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32% Rise In Breast Cancer Diagnosis In 1980s Explained By Increase In Mammography Screening

The sharp increase in the number of breast cancers diagnosed in the 1980s can be attributed primarily to increased use of mammography screening and not dietary or other factors that have been postulated, results from a new survey and other evidence strongly suggests. As breast cancer incidence rose 32% from 1980-1987 as measured by NCI's SEER

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In Brief

Senate Committee Cuts House Amount For NCI; NCI Staff Faces Up To 22 Days Unpaid Leave

SENATE LABOR-HHS-Education Appropriations Subcommittee cut nearly $43 million from the figure approved last July by the House Appropriations Committee for NCI in the fiscal year which starts Oct. 1. The Senate committee's comparable figure was $1.706 billion, compared with $1.749 from the House. The full Senate committee had not acted on the measure by press time, so the report, which might explain the reduction, was not available. Probable reason: the House acted before the Iraqi invasion of Kuwait. Neither figure includes about $40 million for training, which is authorized in the yet to be acted upon reauthorization bill (including the National Cancer Act). . . . **NCI STAFF** members, from top to bottom with the possible exception of some at the Clinical Center, are facing up to 22 days of unpaid leave if a deficit reduction agreement is not worked out. Public Health Service Commissioned Corps members also may be exempt, at least to some extent. If the entire 22 day furlough is enforced, it would amount to a pay cut of 10 percent. . . . **DAVID KESSLER**, medical director of Albert Einstein School of Medicine, may be the next FDA commissioner. The job has been vacant since Frank Young left about a year ago. James Benson has been acting commissioner. Kessler, 39, worked on Sen. Orrin Hatch's staff in the early 1980s, when Hatch was chairman of the Senate Labor & Human Resources Committee. . . . **MARTHA PINE**, deputy executive officer of the National Institute of General Medical Sciences, has been moved up to executive officer by NIGMS Director Ruth Kirschstein. . . . **PHILIP DISAIA**, deputy director of the Univ. of California (Irvine) Clinical Cancer Center, presented a certificate of merit award recently to the cast of the TV series, "thirtysomething" in recognition of the show's efforts to increase public awareness of ovarian cancer. DiSaia is professor of obstetrics and gynecology and coauthor of "Clinical Gynecologic Oncology" which was mentioned in one of the show's episodes.

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Breast Cancer Incidence Rise In '80s Tied To Increased Screening

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program, many experts attributed the rise to increased screening catching cancers earlier than would be expected without mammography. Others, however, speculated the rise could be due to diet, lifestyle, birth control pills or estrogens. Until recently, evidence of an increase in mammography use was based on the number of mammography machines in operation or exams given.

Now, results of a direct survey of women released last week have confirmed a major increase in mammography use, according to officials of the Jacobs Institute of Women's Health, a nonprofit organization founded by the American College of Obstetricians and Gynecologists.

A telephone survey conducted by the institute in February 1990 of 980 women over age 40 found that 64 percent had gotten at least one mammogram. That is nearly double the 37 percent in the 1987 National Health Interview Survey (NHIS).

Coupled with other data showing that more breast cancers are being detected in their earliest, most curable stages, the results indicate that as more women have mammograms, the incidence of breast cancer should begin to decrease.

The Jacobs survey, called the Mammography Attitudes and Usage Study (MAUS), was published in the Sept. 14 issue of the Center for Disease Control's "Morbidity and Mortality Weekly Report." NCI provided technical support for the survey.

The MAUS indicates mammography use increased during the years when there was greater publicity urging women to have mammograms. However, the survey found that only a third of the women were following mammography screening guidelines.

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Nearly three-fourths of the women who got mammograms did so because their doctor recommended it--a statistic that was consistent across age, race, income and education categories. However, almost half of the women who did not get a mammogram said their doctor had not recommended it.

"If we want to save lives, physicians must do a better job of recommending that women get mammograms and get them on a regular schedule," said Martha Romans, director of the Jacobs Institute.

Use of mammography was higher among white women than black and women with higher incomes and more education. Women aged 50-59 were most likely to have had a mammogram, but use then decreased inversely with age. Women most likely to have had a mammogram had annual household incomes over $50,000 (77 percent), had a college degree or higher (74 percent), and were married (70 percent).

Other findings from the MAUS:

▸23 percent of the women surveyed said they had had their first mammogram within the past two years, while 39 percent had their first mammogram two years or more before the survey.

▸35 percent of the women had had more than one mammogram and 31 percent were following mammography guidelines established by NCI, the American Cancer Society and 11 other medical organizations, which state that women aged 40-49 should have a mammogram every 1-2 years, then once every year thereafter. Compliance decreased with increasing age.

▸Women age 65 and older were the least likely to get mammograms regularly--only 24 percent said they follow the guidelines.

▸Most of the women who had never had a mammogram said they did not believe they were at risk for breast cancer. About 40 percent said the reason was "No one in my family has had breast cancer," while 26 percent said "I am not at risk for breast cancer."

▸One-third of women who had only one mammogram said they did not believe it is necessary to have a second if the first one was negative.

The MAUS findings were similar to findings of NCI's National Knowledge, Attitudes and Behavior Survey (NKAB), conducted from April 1989 to February 1990.

The death rate from breast cancer could be decreased by 30 percent if women followed the mammography screening guidelines. In an editorial note accompanying the MAUS report, "MMWR" said

mammography use rates must continue to increase and women must return for repeat mammograms.

"Special efforts are needed to ensure that older women and women with low levels of income and education receive mammograms," the editorial note continued. "Physicians are key motivators of women to use mammography. Physicians' referral rates are increasing, and ACS, NCI and CDC are working with the Jacobs Institute and other medical organizations to facilitate these increases. In addition, efforts to attain higher mammography use should include informing women that the radiation from a mammogram is negligible and should not deter them from receiving regular mammograms."

An increasing number of states are requiring insurance coverage for mammography. As of July, 29 states required insurance companies to provide some amount of mammography coverage.

Charles Smart, chief of NCI's Early Detection Branch, said the MAUS report was important in explaining most of the 32 percent increase in breast cancer incidence in the 1980s.

"We can show that the number of mammography machines has gone up with the increase, and that the number of mammograms taken go up in the same proportion. Now we can show in a direct survey of women that the number of women who have gotten a mammogram has doubled in a two year period," Smart told **The Cancer Letter.** "That is very comforting because it points to screening as the cause of the 32 percent increase."

However, Smart said, breast cancer is increasing by about 1 percent a year due to lifestyle changes such as diet and delay of childbirth. "So the increase of 32 percent isn't all due to mammography screening, but screening mammography is the greatest component."

Mammography's lifesaving effect is well documented, first in the 1962 Health Insurance Plan of Greater New York trial (HIP), and then in the 1973 Breast Cancer Detection Demonstration Project (BCDDP) started by ACS and joined by NCI. In the BCDDP, 280,000 women were screened and 4,200 women developed breast cancer. The women who developed breast cancer had a 90 percent survival rate at five years and an 80 percent survival rate at 10 years.

"That was unbelievable," Smart said. The high survival rates were achieved because 37 percent of the cancers detected were in the earliest stages--17 percent were in situ and another 20 percent of were less than 1 cm in diameter.

The shift toward early detection is showing up in SEER data, Smart said. More cancers from 1-2 cm in diameter are being detected, while there has been a decrease in the number of cancers between 2-5 cm detected.

"This suggests breast cancer mortality rates soon will be going down," Smart said.

How soon? There should be a plateau in the next two to three years followed by a decrease toward the "true incidence" of the disease, Smart postulated in a recent article.

Already, in the San Francisco Bay Area, which has had an active early detection program since 1970, there has been a 19 percent decline in the breast cancer death rate.

It takes 10 or more years to see a change in the death rates caused by the "shifting" of cases from localized breast cancer to in situ as a result of screening, according to Smart. In six to 10 years, a decrease in death rates due to cases being shifted from regional to localized cancer should become evident. In two to three years deaths should decrease from the shifting of distant disease to regional, but because of the lower incidence of distant disease to begin with, this decrease will be difficult to observe, Smart wrote.

In the HIP, BCDDP and other trials, the major shifts that then were translated into mortality decreases among the study populations took place four to six years from entry into the trial. These were primarily shifts from regional to localized disease in older women, Smart wrote. In the younger women in the HIP trial, the shift was within the localized stage to smaller lesions, and it took nine years for a decrease in the mortality of the HIP trial to become evident.

Smart noted at a press conference on the Jacobs Institute survey last week that in the HIP study, conducted more than 25 years ago when mammography was not as technically advanced as it is now and machines emitted seven to eight rads per exam, only 67 percent of the study group decided to participate in the screening program and only 39 percent complied with all four examinations. Yet, within 6 years, the study demonstrated a 30 percent decrease in mortality among the participants.

Now, with mammography machines that emit only three-tenths to four-tenths of a rad per exam, and a greater emphasis on cancer awareness and education, a mortality rate decrease of at least 30 percent is in order, Smart said.

Some doctors and patients are still afraid of radiation from mammography as a result of the radiation scare of 1976, which caused a big drop in

the number of women who got mammograms, Smart said.

"It has taken a long time to convince the public that it is safe," he said. The results of MAUS show that this is changing. "I am encouraged to see that the medical profession is beginning to get behind us, but we need to do more."

The Jacobs Institute is convening a meeting of 11 national organizations on Sept. 24-25 in Washington to discuss the problem of how to encourage more physicians to recommend mammograms.

Sharyn Sutton, chief of the education program within NCI's Office of Cancer Communications, said NCI is in the second year of a mammography education program. The program, besides increasing awareness of mammography, is attempting to dispell two major myths about breast cancer and mammography: that women who do not have a family history of breast cancer are not at risk, and that older women do not need to continue getting mammograms.

All 12 Minority CCOPs Awardees Identified; San Antonio Gets Two

All 12 of the Minority Community Clinical Oncology Programs which will receive awards with 1990 fiscal year funds have been identified by **The Cancer Letter.** They include the eight previously reported (June 1 issue) plus the Community Clinical Oncology Program of Metropolitan Detroit; the Metropolitan Washington DC Minority Based CCOP; the South Texas Pediatric Minority Based CCOP in San Antonio; and the Kings County Minority Based CCOP in Brooklyn.

NCI has not yet released the list of awardees because all of the awards had not officially been made as of Sept. 14. The award process must be completed by the end of the fiscal year, Sept. 30.

The priority score payline was 235, and there were no exceptions above that. The best priority score, 160, went to Grady Hospital CCOP of Atlanta, which is affiliated with Emory Univ. Melvin Moore is the principal investigator.

San Antonio wound up with two of the minority CCOP awards, the pediatric CCOP, with Richard Parmley as PI, and the Santa Rosa Medical Center CCOP, with Jose Lopez as PI. San Antonio thus is one of only two cities in the U.S. with two CCOPs, Indianapolis being the other where William Dugan and Lloyd Everson each have regular CCOP awards.

NCI has allocated $1.95 million for the minority program in FY 1990 funds.

The complete list of minority CCOPs, with PIs and their institutions (in no particular order):

--Tulane Univ. Minority Based CCOP, Walter Stuckey, Tulane Univ.

--Community Clinical Oncology Program of Metropolitan Detroit, Clarence Vaughan, Southfield Oncology Institute.

--Univ. of Illinois Minority Based CCOP, Chicago, Thomas Ladd, Univ. of Illinois.

--Metropolitan Washington DC Minority Based CCOP, Alfred Goldson, Howard Univ.

--Univ. of South Alabama Minority bAsed CCOP, Mobile, Marcel Conrad, Univ. of South Alabama.

--Grady Hospital CCOP, Melvin Moore, Emory Univ.

--Newark Inner City CCOP, Thomas Hall, Center for Molecular Medicine & Immunology.

--South Texas Pediatric Minority based CCOP, San Antonio, Richard Parmley, Univ. of Texas Health Science Center.

--Kings County Minority Based CCOP, Constantin Rosenthal, Health Science Center at Brooklyn.

--MCV/CMU Minority Based CCOP of Virginia, Richmond, Christopher Desch, Virginia Commonwealth Univ.

--San Juan CCOP, Luis Baez, San Juan City Hospital.

--San Antonio CCOP, Jose Lopez, Santa Rosa Medical Center.

NCI originally earmarked $1.2 million for the new program to fund eight awards, but later added $750,000. That extra money, plus cuts in budgets awarded from the peer review recommended levels, enabled the institute to stretch the money over 12 awards. The reductions from recommended levels ranged from zero in one case to more than 30 percent.

Miami Core Grant Not Renewed, Comprehensive Status Threatened

The Univ. of Miami Sylvester Comprehensive Cancer Center will not have its NCI core grant renewed this year, placing its status as one of the 24 recognized comprehensive centers in some jeopardy.

A funded core grant is the primary requirement for consideration as comprehensive. However, failure to get a core grant renewed does not mean immediate expulsion from that exclusive fraternity. Miami may reapply, and if it successfully competes for a core grant within a year, the failure this year will have no bearing on its comprehensive status. If the core grant is not renewed within a year, NCI will drop Miami from its list of comprehensive centers.

Miami has not been reviewed for comprehensiveness under the new guidelines, either administratively or by peer review. That probably will be required at the time of the next core grant review.

Ohio State Univ. and Roswell Park Cancer Institute both failed to get their core grants renewed last year, but both saved their comprehensive recognition by successfully competing this year.

All other comprehensive centers whose core grants were up for renewal in FY 1990 have been successful in the recompetition.

"Miami is a very important center," Brian Kimes, who heads the Centers, Training & Resources Program in the Div. of Cancer Biology, Diagnosis & Centers, said when asked by **The Cancer Letter** to comment. "It is very important geographically. The population mix there offers some unique opportunities for cancer control intervention, and for high priority clinical trials. We are working with them and will do everything we can to help them."

When Miami was first recognized as a comprehensive center in the mid-1970s, the entire state was considered its domain. The Florida legislature failed to sufficiently support outreach efforts, however, and communities in the northern area of the state looked elsewhere. Three out of state comprehensive centers now have footholds in Florida: Mayo, in Jacksonville; and Duke and M.D. Anderson in Orlando, all have established satellite operations in collaboration with hospitals there.

Ronald Herberman, director of the Pittsburgh Cancer Institute, succinctly described what comprehensive recognition meant to his center. PCI was among the last three to make the list.

"This recognition, only five years after our founding, . . . is fundamental to our continued growth and to both attracting more physicians and students and to extending our services to the entire region of western Pennsylvania, West Virginia, and eastern Ohio. This designation gives us even greater responsibility for providing leadership in cancer treatment, detection, prevention, and education in this region and will facilitate our community outreach and interactions with other cancer related organizations in the area."

PCI is a consortium consisting of the Univ. of Pittsburgh, Carnegie Mellon Univ., and six hospitals affiliated with the medical and health care division of the Univ. of Pittsburgh--Children's Hospital of Pittsburgh, Eye and Ear Hospital of Pittsburgh, Magee-Womens Hospital, Montefiore University Hospital, Presbyterian University Hospital; and Western Psychiatric Institute and Clinic.

Lisa Begg, a PCI member and assistant professor of epidemiology at the Univ. of Pittsburgh's Graduate School of Public Health, is principal investigator of the ambitious Pittsburgh Cancer Screening Program. The primary effort of the program, supported by the Pennsylvania Dept. of Health Cancer Control Plan, is prevention of cervical cancer through development of an effective citywide program of convincing all women over 35 to have a Pap test.

A unique aspect of the project is the followup program that will be conducted. "It is important for all the women who participate to know the results of their Pap tests and seek further care if there is a problem," Begg said.

A breast cancer screening program in cooperation with Latrobe Area Hospital, an extension of the Pittsburgh Cancer Screening Program, is being supported with a $77,000 grant from the Richard King Mellon Foundation.

"The effectiveness of screening programs within an urban setting has been well documented," Begg said. "However, little has been done to determine if the same can be accomplished in a rural setting. The focus of this project is to determine the efficacy of a breast cancer screening program in a nonurban setting."

FDA's ODAC Recommends Approval Of Fludarabine For Refractory CLL

Fludarabine phosphate was unanimously recommended for approval in treatment of refractory chronic lymphocytic leukemia by FDA's Oncologic Drugs Advisory Committee last week.

Approval of the drug (Fludara I.V., Triton Biosciences Inc.) was based on response rates observed in two small phase 3 studies, an action which ODAC member Albert Bernath called "precedent setting."

"When I joined this committee a few years ago, there was a flurry of criticism of FDA for being stodgy, requiring at least two well controlled studies which demonstrated strict endpoints, mostly based on survival," Bernath said. "Now we're asked to approve fludarabine on the basis of two small trials, with no survival improvement seen."

Nevertheless, Bernath said that "on balance, I am in favor of approval, only on the basis of response rates. There is nothing else available for refractory CLL. The toxicity is no greater than that from ineffective regimens, or from no treatment."

FDA's Robert Temple did not agree that approval on the basis of response rates would be a major

departure from FDA policy. "I don't see this as unprecedented anymore," he insisted.

The two studies on which the new drug application was based were conducted by the Southwest Oncology Group and M.D. Anderson Cancer Center.

In the SWOG study, four of 31 patients achieved complete response, six partial response for an overall rate of 32 percent.

In the M.D. Anderson study, six of 48 patients who were refractory to prior chemotherapy achieved complete response and 17 partial response for an overall response rate of 48 percent.

All 32 patients in the SWOG study had been pretreated and 31 were considered refractory to the prior chemotherapy. In the M.D. Anderson study, an additional 50 patients received the drug, 24 of which had had no prior chemotherapy and the 26 who did were not found to be refractory to those agents.

Michael Keating of M.D. Anderson, who presented the study results to the committee, said that there was no association of prior treatment to response, "indicating a lack of cross resistance."

Bruce Cheson, chief of the Medicine Section in NCI's Clinical Investigations Branch, pointed out that in phase 1 and phase 2 studies with fludarabine, fatal delayed neurotoxicity occurred in 13 of 36 patients who received at least one course of fludarabine at daily doses of 96 mg/m^2/day or more for five to seven days. There were no incidents of clinical CNS toxicity at doses of less than 80 mg/m^2/day, with the exception of one patient with CNS malignancy and an abnormal blood brain barrier.

Other toxicities, all of which were reversible, included allergic pneumonitis, myelosuppression, susceptibility to infection, and tumor lysis syndrome.

FDA presented three questions to ODAC, which were answered affirmatively by an 8-0 vote on each:

"1. Do the results of the studies conducted by M.D. Anderson and SWOG provide a sufficient basis to evaluate the safety and efficacy of fludarabine phosphate in patients with refractory B-cell CLL?

"2. Should fludarabine phosphate be approved for the palliative treatment of patients with B-cell CLL who are refractory to at least one prior alkylating agent containing regimen?

"3. A phase 1 study (Hersh MR et al, "Cancer Chemotherapy Pharmacology," 17:277-280, 1986) involving a limited number of patients suggested that the toxicity of fludarabine phosphate may be greater in patients with renal insufficiency. There is insufficient additional data to make appropriate recommendations regarding the use of fludarabine phosphate in patients with impaired renal function, particularly those with a creatinine clearing 50 ml/min or less. Should the sponsor perform phase 4 (post marketing) pharmacokinetic/pharmacodynamic studies which would provide safety and dosing information pertinent to the proper labeling of this agent in patients with renal insufficiency?"

Project Inform Opposes Gallo Inquiry In Letter To Chicago Tribune

An activist group for people with AIDS has expressed its support for NCI researcher Robert Gallo, who has been the subject of investigation by the press and the government over discovery of the human immunodeficiency virus.

The Martin Delaney, executive director of the San Francisco-based group Project Inform, recently sent a letter to John Madigan, publisher of the "Chicago Tribune" complaining about an investigation of Gallo conducted by Tribune reporter John Crewdson. The newspaper has not responded to or acknowledged the letter, Delaney told **The Cancer Letter.**

The 16 page, 50,000-word article published last fall was billed as a "reconstruction of the discovery of the AIDS virus" and focused on research efforts and discoveries in 1983-84 by Gallo, chief of the Laboratory of Tumor Cell Biology at NCI, and Luc Montagnier, chief of virology at the Pasteur Institute.

Gallo and Montagnier reached agreement on their parts in the discovery of HIV and issued an official chronology of early AIDS discoveries as part of a 1987 agreement that granted joint ownership of patent rights for AIDS antibody test kits to HHS and the Pasteur Institute.

The Crewdson article suggested that Gallo's laboratory deliberately contaminated blood samples from AIDS patients with a virus isolate sent to the lab from Montagnier in 1983. Gallo has maintained that the issue of a laboratory mix-up is irrelevant, since his laboratory had identified many other strains of the virus which by themselves justify his claim to be the discoverer of the AIDS virus.

As a result of Crewdson's article, NIH, at the request of Rep. John Dingell (D-MI), chairman of the House Subcommittee on Oversight & Investigations, began an investigation of the laboratory last November. That investigation is expected to continue for several months.

In his letter to the "Chicago Tribune," Delaney said he was speaking for 40,000 "constituents" of Project Inform, most of whom are infected with HIV. He charged that the Tribune article last fall and Crewdson's continuing investigation have had "a

chilling, negative effect" on AIDS research. Delaney wrote that he spoke with some NCI scientists who compared the climate created by Crewdson to "the former atmosphere in Eastern Europe, where scientists operated under a cloud of suspicion and were subject to oversight and accusation from people who were accountable to no one."

In his two-year investigation, Crewdson made almost 100 requests for documents from NIH under the Freedom of Information Act, according to "The Washington Post."

"Our concern is not solely with the factual content of this and the previous articles but with the impact they are having on AIDS research," Delaney wrote. Activists are not "convinced of wrongdoing" on Gallo's part, he wrote.

Noting that Crewdson is continuing his probe, Delaney wrote that "the implicit accusations made by Crewdson's inquiries have already had another major impact on activities with NCI, even though no facts have been presented.....After speaking to some of the people quoted or referred to in the previous articles, I can only conclude that the Tribune has told but one side of a very complex story. The major Crewdson article is essentially a statement of the unproven views of certain people, not an airing of the views of all the parties."

Delaney wrote that many NCI scientists and other quoted in the Crewdson article have told him they were misquoted or their views were used out of context, or were "badgered, even harassed, into commenting or venturing opinions." Many others decided not to speak to Crewdson and thus the article was based mainly on "those with a complaint to make."

"Meanwhile, it certainly seems that Gallo has been tried and convicted in the press, in a manner which makes it almost impossible for him to challenge his detractors," Delaney continued. "He could take you to court, but at what cost? What resources can he call on to reconstruct history, day by day, fact by fact, as your reporter attempted to do? Who would pay him to do so? And who would benefit by such a process? Certainly not people with AIDS, who would then see even more of the time of one of the world's most important AIDS researchers diverted to unproductive activities.

"Whether he is or isn't at fault for past activities, there is a growing sentiment that we would rather see him working in the lab than defending himself to reporters or before the investigations they create by their accusations. A good rule mankind seemed to have learned in the past was that it makes little sense to try our top generals for their failings while the war is still on. The war against AIDS is still going on, and we need Gallo in the lab on the front lines.

"Vast amounts of researchers' time have now been diverted by Crewdson's articles. Dozens of researchers, on government time, have had to respond to his allegations, questions and badgering probes (and to the investigations he has triggered)....To what end?...

"The bottom line seems to be that a very troubling diversion has taken place, a diversion of scientists' time, government's money and the public's trust. All have detracted from the search for solutions. [P]eople with AIDS make it very clear that they are far more concerned about the recent progress of research than about who did what in 1984....

Delaney complained that the Tribune has done little previous reporting on the AIDS epidemic. He said the newspaper "has been strangely silent on the real issues of AIDS, doing little or nothing to educate the public to the threat or the real inadequacies of the government response.

"In the largest sense, I would find it a great tragedy if the American public were led to believe that the scientific disputes of 1984 (already settled once) were what was the most important thing the Chicago media had to say about AIDS in 1990. Compared to the endless personal tragedies, the failures to find a solution, the upheavals in government policy, the escalating spread of the disease in our inner cities and the awesome toll in Africa, the parochial debates of scientists are a very minor side show. Yet this is what the Tribune has chosen to highlight--and continues to pursue....

Delaney explained that AIDS patient advocates "are fighting to make research proceed as fast as it can. We don't care how well [research] can defend itself against every paranoid suspicion of misdeed. We are concerned how bureaucratic red tape and nitpicking can be minimized, so that the greatest attention can be paid to the things which produce bottom line results. We are deeply concerned with keeping top scientists motivated to stay involved in this critical work in spite of the low pay, poor working conditions and unnecessary public harassment."

He said his group will respond with the following steps in the next few months:

--Project Inform will file formal information requests to the Tribune seeking any internal communications regarding the Gallo investigations. "We will be most interested in determining the motives and all the means of support employed in Crewdson's research." Delaney said that while the newspaper is under no formal obligation to respond, the request and the accompanying publicity "may help

educate the public about the inequitable balance of power which exists between the media and researchers in this instance, and the impact this has had on AIDS research."

--The group will undertake an analysis of the direct and indirect costs caused by Crewdson's articles. "If Gallo and his people are vindicated by the NIH inquiry, we intend to publicly charge the Tribune with those costs on behalf of people with AIDS, since must of the cost has come out of funds otherwise ear-marked for AIDS research. If your charges are found correct, we will acknowledge your work and urge everyone to get back to the really important work of AIDS research."

--The group will publicize all it knows about how the inquiries and the resultant investigations have impeded AIDS research at NCI and elsewhere.

--The group will publicize a formal analysis of the Tribune's coverage of AIDS issues beginning with 1984 and will attempt to assess its "value."

Albert Lasker Awards To Be Given Again In 1991, Foundation Says

The Albert Lasker Medical Research and Public Service Awards will again be given in 1991 following the awards program's self-imposed one year hiatus.

The Albert and Mary Lasker Foundation had decided not to give the awards in 1990 in order to review its commitments (**The Cancer Letter,** March 2). The Lasker Awards, of $15,000 each, are among the most prestigious American prizes in science and medicine.

Michael DeBakey will continue as chairman of the awards jury, and no major changes are anticipated in the awards categories or the program, the foundation said.

The reaction of the scientific community played an important role in the decision by Mary Lasker and the foundation's board of directors to continue the awards, the foundation said.

The awards program, begun in 1942, has served to encourage public support of medical research, as well as federal and private funding.

ASCO Fall Conference Is Scheduled

For those who missed the annual meeting of the American Society of Clinical Oncology last May in Washington, there is a second chance.

The ASCO Fall Conference is scheduled for Oct. 26-28, at the Anaheim Hilton and Towers in Anaheim, CA.

Many of the presentations that were given in Washington will be repeated for the West Coast conference.

Advance registration deadline is Oct. 5. For registration information contact ASCO, 435 North Michigan Ave. Suite 1717, Chicago, IL 60611, phone 312/644-0820, fax 312/644-8557.

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.

NCI-CM-17520-09

Title: Study of clinical pharmacokinetics of anticancer agents
Deadline: Approximately Nov. 9

The Cancer Therapy Evaluation Program in NCI's Div. of Cancer Treatment is seeking a contractor to provide pharmacokinetic data on new and established antitumor agents used either as single agents or in combination in patients undergoing treatment of malignant disease during phase 1, 2 or 3 studies. The data are to be analyzed for individual variability that can be correlated with clinical response or some other pharmacologic or physiologic parameter, including toxicity.

Specifically, these studies will be primarily concerned with the measurement of drug or metabolite levels in the plasma with time after a standard dose of the drug. Apparent volume of distribution and plasma protein binding should be determined. These studies may also require measurement of urinary, biliary and fecal excretion of drug or metabolites. Measurement of other fluids and tissues may be necessary.

The contractor should have the necessary expertise to develop analytical methodologies for new and established agents, serve as a resource to phase 1 contractors in resolving problems with the methodology, application and any discrepancies, and assay samples from studies by other institutions with special clinical capabilities or samples requiring specific analytical expertise.

This is a recompetition of a contract held by Ohio State Univ. Research Foundation. The government anticipates that one award will be made on an incrementally funded bases for a period of 60 months.

Contract Specialist: Mary O'Leary
RCB Executive Plaza South Rm 603
301/496-8620

NCI Contract Awards

Title: Nutrition intervention trials in Linxian, China
Contractor: Cancer Institute, Chinese Academy of Medical Sciences, $725,171.

Title: Technical and logistical support systems for the Div. of Cancer Etiology
Contractor: Crosspaths Management Systems Inc., Silver Spring, MD; $442,539.