

SEP 5 1990

THE

CANCER LETTER

P.O. BOX 15189 WASHINGTON, D.C. 20003 TELEPHONE 202-543-7665

Vol. 16 No. 33
Aug. 31, 1990

(c) Copyright 1990 Cancer Letter Inc.
Price \$195 Per Year US, Canada.
\$220 Per Year Elsewhere

What Peace Dividend? Mideast Crisis Means NCI Will Be Lucky To Keep House Increase

Even without a realistic prospect of getting the FY 1991 bypass budget of about two and a half billion dollars, the outlook for the fiscal year that will start Oct. 1 was not too bad for the National Cancer Program after the House Appropriations Committee approved \$1.74 billion as NCI's total. That was an increase of \$150 million over the current year's
(Continued to page 2)

In Brief

Sandor Eckhardt Is New UICC President; New Delhi Is Site Of 1994 UICC Meeting

SANDOR ECKHARDT of Hungary is the new president of the International Union Against Cancer. He took over from C.G. Schmidt of West Germany at the 15th UICC International Cancer Congress in Hamburg earlier this month. Schmidt becomes chairman of the board. **Gerald Murphy**, group vice president and chief medical officer of the American Cancer Society, continues as general secretary. . . . **NEW DELHI** will be the site of the 16th International Cancer Congress, in the fall of 1994. New Delhi edged out Montreal and Bangkok for that privilege. . . . **MICHAEL LOTZE**, formerly with NCI's Surgery Branch, has been named associate director for surgical oncology at the Pittsburgh Cancer Institute and professor of surgery at Univ. of Pittsburgh School of Medicine. **Norman Wolmark**, the associate director for the past four years, has chosen to devote more time to work in adoptive immunotherapy and breast cancer. He plans to continue to collaborate with PCI and will continue in his role as executive medical officer of the National Surgical Adjuvant Breast & Bowel Project. . . . **ROSEMARY YANCIK**, former member of the Div. of Cancer Prevention & Control staff, will join the National Institute on Aging Sept. 4 as assistant director for liaison and applied research. She has been in the NIH Office of Extramural Research as coordinator for education and research ethics. . . . **FRANCINE LITTLE**, budget officer in NCI's Financial Management Branch, has moved over to a position as deputy administrative officer in the Div. of Cancer Treatment. **George Coy**, an analyst in the branch for about five years, has been appointed acting budget officer. . . . **MEMORIAL SLOAN-KETTERING** Cancer Center announced appointments of four new service chiefs: **Robert Ginsberg**, chief of the thoracic service in the surgery department; **William Hoskins**, chief of the gynecology service in the surgery department; **Mark Kris**, chief of the thoracic oncology service in the solid tumor oncology division; and **Carlos Flombaum**, chief of the renal service in the general medicine division.

Wake Forest, Norris
Cotton Recognized
As Comprehensive

. . . Page 3

Broder: Oncologists
Need A Major Success
In The 1990s

. . . Page 4

Cancer Meetings
For Sept., Oct.

. . . Page 5

RFPs Available

. . . Page 7

What Peace Dividend? NCI Will Be Lucky To Keep Increase By House

(Continued from page 1)

spending, and \$91 million more than requested by the President.

That was the picture when Congress started its August recess and the President went off to Maine. Events in the Middle East quickly changed all that.

Those members of Congress who had come around to expressing support for the bypass budget will not find many allies in that effort as long as the major military buildup continues. If a full scale war erupts, NCI and NIH will be fortunate to escape major reductions from 1990 levels.

A few Washington economists have suggested that the U.S. could maintain a large military presence in the Middle East, and perhaps even carry on a shooting war at least for a time, without disrupting the overall budget. They contend that existing forces in Europe, no longer needed there, are more than enough to meet Army and Air Force needs. Military supplies stockpiled around the world could be drawn upon, alleviating the need for big increases in production. Those economists also insist that the Pentagon could continue implementing President Bush's plans for scaling back the military establishment.

Those views are in the minority, however. The Pentagon, agonizing over those cutbacks, sees the Iraqi venture as a golden opportunity to resist the cuts and to sell Congress on the necessity of maintaining a defense posture as strong as ever.

So much for the peace dividend.

NCI executives, while pleased with the increase approved by the House committee, were not rushing to find ways to spend it. They feared that what one committee gave them might quickly be taken away by another, the Budget Committee. When Congress

started its recess, no agreement on the budget had yet been worked out with the White House, and there was some talk that there would be no agreement.

With a massive deficit looming, Gramm-Rudman-Hollings automatic sequestration would be triggered, which would force an across the board cut of 31.9 percent in all domestic programs not excluded from that process. In the words of NCI Director Samuel Broder, the loss of \$650 million would be "an absolute disaster."

NIH and much of the rest of government supported activities would also feel the disaster, so much so that it is inconceivable that the President and Congress will not reach some agreement.

Some insiders are saying that the White House and Congress will agree on a package of spending cuts and tax increases that will bring the GRH sequestration down to reasonable levels, possibly in the neighborhood of the 1.4 percent cut imposed last year. That cost NCI \$23 million, which seemed painful then; a cut of \$24 to 25 million for 1991 now doesn't seem all that oppressive.

The Senate Labor-HHS-Education Appropriations Subcommittee is due to mark up the money bill soon after Congress reconvenes next week. In ordinary years, the Senate could be counted on to at least go along with the House figure for NCI, if not increase it substantially. But the House acted before Saddam Hussein did; what the Senate does now is anyone's guess.

If the total for NCI remains anywhere close to the House figure, there could be additional money for some programs. The House committee avoided specific earmarks (except for \$7 million proton beam therapy development), but in its report on the bill did make some strong suggestions on how the money should be spent.

Cancer centers, clinical trials, cancer prevention and control, breast cancer research, vaccine development, and expansion of prostate cancer research were singled out for emphasis. The committee also said it had added \$7 million which could be reprogrammed into construction grants and recommended that first priority should go to those approved but unfunded from 1990.

The committee report section on cancer control sounded as if it had been written by Peter Greenwald, director of NCI's Div. of Cancer Prevention & Control:

"The committee is concerned that only \$78 million, or less than 5 percent, of the total NCI budget for 1990 is allocated to cancer prevention research efforts."

That is exactly what Greenwald has been saying

THE CANCER LETTER

Editor: Jerry D. Boyd

Associate Editor:

Kirsten B. Goldberg

Editorial/Subscriptions Office

PO Box 15189, Washington, DC 20003

Tel: (202) 543-7665 Fax: (202) 543-6879

ISSN 096-3917. Published 48 times a year by The Cancer Letter Inc., also publisher of The Clinical Cancer Letter and AIDS Update. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties & \$100,000 damages.

for years as he has struggled with a flat budget.

NCI spends more than that on prevention research, when the Div. of Cancer Etiology budget is taken into account. But the committee obviously was referring to "prevention and control"--application of prevention research, which falls under Greenwald's jurisdiction.

When NCI makes its final allocations, Broder would ignore those comments at the peril of facing a hostile William Natcher at next year's hearing by Natcher's appropriations subcommittee.

The committee said it added money for the centers program, but not how much. The program needed about \$18 million to avoid leaving some center core grants unfunded and to restore the 15 percent reduction from approved core grant budgets.

The committee put a little more pressure on centers by suggesting they provide "psychological services which may be critical for individuals suffering from cancer with its direct and indirect stresses." Many centers do provide those services; those who do not probably should start planning to do so. The committee asked NCI to report next year on how centers are meeting that recommendation.

Wake Forest, Norris Cotton Centers Recognized As Comprehensive

The Cancer Center of Wake Forest Univ. and the Norris Cotton Cancer Center have joined the ranks of NCI designated comprehensive cancer centers. The number of centers now officially recognized by NCI as comprehensive now stands at 23.

The Wake Forest center, in Winston-Salem, NC, is a component of Bowman Gray School of Medicine/Baptist Medical Center. It is the third NCI designated comprehensive cancer center in North Carolina, along with those of Duke Univ. in Durham and the Univ. of North Carolina in Chapel Hill. That makes North Carolina only the second state, after New York, with three.

The Norris Cotton Cancer Center, in Hanover, NH, is affiliated with the Dartmouth-Hitchcock Medical Center.

Ross McIntyre is director of the cancer center.

In addition to "the highest quality of cancer treatment" delivered by the center, McIntyre said in announcing the comprehensive recognition, "we have features that constitute a national resource in the effort to reduce cancer incidence and mortality. We are now added to the list because we have met the guidelines NCI has set for such centers. Specifically, we have been recognized for programs in cancer prevention, screening, and public education, along with

strong programs of basic and clinical research in cancer."

Among these, McIntyre said, are:

--Allen Dietrich's NCI supported project in which 100 medical offices in New Hampshire and Vermont are participating in a study of the best means of carrying out cancer screening in the primary medical care setting.

--NCCC investigators are leading three national chemoprevention trials in which patients at increased risk of cancer are being treated with various agents that may possibly decrease this risk.

--A column, "Living with Cancer," produced by the center is nationally syndicated, informing the public about cancer screening, prevention, and treatment.

--Major new research projects, including intraoperative radiation treatment and hyperthermia, recognized as promising forms of treatment by national authorities receiving funding from NCI.

--Over 70 Dartmouth-Hitchcock faculty are currently supported by competitively awarded research grants for studies of cancer causes including cancer genes and viruses, tumor immunology, hormones and cancer, radiation effects on cancer, cancer epidemiology, and cancer treatment.

--Demonstration of significant levels of locally derived support for its research programs as a result of well coordinated funding raising activities of the Dartmouth-Hitchcock Medical Center Development Office and the Friends of Norris Cotton Cancer Center.

An NCI core grant [required for consideration as comprehensive] supports the center's research leadership and the shared equipment and facilities that service research needs of the center's staff. The center is beginning its 13th year of funding, having passed review by NCI on four occasions since 1976. The comprehensive recognition does not change the amount of funding for the center. The 1990 core grant was recommended at \$1,445,325, but because of the nearly flat budget for the NCI centers program, it like other cancer center budgets was reduced 15 percent from the recommended amount, for an award of \$1,193,088.

Norris Cotton was a U.S. senator from New Hampshire and for many years was the top ranking Republican on the Senate appropriations subcommittee which had jurisdiction over NCI and other Dept. of Health & Human Service budgets.

Robert Capizzi is director of the Cancer Center of Wake Forest Univ. Comprehensive designation "is an official recognition of what we've been doing for

many years," he said, "including research at a very fundamental level on the nature of cancer, research at the clinical level to improve therapy for patients, and research in early detection and prevention of cancer and education of the general public."

A key element of the center is its outreach program, which now involves more than 100 community oncologists in 18 cities in a five state region--the Carolinas, Virginia, Georgia, and Tennessee. Through the Piedmont Oncology Assn., a regional cooperative group, these physicians can participate in NCI approved clinical trials.

Charles Spurr, founder and former director of the cancer center, heads the Southeast Cancer Control Consortium, which is one of the NCI funded Community Clinical Oncology Programs. The center serves as a research base for that CCOP and for the Spartanburg, SC, CCOP.

Since 1972, the cancer center has grown from 12 faculty members of the Bowman Gray School of Medicine to 114, and outside research support (besides the NCI center core grant) has grown from \$500,000 to \$10.8 million.

Capizzi said a major strength of the cancer center was its interdisciplinary organization, cutting across traditional departmental lines of the medical school. "This matrix organization allows us tremendous flexibility in tapping the intellectual resources of the entire medical school faculty in the development of research projects." Faculty from 16 of the school's 19 departments participate in cancer center research projects.

The center is organized into three divisions--basic science, clinical research, and cancer control, each with an associate director. It has 12 core laboratories serving all three divisions, housed in six departments.

Basic research investigations are grouped into five program areas--cell biology, pharmacology and experimental therapeutics, immunology and molecular genetics, thrombosis, and experimental radiation oncology.

Many basic research projects are directly linked to ongoing clinical trials in patients with cancer, especially those with leukemia.

"Our thrust in leukemia research has grown enormously in the past five years," Capizzi said. "Projects in leukemia research are supported by the American Cancer Society, NCI, and the Leukemia Society of America. Referrals of patients for treatment of leukemia have increased to the point that we now maintain a separate leukemia service."

In the clinical area, the center already is one of the largest in the nation in total number of patients. A

1989 national survey ranked the medical center's tumor registry at 13th.

Through the community outreach efforts, 3,000 to 3,500 patients are involved in clinical trials each year.

The cancer prevention and control division is growing rapidly, with a number of projects ranging from the newly developed breast cancer and cervical cancer screening efforts to dietary intervention studies aimed at reducing polyps in the large intestine.

Broder: World's Oncologists Need A Major Success In Decade Of 90s

"If we are unable in the 90s to have an impact on a disease where the etiology is known, where the means for prevention is clear, what can we do when those are not so clear?"

NCI Director Samuel Broder wound up his address at the 15th International Cancer Congress in Hamburg with that question, in effect committing the world's cancer research community to achieving a significant reduction in lung cancer mortality by the end of the century.

"As a world community of oncologists, we have to have a major success," Broder said. "We need practical programs with a demonstrable effect on survival, for at least some of the common tumors. We need results."

Broder said that increasing mortality rates "demoralizes the public and weakens the commitment to cancer research."

He noted that in some countries, lung cancer mortality among males in the 50-54 age group has declined, and that there has been some reduction in the U.S. among white males. That is not the case with women and minorities, and "smoking causes one third of the cancers in the U.S. There is an upward spiral in Poland, assuredly caused by smoking, and in many other countries.

"In the decade of the 90s, it is essential that we make prevention technologies succeed."

The decade of the 90s offers "enormous opportunities for scientific advances based on the astonishing progress in basic science," Broder said in opening his presentation. "Clinical developments now would have looked like science fiction a few years ago."

The cancer research community faces the "severe task of maintaining scientific development in an era of shrinking resources, and making sure that the fruits of scientific advancement are applied to those who need them," Broder said.

The relationship between clinical and basic research

should be enhanced "to ensure that in the 90s laboratory research is quickly applied to the clinic and bedside observations quickly reach the laboratory."

Referring to development of IL-2/LAK, tumor infiltrating lymphocyte, and gene transfer at NIH, Broder said "it is no longer appropriate to say, 'some day we will have gene transfer.' We have it now, as we speak, and some day it will have a major impact on how we treat cancer."

Broder cited, among challenges facing cancer researchers, the potential for taxol, the agent derived from the yew tree. It has been found very active in heavily pretreated ovarian cancer, and "we have every reason to believe it will be active in breast cancer and maybe even lung cancer. We need to produce this product, but with concern about ecosystems" [since it does not appear the compound can be synthesized and is obtainable now only from trees growing wild in the Pacific Northwest].

Among other problems mentioned by Broder is the increasing incidence of non-Hodgkin's lymphoma, up 50 percent since 1976 to 36,000 cases a year. That is not due entirely to AIDS, although AIDS related lymphomas will have a four to five fold increase by 1992, Broder said.

He predicted that new drugs, such as DDI and DDT, possibly in combination with antiopportunistic infection drugs, would prolong survival of AIDS victims, to as much as 90 percent two year survival. But as AIDS patients live longer, more of them will develop lymphoma. "We have to be concerned about the cost of care," Broder said.

The International Cancer Congress, held every four years by the International Union Against Cancer (UICC), had the largest turnout ever at its 15th renewal. More than 11,000 scientists participated, straining the capacity of hotels all over northern Germany. Hamburg, one of the most beautiful German cities, had to have help from hotels as far away as Kiel in the north, Bremen in the west, Lubeck in the east and Hanover in the south.

The sessions, with 30 presentations going on simultaneously much of the time, were held in the modern convention center, Congress Centrum; in the nearby massive Fairgrounds building; and at various halls and classrooms at the Univ. of Hamburg across the street.

The well organized and fully staffed congress departed from the usual large scientific meeting in two respects: all speakers were invited, including lecturers, and symposia, round table, and panel discussants (proffered papers, more than 3,000, were grouped in

poster sessions); and satellite symposia sponsored by industry were fully integrated into the program.

Participants from more than 100 countries were present, an estimated 2,000 from the U.S. Europeans were in the majority, led by Germany, Italy, and the UK, but 1,000 attended from Japan, 100 from India, and about 50 each from Australia, Israel, and China. Thirteen African and 15 Latin American countries were represented.

Among reports presented at the Congress:

* Carl Schmidt of Germany, president of the Congress and retiring UICC president, and Nigel Gray of the UICC staff, took on the tobacco industry.

"Eight thousand people die of cancer across the world every day as the result of smoking," Schmidt said. "If the dangers of tobacco are not made clear, smoking will cost more lives in 50 to 100 years than all past wars together."

Speaking of wars, Gray said that one is about to break out in Eastern Europe between the tobacco industry and health organizations. "The next great battlefield in the war will be the German Democratic Republic (East Germany) and the other states of Eastern Europe. The advertising invasion east of the Elbe has already begun." UICC representatives from Romania, Poland, and Hungary reported on aggressive advertising campaigns in their countries by the West's cigarette industry.

* West Germany has developed its version of a Cancer Information Service. It is called KID [the acronym from the German words for CIS], the only phone counseling service of this type in that country. KID is run out of the Cancer Research Centre in Heidelberg, using nurses, psychologists, and pharmacists on the phone lines. It has an annual budget of 650,000 marks [about \$400,000]. NCI's CIS budget is \$18 million.

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

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, Georgetown Holiday Inn, open Sept. 5 from 7:30 p.m.-8 p.m., closed on Sept. 6.

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

Bone Metastases: Pathology, Diagnosis & Treatment--Sept. 7-8, Houston, TX. Contact Jeff Rasco, Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

Pain Management: Update on Acute & Cancer Pain--Sept. 8, Washington, D.C. Contact Office of Continuing Medical Education, Georgetown Univ. Medical Center, 3800 Reservoir Rd NW, Washington, D.C. 20007, phone 202/687-8735.

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., Schwarzsplanierstrasse 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.

Developmental Therapeutics Contracts Review Committee--Sept. 13-14, Chevy Chase Holiday Inn. Open 8:30-9:30 a.m. on Sept. 13, closed on Sept. 14.

Cancer Biology/Immunology Contracts Review Committee--Sept. 14, Chevy Chase Holiday Inn. Open 9-10 a.m.

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.

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 Lorenzine, 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.

Harvard Medical School Urologic Cancer Course--Oct. 1-3, Boston, MA, Four Seasons Hotel. Contact Harvard Medical School, Dept. of Continuing Education, Boston, MA 02115, phone 617/432-1526.

Southwest Oncology Group--Oct. 2-4, Columbus, OH, Hyatt Regency Columbus. Contact Marjorie Godfrey, SWOG, 5430 Fredericksburg Rd No. 618, Oak Hills Tower Bldg., San Antonio, TX 78229-6197, phone 512/366-9300.

World Congress on Gestational Trophoblastic Disease--Oct. 3-5, London, UK. Contact Dr. J.J. Gallai-Hatchard, Cancer Research Campaign Laboratories, Dept. of Medical Oncology, Charing Cross Hospital, Fulham Palace Rd, London W6 8RF, UK.

Univ. of Chicago Current Issues in Breast Cancer Management--Oct. 4-6, Chicago, IL. Contact Center for Continuing Medical Education, Univ. of Chicago, 312/702-1056.

Pheresis Conference--Oct. 4-6, Houston, TX. Contact Jeff Rasco, Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

International Society of Pediatric Oncology Annual Meeting--Oct. 6-9, Rome, Italy. Contact Meeting Services BV, J.W. Brouwersplein 27, PO Box 5090, 1007 AB Amsterdam, The Netherlands.

American College of Surgeons Clinical Congress--Oct. 7-12, San Francisco, CA. Contact Frank Arado, ACOS, phone 312/664-4050.

Growth Factors in The 1990's: Uses & Development--Oct. 10, Cleveland, OH. Contact Cleveland Clinic Educational Foundation, Dept. of Continuing Education, 9500 Euclid Ave. TT31, Cleveland, OH 44195-5241, phone 216/444-5696 or 800/762-8173.

Society for Complex Carbohydrates Annual Meeting--Oct. 10-13, La Jolla, CA. Hyatt Regency. Contact Cass Jones, Professional Conference Management, 7916 Convoy Ct., San Diego, CA 92111, phone 619/565-9921.

Advances in Oncology: Applications in Patient Care--Oct. 11-13, Lexington, KY. Radisson Plaza Hotel. Contact Markey Cancer Center, phone 606/257-4500.

Assn. of Community Cancer Centers Fall Leadership Conference--Oct. 11-13, Las Vegas, NV. Contact ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852, phone 301/984-9496.

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.

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

Markey Cancer Center Symposium--Oct. 12-13, Lexington, KY. Contact Karen Christian, 606/257-4500.

Chromosomal Growth Factor Abnormalities in Leukemia--Oct. 14-18, Chatham, MA. Contact American Assn. for Cancer Research, Public Ledger Bldg. Suite 816, 6th & Chestnut Sts., Philadelphia, PA 19106, phone 215/440-9300.

American Society for Therapeutic Radiology & Oncology--Oct. 15-18, Miami Beach, FL. Contact ACR, 1891 Preston White Dr., Reston, VA 22091, phone 703/648-8900.

International Conference of Anticancer Research--Oct. 16-20, Marathon, Greece. Contact Anticancer Research, 5 Argyropoulou St., Kato Patissia, Athens 11145, Greece.

International Congress of the European Assn. for Palliative Care--Oct. 17-19, Paris, France. Contact Unite de Soins Palliatifs, Hopital International de l'Universite, 42 Boulevard Jourdan, 75674

Paris Cedex 14, France.

NCI Div. of Cancer Prevention & Control Board of Scientific Counselors—Oct. 18-19, NIH Bldg. 31 Rm 6. Open 8:30 a.m.-recess on Oct. 18 and 8:30 a.m.-adjournment on Oct. 19.

NCI Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors—Oct. 22, NIH Bldg 31 Rm 10. Open 8:30 a.m.-4:30 p.m.

NCI Div. of Cancer Treatment Board of Scientific Counselors—Oct. 22-23, NIH Bldg. 1 Wilson Hall. Open 8:30 a.m.-recess Oct. 22 and 8:30 a.m.-adjournment Oct. 23.

NCI Div. of Cancer Etiology Board of Scientific Counselors—Oct. 25-26, NIH Bldg. 31 Rm 10. Open 1 p.m.-recess Oct. 25 and 9 a.m.-adjournment Oct. 26.

Inter-Science Conference on Antimicrobial Agents & Chemotherapy—Oct. 21-24, Atlanta, GA. Contact American Society of Microbiology, 202/737-3600.

Negative Controls on Cell Growth & Their Breakdown During the Pathogenesis of Cancer—Oct. 21-25, Cape Cod, MA. Contact American Assn. for Cancer Research, 215/440-9300.

Antigen & Clone Specific Immunoregulation—Oct. 22-24, New York City. Contact Conference Dept, New York Academy of Sciences, 212/838-0230.

Human Genome Conference—Oct. 22-24, San Diego, CA. Contact Jefferey Teramani, American Assn. for the Advancement of Science, 202/326-6440.

14th Cancer Symposium/10th Cancer Symposium for Nurses—Oct. 22-24, San Diego, CA. Sheraton Harbor Island Hotel. Contact Meeting Management, Cancer Symposium, 5665 Oberlin Dr. #110, San Diego, CA 92121.

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.

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.

Autologous Bone Marrow Transplantation—Oct. 26, Portland, OR. Contact Pat Meyers, Columbia River Oncology Program, 4805 NE Glisan, Portland, OR 97213.

FUTURE MEETINGS

Radiation Oncology—Feb. 13-16, Lake Buena Vista, FL. Contact Div. of Continuing Medical Education, Univ. of Miami School of Medicine, PO Box 016960 (D23-3), Miami, FL 33101, phone 305/547-6716.

Arizona Cancer Center International Workshop on Chromosomes in Solid Tumors—Feb. 24-27, Tucson, AZ. Abstract deadline Nov. 30, 1990. Contact Nancy Rzewuski, Conference Coordinator, Arizona Cancer Center, Tucson, AZ 85724, phone 602/626-2276.

Alabama Cancer Congress—Feb. 28-March 2, Birmingham, AL. Contact Alabama Cancer Congress, 800/292-4935 or 205/879-2242.

Molecular Therapeutics: Cancer Therapy Into The 21st Century—March 3-6, Research Triangle Park, NC. Contact Dr. Brian Huber, Wellcome Research Laboratories, 3030 Cornwallis Rd, Research Triangle Park, NC 27709, phone 919/248-3779.

Advances In Cancer Treatment Research/Autologous Bone Marrow Transplantation Symposium—March 13-15, Bronx, NY. Contact Office of Continuing Medical Education, Montefiore Medical Center, 3301 Bainbridge Ave., Bronx, NY 10467, phone 212/920-6674.

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

Deadline: Approximately Sept. 28

The Developmental Therapeutics Program of 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 selected 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 cell line screen, e.g., antimetastatic, photosensitizing, or radiosensitizing activities.

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. Since compounds of a commercially confidential nature (discreet) 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. The MAs which will be awarded under this RFP will not be funded per se. After award, MA Holders will be invited to propose on MA Orders as they are issued. An MAO is bilateral award document issued to an MA Holder who successfully competed for requirements described in a MAO RFP. Individual MAOs will be issued on either a completion or a term (level of effort) basis, whichever is deemed appropriate by the Contracting Officer.

Contract Specialist: Odessa Henderson

RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-17514-29

Title: Cultivation of cyanobacteria (blue-green algae)

Deadline: Approximately Sept. 28

The Natural Products Branch of NCI's Developmental Therapeutics Program has a requirement to isolate and grow various species of cyanobacteria to provide NCI with a repository of cell extracts for use in new screens for antitumor/anti-AIDS activities. It is anticipated that one cost-reimbursement type contract will be awarded for a five-year, incrementally funded period of performance. A completion form of contract is planned.

To be considered for such a contract, offerors must show evidence of capability to isolate and cultivate cyanobacteria as well as possess the expertise to accomplish: maintenance and preservation of cultures, optimization and scale-up of production,

extraction of cells, and concentration of extracts. The project will require that approximately 300 axenic cultures and 700 culture equivalents be grown to obtain 1.5 to 5g cyanobacterial cell extracts. The contractor may be required by NCI to scale-up cultivation of certain cultures to produce 20g to 40g of cell extract. This may be subcontracted.

The principal investigator should be trained in microbiology or phycology, preferably at the PhD level or equivalent from an accredited school, and have at least three to five years of experience in the proposed area. The PI should have a broad knowledge of culture cultivation in particular in those areas related to growing cyanobacteria, cyanobacterial taxonomy, sample preparations, or related fields. The PI should be assigned to the project a minimum of 50 percent of the time, be responsible for the overall implementation of the contract, and be the NCI's key contact for the technical aspects of the program. The level of training of the team members should reflect their assigned duties. They should have experience in taxonomy, culture isolation and preservation, culturing of cyanobacteria, and chemical extraction.

Contracting Officer: Clyde Williams
Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-17515-30

Title: Plant collections and taxonomy
Deadline: Approximately Nov. 1

The National Cancer Institute, a Div. of Cancer Treatment (DCT), Developmental Therapeutics Program, wishes to establish contracts for the collection and taxonomy of plants from Central and South America, Madagascar and tropical and subtropical areas of Africa, and South East Asia for evaluation as sources of potential antineoplastic and anti-AIDS agents, with the ultimate goal being the discovery of novel structural types which can be developed for the selective treatment of cancer and AIDS in man.

The successful offerors will be expected to provide qualified personnel, materials and equipment for the collection, identification and storage and shipping of 1,200 plant samples per year to an NCI designated extraction facility for a period of five years. Collections will comprise approximately 0.3-1.0 kg (dry weight) of each sample, and each plant will be identified as far as possible at the time of collection. Properly prepared voucher specimens of each plant will be collected for the purposes of unambiguous identification, and for permanent disposition at a minimum of two herbaria designated by NCI.

The contractor will be expected to provide detailed documentation, including complete identification of each plant collected. The collection team should include a qualified plant taxonomist and personnel experienced in plant collection and identification, and having familiarity with the customs of the local populations. The principal investigator should be trained in botany or a related field, and should have at least five years of experience in plant collection and identification.

It is anticipated that re-collections of up to 10-50 plants per year, in quantities of 10-50 kg, will be required, starting in the second year. The number of initial small-scale collections will be reduced in proportion to the number and size of the large-scale re-collections undertaken. Collections will include species from as wide a variety of families and genera as possible. A list of species and genera extensively screened by NCI will be provided in the collection program. In the case of trees, and large shrubs, samples of plant parts may be collected and stored separately for individual evaluation with each part being considered equivalent to a plant sample.

The contractor will be responsible for obtaining all necessary permits including visas, collecting, shipping and export permits

from foreign governments and agencies, for delivery of samples and voucher specimens to facilities in the U.S. Where necessary the government will provide letters of support. This is a recompetition of contracts with the New York Botanical Garden, the Missouri Botanical Garden and the University of Illinois. The government anticipates the award of one contract for each of the regions designated, funded on an incremental basis for a five-year period, beginning approximately September 1, 1990. No collect calls will be accepted.

Contract Specialist: Elsa Carlton
RCB Executive Plaza South Rm 603
301/496-8620

RFP NCI-CM-17528-19

Title: Resynthesis of compounds for screening
Deadline: Approximately Oct. 8

The Drug Synthesis and Chemistry Branch of the Developmental Therapeutics Program, Div. of Cancer Treatment, National Cancer Institute is seeking contractors with established expertise in the field of synthesis of organic and inorganic compounds to prepare those compounds deemed of interest to the program for evaluation as antitumor and AIDS antiviral agents. Compounds chosen for synthesis will include known compounds chosen from literature on the basis of biological activity or structural interest, samples required for follow-up testing which are no longer available from the original source, and small series of compounds which are closely related will include carbocycles, heterocycles typically containing nitrogen, oxygen, and sulfur, carbohydrates, nucleosides and metal coordination complexes.

As many as 200 compounds may be assigned over the life of this project. Amounts of compounds to be synthesized will vary widely but will usually be in the range from 100 mg to 5g. The contractor's principal investigator should be trained in synthetic organic chemistry at the PhD level and have experience in the design and efficient synthesis of complex molecules which possess multiple chiral centers.

NCI signs legally binding agreements with some suppliers (often pharmaceutical or chemical companies) which state that all information on compounds donated by those suppliers will be held confidential. The successful offeror may be assigned a confidential compound as a synthesis or modification target. If the contracting company were a chemical or pharmaceutical company it could gain valuable data on confidential new lead compounds. NCI believes that in order to honor the confidentiality agreement with suppliers and in order to avoid any chance of transmitting privileged data to a competitor, pharmaceutical and chemical companies are excluded from this procurement.

For the purpose of the solicitation, a pharmaceutical chemical company is defined as an organization which manufactures and/or sells drugs/and or chemicals. Two related RFPs for the "Resynthesis of Compounds for Screening" are currently available. RFP No. NCI-CM-17528-19 is an open competition and RFP No. NCI-CM-17517-19 is a 100 percent small business set-aside. Offerors who qualify as a small business are encouraged to submit proposals under both RFPs, however, not more than one award of the total available two to three awards (under both RFPs) will be made to any single offering organization.

The contract period is to be for three years, beginning approximately September 1991. The incumbent contractors are New Mexico State University, Las Cruces, New Mexico, Southern Research Institute, Birmingham, Alabama, and Starks Associates, Inc., Buffalo, New York.

Contract Specialist: Zetherine Gore
RCB Executive Plaza South Rm 603
301/496-8620