received the ONS/Roche Distinguished Service Award.

* Gaudalpe Palos, program director of the Texas Nurses Foundation Nurse Oncology Education Program, and Yolanda Santos, coordinator of mission projects at the Sisters of Charity of the Incarnate World Health Care System in Houston, received the Oncology Nursing Foundation/Lederle Laboratories Cancer Publication Award.

Honorary memberships in the society were awarded to the late Barney Lepovetsky, who was director of NCI's Office of Technology Development at the time of his death last April; Marion Morra, director of communications and assistant director of the Yale Comprehensive Cancer Center; and Nancy Berkowitz, director of meeting services for ONS.

Most of Lepovetsky's 15 years at NCI was spent as chief of the Cancer Training Branch, where among programs he initiated were postdoctoral fellowships for oncology nurses and a series of short courses for updating nurses, researchers, and physicians.

Morra, who is also associate clinical professor at Yale School of Nursing, is a long time supporter of

oncology nursing and two years ago was selected to deliver the Mara Mogensen Flaherty Memorial Lecture at the ONS congress.

Berkowitz was the society's first employee, hired in 1978 as an administrative assistant. She was instrumental in establishing the ONS national office and in organizing membership activities.

Three grants were awarded by the Oncology Nursing Foundation, an ONS affiliate, with support from industry:

--Sharon Valente, assistant professor at the Univ. of Southern California, and DeLois Weekes, assistant professor at the Univ. of California (San Francisco) School of Nursing, received the ONF/Bristol-Myers Oncology Div. Community Health Research Grants.

--Ann Foltz, oncology nurse and author of nursing and medical journal articles, received the ONF/Lederle Laboratories Research Grant.

A resolution commemorating the contributions of the late Rose Kushner was adopted at the congress. It cited Kushner for her work with nurses to inform the public about optimal care for women with breast cancer, her campaign for the two stage procedure, her various publications, and service on the National Cancer Advisory Board.

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

Cancer Management Course--Aug. 10-11, Estes Park, CO. Contact Dr. Michael Peetz, American College of Surgeons Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

Professional Development Invitational for Social Workers, Doctors, Nurses & Clinicians in Oncology--Aug. 10-12, Denver, CO. Contact Colorado Outward Bound School, Health Services Program, 945 Pennsylvania St., Denver, CO 80203, phone 303/831-6974.

Cancer Nursing--Aug. 12-17, Amsterdam, The Netherlands. Contact International Society of Nurses in Cancer Care, Mulberry House, Royal Marsden Hospital, Fulham Rd, London SW3 6JJ, UK.

International Assn. of Cancer Registries Annual Meeting--Aug. 13-15, Hamburg, W. Germany. Contact Hamburg Messe und Congress GmbH, Congress Organization, Jungiusstrasse 13, 2000 Hamburg 36, FRG.

UICC International Cancer Congress--Aug. 16-22, Hamburg, W. Germany. Contact International Cancer Congress, c/o Hamburg Messe und Congress GmbH, PO Box 30 24 80, D-2000 Hamburg 36, FRG.

International Consensus on Supportive Care in Oncology--Aug. 21-24, Brussels, Belgium. Contact ICSCO Secretariat, c/o Symbeco, Two Research Way, Princeton Forrestal Center, Princeton, NJ 08540.

Negative Regulation of Hematopoiesis--Aug. 22-25, Providence, RI. Contact Dr. Athanasius Anagnostou, Memorial Hospital of Rhode Island, 111 Brewster St., Pawtucket, RI 02860, phone 401/722-6000.

International Conference on Chemoimmunoprevention of

Cancer--Aug. 24-25, Vienna, Austria. Contact Vienna Academy of Postgraduate Medical Education & Research, Conference Secretary CCPC-90, Alser Strasse 4, A-1090 Vienna, Austria, phone 43-1-421383; or Dr. Wuan Hong, Univ. of Texas M.D. Anderson Cancer Center, phone 713/792-6363.

Marrow Transplantation: Nursing Symposium--Aug. 24-26, Seattle, WA. Contact Dr. Dean Buckner, International Society for Experimental Hematology, 1124 Columbia St., Seattle, WA 98104.

1990 Preventive Medicine Review Course--Aug. 25-28, Chicago, IL. Contact ACPM, Suite 403, 1015 15th St. NW, Washington, D.C. 20005, phone 202/789-0003.

Marrow Transplantation: International Society for Experimental Hematology Annual Meeting--Aug. 26-30, Seattle, WA. Contact Dr. Dean Buckner, International Society for Experimental Hematology, 1124 Columbia St., Seattle, WA 98104.

Biological Treatment of Melanoma & Other Cancers--Sept. 4-7, Newcastle, Australia. Contact the Secretariat, Room 443, David Madison Bldg, Royal Newcastle Hospital, Newcastle, Australia 2300, fax 61.49.296145.

Origins of Human Cancer--Sept. 4-10, Cold Spring, NY. Contact Meetings Coordinator, Cold Spring Harbor Laboratory, Cold Spring Harbor, NY 11724, phone 516/367-8346.

Cancer Clinical Investigations Review Committee--Sept. 5-6, Washington, D.C. Georgetown Holiday Inn, open 9-9:30 a.m.

Nicotine Dependence--Sept. 6-9, San Diego, CA. San Diego Hilton. Contact Hermese Bryant, meeting manager, Meetings Unlimited, phone 708/848-6050.

Alteration of Bone Cancer & Related Diseases--Sept. 7-8, Houston, TX. Contact Jeff Rasco, Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

7th International Conference on Human Tumor Markers--Sept. 10-14, Kiev, USSR. Contact IATMO Kiev 1990, c/o Prof. Georg Birkmayer, LBA laboratory for BioAnalytic and Medinfo Inc., Schwarzschanerstrasse 15, A-1090 Vienna, Austria.

Multidisciplinary Aspects of Terminal Care--Sept. 11-13, Glasgow, Scotland. Contact E. McManus, Prince & Princess of Wales Hospice, 73 Carlton Place, Glasgow G5 9TD, Scotland.

European Society for Therapeutic Radiology & Oncology--Sept. 12-15, Montecatini Terme, Italy. Contact ESTRO Secretariat, Dept. of Radiotherapy, VH St. Rafael Capucijnenvoer 35m 3000 Leuven, Belgium.

Frontiers in Oncology: Implications for Social Workers in the 1990s--Sept. 13-14, Orlando, FL. Radisson Plaza Hotel. Contact Drew Straker, Arnold Palmer Hospital for Children & Women, phone 407/649-9111.

American Society of Pediatric Hematology/Oncology Annual Meeting--Sept. 13-16, Chicago, IL. Contact Dr. Carl Pochedly, Box 97, Wyler Children's Hospital, 5841 S. Maryland Ave., Chicago, IL 60637.

Pain Management--Sept. 14-16, Houston, TX. Contact Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

Breast Issues 1990--Sept. 16-19, Denver, CO. Contact Nancy Gosselin Foundation, 8200 E. Belleview, The Centrum Suite 700, Englewood, CO 80111.

Human Papillomavirus & Genital Carcinoma--Sept. 16-19, Chicago, IL. Sponsored by Rush Medical College and Sinai Hospital of Detroit. Contact Deene Alongi, 401 N. Michigan Ave., Suite 2100, Chicago, IL, phone 312/644-6610.

Vasculature as a Target for Anticancer Therapy--Sept. 17-21, Manchester, England. Contact Dr. D.C. West, Clinical Research Laboratories, Christie Hospital and Hold Radium Institute, Wilmslow Rd., Manchester M20 9BX, England, phone 061-445-8123.

Polish Oncological Scientific Society XVIIth Congress--Sept. 20-22, Poznan, Poland. Contact Polish Oncological Scientific

Society, ul. Garbary 13-15, 61866 Poznan, Poland.

Cancer Management Course--Sept. 21-22, Fargo, ND. Contact Dr. John Leigh, ACOS Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

Epstein-Barr Virus and Associated Malignant Diseases--Sept. 23-28, 1990, Hualien, Taiwan. Contact Prof. Czau-Siung, Yang National Taiwan Univ. College of Medicine, No. 1 Jen Ai Rd, 1st Section, Taipei, Taiwan, ROC, phone 3911301 ext. 243 or 276.

Nuclear Processes & Oncogenes--Sept. 24-25, Cambridge, MA. Contact Virginia Mintz, Ketchum Public Relations, phone 202/835-8852.

Hepatocellular Carcinoma in North America--Sept. 26-27, Bethesda, MD. NIH Lister Hill Auditorium. Contact Mary Clark, phone 301/589-6760.

Head & Neck Oncology Research--Sept. 26-28, Las Vegas, NV. Contact Gayle Fox, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, Univ. of Michigan Medical School, Ann Arbor, MI 48109-0201, phone 313/763-1400.

Nottingham International Breast Cancer Meeting--Sept. 26-28, Nottingham, England. Contact Prof. R.W. Blamey, Professional Unit of Surgery, City Hospital, Hucknall Rd., Nottingham NG5 1PB, England.

Advances in Neuro-oncology--Sept. 26-29, San Remo, Italy. Contact Fondazione Giovanni Lorenzini, Organizing Secretariat, Via Monte Napoleone, 23-20121 Milano, Italy.

Lymphokine Workshop--Sept. 30-Oct. 4, San Antonio, TX. Contact Jeff Rasco, M.D. Anderson Cancer Center, phone 713/792-2222.

FUTURE MEETINGS

Immunology in the 21st Century--Oct. 11-12, New York City, Plaza Hotel. Contact Slack Inc., Irvington symposium coordinator, 6900 Grove Rd., Thorofare, NJ 08086, phone 1-800-257-8290.

Vitamins and Minerals in the Prevention & Treatment of Cancer--Oct. 11-12, Arlington, VA. Ritz Carlton Hotel. Contact Rita Taliaferro, Associate Consultants, 1726 M St. NW, Washington, D.C. 20036, phone 202/737-8062.

Toward 2000 VI--Oct. 12-13, Philadelphia, PA. Contact Fox Chase Cancer Center, 215/728-2700.

Illinois Cancer Council Conference--Oct. 24, Chicago, IL. Contact Patti Jelen, Illinois Cancer Council, 312/346-9813.

Oncology Nursing Society Fall Institute--Oct. 26-28, Chicago, IL. Contact ONS National Office, phone 412/921-7373.

Oncology in China--Nov. 1-5, Beijing, China. Contact U.S. Organizing Committee, 8839 Knox Ave., Skokie, IL 60076, phone 708/676-9891.

Transrectal Ultrasound Seminar--Nov. 17-18, Laguna Niguel, CA. Contact DCMI, PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535.

Platinum & Other Metal Coordination Compounds in Cancer Chemotherapy--Jan. 23-26, San Diego, CA. Sheraton Harbor Island East Hotel. Contact Cass Jones, Professional Conference Management, 7916 Convoy Ct., San Diego, CA 92111, phone 619/565-9921.

Current Status & Future Directions of Immunodiagnosis & Immunotherapy--Jan. 25-27, Key Biscayne, FL. Contact Div. of Continuing Medical Education, Univ. of Miami School of Medicine, PO Box 016960, Miami, FL 33101, phone 305/547-6716.

American Cancer Society/American College of Clinical Pharmacology National Conference on New Oncologic Agents--Feb. 6-8, Dallas, TX. Contact ACS, 1599 Clifton Rd. NE, Atlanta, GA 30329, 404/329-7606.

Biotherapy of Cancer: Symposium for Clinicians & Nurses--Feb. 7-9, Newport Beach, CA. Marriott Resort Hotel. Contact Meeting Management, Biotherapy of Cancer, 5665 Oberlin Dr. #110, San Diego, CA 92121.

Advances In Oncology--Feb. 7-9, Cancun, Mexico. Contact UCI Clinical Cancer Center, 714/634-5081.

Monoclonal Antibody Immunoconjugates for Cancer--Feb. 28-March 2, San Diego, CA. San Diego Marriott Hotel & Marina. Contact Cass Jones, Professional Conference Management, 7916 Convoy Ct., San Diego, CA 92111, phone 619/565-9921.

Transrectal Ultrasound Seminar--March 1-2, Scottsdale, AZ. Contact DCMI, PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535.

Integration of Molecular Genetics Into Cancer Management--April 10-12, Miami, FL. Contact American Cancer Society, 1599 Clifton Rd. NE, Atlanta, GA 30329, 404/329-7607.

Ultrasound & Prostate Cancer--April 11-13, Mobile, AL. Contact DCMI, PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535.

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 South room number shown, National Cancer Institute, Bethesda MD 20892. Proposals may be hand delivered to the Executive Plaza South Building, 6130 Executive Blvd., Rockville MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CM-17504-74

Title: Master agreement for mechanism of action and biochemical pharmacology studies of antitumor agents

Deadline: Approximately Sept. 28

The Developmental Therapeutics Program in NCI's Div. of Cancer Treatment is interested in receiving proposals from, and establishing a master agreement with, offerors who have the capability to evaluate the biological mechanisms of action of newly identified, potential antitumor agents.

The majority of the compounds to be studied will have been identified by the DTP in vitro screen utilizing a diverse panel of human tumor cell lines arrayed in disease specific subpanels. Those compounds demonstrating specific differential cytotoxic and/or growth inhibitory effects will be considered for further evaluation.

DTP seeks to evaluate the biochemical mechanism of action of such agents to help determine reasons for their specificity, and to help set priorities for development. New agents selection on the basis of unique patterns of sensitivity may well exert their biological effects through mechanisms different from those demonstrated for current standard anticancer drugs. Also, some compounds may be selected for evaluation for other than reasons of differential specificity in the in vitro tumor cell line screen, e.g., antimetastatic, photosensitizing or radiosensitizing activities.

Thus, master agreement holders should include a pool of investigators with varying areas of expertise. Compounds to be studied will be selected and assigned by the government. As compounds of a commercially confidential nature may be evaluated, pharmaceutical and chemical firms will be excluded from the competition. Also, since structural formulae of discreet materials will be provided by the government, the organization must be willing to sign a confidentiality of information statement.

Contract Specialist: Odessa Henderson

RCB Executive Plaza South Rm 603
301/496-8620

RFA Available

RFA CA-90-17

Title: DCBDC small research grants on the molecular and cellular biology of metastatic tumor cells

Letter of Intent Receipt Date: Sept. 10

Application Receipt Date: Oct. 10

The Cancer Biology Branch of NCI's Div. of Cancer Biology, Diagnosis & Centers invites applications for grants to study the molecular and cellular biology of metastatic tumor cells. This special initiative is designed to promote collaborations and facilitate scientific interchange between investigators, one with experience in the biology of metastasis and the other in a more basic scientific discipline such as molecular or cellular biology or biochemistry. Prospective principal investigators are encouraged to identify a research collaborator in order to prepare and submit a small grant application.

The Small Research Grants program provides limited funds (maximum of \$40,000 per year) for short-term (up to two years) research projects. They are non-renewable. Small grants provide an opportunity for initiative studies which may be preliminary in nature. Research investigators in relevant fields are invited to apply in order to develop preliminary data that could form the basis of future RO1 or R29 applications. There will be up to 10 awards if meritorious applications and funds are available.

The scope of the research may encompass any aspect of molecular and cellular biology and biochemistry as they apply to metastasis biology. Applications should be for preliminary data gathering or pilot feasibility studies, and should be founded on the combined research experience of the principal investigator and his/her collaborator. The application should specifically address how the application meets the intent of the initiative, e.g., the development of a new collaboration between an investigator with basic molecular and cellular biological and biochemical research experience and one with experience in metastasis research. Furthermore, the research collaborator should address how the proposed research will relate to and integrate with other ongoing research in his/her laboratory. Either the principal investigator or the research collaborator must have demonstrated experience in metastasis research. However, the initiative is not intended for support of applicant investigators who have such experience and propose collaborating with laboratories that are also engaged in metastasis research in any significant manner. The research collaborator may collaborate with more than one principal investigator.

The principal investigator must be accountable to the recipient organization officials for the proper conduct of the project. The research collaborator must be named and time and effort listed on the budget page. The recipient organization is legally responsible and accountable to PHS for performance and financial aspects of the grant-supported activity.

Just as the initiative is intended to foster a research collaboration, the application itself should clearly be the product of in-depth discussions and input from both the research collaborator and the principal investigator.

This RFA is a one-time solicitation. Grants made under this mechanism are non-renewable. Approximately \$600,000 in total costs per year for two years will be committed. It is anticipated that 10 awards will be made. The total direct costs per year must not exceed \$40,000. The total project period for applications should be for at least one year and may not exceed two years. The earliest feasible start date will be March 1, 1991.

Inquiries concerning this RFA are encouraged and should be directed to Dr. Michael Martin, Program Director for Basic Cancer Biology, NCI, Executive Plaza South Rm 630, 6120 Executive Blvd., Rockville, MD 20892, phone 301/496-7028.

