

THE

# CANCER LETTER

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## Tip O'Neill Testifies As Cancer Survivor At Hearing Called To Renew Commitment To 'War On Cancer'

Retired House Speaker Thomas (Tip) O'Neill was expected to appear before a Senate committee this week to testify as a cancer survivor, discussing his treatment for colon cancer in 1987. O'Neill was to appear before the Senate Labor & Human Resources Committee in a hearing on April 25 to commemorate the 20th year since the signing of the National  
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### In Brief

## Public Favors Stronger Laws Restricting Teen Smoking; Anderson Expands Pediatric Studies

**MOST SMOKERS** and nonsmokers want stronger laws to prevent the sale of tobacco products to minors, better enforcement of existing laws, and want cigarettes classified as a drug, according to a telephone survey conducted in four states by the American Cancer Society, the Centers for Disease Control and NCI. ACS polled 1,096 adults in Arizona, Michigan, Pennsylvania, and Texas to determine what policy changes they would support. Half were former smokers, a quarter were current smokers, and a quarter had never smoked cigarettes. . . . **FRANCIS ALI-OSMAN** has been named chairman of the Dept. of Experimental Pediatrics at M.D. Anderson Cancer Center. Ali-Osman and Div. of Pediatrics chairman Archie Bleyer plan to expand research in pediatrics, including establishing new programs in pediatric tumor biology, bone marrow transplantation, and brain tumor drug resistance--Ali-Osman's specialty in 10 years at Univ. of California (San Francisco) and at Univ. of Washington. . . . **REP. MARY ROSE OAKAR** (D-OH) was recently honored by the American Cancer Society and its Ohio division for her work on behalf of breast cancer mammography screening. . . . **KENNETH NORRIS JR.** Cancer Hospital received unconditional three year accreditation from the Joint Commission on Accreditation of Healthcare Organizations and the California Medical Assn. Norris received a score of 90 out of 100. . . . **HAROLD WEINTRAUB** of Fred Hutchinson Cancer Research Center, and **Marc Kirscher**, Univ. of California (San Francisco), received the Richard Lounsbery Award from the National Academy of Sciences. They share the \$50,000 prize and \$20,000 travel stipend. Weintraub was honored for "novel contributions to understanding the molecular basis of cell differentiation" and Kirscher for work in elucidating key steps in the cell cycle. . . . **ASSN. OF Academic Health Centers** began a program to identify women and minorities for senior leadership posts in the nation's academic health centers. The program is supported with a \$60,000 grant from the Pew Charitable Trusts.

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## Tip O'Neill Discusses Colon Cancer In Cancer Act Anniversary Hearing

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Cancer Act in 1971. The hearing was called by Sen. Edward Kennedy (D-MA), the committee chairman.

O'Neill, 78, was expected to talk about living with cancer in his first official appearance on Capitol Hill since his retirement in 1986.

Others expected to testify at the Senate hearing included Cathy Price, 34, who was diagnosed with AML at age 10; Elizabeth Manning, a young girl who was treated for T cell lymphoma in 1986 with bone marrow transplantation; Emil (Tom) Frei, director and physician in chief at Dana-Farber Cancer Center; NCI Director Samuel Broder; Lance Liotta, chief of the Laboratory of Pathology in NCI's Div. of Cancer Biology, Diagnosis & Centers; President's Cancer Panel Chairman Harold Freeman; and Maureen Henderson, head of the cancer prevention research program at Fred Hutchinson Cancer Research Center.

Kennedy was expected to introduce a resolution this week commemorating the 20th year since the signing of the National Cancer Act and rededicating Congress to the support of cancer research.

### Movement To Add \$200 Million

Also this week, several prominent cancer researchers were scheduled to testify before the Senate Labor, HHS, Education Appropriations Subcommittee on the FY 1992 President's budget. The House public hearings will be held in early May.

The National Coalition for Cancer Research is leading an effort to ask Congress to add \$200 million to the \$1.8 billion President's budget request for NCI. The coalition said it supports NCI bypass budget, which calls for \$800 million over the President's

request, but the coalition said an addition of \$200 million would "return the purchasing power of the National Cancer Program to its 1980 level."

The coalition represents 10,000 cancer survivors, 21,000 children with cancer, 65,000 cancer researchers, nurses, and physicians, and 76 cancer research centers.

Mary Lasker, the prominent supporter of cancer research, also struck that theme in a letter sent last week to Sen. Tom Harkin (D-IA), subcommittee chairman, and other members of Congress.

"This year marks the 20th anniversary of the National Cancer Act, a bill which embodied the belief that if adequate resources were provided to the cancer research community, progress against this deadly disease could be achieved," Lasker wrote. "While a 'magic' cure has not been found, the progress is nothing short of wonderful. We have made clear, strong progress on many of the 200 types of cancers.

"Survival has risen from 38% to 50%, and today there are over 7 million Americans who are alive after successful treatment for cancer. There has been exciting progress made in specific diseases like testicular cancer, whose cure rate has risen to 91% from 63%. In the 1960s, childhood leukemia had a survival rate of 4%; today it is over 73%.

"Over the past decade, funding for NCI has decreased in constant dollars 6.2%, while funding for all other medical research programs has increased by 27%," Lasker continued. (When adjusted for NCI's commitment to AIDS research, the decrease for cancer research is 18.5%.)

"An appropriation of \$200 million above the President's budget request would restore the Institute to its 1980 level and provide the necessary funding to pursue crucial areas of research in cancers in women, older Americans and minorities. I urge you to seriously consider this need.

"Where else can we turn but to you for the leadership necessary to continue this long struggle which holds so much hope and has demonstrated so much progress."

### House Adopts Budget Plan

House and Senate leaders, even those who say they would increase NCI's budget--Rep. William Natcher (D-KY) for one--are probably more constrained this year than ever in their budget negotiations.

The House last week adopted a \$1.46 trillion budget that, though largely dictated by last year's budget summit, added \$13 billion to the Administration's budget request.

Last year's budget agreement set overall spending limits for domestic spending programs, and the House

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could not significantly change priorities. Exactly how the \$13 billion increase is to be apportioned remains to be worked out by the appropriations committees, but the House plan provides higher spending limits for education, nutrition, and veterans medical care.

The Senate Budget Committee also approved its version of the FY92 budget, adding about \$4.4 billion for education, children's and health programs.

Natcher did indicate in the recent NIH budget hearings that the House Labor, HHS, Education Appropriations Subcommittee might be able to add \$250 million to the NIH budget (**The Cancer Letter**, April 19). NCI supporters could make the case to get most or all of that increase.

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### Legislative Roundup

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Kennedy plans to introduce in the next few weeks a bill to reauthorize NIH. NIH's legal authorities ran out last October, but Congress failed to pass legislation reauthorizing the institutes. The Bush Administration, through HHS Secretary Louis Sullivan, opposed the House version of the bill primarily because it would have overturned the ban on federal funding of human fetal tissue research. The House bill, by Rep. Henry Waxman (D-CA), also would have mandated that Congress appropriate at least 10 percent of NCI's bypass budget for prevention and control. Both the House and Senate bills died last year when the 101st Congress adjourned.

Waxman has reintroduced his reauthorization bill, HR 1532, and his House Energy & Commerce subcommittee on health & the environment held a hearing recently on the bill.

The bill, called the "NIH Revitalization Amendments of 1991," would overturn the fetal tissue research ban, establish a separate authority to allow NIH to support fetal tissue transplantation research, and establish limitations on arbitrary bans and restrictions on NIH approved and recommended research.

The Waxman bill would prohibit the secretary from refusing to fund scientifically valid research on ethical grounds, unless a special ethical advisory panel agreed that the research is unethical.

NIH Director Bernadine Healy testified at the hearing that she objected to the provision that would give NIH authority to fund fetal tissue research.

Healy said that while she personally favors lifting the ban, she would "abide by the policies, federal regulations, or laws that govern this area of public policy."

Healy, who was a member of the Human Fetal Tissue Transplantation Research Panel and the NIH Director's Advisory Committee, voted twice in 1988 to

overturn the ban. But Sullivan decided in 1989 to continue the ban indefinitely.

Univ. of California researcher Robert Slotnick testified that research is imperiled by the ban. Last year he conducted the first fetus-to-fetus transplant in the U.S., transferring tissue from a fetus that was aborted because it was growing in a fallopian tube into a fetus suffering from Hurler Syndrome, a rare genetic disease, in the hope that the transplanted tissue will colonize bone marrow in the live fetus. That fetus is now a five-month-old baby, Nathan Walden, of Houston. His parents testified in support of Waxman's effort to lift the research ban. Slotnick said he will not know for another couple of months whether the transplant worked.

### NCI Provisions

For NCI, the Waxman bill:

--Authorizes \$2 billion for FY92 and "such sums as may be necessary" for each of FY93 and FY94.

--Requires that, beginning with FY93, 10 percent of NCI's own recommended budget (the bypass budget) for cancer prevention and control activities be appropriated for those purposes.

--Requires the NCI director to provide, for each fiscal year, at least \$35 million to support basic research projects (not involving treatment or clinical trials) on breast cancer.

### Cancer Screening Legislation

In other cancer related legislation, Sens. Connie Mack (R-FL) and John Breaux (D-LA) have reintroduced their bill to provide tax incentives for cancer screening procedures. The bill was introduced last fall but was not acted upon by the time the Congress adjourned.

Under the "Cancer Screening Incentive Act," most taxpayers would be eligible for a tax credit of up to \$250, while higher income taxpayers could receive a refundable maximum credit of up to \$200 for cancer screening procedures not covered under health insurance or other federal health care programs.

The bill would require HHS, in consultation with major cancer organizations, to establish guidelines for screening procedures to be covered under the legislation. Health care providers would be eligible for tax credits by providing free cancer screenings to Americans who are within 150 percent of the federal poverty guidelines.

The bill would require the Health Care Financing Administration to establish guidelines and reimbursement rates for the health care providers' tax credits.

The bill has been endorsed by the American Cancer Society. ACS President Gerald Dodd called the bill "a

new and promising approach to making cancer early detection tests more available to all Americans through tax incentives, as well as to health care providers."

## **NCI To Spend \$150 Mil. On Research In Cancers That Affect Only Women**

NCI expects to spend a total of \$150 million in FY 1992 on cancers that affect only women, NCI Director Samuel Broder testified in the House recently.

Broder was responding to questions from the House Labor, HHS, Education Appropriations Subcommittee on what was last year's hot political topic, women's health.

In FY92, NCI expects to spend \$103 million on breast cancer, \$24 million on cervical cancer, \$12.3 million on ovarian cancer, and \$7.2 million on cancer of the uterus, for a total of \$150 million, Broder said.

However, Broder noted that lung cancer is the number one cancer killer of women, and NCI estimates that including research on lung cancer as it pertains to women, the total expenditures on "women's cancers" reach \$173 million.

Subcommittee Chairman William Natcher (D-KY) asked for Broder's view of the bill introduced by Rep. Mary Rose Oakar (D-OH) to provide an increase of \$25 million for breast cancer research.

"We think breast cancer research is an extremely high priority of the Cancer Institute," Broder said. But he also said it is important to keep balance in programs and flexibility in funding.

Again this year, Rep. John Myers (R-IN), a member of the full Appropriations Committee, but not a member of the subcommittee, sat in on the NCI budget hearing. Myers has taken an interest in the National Cancer Program since his wife developed breast cancer.

If there is any lack of progress in cancer research, Myers said, "it's partly our fault for not putting in enough money."

Broder responded that NCI's bypass budget, the professional needs budget, calls for \$800 million more than is contained in the President's budget request.

"I've talked to the President--he's had family members with cancer--and he's sympathetic," Myers said. "Every agency needs more money. We're not doing enough."

One topic of great interest to Myers is mammography. "My wife was a victim of an improperly read mammogram," he said. "Do we need federal regulations to reflect certain standards?"

Broder said he favored "strong professional standards" for mammography reading, with appropriate sanctions. "I'm not convinced federal legislation is

necessary." He noted that the FY92 budget does not contain specific allocations for mammography reading training.

Myers, a former cattle rancher, also said he was interested in "the dangers of red meat."

"I had a bacon cheeseburger for lunch," Broder said. He went on to explain that Myers was probably referring to recent press accounts of Div. of Cancer Etiology Director Richard Adamson's research on the mutagens formed during the cooking of meats (*The Cancer Letter*, April 5).

Broder listed what he said were the four most crucial advances made in cancer research in the past year:

--Development of the drug taxol for refractory ovarian and breast cancer. NCI hopes to make the drug available on a compassionate basis to as many patients as it can with the limited supply of the drug available, Broder said. One NCI grantee that Broder would not name may be close to developing a synthetic process for extracting taxol, Broder said. "We have increased funds to that institution on an emergency basis. We are hopeful that in the long term development of taxol will not be a problem."

--Gene therapy. The first two patients to receive genes for tumor necrosis factor were treated at the end of January, and the related experiment in children with ADA deficiency, is progressing. The first child has received monthly infusions and Broder said preliminary results suggest her immune function is improving. A second child is now receiving infusions.

--NCI's recent clinical announcement on improved survival and quality of life for rectal cancer patients treated with radiotherapy plus 5-FU (*The Cancer Letter*, March 22).

--Advancements in chemoprevention research, including use of retinoids to treat patients at high risk of head and neck cancer recurrence, and the decision to launch the major trial of tamoxifen for breast cancer prevention later this year.

Rep. Joseph Early (D-MA) said he was concerned about downward negotiations in grant awards. Broder said that under the new NIH financial management plan, downward negotiation is banned. Instead, Broder said, "We will do grant by grant, careful scientific review."

"Aren't we just institutionalizing downward negotiation?" Early asked.

Broder pointed out that "downward negotiation" referred to across the board cuts after study sections had already approved recommended budgets. Under the new system, program staff will negotiate with grantees to bring the budget down earlier in the

process, and cuts are not made across the board.

Rep. Carl Purcell (R-MI) asked about NCI's outreach programs. Broder held up the compact disk he carries to hearings to demonstrate that all of the information in NCI's PDQ system--the equivalent of 350 books of 500 pages each--can be put on a disk to be read by a personal computer in a physician's office. NCI is using this technology also to transfer the latest treatment information to other countries. In 1992, 15 systems will be installed in developing countries.

Purcell asked about consumer applications. Broder mentioned that NCI's Cancer Information Service handles 560,000 phone calls a year and distributes 17 million items of information.

"I do not work for doctors," Broder said. "My real constituency is the American public. We need to make sure the American public is aware of information." One of NCI's goals, he said, is to "constantly raise expectations" by drawing attention to new research results so that patients will ask their doctors how new ideas might apply to their case.

## Healy Turns In Engaging Performance In Debut Before House Appropriations

NIH Director Bernadine Healy gave an engaging performance in her first appearance before the House Labor, HHS, Education Appropriations Subcommittee this month.

Healy, enjoying a honeymoon during which she cannot be blamed for any of the difficulties facing NIH, spent more than five hours expounding on NIH past, present, and future, and outlined some of her priorities for the months and years ahead.

More than anything, Healy expressed a sense of excitement in and confidence about NIH that has been missing recently. Her closing sentence in her formal statement to the subcommittee was one example:

"With the model of scientific pursuit exemplified by the National Institutes of Health, the American biomedical research enterprise has become an unrivaled success, the envy of the world, and a source of hope for every American who has ever been touched directly or through loved ones by the starkness and pain of illness--and that is virtually every one of us."

But Healy promises to be more than NIH's head cheerleader. Both in her prepared statement and in her answers to the subcommittee's questions, she showed a fluency with some of the toughest problems facing NIH and her willingness to tackle them from day one.

"I assume the directorship of NIH with a tempered

sense of optimism that this is a job enormously worth doing, and one that can be done," Healy said. "But a lot needs to be done, and no one woman, or one man for that matter, will be able to do it right without a lot of support--support from Congress, the White House, the Secretary who has a major commitment of NIH; support from the research institutions, from the working scientists, from the talented and dedicated members of the NIH community, and from the public.

"The first and foremost priority for a successful NIH is its human talent base," Healy said. "We must attract gifted individuals of all types."

NIH must have "strong support systems," such as peer review. "We must be sure that peer review is above reproach, without conflict of interest, always objective and fair, and also sufficiently wise so that unconventional ideas are given appropriate consideration."

Though Healy said she supports the NIH financial management plan developed in response to Congress last year, she said additional steps are needed.

"As a matter of top priority, I plan to formulate specific proposals in consideration of a range of strategies to make NIH's funding mechanisms more effective," Healy said. "Furthermore, I feel that a second phase of cost management is in order, in which longer term issues such as indirect costs, long term planning, unexpected crises, mathematical modeling of grant award fluctuations, approaches to training and infrastructure are addressed."

She noted that 95 percent of biomedical researchers work in nonfederal employment in universities, research institutions, and industry.

"The health of these institutions ultimately determines the professional health of the scientists, the quality of their work and the generation of future talent. Virtually all federal policies that affect the biomedical research enterprise have an impact on the institutions conducting research and teaching. These institutions must be partners in the policy setting dialogue.

"But as we deal with the scientific talent base and complexities of the research enterprise we must be fully aware that whatever we do in science is ultimately in the context of society; whatever we do in biomedical research must be in the interest of the public."

Healy suggested some "public interest principles":

► Long term planning. "As a mature agency, NIH needs a long term plan that lives beyond immediate interests. A long term plan imparts a needed stability and predictability to the enterprise."

► NIH as a leader in areas of public trust. "We must

be aggressive in promoting good scientific conduct and in dealing with problems of scientific misconduct. NIH must also vigorously lead in setting research priorities in the interest of the public. For the most part, NIH has done this very well, often with some healthy nudging from Congress. One salient area of where NIH needs to be better is in the area of research on women's health."

►Technology transfer. "If we are ever to realize the mission of NIH, technology transfer must work. The discoveries of the laboratory must be carried to the bedside. The federal government has developed a strong legislative portfolio over the past decade to foster that transfer in partnership with industry."

►Something Healy called "the interface of science and social policy." According to Healy, "The success of science in this country is due in large measure to the fact that it has largely been nonpolitical and nonpartisan, and that it has been allowed to thrive by the objective pursuit of truth. That must continue. But there are circumstances that arise where the moral or ethical concerns of our society may appear to collide with the pursuit of science. The NIH experience has shown us that most often science proceeds within a certain framework defined by public interest. This is the history of guidelines or regulations for recombinant DNA research, and of research involving human subjects or animals. As we move ahead, these approaches should serve as models for assuring the public that science indeed does not live by and unto itself, but in the service of man and womankind."

**Indirect costs** came up several times in the hearing. "I don't really understand the indirect cost problem and don't know what ought to be done," said Rep. David Obey (D-WI). "But I've had some experience dealing with unpleasant institutional problems [Congressional ethics] and you sometimes have an institutional overreaction. My concern is that unless the scientific community is leading the reform effort, you're going to be run over by outside 'help.' What do you think we can expect from NIH?"

"First I think the indirect cost issue was an accident waiting to happen," Healy said. "There are inherent problems in this method of accounting. But the focus has to be on how we can improve the system. HHS has to be a lead player in this."

Healy said plans to meet with the HHS Inspector General and the Office of Management & Budget to "discuss strategy and try to commit our staffs to look at the OMB circular [which sets forth the indirect cost rules] and come up with some options."

Other issues Healy addressed:

►New animal welfare regulations--Healy worked on

these six years ago. The Cleveland Clinic, where Healy worked before coming to NIH, spent "a lot of money" to bring its facilities up to standards, but Healy said she supported the new rules. "There are cost burdens, but in my experience, I never came across a cost I disagreed with."

►US leadership in biomedical research--"Where we are now is superb, but I'm concerned about the future. Science needs a lot of lead time," Healy said. When resources are tight, "only safe research might be funded." Asked how to interest young people in science, Healy said, "Let them see exciting science. What's going on in medicine today is as exciting as Sputnik. [Young people] should see medicine as thrilling and exciting, and an opportunity to serve others."

►Grants funding. Rep. William Natcher (D-KY) asked Healy whether she would favor fewer, larger grants rather than cutting grants. "We would not be serving the system well by having fewer grants," Healy said. Natcher noted that "each institute seems to be designing its own cost management plan" in response to budget pressures. "We need to take a stronger role centrally," Healy said. "The science should be decentralized, but cost management should be centralized." She called for uniform accounting, but said, "one institute might be treated in a less uniform way, based on scientific opportunities." Later, she said cuts will still have to be made, first through peer review recommendations, then NIH scientific staff, though no across the board cuts will be taken.

►Research training. Trainees need higher stipends, "but I don't write the check," Healy said. The current stipend "is what NIH can pay at this time. A career in biomedical research is a personal sacrifice. It's the price for pursuing an incredibly exciting career."

►Research centers. "I happen to be a fan of centers. I worked in two [Hopkins and Cleveland]. Their advantage is in bringing basic science together with clinical research. I'm very supportive of them; they are really a continuation of the R01 grant."

**Subcommittee Chairman Natcher** said when he was first elected to Congress, the NIH budget was \$73 million. "Now, it's nearly \$9 billion, and if I had my way, it would be \$10 billion." He primed Healy for her appearance at next year's hearing: "One of the ablest directors was [former NCI director] Vincent DeVita," Natcher said. "Every year Dr. DeVita would come before this committee and I would ask him, 'Dr. DeVita, what can you tell me this year that you couldn't tell me last year?'"

**William Raub** has returned to his former post as NIH deputy director.

## **CDC To Provide States \$23 Million For Breast, Cervical Screening**

The Centers for Disease Control expects to provide more than \$23 million to state health agencies in FY 1991 to develop breast and cervical cancer screening programs for low income women.

CDC received an appropriation of \$30 million in FY 1991 as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990, passed by Congress last year and signed in August. The law directs CDC to make grants to states to establish programs to prevent breast and cervical cancer.

CDC funded four state agencies last fall--Colorado, Minnesota, South Carolina, and West Virginia--with the intention that when additional dollars for screening became available, they would receive them. Those states will receive \$2.5 million to \$3 million each.

The second round of awards will be made this summer. CDC expects to publish a program announcement in the "Federal Register" in the next two weeks. In this round, \$13 million will be available for three to five states, in awards of \$2.5 million to \$3 million each. Applications are due sometime in May, with states selected in June and awards made by July.

CDC sent state health departments draft copies of the program announcement in February. Anyone seeking a copy may contact their state health officer; or for additional information contact Steve Wyatt, chief of CDC's Cancer Prevention & Control Branch, 404/488-5496.

States receiving funding are to carry out six activities:

--Provide breast and cervical cancer screening services to specified women.

--Provide appropriate referrals, when necessary, for medical treatment for women screened and appropriate follow up to ensure compliance.

--Develop and disseminate public information and education programs to increase the utilization of screening services.

--Provide education to health professionals to improve the screening process.

--Establish mechanisms to monitor the quality of screening procedures.

--Establish appropriate surveillance programs.

Other key elements of the legislation:

--States must make contributions toward the cost of the program in an amount equal to, but not less than, \$1 for each \$3 of federal funds.

--The legislation describes quality assurance for breast and cervical cancer screening tests and requires the HHS Secretary to issue guidelines on the tests.

--Priority must be given in screening service provision to low income and Native American women. Unless a waiver is obtained, states must make screening services available statewide.

--A grant cannot be made unless the state agrees that the services and facilities funded through the grant shall be coordinated with other federal, state, and local breast and cervical cancer programs.

--Funds may not be used to pay for in hospital services for any individual.

--Not less than 60 percent of the grant funds should be used to pay for screening and follow up services. Not more than 10 percent of the grant can be used for administrative expenses.

--No more than 20 percent of the funds appropriated in the fiscal year can be used by the HHS Secretary to provide technical assistance and other services.

CDC will collaborate with state health agencies in developing the components of their breast and cervical cancer control programs by providing technical assistance in the design and implementation of program activities, the development of surveillance and data systems, the development of public and professional education components, and the development of quality assurance programs.

## **NCI Advisory Group, Other Cancer Meetings For May, June, Future**

**National Assn. of Oncology Social Workers Annual Conference**--April 28-May 1, Monterey, CA. Contact Christina Blanchard, Div. of Medical Oncology A-52, Albany Medical College, Albany, NY 12208, phone 518/459-0703.

**Bethesda System for Reporting Cervical/Vaginal Cytologic Diagnoses**--April 29-30, NIH, Lister Hill Center. Contact Dr. Diane Solomon, Chief, Cytopathology Section, NCI, phone 301/496-6355.

**Early Detection of Prostate Cancer, Transrectal Ultrasound 1991**--May 4, Boston, MA. Contact DCMI, PO Box 2508, Ann Arbor, MI 48106, phone 313/665-2535 or 800/458-2535.

**American Radium Society Annual Meeting**--May 4-8, 1991, Montreal, Canada. Contact Office of the Secretariat, American Radium Society, 1101 Market St. 14th Floor, Philadelphia, PA 19107, phone 215/574-3179.

**American Roentgen Ray Society Annual Meeting**--May 5-10, Boston, MA. Contact ARRS, 1891 Preston White Dr., Reston, VA 22091, phone 703/648-8992.

**Mechanisms of Antimutagenesis & Anticarcinogenesis**--May 5-10, Pisa, Italy. Contact D.M. Shankel, Dept. of Microbiology, Univ. of Kansas, Lawrence, KS 66045, phone 913/864-4904.

**National Cancer Advisory Board**--May 6-7, NIH Bldg. 31, Conference Rm 10. Open 8:30 a.m.-recess on May 6 and 1 p.m.-adjournment on May 7.

**NCAB Committee on Planning & Budget**--May 6, NIH Bldg. 31 Conf. Rm 8, open immediately following recess of board.

**NCAB Committee on Cancer Centers**--May 6, NIH Bldg. 31, Conf. Rm 7, open following recess of board.

**NCAB Committee on AIDS**--May 6, NIH Bldg. 31 Conf. Rm 8,

open 6 p.m.

**NCAB Committee on Minority Health Professional Development**--May 6, NIH Bldg. 31 Conf. Rm 7, open 6 p.m.

**Oncology Nursing Society Annual Congress**--May 8-11, San Antonio, TX. Contact ONS, 1016 Greentree Rd., Pittsburgh, PA 15220-3125.

**Cancer Management Course**--May 10-11, Louisville, KY. James Graham Brown Cancer Center. Contact Dr. John Spratt, American College of Surgeons, Cancer Dept., 55 East Erie St., Chicago, IL 60611, phone 312/664-4050.

**Polyamines in Cancer**--May 10-14, Houston, TX. Contact Jeff Rasco, Conference Services, Box 131, MD Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, phone 713/792-2222.

**Current Concepts in Radiation Therapy**--May 15-17, Minneapolis, MN. Contact Dr. Seymour Levitt, Office of Continuing Education, Univ. of Minnesota, phone 612/626-7600.

**Nuclear Magnetic Resonance Imaging & Spectroscopy**--May 15-17, Bethesda, MD. Contact Marketing Dept., New York Academy of Sciences, 2 E.63rd St., NY, NY 10021, phone 212/838-0230.

**American Assn. for Cancer Research Annual Meeting**--May 15-18, Houston, TX. Contact AACR, Public Ledger Bldg., Suite 816, 6th & Chestnut Sts., Philadelphia, PA 19106, phone 215/440-9300.

**American Society of Clinical Oncology Annual Meeting**--May 19-21, Houston, TX. Contact ASCO, 435 N. Michigan Ave. Suite 1717, Chicago, IL 60611, phone 312/644-0828.

**Super-Family of Ras Related Genes & Breast Cancer Therapeutic Strategy & Molecular Biology**--May 17-24, Crete, Italy. Contact Demetrios Spandidos, National Hellenic Research Foundation, 48 Vas Constantinou Ave., Athens 11 635, Greece, phone 724-1505, fax 721-2729.

**NCI Div. of Cancer Prevention & Control Board of Scientific Counselors**--May 23-24, Bethesda Ramada Inn, 8400 Wisconsin Ave. Open 8:30 a.m.-5 p.m. on May 23 and 8:30 a.m.-1 p.m. on May 24.

**International Assn. for Breast Cancer Research**--May 26-29, Saint Vincent, Italy. Contact Dr. Roberto Ceriani, John Muir Cancer & Aging Research Institute, 2055 N. Broadway, Walnut Creek, CA 94596.

**ESTRO/Society for Medical Radiology**--May 30-June 1, Karl-Marx-Stadt, Germany. Contact Prof. K. Neumeister, Clinic for Radiology, Buergerstrasse 2, Karl-Marx-Stadt 9003, FRG.

**Critical Issues in Tumor Microcirculation, Angiogenesis & Metastasis: Biological Significance & Clinical Relevance**--June 3-7, Pittsburgh, PA. Contact Hilda Diamond, Biomedical Engineering Program, Carnegie Mellon Univ., Pittsburgh, PA 15213, phone 412/268-2521.

**Div. of Cancer Treatment Board of Scientific Counselors**--June 10-11, NIH Bldg. 31 Conf. Rm. 6, open 8:30 a.m. on June 10.

**Forum on Emerging Treatments for Breast Cancer**--June 11, Bethesda, MD. Contact Grace Monaco, 123 C St. SE, Washington, DC 20003, phone 202/835-0367.

**International Symposium on Cancer & AIDS Research**--June 12-14, Budapest, Hungary. Contact Dr. Frederick Welsh, Organization of International Affairs, 9000 Rockville Pike, Bldg. 31 Rm 4B55, Bethesda, MD 20892, phone 301/496-4761.

**Complications & Treatment of Children & Adolescents for Cancer**--June 12-14, Buffalo, NY, Hyatt Regency Hotel. Contact Dr. Daniel Green, Dept. of Pediatrics, Roswell Park Cancer Institute, Elm & Carlton Sts., Buffalo, NY 14263, phone 716/845-2334.

**Developmental Therapeutics Contract Review Committee**--June 13-14, Bethesda Holiday Inn, open 8:30-9:30 a.m. on June 13.

**Interventional Procedures for Breast Cancer Diagnosis**--June 17-19, Hilton Head, SC. Contact Siemens Medical Systems Inc., Mammography Group, Conference Planning, 125 North Executive

Dr. Suite 302, Brookfield, WI 53005, phone 414/784-1455.

**Molecular Basis of Human Cancer**--June 19-22, Frederick, MD. Contact Margaret Fanning, Foundation for Advanced Cancer Studies, PO Box 249 Libertytown, MD 21762, phone 301/898-9266.

**International Symposium on Cytokines in Hemopoiesis, Oncology & AIDS**--June 19-22, Hannover, Germany. Contact PD Medical School, PO Box 610180, D-3000, Hannover 61, FRG, phone 49511-5323610.

**Assn. of American Cancer Institutes Annual Meeting**--June 20-21, Baltimore, MD. Contact Sara Perkel, 301/955-8818.

**NCI Div. of Cancer Biology, Diagnosis, & Centers Board of Scientific Counselors**--June 24-25, NIH Bldg. 31 Conf. Rm 7, open.

**Annual Meeting on Oncogenes**--June 24-29, Frederick, MD. Contact Margaret Fanning, Foundation for Advanced Cancer Studies, PO Box 249 Libertytown, MD 21762, phone 301/898-9266.

**International Congress of Chemotherapy**--June 24-28, Berlin, Germany. Contact Multinational Meetings BV, JW Brouwersplein 27, PO Box 5090, 1007 AB, Amsterdam, Netherlands.

**International Consultation on Benign Prostatic Hypertrophy**--June 26-27, Paris, France. Contact Dr. S. Khoury, Clinique Urologique, Hopital de la Pitie, 83, Bd de l'Hopital, 75634 Paris Cedex 13, France, phone 33(1)45.70.38.62, fax 33(1)45.70.30.78.

**Anticancer Drug Discovery & Development Symposium**--June 27-29, Detroit, MI. Contact Dr. Frederick Valeriote, Div. of Hematology & Oncology, Dept. of Medicine, Wayne State Univ., PO Box 02188, Detroit, MI 48202, phone 313/745-8252.

**Cancer Biology & Immunology Contracts Review Committee**--June 27, NIH Executive Plaza North Conf. Rm H, open 9-10 a.m.

**Longterm Antihormonal Therapy for Breast Cancer**--June 30-July 2, Lake Buena Vista, FL. Contact International Conference Headquarters, PO Box 30,000, Philadelphia, PA 19103, phone 800/735-8450 or 215/735-8450.

#### Future Meetings

**Enterostomal Therapy Nursing: Across the Life Span**--Aug. 12-13, Cleveland, OH. Contact Cleveland Clinic Foundation, Dept. of Continuing Education, PO Box 94977, Cleveland, OH 44195, phone 216/444-5696 or 800/762-8173.

**Arizona Cancer Center North American Conference on Cancer in Hispanics**--Sept. 12-14, Tucson, AZ. Contact Nancy Rzewuski, Arizona Cancer Center, Tucson, AZ 85724, phone 602/626-2276.

**Current Concepts in Psycho-Oncology**--Oct. 10-12, New York City. Abstracts deadline June 15. Contact Dr. Lynna Lesko, Psychiatry Service Box 421, Memorial Sloan-Kettering Cancer Center, 1275 York Ave., New York, NY 10021.

**Oncology Nursing Society Annual Fall Institute**--Oct. 18-20, Atlanta, GA. Contact ONS, 1016 Greentree Rd., Pittsburgh, PA 15220-3125.

**Negative Controls on Cell Growth & Breakdown During the Pathogenesis of Cancer**--Oct. 20-24, Chatham, MA. Contact American Assn. for Cancer Research, Public Ledger Bldg. Suite 816, 6th & Chestnut Sts., Philadelphia, PA, phone 215/440-9300.

**6th European Conference on Clinical Oncology & Cancer Nursing**--Oct. 27-31, Florence, Italy. Contact Conference Secretariat, OIC Medical Press, Via G. Modena, 19-50121 Firenze, Italy, phone 0039-55-5000631.

**American Endocurietherapy Society Midwinter Meeting**--Dec. 3-6, Las Vegas, NV. Contact AES, 1101 Market St., Philadelphia, PA 19107, phone 215/574-3158.

**European Conference on Pain Research**--Dec. 12-13, Brussels, Belgium. Contact M. Staquet, Rue Heger-Bordet, 1, B-1000 Brussels, Belgium, phone 322/539-2805.