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DeVita Resigns As No. 2 At Sloan-Kettering To "Pursue Clinical Research," Hospital Says

Less than three years after he left his position as NCI director to become physician in chief at Memorial Sloan-Kettering Cancer Center, Vincent DeVita has announced his resignation. A statement released by the hospital last week said DeVita will give up his position on July 1 in order to pursue his interests in clinical research. He will stay at MSK in

(Continued to page 2)

In Brief

Abeloff, Fisher Lead ASCO; Henney Replaces Antman On Govt. Relations; Ultmann Retires

MARTIN ABELOFF, Johns Hopkins Univ., assumed the presidency of the American Society of Clinical Oncology last week at the organization's annual meeting in Houston. He succeeds Harvey Golomb. **BERNARD FISHER**, Univ. of Pittsburgh, was named president elect, defeating Joseph Simone, St. Jude Research hospital, Memphis. Fisher will become president of the organization at its annual meeting next year in San Diego. **SAMUEL TAYLOR** was elected to a three year term as secretary treasurer, replacing John Yarbro. Three new directors were elected for three year terms: **Joseph Aisner, Charles Balch,** and **Clara Bloomfield.** Elected to the Nominating Committee were Sandra Horning, who will serve as chairman, Robert Bast, Carol Fabian, Timothy Kinsella, and Ian Tannock. . . . **KAREN ANTMAN** has completed a four year term as chairman of ASCO's Government Relations Committee. **JANE HENNEY,** Univ. of Kansas, will replace her. . . . **JOHN ULTMANN** has announced his retirement as director of the Univ. of Chicago Medical Center. **RICHARD SCHILSKY**, who has been associate director for the hematology/oncology section, was selected to replace him. . . . **ASSN. OF COMMUNITY** Cancer Centers Board of Trustees soon will circulate a request for proposals for the management of the association. The current four year management contract with ELM Services Inc. expires at the end of this fiscal year, June 30, 1992. A decision on the contract will be reached by the January 1992 board meeting, according to ACCC. Interested parties may contact Robert Clark, ACCC President-Elect, Memorial Medical Center, 800 N. Rutledge, Springfield, IL 62781, phone 217/778-3000. . . . **COMPUTER ASSISTED** instruction for oncology nurses is available through the Oncology Nursing Society. Glaxo Pharmaceuticals supported an educational grant for the program, which can be used with any IBM PC compatible computer. It is available to ONS members or chapters for $80; nonmembers $100. Contact ONS, 1016 Greentree Rd., Pittsburgh, PA 15220, phone 412/921-7373.

DeVita Resigns As No. 2 At Memorial To "Pursue Clinical Research"

(Continued from page 1)
an endowed chair in clinical oncology and continue to serve as professor of medicine at Cornell Univ. Medical College, the hospital said.

Rumors that DeVita's resignation was imminent were widely circulated at the annual cancer meetings last week in Houston, but DeVita told those who asked that he was not quitting.

Then last Thursday, the hospital's department heads were told of DeVita's resignation, and the staff was told on Friday. The hospital's statement was released after inquiries by **The Cancer Letter.**

DeVita put in motion significant personnel changes at Memorial and, according to a source, had frequent arguments in front of staff members with Paul Marks, president of MSK.

Neither DeVita, vacationing in Rehoboth, DE, nor Marks returned phone calls by **The Cancer Letter's** presstime this week.

DeVita resigned as NCI director on Sept. 1, 1988, after eight years and eight months as the most visible and influential leader of the federal cancer research effort.

The position at Memorial opened up when Samuel Hellman left earlier that year to become dean of the Univ. of Chicago School of Medicine.

When he announced his resignation from NCI, DeVita said in an interview with **The Cancer Letter** (Aug. 19, 1988) that "it was time to go," and the job at Memorial offered precisely what he would like to do the rest of his career, "transferring technology to the bedside."

At MSK, one of the world's premier cancer centers, DeVita said he would be responsible for programmatic direction of a "huge resource."

"This is a very exiting time in cancer research. I want to be somewhere where the action is hot, and it is hot at Memorial," he said in **The Cancer Letter** interview.

DeVita became acting director of NCI on Jan. 1, 1980, after Arthur Upton resigned. He was appointed director by President Jimmy Carter in August 1980. His tenure is the third longest for an NCI director, behind the 12 years of John Heller and the nine years of the late Kenneth Endicott.

In a statement issued by MSK, Marks said: "On behalf of the Board of Managers and myself we want to express our gratitude to Dr. DeVita for the outstanding leadership that he has provided during his tenure as physician in chief since 1988 in strengthening the programs of clinical research and implementing important new initiatives in the area of clinical trials at the center. We understand Dr. DeVita's personal desire to return to the clinical research activities that had been his focus in the past. We are pleased that he will continue at Memorial Sloan-Kettering Cancer Center as the Benno Schmidt Chair in Clinical Oncology and to serve as professor of medicine, Cornell Univ. Medical College."

DeVita said, in the MSK release, "Memorial Hospital is an extraordinary institution and a major resource in the fight against cancer. During my tenure as physician in chief of Memorial Hospital, I am pleased with the advances we made which have led to important, new therapeutic interventions and improved approaches to the care of patients. I look forward to devoting myself more fully to my clinical research endeavors, in particular the development and implementation of new, innovative clinical trials."

A search committee of the MSK staff will be formed to advise the board in identifying a physician in chief, the MSK release said. In the interim, the job will be divided between Thomas Fahey, deputy physician in chief, and Murray Brennan, chairman of the Dept. of Surgery, both of whom will report directly to Marks.

THE CANCER LETTER

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Rosenberg's Team Close To Cloning The Gene For Melanoma Antigen

NCI researchers think they have cloned the gene that codes for melanoma antigen, Surgery Branch Chief Steven Rosenberg told the American Society of Clinical Oncology at its annual meeting in Houston last week.

Cloning the gene would enable Rosenberg's team to

work on development of a tumor vaccine, advancing gene studies a major step.

"We have narrowed it down to one gene, but now we have to prove it is the real one," Rosenberg said. "We have the sequence and the structure." No one has ever cloned the gene for a tumor antigen before, he said.

Rosenberg, delivering the David Karnofsky Memorial Lecture, ASCO's highest honor, updated the results of his first approved study using gene therapy to treat cancer. Two patients were treated in January with tumor infiltrating lymphocytes from their own tumors, armed with the gene capable of producing tumor necrosis factor.

Both have had no adverse effects from the treatment and are "doing fine and at home," but Rosenberg said it is too early to evaluate the clinical outcome. The patients have advanced melanoma and life expectancies of 90 days or less.

Rosenberg emphasized that gene therapy is still in the infancy of its development. He likened it to the Wright brothers' first flight, which lasted only 11 minutes and went only 75 yards. "They didn't carry the U.S. mail or any passengers, but they showed that it was possible. That's where we are with biologic therapy, we're showing that it is possible," Rosenberg said.

"In the last five years we have seen the development of a whole new approach to treating cancer," Rosenberg said. "We now have biologic approaches to treatment of certain cancers."

In 1984, Rosenberg's team first received FDA permission to test lymphokine activated killer cells plus IL-2 in patients with various advanced cancers. In the "New England Journal of Medicine" in December 1985 they reported that 10 out of 25 patients whose advanced cancers no longer responded to chemotherapy or radiation had a 50 percent reduction in tumor size and one patient's widespread cancer disappeared. This patient remains disease free six years later.

Rosenberg now has treated more than 300 advanced cancer patients with LAK/IL-2 or IL-2 alone, which studies have shown can also induce tumor regression at high doses in some patients.

LAK/IL-2 caused complete remission is about 10 percent of advanced melanoma and advanced kidney cancer patients, and at least 50 percent tumor reduction in another 10 to 25 percent of advanced cancer patients.

IL-2 alone caused complete remission in 6 percent of advanced melanoma or advanced kidney cancer patients and at least 50 percent tumor reduction in another 15 percent of advanced cancer patients. The duration of the remissions varies, though some patients have remained disease free for up to six years.

In 1986, Rosenberg's laboratory discovered cancer killing cells within tumors, which they called tumor infiltrating lymphocytes, and grew them in the laboratory with IL-2. These cells were 50 to 100 times more effective than LAK in mice.

Rosenberg reported a response rate of 55 percent in the first 20 advanced melanoma patients treated with TIL plus IL-2, in the "NEJM" December 1988. His team found that radiolabeled TIL cells travelled to and accumulated in cancer sites, and destroyed tumor cells by direct contact and also by stimulating the production of other tumor killing substances.

In 1988, Rosenberg began collaborating with two other scientists, Michael Blaese of NCI and French Anderson of the National Heart, Lung & Blood Institute, on gene transfer techniques.

Blaese and Anderson had been working on splicing genes capable of correcting inherited genetic diseases into patients' cells. They selected ADA deficiency in children as an appropriate disease to test their techniques.

In the two-step protocol that was developed, the scientists inserted into TIL a marker gene to track the distribution of TIL in the body.

In "NEJM" August 1990, Rosenberg reported that the gene modified cells could survive for long periods in the blood and at cancer sites. This was the first successful introduction of foreign genes into humans.

The team's real aim, Rosenberg said, was the use of gene transfer for therapeutic effect. In this phase, which began Jan. 29, the gene for tumor necrosis factor was added to the TIL and inserted in two patients.

'Above All, Do Good'

In his address, Rosenberg responded to critics who have complained about the significant toxicity of IL-2. Rosenberg said the commandment of the Hippocratic oath, "Primum non no facere"--above all do no harm--is an inadequate statement with respect to advanced cancer patients. Rosenberg proposed a new version, "Primum bonum facere"--above all, do good.

Rosenberg received his BA and MD from Johns Hopkins Univ. Following a surgery internship at Brigham Hospital in Boston, he earned a PhD in biophysics from Harvard Univ.

Rosenberg completed his residency at Brigham in 1974 and became chief of NCI's Surgery Branch that same year.

ASCO Entering 'Prime Of Its Life,' Improves PR, Legislative Efforts

The American Society of Clinical Oncology is entering "the prime of its life," outgoing ASCO President Harvey Golomb told members of the growing society at its annual meeting in Houston last week.

This past year, ASCO took major steps to improve its legislative affairs and public relations efforts. The Washington law firm Fox, Bennet & Turner was hired to run the society's new Washington office. Wang Associates, a New York firm, was selected to conduct public relations for the annual meeting, but ASCO's board voted last week to extend the firm's contract for the entire year.

Golomb said the efforts are beginning to pay off in increasing the society's visibility to federal officials and Congress. The Washington office is helping ASCO work on its positions regarding changes in Medicare that affect drug reimbursement, on the budget for NCI, and other issues.

ASCO plans to increase its efforts in the coming year to press for greater control of tobacco. "We must demand cessation of cigarette production," Golomb said. "Tobacco merchants are the producers of death."

Membership in the society rose by 463 members this year and now stands at 8,900. Registration for the annual meeting was 9,150.

The society reported a 9 percent increase in revenues, to $3.7 million. Secretary treasurer John Yarbro said ASCO's expenses have increased, but said this has created "tangible results," such as the improved lobbying efforts.

Bylaws Change

At the meeting in Houston, ASCO members approved an amendment to the society's bylaws that will set aside three seats on its board of directors for members who represent subspecialties and three seats for community oncologists.

The board will be enlarged from a total of nine to 12 directors, and four instead of three new directors would be elected each year. Of those four, one seat would be set aside for a member who is neither a hematologist nor an oncologist, and one seat would be set aside for a community oncologist.

The bylaws change was approved by an overwhelming majority of the members attending the society's business meeting last week.

ASCO officers said the change would ensure that the subspecialties and community oncologists, who are rarely elected to the board, would be fairly represented.

Two Activists Appointed To NCAB With Interests In Women, Children

The White House last week announced its intention to make two more appointments to the National Cancer Advisory Board to fill the lay member positions. The appointments are Zora Brown, of Washington, and Brenda Johnson, of New York City.

Brown is president of the D.C. Breast Cancer Resource Committee, a volunteer organization she started which coordinates seminars and public awareness campaigns about breast cancer and the importance of mammography screening. She was appointed to fill the remainder of Nancy Brinker's term, which expires in March 1992. Brinker was recently appointed to the President's Cancer Panel.

With a long history of breast cancer in her family, including a sister who died from the disease last year, Brown started a seminar series to educate women about breast cancer early detection and treatment. She, also, has been treated for breast cancer.

"I've been in the trenches for a while," Brown told **The Cancer Letter.** "But I'm most excited about the NCAB."

Brown is a member of the D.C. Cancer Consortium, and a member of the advisory boards of the Susan Komen Breast Cancer Foundation and the Cancer Research Foundation of America.

Brown had been focusing her efforts on the low income community in Washington, until last year when she became involved in making the television movie on breast cancer titled, "Mammography, Once a Year For a Lifetime," underwritten by Revlon Corp. Brown was a technical advisor on the film. At that point, she said, her activism took on a national scope.

The film was sent to all TV outlets in the U.S., and about a third have aired the film.

Brown also has a paying job as public relations director for Broadcast Capital Fund Inc., a private, nonprofit investment company organized to provide financing, management, technical assistance and training to minority entrepreneurs seeking to buy and operate radio and television broadcast stations.

Brown's previous jobs included positions as assistant director for public affairs for the Federal Communications Commission, staff assistant for Rep. Jim Wright, and administrative assistant at the White House during the Ford Administration. She holds a degree in business administration from Oklahoma State Univ.

Johnson is on the board of the American Health Foundation and has an interest in cancer in children and youth. She is a former school teacher and now is

a partner in BrenMer Industries in New York. She fills the seat vacated nearly three years ago by Louis Gerstner.

The two appointments complete the NCAB.

NCAB Asks For Greater Flexibility To Permit NCI To Fund More P01s

The National Cancer Advisory Board has passed a resolution asking NIH to give NCI sufficient flexibility in its grant target to permit the funding of P01 grants that may not get funded otherwise.

NCI is expected to fund 840 competing grants in FY 1991, a target figure that has become important in NIH's response to the Congressional mandate to stabilize grant funding.

Given NCI's budget limitations, adherence to a target figure means that fewer of the much more costly P01 grants will get funded, NCI Director Samuel Broder told the NCAB at its May meeting.

Up until FY 1991, about 25 percent of NCI's research project grant dollars were committed to P01s, but P01s made up only 5 percent of the number of grants, Broder said. P01s, which cost two to three times more than R01s, consist of four to five different projects, although they are scored as only one grant.

"We are going to have special pressures on P01s and the percentage of the total dollar pool that we are able to provide to P01s because of the allocation system that we have is going to require a drop in the overall portion of our dollar pool," Broder said. "I think the P01 mechanism is an excellent one for doing lab to clinical transitions. That is why historically NCI uses it perhaps more than the average categorical institute."

P01s also result in cost sharing among four or five related projects, NCAB members said, and therefore may be more cost effective than four or five separate R01s.

Sidney Salmon led the Board in drafting a resolution asking NIH to give NCI flexibility in meeting the target grant figure. Salmon originally proposed asking NIH to allow NCI's P01s to be counted by each of its projects as separate grants. Other board members noted that each project is reviewed separately and thus ought to be counted separately.

But Broder pointed out that it was possible that NIH set the target grant figure after careful analysis of the research project grant portfolio.

"This is not my view, but if one wanted to be a devil's advocate, one would say: the target allocations that are given for new and competing grants, the overall target from which all other things derive, the so-called magical 6,000 figure, is based on an analysis of the research project grant portfolio as it existed in time and place. And the mix of P01s and R01s, one could argue, was taken into account in setting that target.

"So you will get into a situation where someone will say, fine, that is all well and good, but we will just reset all of the target thresholds accordingly in proportion, and then you're not going to get anywhere."

Salmon asked whether NCI could begin including grants in the RPG pool that it does not now include. Broder said that approach would not be seen as "fair play" at NIH and Congress "if we suddenly started counting grants that never before [were] in the equation."

Broder asked the board to consider simply requesting that "a degree of flexibility be accorded to NCI particularly because of its historical commitment to P01s." NCI would make a "good faith effort" to reach the 840 goal, but may have to come in lower due to its commitment to P01s, he said.

"If a certain amount of flexibility around the edges is given to us, we may be able to mitigate the damage, and that way doesn't require fundamental policy shifts," Broder continued.

Salmon proposed a resolution that, "The Cancer Institute be given sufficient flexibility in its grant target to permit the funding of those P01s that, in the Institute's judgement, are the most valuable way to promote the laboratory/clinical interface in cancer research."

The resolution was approved unanimously.

Women's Health Initiative Supplants Need For Women's Health Trial: NIH

The Women's Health Initiative, the large trial of the leading causes of death and frailty in older women announced by NIH Director Bernadine Healy last month, will take the place of NCI's planned Women's Health Trial, an NCI executive said last week.

However, NCI plans to continue with the RFP for the feasibility study of diet modification in minority populations, said Div. of Cancer Prevention & Control Director Peter Greenwald.

An ad hoc technical review committee is scheduled to review those proposals on June 3, and awards are scheduled to be made on Oct. 15.

NCI has received applications for the statistical and nutrition coordinating center for the minority feasibility study. Minority population clinical center applications are due June 11.

"One large scale trial on diet and chronic disease should be sufficient at this point and is all that NIH can afford. Thus the Women's Health Initiative will supplant the need for a Women's Health Trial," Greenwald told the DCPC Board of Scientific Counselors, which had approved the Women's Health Trial. "However, lack of knowledge about the feasibility of such an effort for underserved populations has led us to continue with the RFP for a feasibility study in minority populations. We expect the results of the feasibility study to help to refine the Women's Health Initiative and to be useful for other efforts aimed at benefitting minority populations. Women entered into the Women's Health Trial feasibility study for minority populations also could be considered later for inclusion as trial participants in the Women's Health Initiative."

Greenwald is co-chairman, along with William Harlan of the National Heart, Lung & Blood Institute, of a technical and scientific working group that Healy set up to work on the proposed $500 million Women's Health Initiative. The NIH Office of Research on Women's Health will coordinate the study.

Healy has said the study will address cancer, cardiovascular disease, and osteoporosis, and will be the "largest community based clinical prevention and intervention trial ever conducted in the U.S." She proposed that the trial investigate "diet modification, along with a number of dietary supplements, such as calcium and vitamins, hormone replacement therapy, and exercise, as well as cessation of smoking."

BSC Chairman Edward Bresnick told **The Cancer Letter** that the supplanting of the WHT with the larger Women's Health Initiative is "fine." The NIH initiative "is a bigger deal. It ties many of women's problems together," he said.

"It's exciting to combine dietary intervention with several diseases," said Ross Prentice, a BSC member and former principal investigator on the original Women's Health Trial, which was stopped in 1988. "It's a big enough trial to be powerful. I agree with what Peter [Greenwald] said, that NIH should only be supporting one trial."

Cancer Nurses Must Assist In Pain Management, ONS Monograph Says

Cancer nurses have the power and responsibility to make the alleviation of cancer related pain a priority in their practice, according to a new position paper on cancer pain produced by the Oncology Nursing Society.

In 1989 ONS commissioned a task force led by Judith Spross, an assistant professor at the MGH Institute of Health Professions in Boston, to develop a position paper that would address the many well-known obstacles to adequate management pain. Research indicates that anywhere from 58 to 91 percent of patients with cancer in this country experience pain--especially those with breast, lung, and prostate cancer, the most common forms of the disease.

That paper, now a monograph entitled "Pain in Persons with Cancer," can be purchased from ONS, by calling 412/921-7373. The three ONS members who wrote the position paper discussed its implications at ONS' 16th Annual Congress in San Antonio earlier this month.

In a section on the ethics of pain management, the authors point out that "literature indicates that pain is severely undertreated and/or mismanaged in most health care settings."

Regina Schmitt, an oncology clinical nurse specialist/educator at the Univ. of Colorado Health Sciences Center and one of three authors, explained at the Congress session that "we need to be able to take responsibility for the pain problem. We as nurses are with patients 24 hours a day, so therefore we are in a prime position" to help patients manage their pain.

Besides calling attention to the problem of unrelieved cancer pain and officially supporting nurses' efforts to improve management, the position paper covers the responsibilities of registered nurses and oncology clinical nurse specialists in several areas: the scope of nursing practice; the ethics of pain management; education of nurses, patients, and their families; nursing research and the use of research; and nursing administration and social policy.

Each section includes a list of strategies for nurses, nurse administrators, and nursing educators.

According to the paper, the scope of nursing practice in the management of pain includes assessment, planning, implementation and coordination of interventions, and evaluation of the management program.

The position paper includes a sample initial pain assessment chart and a flow sheet on pain that patients and nurses can use describe and track pain. It also explains basic principles of relieving pain with medication as they are presented in the World Health Organization's "Three-Step Analgesic Ladder."

The paper also outlines how nurses can educate patients and their families about the right to relief from pain and the resources available for pain management.

The monograph discusses ways that nursing educators can incorporate pain management

information into basic and advanced nursing curricula.

"There are a lot of educational needs still out there," said monograph author Deborah McGuire, an assistant professor at Johns Hopkins Univ. School of Nursing and Director of Nursing Research at Johns Hopkins Oncology Center, Dept. of Nursing. In surveys conducted by ONS, she said, many nurses say they don't know enough about cancer pain.

McGuire said at the Congress session that once nurses are educated about cancer pain, they can use several strategies to implement their knowledge about cancer pain.

"Make pain a visible problem in your institution. Talk to other health professionals about it. Look at current practices where you work and evaluate how well you think they measure up to what you read in the current literature. If your institution's practices fall short of what we think they should be, you can design new approaches, perhaps incorporating those into nursing standards and protocols," she said.

"Find other like-minded people and get those people involved in task forces. You can get policies and procedures revised sometimes to incorporate new information."

Nurses should also conduct research on pain and its management, the authors assert.

In addition, McGuire exhorted nurses to implement their own and others research findings at their institutions. "We must move beyond practice based on pet theories or traditions to practice based on scientifically sound information," she said.

Cancer Information Service Regions Proposal To Be Discussed At Forum

NCI will conduct an open forum to solicit public comments on the proposed plan for regionalization of the Cancer Information Service program (**The Cancer Letter,** May 17).

The forum is scheduled for June 21, in Wilson Hall, NIH Bldg. 1, at 9 a.m. The meeting is open, but reservations are required and may be made by contacting Prospect Associates at 301/468-MEET.

CIS is a public information and education program supported through a contract mechanism by NCI to provide a toll free phone service (1-800-4-CANCER) and community outreach programs for cancer patients and their families, health professionals, and the general public.

The purpose of the forum is to announce the Institute's plan to restructure the program to provide the service on a regional basis. The objective is to solicit public comment on the proposed division of the country into 18 geographic service regions.

The regions, the states covered, their populations (in millions) and total population of region are proposed as follows:

Region 1--Maine (1.21), New Hampshire (1.14), Vermont (.56), Massachusetts (5.88), Rhode Island (1), Connecticut (3.28). Total pop. 13.1.

Region 2--New York City and Long Island. Total 9.7.

Region 3--New York state (8.1), Western Pennsylvania (6). Total 14.1.

Region 4--Eastern Pennsylvania (6), Delaware (.67), New Jersey (7.9). Total 14.6.

Region 5--Maryland (4.73), District of Columbia (.61), Virginia (6.16), West Virginia (1.86). Total 13.4.

Region 6--North Carolina (6.69), South Carolina (3.55), Georgia (6.66). Total 16.9.

Region 7--Florida (12.82), Puerto Rico (3.3). Total 16.1.

Region 8--Alabama (4.18), Mississippi (2.9), Louisiana (4.51). Total 11.6.

Region 9--Kentucky (3.75), Tennessee (4.97), Arkansas (2.43). Total 11.2.

Region 10--Ohio (10.79), Michigan (9.29). Total 20.1.

Region 11--Minnesota (4.32), South Dakota (.71), North Dakota (.68), Iowa (2.76), Wisconsin (4.81). Total 13.3.

Region 12--Illinois (11.61), Indiana (5.55). Total 17.2.

Region 13--Missouri (5.19), Kansas (2.49), Nebraska (1.59), Oklahoma (3.29). Total 12.6.

Region 14--Texas, total 17.7.

Region 15--Alaska (.58), Washington (4.86), Idaho (1.02), Montana (.81), Oregon (2.77). Total 10.

Region 16--Wyoming (.5), Colorado (3.43), New Mexico (1.63), Nevada (1.08), Utah (1.78), Arizona (3.75). Total 12.2.

Region 17--Hawaii (1.14), Northern California (14). Total 15.1.

Region 18--Southern California, total 15.

Total U.S. population is 254 million; figures are based on 1990 state population census projections.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Executive Plaza South room number shown, National Cancer Institute, Bethesda MD 20892. Proposals may be hand delivered to the Executive Plaza South Building,

6130 Executive Blvd., Rockville MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

RFP NCI-CM-27717-30
Title: Plant collection and extraction in Brazil
Deadline: Approximately Aug. 26

The Natural Products Branch, Developmental Therapeutics Program, of NCI's Div. of Cancer Treatment, wishes to establish a contract for the collection, identification and extraction of medicinal plant samples from the tropical regions of Brazil.

Offerors must ship 1,000 to 2,000 extracts per year to NCI for anticancer and anti-AIDS screening. The samples for collection will be selected on the basis of ethnobotanical and ethnopharmacological surveys performed through interaction with local herbal healers (shamans), and will be extracted according to protocols provided by NCI, or by methods used by the shamans.

Offerors shall either be suitably qualified Brazilian organizations or, if non-Brazilian organizations, shall provide documented evidence of an established collaboration with a suitably qualified Brazilian organization. A letter of commitment from the Brazilian organization stating its willingness to participate in the NCI project as a subcontractor must be provided with the proposal. A letter of intent will be provided, stating NCI's willingness to collaborate with the Brazilian organization, whether as contractor or subcontractor. The government anticipates the award of one contract funded on an incremental basis for three years.
Contract Specialist: Elsa Carlton
RCB Executive Plaza South Rm 603
301/496-8620

NCI Advisory Group, Other Cancer Meetings For June And July

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, and 10 a.m. on June 11.

Forum on Emerging Treatments for Breast Cancer--June 11, Lister Hill Aud., National Library of Medicine, NIH. Open 8 a.m.-5 p.m. 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, 125 N. Executive Dr. Suite 302, Brookfield, WI 53005, 414/784-1455.

Molecular Basis of Human Cancer--June 19-22, Frederick, MD. Contact Margaret Fanning, 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 8:30 a.m. on June 24.

Annual Meeting on Oncogenes--June 24-29, Frederick, MD. Contact Margaret Fanning, 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.

NCI Div. of Cancer Etiology Board of Scientific Counselors--June 27-28, NIH Bldg. 31 Rm 10. Open 1 p.m. on June 27 and 9 a.m. on June 28.

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.

FDA Oncologic Drugs Advisory Committee--July 1-2, Rockville, MD, Parklawn Bldg., 5600 Fishers Ln., Conference Rms D and E, open 9 a.m. both days. Drugs on agenda: tenoposide, paraplatin, isovorin, oncopent; also discussion of NSABP tamoxifen breast cancer prevention protocol.

Tumor Hypoxia Workshop--July 2-5, Orillia, Ontario, Canada. Contact Dr. Ian Tannock, Ontario Cancer Institute, phone 416/924-0671.

International Congress of Radiation Research--July 7-12, 1991, Toronto, Canada. Deadlines: Junior Investigators Awards, Oct. 15; Abstracts, Jan. 15, 1991. Contact International Congress of Radiation Research, 1891 Preston White Dr., Reston, VA 22091, phone 703/648-3780.

British Assn. of Surgical Oncology--July 12-13, Sheffield, UK. Contact BASO, Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN, UK.

Breast Disease: Diagnostic Imaging & Current Management--July 14-17, Grand Traverse Village, MI. Contact Angela Voeller, Office of Continuing Medical Education, G-1100 Towsley Center Box 0201, Univ. of Michigan Medical School, Ann Arbor, MI 48109, phone 313/743-2288.

Clinical Problems & Solutions in Ovarian Cancer--July 18, Indianapolis, IN. Westin Hotel. Contact Carol Lewis, Indiana Univ., Div. of Continuing Medical Education, 1226 West Michigan BR 156, Indianapolis, IN 46202, phone 317/274-8353.

International Society for Experimental Hematology--July 21-25, Parma, Italy. Contact Dr. Vitorio Rizzoli, Universita di Parma, Via Gramsci, 14, 1-43100 Parma, Italy, phone 0039-521-290787, fax 0039-521-292765.

Soft Tissue Sarcoma Review Course--July 24-27, Keystone, CO. Contact Jeff Rasco, Conference Services, Box 131, 1515 Holcombe Blvd., Houston, TX, phone 713/792-2222.

American Assn. for Clinical Chemistry Annual Meeting--July 28-Aug. 1, Washington, DC. Contact Nick Ryerson, 800/892-1400 or 202/835-8718.