THE CANCER LETTER

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Major League Baseball Begins Struggle To Eject Ever-Present Smokeless Tobacco From The Sport

Baseball and smokeless tobacco have been linked since the game's beginning in 1845, but two recent events herald a move toward tobacco-free games, beginning with the 1991 season.

First, NCI and Major League Baseball distributed, in conjunction with

(Continued to page 2)

In Brief

Geza Jako Reportedly Picked For Cancer Panel; Supreme Court To Hear Cigarette Label Case

GEZA JAKO, one of the more controversial members of the National Cancer Advisory Board in its 20 year history, reportedly has been appointed by President Bush to the President's Cancer Panel. All three seats on the Panel have been vacant since the death of Armand Hammer and expiration of the terms of William Longmire and John Montgomery. During his six years on the NCAB, Jako was a constant thorn in the side of then Director Vincent DeVita, other NCI staff, and fellow board members. Jako declined to comment on the appointment; the White House had not made any announcement on the new Panel members by press time. . . . **U.S. SUPREME COURT** has agreed to decide whether cigarette makers can be sued for failing to provide adequate warning of the dangers of smoking even though they complied with federal laws requiring warning labels. The case, Cipollone vs. the Liggett Group, brought by the family of Rose Cipollone, who died of lung cancer, will be reviewed in the Court's next term. . . . **ROBERT HOFFMAN,** president of AntiCancer Inc., of San Diego, CA, was the only foreigner to receive a medal from the Moscow State Univ. Belozersky Laboratory of Molecular Biology & Bio-organic Chemistry, on the occassion of the laboratory's 25th anniversary recently. Hoffman and his main collaborators, Vladimir Skulachev and Leonid Margolis, have worked on constructing the first DNA liposomes and aspects of in vitro skin cultures. . . . **ARTHUR LITTLE** Center for Technology & Product Development, of Cambridge, MA, was awarded a $6.3 million contract by NCI to study the anti-cancer potential of foods such as garlic, licorice, flax, soybeans, and certain vegetables. . . . **AMERICAN RADIUM SOCIETY'S** annual meeting has had a change of venue from Paris to Montreal, due to the Persian Gulf crisis. The meeting is scheduled for May 4-8 at the Four Seasons Hotel, Montreal. Contact ARS, phone 215/574-3179. . . . **JOHNS HOPKINS UNV.** Board of Trustees has voted to divest the university of stocks and bonds purchased from four tobacco companies, worth $5.3 million.

Baseball Begins Effort To Remove Smokeless Tobacco From The Game

(Continued from page 1)

the commencement of the regular season last week, 5,000 how-to-quit guides to all major and minor league players and club personnel.

Second, Baseball Commissioner Fay Vincent recently announced a smokeless tobacco ban at all ball parks in four rookie and short season A leagues of the National Association.

If these and other efforts to encourage professional ballplayers to quit using smokeless tobacco are successful, many would be spared needless suffering and even death from oral cancers. Perhaps more importantly, the pervasive idea that smokeless tobacco is a necessary part of the game would diminish, possibly sparing the next generation of young fans and ballplayers from starting a dangerous habit.

"Clearly, no effort aimed at ending the use of smokeless tobacco in America will succeed without the support of the major league baseball community," HHS Secretary Louis Sullivan told a meeting this winter of baseball physicians and trainers.

"The culture of smokeless tobacco use in America centers around our national pastime--baseball. And the focus of baseball is the major leagues," Sullivan said. "All those who play the game, from Little League to Triple A, look to the major leaguers as role models."

About 40 Percent Chew, Dip

About 40 percent of major and minor league baseball players chew or dip smokeless tobacco, according to recent studies. One survey found that half of the users had oral leukoplakia, a cancer precursor.

The NCI-funded guide, "Beat the Smokeless Habit," was endorsed by the major leagues. In 16 pages, it discusses the dangers of smokeless tobacco use and outlines a "nine-inning game plan" for quitting.

Authors of the guide are Tracy Orleans, director of Smoking Cessation Services at Fox Chase Cancer Center, Gregory Connolly, Commissioner of Dental Health in the Massachusetts Dept. of Health, and Stephen Workman, formerly with Fox Chase.

The guide is the culmination of an effort that began about four years ago to study smokeless tobacco use among baseball players, Orleans told **The Cancer Letter.**

Orleans and Connolly surveyed baseball players in 1987 and published the results in the "New England Journal of Medicine" in 1988.

In their report, they noted that baseball historically has been associated with smokeless tobacco use. Players in the game's early days used it to keep their mouths from drying out during games, and used the juice to soften their leather gloves and to make "spitballs."

In the early part of this century, when it was discovered that tuberculosis could be spread through spit, spittoons were removed from most public places and smokeless tobacco was replaced by cigarettes, which by then had become cheaper to produce. But ballplayers continued to chew and dip.

Perhaps the most famous smokeless tobacco user in baseball history is Babe Ruth, a heavy snuff dipper, cigar smoker, and tobacco chewer, who occasionally swallowed the plug. He died of mouth and throat cancer at age 52.

According to the how-to-quit guide, even short term users can develop mouth cancers. Former Chicago Cubs first baseman Steve Fox used chewing tobacco for six years and developed a sore on his tongue that did not heal. It turned out to be cancer, and Fox had to have half of his tongue removed.

Orleans and Connolly found that most players who dip or chew do so mainly during the baseball season. Most want to quit and know that the habit does not improve their game. But many said it would help to have a step-by-step guide to quitting.

In an endorsement of the how-to-quit guide, American League President Robert Brown wrote, "To those players who use smokeless tobacco and have had difficulty in stopping, please study this guide. It describes methods of eliminating a habit that, if continued, could in the future be detrimental to your health."

The guide also contains short statements from baseball players who are former smokeless users, such as this from Danny Darwin of the Red Sox: "My doctor told me it was worse than smoking. And when

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he did a scan of my stomach for an injury, he told me I had some bleeding. The juice from the Skoal kept my stomach constantly irritated."

The guide is dedicated to the late Joseph Cullen, director of the AMC Cancer Center in Denver, and former deputy director of NCI's Div. of Cancer Prevention & Control. Cullen, who died suddenly of a brain tumor last year, was instrumental in pushing through funding for the guide.

The National Institute of Dental Research also helped pay for the guide, and the Major League Teams Physicians Assn. and the Professional Baseball Athletic Trainers Society are listed as sponsors.

Clean Up Image Of Game

The baseball commissioner's ban on smokeless tobacco affects the Northwest, Pioneer, Gulf Coast, and Appalachian Leagues. All players, managers, coaches, umpires, trainers, and equipment personnel are subject to the ban.

"This action is part of baseball's overall strategy to educate our players to the health risks associated with the use of smokeless tobacco and to disassociate the game from its use," Vincent said in announcing the ban.

Aside from the rookie-league ban, which appears to be a trial effort, the major league is focusing on education, providing videotapes, pamphlets, and now the NCI guide, to players and personnel.

The major league also has encouraged teams to ban the practice of allowing tobacco company representatives to pass out free samples of products in clubhouses.

However, individual teams are beginning to take action of their own. The Los Angeles Dodgers have banned the possession of smokeless tobacco in the clubhouses and by players in uniform of the team and its minor league affiliates.

In addition, two other teams have taken action against cigarettes. The Oakland Athletics prohibited smoking in the stands during games at Oakland Coliseum, and the Atlanta Braves last year provided no-smoking sections for fans at Fulton County Stadium.

Sharp Increase In Sales

The battle against smokeless tobacco began in 1986 with the Surgeon General's report, "The Health Consequences of Using Smokeless Tobacco," which concluded that smokeless tobacco represents a significant health risk and can cause cancer. That year, Congress banned smokeless tobacco advertising on television and radio, and required health warnings on packages and in advertisements of smokeless tobacco.

Sales of smokeless tobacco fell from 1985 to 1988, but the Federal Trade Commission reported a sharp increase in sales from 1988 to 1989, from 114 million pounds to 116 million pounds of smokeless tobacco.

Tobacco industry revenues for smokeless products were $981 million. Sales in 1989 are lower than in 1985; however, advertising expenditures to promote smokeless tobacco rose to $81 million in 1989, up sharply from $68 million in 1988.

HHS Secretary Sullivan told the baseball physicians and trainers that, "The most disturbing trend is in the sales of moist snuff, now the most popular--and most dangerous--form of smokeless tobacco." While sales of other tobacco products have tended to fall, sales of moist snuff have risen steadily to 41 million pounds in 1989.

Sullivan encouraged the physicians and trainers to continue to work with HHS, NCI, and the National Institute for Dental Research on health education and prevention for baseball players.

Orleans told **The Cancer Letter** she hoped NCI and NIDR would provide funds to print 40,000 copies of the how-to-quit guide for distribution to all college and junior college baseball players.

"Why stop at the major and minor leagues?" she said.

Ultimately, it may take a total Major League Baseball ban on smokeless tobacco use to have the greatest effect. The ban in the rookie leagues is a good start, Orleans said.

"There may be less player resistance," she said. "These are kids who would do anything to get to the big leagues." Maybe even quit smokeless tobacco.

Radiation Therapists Form College To Address Identity, Reimbursement

A group of radiation therapists has formed a new organization outside of the American College of Radiology to deal with economic and "identity" issues they say the major group does not adequately address for their specialty.

The new organization, called the American College of Radiation Oncology, was formed last month at a meeting in New Orleans. The leader of the effort is Luther Brady, chairman of the Dept. of Radiation Oncology & Nuclear Medicine at Hahnemann Univ., who has held the post of president of ACR.

Brady was elected the temporary president of the new organization, ACRO, until the first official membership meeting can be held later this year. He was unavailable for comment by **The Cancer Letter's** presstime this week.

There are an estimated 2,700 radiation oncologists

in the U.S. ACR has 27,000 members, 1,569 of whom are radiation oncologists.

ACRO's officers named at least two reasons for forming a new college.

"The bottom line reason is identity," said ACRO temporary vice president Thomas Griffin, chairman of the radiation oncology department at Univ. of Washington. "ACR and ASTRO [American Society of Therapeutic Radiology and Oncology] are great organizations. But ASTRO is a scientific organization, and ACR is dominated by diagnostic radiologists. We have very little in common with diagnostic radiology; we have more in common with medical oncology."

"The impetus for the [new organization] is the rapidly changing reimbursement process," said ACRO Chairman Howard Wong, director of the Tacoma Radiation Oncology Center, Tacoma, WA. "The College of Radiology, because of its size and the predominance of diagnosticians, hasn't been able to react in a timely manner. So we felt it was time to form a new college."

Nicholas Croce, assistant executive director of ACR, told **The Cancer Letter** that ACR did not agree that it had overlooked some of its members.

"The leadership of the college has stated that they do not feel that this new organization is necessary. The partnership between ACR and ASTRO has been effective in dealing with the scientific and socioeconomic concerns of the radiation oncology community," Croce said.

"We believe that for the most part we have addressed the needs of the radiation oncologists," Croce continued. "I would think if you surveyed any large organization and looked at subsets of its membership you would find groups of people who would have some dissatisfaction with the major group."

Griffin and Wong said they felt the time had come for an organization to represent radiation oncologists.

"It's a natural outgrowth in the development of radiology," Wong said. "We've separated radiation oncology from diagnostic radiology in our training programs since 1970. It further emphasizes that radiation oncology is a patient care specialty."

"Our field is growing up," Griffin said. "Identity is a funny thing, but it is really important. If you talk to a congressman, it is important that he know that we do not read x-rays."

ACRO leaders acknowledged that the formation of the new group is controversial.

"It may be divisive," Griffin said. "Any time you split a new organization out of an old one, you create divisions. When radiation oncologists split off in academia, people were worried that radiation oncology wouldn't survive, but it did, and did very well. ACR is a terrific organization and they've done an outstanding job, but I don't think they have served us as well as we could serve ourselves."

"I suppose some people will see it as a challenge to ACR. I certainly don't," he said.

Wong said about 10 applications a week to ACRO have been coming in since late February. The group plans to hold a general membership meeting in September to elect the college's first official officers.

"Radiation oncology has pushed for a long time to separate off from the radiation departments of hospitals," Wong said. "Now its time we had a separate organization."

ACRO plans to address radiation oncologists' socioeconomic issues, quality control, and accreditation, Wong said. He said ACRO eventually plans to conduct its own accreditation process.

Griffin also listed issues including reimbursement for clinical studies, residency training, involvement in clinical trials, certification and recertification of equipment, and defining standards of practice.

"There are certainly a lot of radiation oncologists who disagree with changes at HCFA [the Health Care Financing Administration]," Griffin said. "I would make it a priority of the college to focus on these changes at the level of detail that's important."

Accreditation by the American Board of Radiation Oncology is the new organization's main membership requirement.

Besides Brady, Griffin, and Wong, other interim officers of the American College of Radiation Oncology are: Vice Chairman--Dennis Galinsky, director, North Shore Radiation Oncology Centre, Skokie, IL. Secretary-treasurer--Mary Sanders, director, Dept. of Radiation Oncology, Touro Infirmary, New Orleans, LA. Members of the board--William Bloomer, Joint Radiation Oncology Center, Pittsburgh, PA; Harmar Brereton, Mercy Hospital, Scranton, PA; Daniel Dosoretz, Radiation Therapy Associates, Fort Myers, FL; Eli Glatstein, chief, NCI Radiation Oncology Branch; David Krause, Edward Sparrow Hospital, Lansing, MI; Victor Marcial, Univ. of Puerto Rico Cancer Center, San Juan, PR; Zbigniew Petrovich, Univ. of Southern California School of Medicine, Los Angeles; Omar Salazar, Univ. of Maryland Hospital, Baltimore, MD; Shelby Sanford, DCH Cancer Treatment Center, Tuscaloosa, AL; Nisar Syed, Memorial Medical Center, Long Branch, CA.

New Officers For University Radiologists

The Assn. of University Radiologists announced its new officers for 1991-92 at the AUR annual meeting last month in Orlando, FL. The new officers include:

President, Albert Moss, Univ. of Washington School

of Medicine; president-elect, Kay Vydareny, Univ. of Michigan; secretary-treasurer, Donald Kirks, Children's Hospital Medical Center, Univ. of Cincinnati.

AUR presented its Gold Medal Award to Charles Putman, executive vice president for administration at Duke Univ.

The Society of Chairmen of Academic Radiology Departments announced new officers at its annual meeting. They include:

President, Joseph Sackett, Univ. of Wisconsin Clinical Science Center; president-elect, William Casarella, Emory Univ. School of Medicine; secretary-treasurer, David Levin, Jefferson Medical College; councilors to ACR, William Brody, Johns Hopkins Univ. School of Medicine; Michael Manco-Johnson, Univ. of Colorado Health Sciences Center; and Albert Moss, Univ. of Washington.

Small But Valued NIH Grant Program "Zeroed Out" In President's Budget

An NIH grant program that has provided short term, relatively unrestricted funding to more than 600 institutions for items such as pilot cancer research projects and funding for young investigators, has been cut from the President's 1992 budget.

The Biomedical Research Support Grant, administered by the NIH Center for Research Resources, was "zeroed out" in the Bush Administration's emphasis on increasing the number of individual research project grants (R01s, P01s).

Funding for the grant program has been declining from a high of $55 million since FY1989; the appropriation dropped 50 percent, from about $44 million to $22 million, between FY1990 and FY1991.

The cut to zero was not unusual.

"The BRSG has always been a favorite target when it came to cutting the budget," said an NIH official who asked not to be identified.

The BRSG is a formula grant, based on the amount of Public Health Service funding a research institution receives. To be eligible for the grant, an institution must have received at least three PHS research grants totalling $200,000 or more during the previous fiscal year. Some NIH grants, such as core grants for cancer centers, do not count.

In FY 1990, 633 institutions received $44.3 million in BRSG awards. The largest award was $260,396 to Johns Hopkins Univ. School of Medicine; the smallest was $4,513 awarded to the Univ. of New Orleans. The average award was $70,000. Last year, the program funded 538 projects listed as cancer research for a total of $3.8 million.

For FY 1991, 628 institutions will each receive an average of $38,000.

An NIH program description said the BRSGs "support biomedical research needs that are not met by other NIH research grant programs. Grantees are permitted flexibility in determining where and how funds are applied to provide short term, low cost, interim, and shared resource needs. As sources of other research funds are reduced or eliminated, the BRSG has played an increasingly important role in the support of research programs."

Grantees found out about the 50 percent FY91 cut when they recently began receiving less funding than they had expected.

"A typical award for us has been in the $100,000 range, but we received $46,000 this year," said Jerome Goodman, scientific coordinator for the American Health Foundation. Concerned about the program's cut, Goodman called the Biomedical Research Support Program and was informed that, unless Congress resurrects the program in its FY92 appropriations, there will be no BRSG.

"It was sort of a shock," Goodman said. "It has been a very valuable program."

"The grantees think the BRSG is invaluable because it meets needs not met by other NIH mechanisms. The flexibility is the key," the NIH official familiar with the program said.

According to the program's 1990 report, the BRSG can be used to fund:

▶Pilot studies--In FY90, the BRSG program supported more than 8,000 pilot and other research projects at an average cost of less than $5,000 per project. The projects covered high interest areas such as AIDS, women's health issues, including breast cancer, osteoporosis, and prenatal alcohol exposure, drug addiction, Alzheimer's disease and other age-related diseases.

▶Young investigators--BRSG funds help newly recruited faculty members establish their laboratories and provides seed money to help them develop competitive extramural grant applications. More than 220 investigators who received BRSG funding in FY88 and FY89 were subsequently awarded five-year FIRST awards totalling $19.6 million. Recipients of BRSGs in those two years later garnered 18 percent of the new R01s awarded by NIH.

▶Interim support--Sharp reductions in the number of new and competing NIH research grants have had a detrimental effect on many competitive renewal applications despite excellent priority scores or percentile rankings. Many of these projects have been supported with BRSG funds on an interim basis,

keeping productive programs alive during temporary breaks in funding and preventing expensive shutdown and startup procedures.

▶Central research facilities--BRSG funds have been used to support core facilities such as recombinant DNA and cloning facilities or high containment cell culture and hybridoma laboratories, as well as to upgrade animal facilities. The program provides no indirect costs.

Goodman said the American Health Foundation has used the grant in the past few years almost entirely for instrumentation. "It's hard to get instrumentation funded on research grants, especially to get new kinds of instrumentation that have not yet produced the pilot data that would justify further research. It's a vicious circle."

At the AHF, Goodman said, senior staff are asked to submit requests for instrumentation, then a committee of division chiefs reviews the proposals and scores them under a system similar to NIH's peer review. Projects are given a priority listing and are funded up to the amount AHF receives from the BRSG.

"We try to favor instrumentation that puts a new capability into the institution," Goodman said. Second in priority is replacement of worn out or obsolete equipment used by several researchers.

The institution receiving the BRSG must submit a report to NIH each year showing which categories of activities were funded.

"It really would be disastrous not to continue the program," Goodman said.

Instrumentation Grant Program Cut

Another grant program administered by the Biomedical Research Support Program, the Shared Instrumentation Grant, is also cut back in the President's budget. Funding for the SIG was cut by 72 percent, from $32.5 million in FY91 to only $8.9 million in FY92.

The SIG program provides very expensive instruments to groups of NIH supported investigators to enhance their current programs and to provide the tools necessary for biomedical research. The awards provide instrumentation in the $100,000 to $400,000 cost range for instruments such as electron microscopes, cell sorters, and DNA sequencers, as well as state of the art nuclear magnetic resonance imagers, coupled hybrid mass spectrometers, and scanning laser confocal microscopes.

In FY91 the program received 401 applications and funded 140, at a total cost of $32.5 million. For FY92, under the President's budget, the program will be able to fund only 38 grants.

"This program is one of the few sources of major equipment funds for shared resource facilities," said the "ABRF News," a newsletter for members of the Assn. of Biotechnology Resource Facilities. "If this severe reduction is approved by Congress, it will have a major negative impact on resource facilities and the many research projects that these facilities serve.... Without shared resource facilities and the state of the art sophisticated equipment required to equip these facilities, much of the current biomedical research would not be affordable or possible. Reducing the level of support for major instrumentation will slow progress in many areas of biomedical research."

MIT Researchers Sharp, Hynes, To Switch Positions On July 1

Phillip Sharp, director of the Massachusetts Institute of Technology's Center for Cancer Research, will become chairman of MIT's biology department this summer in a job switch with another biologist.

MIT's present biology department chairman, Richard Hynes, will assume Sharp's position as cancer center director. The exchange of positions is scheduled to take place July 1.

The requirements of Hynes's position as an investigator with the Howard Hughes Medical Institute in Bethesda prompted the switch, the researchers have said. HHMI officials wanted Hynes to decrease his administrative workload.

Hynes has headed the biology department since 1989; Sharp has headed the cancer center since 1985.

In February 1990, Sharp was nominated to be president of MIT and accepted, but reversed his decision less than a week later, citing his love of research, which would he would have to give up as president.

Rovera To Succeed Hilary Koprowski As Wistar Director; New Post Formed

Hilary Koprowski, director of the Wistar Institute since 1957, will step down from that post and will be appointed to the newly created position of president of the institute, Wistar's Board of Managers announced last week.

The board named Giovanni Rovera to succeed Koprowski as director. Rovera, an MD and an internationally respected molecular biologist, has been associated with Wistar since 1975 and served as associate director since 1988.

Under Koprowski's leadership, the Wistar Institute grew from 11 staff scientists in 1956 to more than 80

in 1991. The institute employs a total of 600 people.

Rovera will assume responsibility for all scientific programs and the administration of the institute, according to a statement.

Koprowski will continue as principal investigator in certain NIH supported research projects in cancer, multiple sclerosis, and rabies. In the new position of president, Koprowski also will maintain his relationship with a number of other institutions supporting biomedical research, the statement said.

Rovera is a member of the American Cancer Society's scientific advisory committee in chemotherapy and hematology, and has served as a member of the scientific advisory committee of the Leukemia Society of America.

Koprowski was a member and chairman of the Board of Scientific Counselors of NCI's Div. of Cancer Etiology, in addition to serving on many other advisory committees.

RFPs Out For Women's Health Trial Feasibility Study; 3 Clinical Centers

NCI's Div. of Cancer Prevention & Control has issued two Requests for Proposals for the Women's Health Trial feasibility study. DCPC is soliciting proposals for the three clinical centers and a statistical and coordinating center to conduct the feasibility study. The study will enroll 2,250 postmenopausal women in the randomized, controlled intervention trial.

The goal of the feasibility study is to assess whether black, Hispanic, and low income women can change their diets to consume less that 20 percent of calories from fat. Following are the RFPs:

RFP NCI-CN-15344-20

Title: Women's Health Trial: Feasibility study in minority populations--clinical centers

Deadline: Approximately June 5

NCI's Div. of Cancer Prevention & Control is soliciting proposals to establish three clinical centers for the Women's Health Trial: Feasibility Study in Minority Populations.

This dietary intervention study is a randomized, controlled multicenter trial that will enroll a total of 2,250 postmenopausal women. One of the clinical centers shall enroll 50 percent or greater representation of black women, one shall enroll 50 percent or greater representation of Hispanic women, and one shall enroll women as they are represented in the U.S. population, including all minorities.

Women representing all economic levels will be enrolled at each clinical center. The main focus of the three year feasibility study is to assess the ability of black, Hispanic, and low income populations to change their current eating habits to a low fat eating pattern (20 percent of calories as fat). Responsibilities of each clinical center include:

A) Enrollment of 750 eligible study participants over an 18 month period and the capability to enroll an additional 1,250 eligible women.

B) Implementation of the trial protocol for baseline and follow up data collection.

C) Delivery of the standardized nutrition intervention program through group counselling and instruction.

NCI plans to make three awards from this solicitation.

Copies of the RFP may be obtained by sending a written request citing the RFP number to Charles Lerner, Contract Specialist, NIH, NCI, Research Contracts Branch, Executive Plaza South Rm 635, Bethesda, MD 20892, phone 301/496-8603.

RFP NCI-CN-15343-20

Title: Women's Health Trial: Feasibility study in minority populations--statistical and nutrition coordinating center

Deadline: Approximately April 30

NCI's Div. of Cancer Prevention & Control is soliciting proposals to establish a Statistical and Nutrition Coordinating Center for the Women's Health Trial: Feasibility Study in Minority Populations. The coordinating center will play a central role in the overall coordination of the trial, data management and analysis, blood specimen storage, dietary assessment and monitoring, and development and coordination of the nutrition intervention program.

Copies of the RFP may be obtained by sending a written request citing the RFP number to Charles Lerner, Contract Specialist, NIH, NCI, Research Contracts Branch, Executive Plaza South Rm 635, Bethesda, MD 20892, phone 301/496-8603.

RFA Available

RFA HL-91-06-H

Title: Kaposi's sarcoma: cell cycle studies of vascular cells

Application Receipt Date: Sept. 16

The Div. of Heart & Vascular Diseases, National Heart, Lung & Blood Institute, announces the availability of an RFA on the above subject.

This special program will support resaerch into the basic mechanisms involved in the proliferative patterns of vascular cells in Kaposi's sarcoma. One goal of these studies is to acquire knowledge that could be utilized to develop new approaches to the treatment of KS.

A second and more general goal is to acquire knowledge that would have broad application for understanding the aberrations of vascular cell proliferation in a variety of diseases in which capillary cell dysfunction plays a key role.

The support mechanism for this program will be the individual research project grant (R01). Although the financial plans for FY 1992 include $1 million for the total costs of this program, award of grants is contingent upon receipt of funds for this purpose. It is anticipated that up to five grants will be awarded under this program.

All domestic public and private, for profit and nonprofit, institutions or organizations are eligible to apply. Awards in connection with this announcement will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with PHS policy governing such awards.

Requests for copies of the complete RFA should be addressed to Constance Weinstein, Chief, CDB, DHVD, National Heart, Lung & Blood Institute, Federal Building, Rm 3C06, Bethesda, MD 20892, phone 301/496-1081. For fiscal and administrative matters, contact Linda Shaw, Grants Operation Branch, NHLBI, Westwood Bldg. Rm 4A11-D, Bethesda, MD 20892, phone 301/496-7536.

Atlas Of Cancer Mortality Available; Other Cancer Related Publications

"Atlas of U.S. Cancer Mortality Among Nonwhites: 1950-1980," a collection of computer generated maps showing the geographic distribution of cancer mortality rates among nonwhites and its change over three decades, has been published by the National Cancer Institute.

The book is a sequel to the 1987 "Atlas of U.S. Cancer Mortality Among Whites: 1950-1980," and was eidted by Linda Pickle, Thomas Mason, Robert Hoover and Joseph Fraumeni of NCI's Div. of Cancer Etiology, Epidemiology & Biostatistics Program, and Neil Howard of ORI Inc.

The atlas is available at no charge to health professionals by calling 1-800-4-CANCER, or by writing, Office of Cancer Communications, NIH Bldg. 31 Rm 10A24, Bethesda, MD 20894.

Other new publications:

"Oncology Nursing: Advances, Treatments & Trends Into the 21st Century," edited by Penny Ashwanden, Anne Belcher, Anne Mattson, Randi Moskowitz, and Nancy Riese. $44.95, Aspen Publishers, 200 Orchard Ridge Dr., Gaithersburg, MD 20878, phone 800/638-8437, or 301/251-5233.

"The Biology of Human Leukemia," by Alvin Mauer, $55, Johns Hopkins Univ. Press, 701 West 40th St., Suite 275, Baltimore, MD 21211.

"Modification of Tumor Development in Rodents," edited by N. Ito, H. Sugano. $184, Karger AG, Allschwilerstrasse 10, PO Box Postfach, CH-4009 Basel, Switzerland.

"Guidelines for Development a Comprehensive Cancer Centre and Other Clinical Cancer Facilities," Third Edition, edited by R.C. HIckey. $12.50 plus postage, International Union Agaist Cancer (UICC), 3, rue du Conseil-General, 1205 Geneva, Switzerland, fax (41.22)20.18.10.

"Hematopoietic Growth Factors in Clinical Applications," edited by Roland Mertelsmann and Friedheim Herrmann, price not available. Marcel Dekker Inc., 270 Madison Ave., New York, NY 10016, or contact Immunex Corp, 51 University St., Seattle, WA 98101, phone 206/587-0430.

"Manual of Clinical Oncology," 5th edition, edited by D.K. Hossfeld, C.D. Sherman, R.R. Love, and F.X. Bosch. Order from bookseller or Springer for Science, PO Box 503, NL-1970 AM IJmuiden, The Netherlands.

"Recent Progress in Research on Nutrition and Cancer," edited by C.J. Mettlin and K. Aoki, price not available, Wiley-Liss Inc., 41 East 11th St., New York, NY 10003.

"Breast Cancer Immunodiagnosis and Immunotherapy," edited by Roberto Ceriani, $65, Plenum Publishing Corp., 233 Spring St., New York, NY 10013-1578.

"Ethics and Policy in Scientific Publication," $24.95, Council of Biology Editors, Dept. KD90, 9650 Rockville Pike, Bethesda, MD 20814, phone 301/530-7036.

Oncology Overviews are available from the Government Printing Office. These are specialized bibliographies with abstracts, each referencing 200 to 600 recent publications on a clinical cancer topic of high current interest, drawn from over 4,000 sources, resulting in a quick reference to the most recent cancer literature. Following are the five newest titles and their GPO numbers:

"Application of Monoclonal Antibodies in Clinical Oncology," $9, #017-042-00281-8.

"The Management of Early Breast Cancer Non-Infiltrative Stage 1 and Stage 2 Disease," $4.25, #017-042-00278-8.

"Diagnosis and Therapy of Astrocytic and Oligodendroglial Tumors," $5.50, #017-042-00280-0.

"Management of Colorectal Neoplasms," $6, #017-042-00279-6.

"Current Management of Prostatic Cancer: Diagnosis and Therapy," $8.50, #017-042-00277-0.

Prices include domestic postage and handling. Checks for orders may be made payable to the Superintendent of Documents and mailed to U.S. Government Printing Office, Washington, D.C. 20402.

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"International Directory of Cancer Institutes and Organizations," 5th edition, $20 plus postage, International Union Against Cancer, 3, rue du Conseil-General, 1205 Geneva, Switzerland.

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