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THE CANCER LETTER

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AACR To Hold Separate Annual Meeting, Seeks 'More Meaningful' Interaction With Clinicians

The American Assn. for Cancer Research has decided to discontinue holding its annual meeting in tandem with the American Society of Clinical Oncology, the organization AACR spawned 28 years ago. The two have been meeting consecutively over eight days, placing demands on time and energy that some members say have become too much.

When the issue was brought up at last year's meetings, AACR established a task force chaired by Sharon Murphy to study the problems
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In Brief

Pitot Appointed To Cancer Panel, Replacing Jako; Fisher, Wattenberg, Curtiss Lead Cancer Groups

HENRY PITOT, professor of oncology and pathology, McArdle Laboratory for Cancer Research, Univ. of Wisconsin Medical School, has been appointed to the President's Cancer Panel for a three-year term, the White House announced. Pitot replaces **Geza Jako**, professor of otolaryngology and head and neck surgery at Boston Univ. School of Medicine, who was appointed last year to fill the remaining year of **John Montgomery's** term. . . . **BERNARD FISHER**, Univ. of Pittsburgh, succeeded **Martin Abeloff**, Johns Hopkins Oncology Center, as president of the American Society of Clinical Oncology at the society's annual meeting in San Diego last week. **George Canellos**, chief of the Div. of Medical Oncology at Dana-Farber Cancer Institute, was elected president-elect. Four members elected to the Board of Directors are **Joseph Bailes**, **Alan Lichter**, **Charlotte Jacobs** and **Kent Osborn**. . . . **LEE WATTENBERG**, Univ. of Minnesota, succeeded **Harold Moses** as president of the American Assn. for Cancer Research at the association's annual meeting last week in San Diego. **MARGARET KRIPKE**, M.D. Anderson Cancer Center, defeated **Edward Bresnick**, Dartmouth Medical School, for the position of president-elect. Four members elected to the Board of Directors are **Curtis Harris**, **Victor Ling**, **John Minna**, and **Kenneth Olden**. Kripke will be the fifth woman to serve as president of the 85-year-old organization. The others: **Thelma Dunn** (1961-62), **Charlotte Friend** (1975-76), **Elizabeth Miller** (1976-77), and **Gertrude Elion** (1983-84). . . . **CAROL CURTISS**, Franklin Medical Center, Greenfield, MA, succeeded **Linda O'Connor** as president of the Oncology Nursing Society at the society's annual congress in San Diego. **SANDRA LEE SCHAFER**, Shadyside Hospital, Pittsburgh, was elected president-elect, **Pamela Haylock** was elected secretary, and **Valinda Rowe-Rutledge** continues as treasurer. New directors are **Carol Sheridan**, and **Barbara Satterwhite**.

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AACR/ASCO To Split For Annual Meeting; Seek Smaller Joint Events

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and alternatives. The task force concluded that breaking away from ASCO was the best solution.

AACR had considered changing the status quo four years ago, but adamant opposition from ASCO encouraged the leadership of both groups to drop the idea. The continuing growth of both organizations, and the logistical problems resulting from that growth, kept the issue alive.

AACR President Harold Moses, reporting the task force recommendations at the business meeting, cited a number of reasons other than logistics for making the change, chief of which was that the tandem meetings have not been effective in encouraging "bridging" between clinical and laboratory scientists.

The task force recommended that "AACR substantially enlarge and expand its efforts in clinical sciences," Moses said. "It was concluded that this can best be achieved if the annual meetings are held separately. . . It was a difficult decision to make, but the current arrangement is not working."

Moses added that, while the two meetings are "too long" for most members of both organizations to attend in their entirety, this is the real reason for the decision to split: "Everyone agrees that basic and clinical bridging at multiple levels is very important. AACR can best carry this out. If we are to have strong clinical research, we must have basic research with clinical aspects. AACR needs to strengthen its focus on clinical research, and ASCO needs to strengthen its participation in basic research."

"The best way to interact meaningfully with ASCO, and we mean to do that, is with small meetings and working groups. We will not, as John Mendelsohn said, pass like two ships in the night."

Moses said that the AACR Board of Directors had considered the task force recommendations and had agreed with them. Under the bylaws of the association, that means that the decision had been made. However, Moses permitted comments from the floor, and opposition was expressed.

"I feel that this kind of separation will make it more difficult for clinical and laboratory investigators to interact," Saul Schepartz said. He suggested a four-day meeting of both groups simultaneously.

"That would make it worse, not better," Moses said. "It has been suggested that we have two or three days overlapping. Both groups have grown. The ASCO meeting had 11,000 registrants. We have over 6,400. Few cities can handle that many at the same time."

Discussion With ASCO 'Cordial'

"When a group of us started ASCO, the whole purpose was to develop a clinical research arm of AACR. I'm sorry to see this come to pass," said Emil (Tom) Frei. He asked if the ASCO board concurred with the split.

Moses said the ASCO board had been informed, and that discussions had been held with ASCO officers. "It was cordial. The decision does not reflect animosity between individuals. Their feeling is that it was inevitable. I've talked with Bernie Fisher [new ASCO president], and we will continue the dialogue."

John Yarbro, a member of both organizations, was not convinced. "People say it didn't work. I wonder if you would specify what did not work? I thought it did."

Moses listed three points. "One, not many ASCO members stay through the AACR meeting." AACR told **The Cancer Letter** that about 800 individuals attend both meetings. In recent years, a joint session is held on the first day of whichever organization has the following meeting; registrants of both meetings may attend those sessions.

"Two, there is the feeling that we are not doing as much clinical investigation in AACR as we should be doing, because the clinical investigators can't stay seven or eight days. Three, ASCO lacks participation in basic research."

"Eighty-five percent of AACR members do not come early enough to ASCO to participate in their sessions," Daniel Martin said. "But there is the problem for those who can't afford two round trips, to attend two meetings." He suggested that something should be worked out so they could continue to meet consecutively.

"I'm in favor of separating," said Robert Benjamin. "ASCO is increasingly oriented toward private practice, and the meeting is dominated by reports on mundane

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clinical trials. If a society is to emphasize clinical investigation, it must be AACR."

In responding to Schepartz' request for a vote by the membership, Moses said that had been discussed. "That would involve generating position papers and further delays. We have had a lot of discussion over a period of time. We have had two committees consider this [including the 1988 group]. It is my feeling that it is time to quit talking about it."

Alvin Mauer said, "I'm a member of both organizations, and I favor maintaining the status quo. I don't see how separating the meetings would improve the [scientific] submissions of both. Two meetings are expensive. Separating them would eliminate many fellows and young investigators. You have as much as said that ASCO is a reluctant partner in the decision, and is not enthusiastic about it. Why not allow the membership to help you make this decision?"

"According to the bylaws, this is the way to do it [by board action]," Moses said. "Otherwise, a few people at the business meeting could make the decision."

Split Is 'Inevitable'

Responding to Michael Grever's comment that the split could lead to increasing polarity of the two groups, Moses said, "I don't think so. We've been stressing here the negative factors of no longer meeting in tandem, and not the efforts to improve interactions."

Answering a comment that other organizations with meeting attendance in the 15,000 to 18,000 range are able to hold meetings, Moses said, "Logistically, we could continue for awhile. But there are other problems. A split is inevitable, eventually."

"I'm surprised this hasn't happened sooner," John Laszlo said. "I would prefer to stay together, but I think the time has come to bite the bullet."

"Bridging is a two-way street," Margaret Kripke, AACR president-elect, said. "We should really think about the bridging function. I hope we will have the opportunity to make substantial changes to improve bridging."

"We will have two competing groups," Frei said. "I think it will improve basic science in ASCO. The only way to improve bridging is to have joint programs."

"I hope that ASCO does have a strong basic science component," Moses said. "Each group clearly has different areas of interest."

Enrico Mihich suggested that the special conferences, apart from the annual meetings, "are a powerful tool," and that members of the two organizations who benefit from activities of both could

continue to do so by attending one or two of those meetings a year.

AACR Executive Director Margaret Foti cited some statistics: Only 42 percent of attendees at AACR meetings are members of AACR; 2,400 members have indicated interest in clinical investigation, but only 700 register for clinical sessions.

Foti said that only six or seven cities in the U.S. have facilities capable of handling the consecutive ASCO-AACR meeting. As the two grow, "this will be a major problem, and we'll be down to one or two cities."

Lee Wattenberg, new AACR president, said, "the reality is, it simply doesn't work now. If you are a clinical oncologist and really want to enhance your knowledge of basic research, you need to stay for the entire meeting," and only "a select few" are able to do that.

AACR is committed to meet consecutively with ASCO next year, in Orlando. There is a possibility that the split could be put into effect in 1994, when the two meetings are scheduled for Dallas. While there are no contractual commitments yet by AACR, there are letters of intent. AACR is studying whether those are binding. The 1995 meetings are scheduled for Los Angeles; there are no commitments by AACR for that.

News Roundup: San Diego

ASCO Honors Frei, Durbin, Haney With Special Awards, 22 Others

American Society of Clinical Oncology announced winners of three new special awards at the society's annual meeting last week in San Diego.

Emil (Tom) Frei, Dana-Farber Cancer Institute, was presented the Distinguished Service Award for special achievement; Rep. Richard Durbin received the Public Service Award; and Associated Press reporter Daniel Haney won the Special Recognition Award.

Frei's award was for his long-term service to ASCO and the oncology field. He is a past president of ASCO and Karnofsky lecturer. Durbin won his award for activities that impact public awareness of cancer. He was responsible for enactment of legislation that eliminated smoking on airline flights within the continental U.S. Haney received the special recognition award for his coverage of ASCO meetings.

Nancy Kemeny, Memorial Sloan-Kettering Cancer Center, is chairman of ASCO's Ad Hoc Committee on Special Awards.

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ASCO awards program has been expanded to

provide support for 22 clinical and basic cancer researchers. ASCO and industry sponsors increased research grants from \$390,000 last year to more than \$1.3 million this year. Award winners were announced at the annual meeting last week.

Recipients of the Clinical Research Career Development Award are: Randolph Christen, Univ. of California (San Diego); Edwin Jacobs, Univ. of California (Los Angeles); John Robertson, Univ. of Michigan; and Jane Carrie Weeks, Dana-Farber Cancer Institute. The Society also gave 18 young investigator awards.

Industry sponsors are: Bristol-Myers Oncology Div., Ortho Biotech, Milken Family Medical Foundation, Genentech Inc., Cetus Corp., Sterling Winthrop, Burroughs Wellcome Fund, Glaxo Pharmaceuticals, Amgen Inc., Schering Corp., ICI Pharmaceutical Group, American Cyanamid/Lederle Laboratories, CIBA-GEIGY Corp., and Hoffman-La Roche Inc.

Curt Civin is chairman of the ASCO Awards Selection Committee.

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Cancer pain curriculum developed by ASCO was introduced during the San Diego meeting and earlier this month at a meeting of the National Cancer Advisory Board.

The curriculum, designed to promote effective care for the 70 percent of cancer patients who develop significant pain, will be distributed to oncology fellowship programs with the goal of incorporating it into training by this July, ASCO said. The curriculum also will be available to oncologists, professional societies, medical schools, and house staff training programs.

"This greatly furthers ASCO's goal to ensure that patients with cancer have a right to effective treatment of pain and that cancer specialists are well prepared to evaluate and treat cancer pain," said Stuart Grossman, Johns Hopkins Oncology Center, who chaired the ASCO Ad Hoc Committee on Cancer Pain.

Excerpts from the curriculum and discussion at the NCAB meeting appear in the May issue of **The Clinical Cancer Letter**.

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American Assn. for Cancer Research honored five scientists at the annual meeting last week in San Diego.

June Biedler, Memorial Sloan-Kettering Cancer Center, received the G.H.A. Clowes Memorial Award; Michael Gottesman, NCI, received the Richard and Hinda Rosenthal Foundation Award; Susan Horowitz, Albert Einstein College of Medicine, received the Cain Memorial Award; Elizabeth Robertson, Columbia Univ.,

received the Rhoads Memorial Award; and Pelayo Correa, Louisiana State Univ., received the first American Cancer Society Award for research excellence in cancer epidemiology and prevention.

Journalism prizes were awarded at the AACR meeting by the General Motors Cancer Research Foundation for "outstanding media coverage of cancer during 1991." Winners were: April Witt, "Virginian-Pilot," Norfolk, VA, for a series titled "Battle with Breast Cancer: One Woman's Story;" Madeline Drexler, "Lear's," for an article titled "The Breast;" and Elaine Purchase, KOMO-TV, Seattle, for a series titled "Combatting Cancer." Each winner received \$10,000.

Oncology Nurses: Help Set Agenda For Health Care Reform, Mayer Says

Oncology nurses must work on state, local and national levels to influence health care policy and funding issues, National Cancer Advisory Board member Deborah Mayer said at the annual meeting of the Oncology Nursing Society, held in San Diego May 13-16.

On the national level, ONS plans to increase its government relations activities, and work to "get more nurses on [advisory] boards," Mayer, an ONS board member and past president, said.

"I consider myself a token nurse on the NCAB," Mayer said. She urged nurses to run for public office to help set agendas for patient care, insurance reimbursement, and state legislation affecting health care.

"We need you to translate your clinical abilities into public practice," Mayer said. "We have an incredible power base when we do those things. Participate in ONS, participate in NCI activities."

Mayer made her comments as moderator of a symposium on "Cancer Care: Looking to the Year 2000." NCI Deputy Director Daniel Ihde, President's Cancer Panel Chairman Harold Freeman, and Daniel Callahan, director of the Hastings Center, a nonprofit foundation for discussion of ethical issues in medicine, also spoke.

Ihde noted that when the National Cancer Act of 1971 was passed, there were only a handful of nurses who specialized in oncology. ONS estimated that there were more than 5,000 registrants for this year's annual meeting, and the society's membership exceeds 21,000.

NCI has several training grants for oncology nurses, Ihde said, including the Nurse Oncology Fellowship and Cancer Education Training Grants. The latter are reviewed three times a year by a study section and

given secondary review by NCI. The Institute funded 16 of these awards in fiscal 1992, he said.

ONS and NCI have collaborated on two-day training workshops for nurses and symposia in which 10 nursing students present their research.

He asked the nurses' help specifically in two areas: to increase attention on smoking cessation and support of funding for basic research.

Freeman, chief of surgery at Harlem Hospital, New York, said those involved in the National Cancer Program "can be proud of our progress" toward the reduction of cancer mortality. However, "part of the war has not been fought very well," he said. "It is not the fault of NCI, but of the American people, the President, and Congress."

Freeman was referring to the disproportionate cancer burden of black and Hispanic Americans, as compared to whites. Of black women who present with breast cancer at Harlem Hospital, half have no insurance, and only 6 percent are diagnosed with stage 1 disease, he said.

He said racism, "to the extent that it causes poverty and ignorance, is a cause of cancer." Freeman headed an American Cancer Society task force on poverty.

Freeman said the problem of cancer "can't be solved only as a medical problem." It requires the cooperation of at least three federal agencies, HHS, Housing & Urban Development, and Education, to address problems of poverty, housing, education, and basic health care.

"If we don't solve the insurance problem, we can't solve the problem of cancer in the poor," Freeman said.

Freeman described Harlem Hospital's system of volunteer "patient navigators" who help patients who have possible symptoms of cancer navigate the health care system, with the hope of ensuring that patients receive prompt treatment and followup. A second part of the program uses 10 female volunteers who are responsible for bringing in 20 people over two months to be screened for cancer. Transportation to and from the hospital is provided.

Several nurses praised Freeman's efforts to shed light on the problem of cancer in minorities, and said his work inspired them to perform projects in their communities.

Mayer said ONS will publish a book next year based on workshops it held on cancer in minority populations. ONS also co-sponsored with Glaxo Inc. workshops for nurses and pharmacists in underserved areas.

She asked nurses to reach out to minority populations in their areas to conduct public education

on cancer and to encourage minority nurses to join ONS.

Callahan discussed problems posed by the current American health care system. He said he is "ambivalent" toward the view of cancer as a "dread disease" that will eventually be cured. "How can we compare cancer to other diseases?" he asked. "Does a cure for cancer eventually set someone up to later get Alzheimer's? We all must die, but we don't find any causes of death acceptable."

While there seems to be a consensus that the U.S. needs a form of universal health insurance, how will limits be set? What will not be covered?

The Oregon plan for Medicare reform is the most advanced in discussing health care priorities, he said. While the merits of the plan are debatable, the most important result is that it has started the process of discussion of health care priorities, he said.

"I don't pretend to have any idea about how to do health care reform, and anyone who does doesn't really know," Callahan said. Therefore, he listed his own priorities:

- 1) Caring. "Americans are drawn to cure, but sooner or later, everyone needs care." People must be guaranteed health care, without having to be impoverished to receive that care.

- 2) Prevention and public education, including screening.

- 3) Expensive, life-prolonging technologies. "The greatest moral dilemma is the proliferation of expensive technologies which may or may not extend life, but cost much."

Callahan concluded: "Cancer may be cured someday, but for the foreseeable future, it is the way many people will die. I believe one of the great mistakes in medicine and in cancer is that we have too often emphasized technology and not placed enough emphasis on care."

Nurses, he said, have a "special role" to focus on "the caring side of medicine."

Mayer commented that the national debate on health care seems to most nurses to "take place somewhere else, and you have to go to work every day and face patients with no insurance." Bone marrow transplantation, she said, "is very seductive. We're going to have bone marrow transplant units everywhere, while we don't have mammography screening for everyone."

On the NCAB, she said, the most controversy revolves around distribution of funds among the major areas of prevention, rehabilitation, basic research, and treatment. Should NCI accept that "cancer will always be with us, and shift money to

prevention?" she asked. "My concern for nurses is that you face many challenges. That experience is what will change the picture through your testimony. Make sure your voices are heard."

ONS Roundup

Nurses Support Ethnic Patient Issues In Resolution; Membership Grows

Members of the Oncology Nursing Society passed a resolution at the society's annual business meeting in San Diego vowing to support research and education regarding ethnic patient issues.

The resolution, adopted unanimously, noted that African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders have higher cancer incidence, mortality and survival rates than whites. In addition, "ethnic differences in cancer statistics are affected by socioeconomic status."

ONS resolved to "provide avenues that will identify appropriate measures and support research that will address ethnic patient issues; and...promote an understanding of ethnic patient issues among healthcare providers by supporting collaborative efforts with other professional nursing and healthcare groups."

ONS committed \$10,000 over five years to implement the resolution. The society plans to survey its members on their "perceptions of the needs of patients with cancer who are from culturally diverse backgrounds," develop a position paper, fund research, and encourage the publication of articles on ethnic patient issues in the "Oncology Nursing Forum."

The resolution was sponsored by the ONS Ethnic Patient Issues Special Interest Group, Guadalupe Palos, coordinator.

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Membership in the Oncology Nursing Society continues to grow, and has passed 21,500 at latest count, Linda O'Connor, ONS president, told the society at its annual congress in San Diego recently.

O'Connor, in her last statement as ONS president before turning over that duty to Carol Curtiss, announced that she has used the annual ONS President's Grant of \$5,000 to fund a think tank that has met to discuss revision of the American Nurses Assn. publication, "Nursing: A Social Policy Statement." The ANA invited specialty nursing organizations to review the draft and suggest revisions. The grant is funded each year by SmithKline Beecham.

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ONS presented the following awards:

--Actor Gene Wilder received the public service

award for his work educating the public about ovarian cancer.

--Helene Brown, Jonsson Comprehensive Cancer Center, UCLA, received an honorary membership for outstanding contributions to oncology nursing.

--Jean Johnson, associate director of nursing oncology, Univ. of Rochester Cancer Center, ONS/CIBA-GEIGY Distinguished Researcher Award.

--Deborah Mayer, assistant professor in nursing, MGH Institute of Health Professions, ONS/Roche Distinguished Service Award.

--Patricia Jassak, Foster McGaw Hospital, Loyola Univ. Medical Center, ONS Clinical Lectureship. Her lecture was titled, "Families: An Essential Element in the Care of the Patient with Cancer."

Other award winners were: Susan Leigh, Quality of Life Fall Institute Lectureship; Susan McMillan, Excellence in Cancer Nursing Education; Sharon Krumm, Excellence in Cancer Nursing Administration; Mary Ersek, Excellence in Cancer Nursing Research; Betty Ferrell and Marie Whedon, Excellence in Writing in Clinical Practice; Katherine Klaich, Excellence in Writing in Nursing Research; Eileen Dimond, Quality of Life; Julia Eggert, Excellence in Patient/Public Education; Paula Rieger, Excellence in Biotherapy Nursing; Sue Grier, Excellence in Oncology Nursing Private Practice; Greater Kansas City ONS Chapter, Chapter Excellence Award; Elise Lev, ONS Research Grant.

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New awards have been established by ONS:

The first **ONS/UICC International Nursing Fellowship** was presented to Sister Lai, Mount Miriam Hospital, Penang, Malaysia, a Franciscan missionary who sought oncology nursing training. She will spend two months as an observer in the Dept. of Nursing at Roswell Park Cancer Institute.

Registered nurses who are actively engaged in the management of cancer patients and who come from regions of the world where specialist cancer nursing training is not yet widely available are eligible to apply for the new award. Established oncology nurses who wish to disseminate their skills in these regions are also encouraged to apply.

Applications for the next fellowships should be submitted by Nov. 15. Recipients will be notified by Feb. 15, 1993. For information, contact ONS, 501 Holiday Dr., Pittsburgh, PA 15220, phone 412/921-7373.

Breast Cancer Education Award of \$4,000 has been established by ONS through support of ICI Pharma and the Susan G. Komen Foundation. The award is to recognize and support excellence and dedication to

education of the public or patients about breast cancer.

Candidate for the award must be a registered nurse and a member of ONS who has published or educated the public on the importance of early detection of breast cancer, breast cancer treatment and recovery; developed innovative early detection screening programs and contributed to the development of professional oncology practice.

The first award will be presented at the ONS annual congress May 12-15, 1993, in Orlando, FL.

ONS/Cetus Oncology Award for Excellence of Scholarship and Consistency of Contribution to the Oncology Nursing Literature has been established. Nominees should be oncology nurses who have had an impact on the profession specifically by using the written word to share research findings, describe content basic to the care of patients with cancer, and support the professional development of colleagues. The first \$4,000 award will be presented at the 1993 ONS congress.

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ONS chartered 10 new chapters at the annual congress in San Diego, for a total of 158 ONS chapters in 48 states, the District of Columbia, and Puerto Rico. The society also formed new special interest groups in: cancer rehabilitation, critical care, lymphedema management, psychoneuroimmunology, staff education, surgical interventions, and survivorship.

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Oncology Nursing Foundation presented the following awards:

--Deforia Lane, Univ. Hospitals, Cleveland Ireland Cancer Center, presented the Mara Mogensen Flaherty Memorial Lecture.

--Connie Henke Yarbrow, Memorial Medical Center, Springfield, IL, received the Friend of the Foundation award.

Research grants were presented to: Gwen Wyatt, Caroline Burnett, Susan Benedict, Linda Alley, Vickie Fieler, Gwendolyn Parker, Regina Schmitt, Crace Dean, Donna McCarthy, Doris Howell, Marilyn Hockenberry-Eaton, Maryl Winningham, Marjorie Singer, and Connie McDonnough.

NCI Advisory Group, Other Cancer Meetings For June, July, Future

New Directions in Cancer Treatment--June 2, Washington, D.C. National Academy of Sciences. Contact Weizmann Institute of Science, 212/779-3209.

Prevention of Human Cancer: Nutrition & Chemoprevention Controversies--June 3-6, Tucson, AZ. Contact Arizona Cancer Center, 1515 Campbell Ave., Tucson, AZ 85724, phone 602/626-2276.

NCI Div. of Cancer Biology, Diagnosis & Centers Board of Scientific Counselors--June 9, NIH Bldg 31 Rm 6, open 3 p.m.-adjournment.

Critical Issues in Tumor Microcirculation, Angiogenesis & Metastasis: Biological Significance and Clinical Relevance--June 8-12, Boston, MA. Contact Norman Shostak, Dept. of Continuing Education, Harvard Medical School, phone 617/432-0196.

Long Term Survivors of Childhood Cancer--June 12-14, Buffalo, NY. Contact Dr. D.M. Green, Dept. of Pediatrics, Roswell Park Cancer Institute, Elm & Carlton Sts., Buffalo, NY 14263.

NCI Div. of Cancer Treatment Board of Scientific Counselors--June 15-16, NIH Bldg 31 Rm 10. Open 8:30 a.m.-adjournment.

Recent Advances in Urological Cancer Diagnosis & Treatment--June 17-19, Paris, France. Contact Dr. Saad Khoury, Clinique Urologique, Hopital de la pitie, 83 bd de l'Hopital, 75634, Paris Cedex 13, France, phone 45.70.38.62, fax 45.70.30.78.

Molecular Basis of Human Cancer--June 18-21, Frederick, MD. Contact Margaret Fanning, 301/898-9266.

Assn. of American Cancer Institutes Annual Meeting--June 23-24, Buffalo, NY. Contact Dr. Edwin Mirand, Roswell Park Cancer Institute, 716/845-3028.

Annual Meeting on Oncogenes--June 23-27, Frederick, MD. Contact Margaret Fanning, 301/898-9266.

Caring, Coping, Conquering Cancer--July 9-10, La Crosse, WI. Contact Lutheran Hospital-La Crosse, 608/791-4744 or 608/785-0530.

Society for Nutrition Education Annual Meeting--July 14-18, Washington, DC. Contact Darlene Lansing, phone 612/854-0035.

Radiation Therapy Oncology Group Semi-Annual Meeting--July 24-26, Philadelphia, PA. Contact Nancy Smith, 215/574-3205.

Seoul International Symposium on Cancer Treatment--July 24-25, Seoul, Korea. Contact Dr. Jin-Pok Kim, College of Medicine, Seoul National Univ. Hospital, 28 Yungun-Dong, Congno-Gu, Seoul 110-744, Korea.

Head & Neck Cancer International Conference--July 26-30, San Francisco, CA. Contact Ruth Enquist, phone 507/285-1523.

Future Meetings

American Cancer Society National Conference on Cancer Prevention & Early Detection--Sept. 10-12, Chicago, IL. Contact Andy Cannon, ACS, phone 404/329-7604.

Psychosocial Oncology: Enhancing Patient & Family Care--Sept. 11-12, Beverly Hills, CA. Contact Dr. Deane Wolcott, Cedars-Sinai Comprehensive Cancer Center, phone 310/855-8030 ext. 214.

Great Lakes Cancer Nursing Conference--Oct. 19-20, Novi, MI. Contact Vicki Rakowski, American Cancer Society, Michigan Div., phone 517/371-2920.

Chemotherapy Foundation Symposium: Innovative Cancer Chemotherapy--Nov. 11-13, New York City. Contact Jaclyn Silverman, Mount Sinai School of Medicine, 212/241-6772.

Gene Therapy of Cancer--Nov. 5-7, San Diego, CA. Contact Lynne Friedmann, phone 619/793-3537.

American Endocurietherapy Society Mid-Winter Meeting--Dec. 9-12, Beaver Creek, CO. Contact AES, phone 215/574-3158.

RFA Available

RFA DK-92-18

Title: **Treatment of benign prostatic hyperplasia: pilot study**

Letter of Intent Receipt Date: June 2

Application Receipt Date: June 17

The Div. of Kidney, Urologic and Hematologic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases, invites cooperative agreement applications for investigators to design and implement a pilot study trial to assess the feasibility of conducting a full-scale multicenter randomized clinical trial to

evaluate the effects of drug treatment on the progression of and symptoms due to benign prostatic hyperplasia (BPH).

The assistance mechanism used to support the study is the cooperative agreement. Applications are requested for Clinical Centers, a Data Coordinating Center, and/or the Diagnostic Center. A center selected as a Clinical Center also may serve as the Data Coordinating Center and/or the Diagnostic Center, however, separate applications will be required for each of these study components.

Domestic universities, medical colleges, hospitals, and other public and private research institutions are eligible. An institution may apply to be a Clinical Center, the Data Coordinating Center, and/or the Diagnostic Center. However, a specific plan is required within the applications for how the independent operation (i.e., confidentiality of study-wide data) of each unit will be maintained. Collaboration among institutions to carry out the study is encouraged. Institutions wishing to collaborate and function as a single Clinical Center are required to submit one application.

Funding is expected to begin in September 1992; total support for the project will be for 30 months. It is anticipated that six awards (four Clinical Centers, one Data Coordinating Center, and one Diagnostic Center) will be made under this RFA for a total of approximately \$1,600,000 (including direct and indirect costs) during the first year. The funding levels for the Clinical Centers will be approximately \$200,000 in total costs per center annually; the Data Coordinating Center will be funded at approximately \$300,000 in total costs per year, and the Diagnostic Center will be funded at approximately \$500,000 in total costs per year.

The primary purpose of this RFA is to initiate a collaborative pilot study of drug therapy for BPH to reduce occurrence of symptoms and slow or halt disease progression. The pilot study will test the feasibility of conducting a full-scale randomized clinical trial in an adequately sized patient population.

It is expected that the pilot study will take place in four Clinical Centers over a period of 30 months. Each Clinical Center will randomize a minimum of 25 study participants over a 12-month period of recruitment. The study will be in three phases:

(I) a 9-month period of collaborative protocol development; (II) 12 months of patient recruitment and follow-up; and (III) 9 months of close-out of the pilot phase, data analysis, and reporting of results.

Each applicant is expected to propose the study design believed to be most appropriate for this project. Applicants must provide a detailed justification for whatever strategy is proposed for subject selection, an estimate of the number of subjects in the source population and in the final examination sample, and an estimate of the necessary time and effort needed for recruitment. Applicants also must address criteria and outcome measures for the pilot study objectives by which success of this phase of the program will be judged for extension into the full-scale study.

Inquiries may be directed to Dr. Leroy Nyberg, Director, Urology Program, National Institute of Diabetes and Digestive and Kidney Diseases, 5333 Westbard Ave., Westwood Bldg., Rm 3A05, Bethesda, MD 20892; phone 301/496-7133.

Program Announcement

PA-92-76

Title: **AIDS-associated Kaposi's sarcoma**

Application Receipt Dates: Sept. 1, Jan. 2 and May 1

NCI's Div. of Cancer Treatment and the Div. of AIDS of the National Institute of Allergy & Infectious Diseases invite applications from interested investigators to perform innovative correlative laboratory studies of relevance to new and ongoing AIDS-Kaposi's sarcoma clinical trials or to develop new therapies for the treatment of AIDS-Kaposi's sarcoma with laboratory correlations. This program announcement is designed to promote collaborations

and interactions among researchers from a variety of basic and clinical disciplines to facilitate better treatment and management of AIDS-Kaposi's sarcoma patients.

Applications may be submitted by foreign and domestic, for profit and nonprofit organizations. Foreign institutions are not eligible for FIRST awards. Applications from minority individuals and women are encouraged. Applications from single or multiple institutions with established clinical, laboratory, and statistical resources are encouraged. Awards will be made as investigator initiated research grants (R29, R01 and interactive R01s).

KS is one of the malignancies most frequently seen in AIDS patients; however, the etiology of KS in AIDS patients remains unclear. The precise relationship of KS to the underlying immunodeficient state in patients with HIV infection also remains unclear. The most prominent clinical feature of KS is HIV positive patients is the aggressiveness of the disease. KS in AIDS patients is associated with extensive involvement of skin and mucous membranes, early dissemination to lymph nodes, impressive development of extreme lymphedema, even in the absence of bulky adenopathy, and rapid spread to visceral organs, including lungs and gastrointestinal tract. Although rapid clinical progression and short median survival have been the rule, some patients have survived for many years with disease limited to the skin. Certain clinical and laboratory features, such as presence of unexplained fever, night sweats, weight loss, and significant T4 lymphocytopenia, have been identified as indicators of poor prognosis.

Various therapeutic interventions have been employed resulting in partial and complete remissions but with no significant improvement in survival of these patients. High dose recombinant interferon alpha has produced response rates in approximately 30 percent of treated patients. Likewise, vinblastine has produced similar response rates. Both of these therapies have substantial toxic side effects. The purpose of this PA is to foster collaborative interactions between laboratory scientists and clinicians to precisely characterize the molecular and genetic characteristics of AIDS-KS or to devise more effective management of this disease. Laboratory research efforts and novel therapies ready to be applied in clinical situations and innovative clinical applications are solicited. It is hoped that the results obtained from studying AIDS-KS patients will increase the understanding of the biology of this disease and will assist the development of more effective treatment in the general population of KS patients and patients with other proliferative diseases.

Some examples of clinical studies and their correlative laboratory studies that would qualify are: 1) pharmacokinetic and pharmacodynamic measurements leading to novel means of combining retroviral and antitumor therapies, 2) biological response modifiers in combination with cytotoxic and radiation therapy with immune function studies, 3) molecular characterization of oncogenes and growth factors for the development of new anti-growth factor or anti-sense therapies. Investigators are not limited to the above examples.

NCI recognizes that research in AIDS-KS is technically difficult to conduct because of the complexity of this disease and the relatively limited availability of study subjects at any single institution. Thus, NCI is encouraging submission of grant applications for research relevant to this PA in the context of multi-institutional efforts under the interactive R01 mechanism.

Inquiries may be directed to Dr. Roy Wu, Program Director, Cancer Therapy Evaluation Program, Div. of Cancer Treatment, NCI, Executive Plaza North Rm 734, Bethesda, MD 20892, phone 301/496-8866, fax 301/480-4663; or Dr. Giorgio Galetto, NIAID Program Director, Control Data Bldg. Rm 2C32, Bethesda, MD 20892, phone 301/496-0700, fax 301/480-5703.