THE CANCER LETTER

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House Committee Approves $1.9 Bil. NCI Budget, Almost $12 Mil. Under President's 1993 Request

The bleak budgetary forecasts for NCI were demonstrated to have been on target last week as the House Appropriations Committee cut $11.8 million from the President's fiscal 1993 budget request for the Institute, leaving it with the total of $1.999 billion.

The committee's proposal is $47.1 million above NCI's current budget,

(Continued to page 2)

In Brief

Simone, LoBuglio Lead AACI; AMA Honors B.J. Kennedy; FDA To Meet Patient Advocates

JOSEPH SIMONE succeeded **Jerome Yates** as president of the Assn. of American Cancer Institutes at the group's annual meeting in Buffalo recently. **ALBERT LOBUGLIO**, director of the Comprehensive Cancer Center at Univ. of Alabama at Birmingham, was elected vice president and president-elect. Secretary-treasurer is **Edwin Mirand**. New members of the Board of Directors are **Paul Bunn**, director of Univ. of Colorado Cancer Center, and **Joseph Pagano**, director of Lineberger Cancer Research Center, Univ. of North Carolina. Simone this month moved from St. Jude Children's Research Hospital in Memphis to his new job as physician-in-chief of Memorial Hospital, the clinical arm of Memorial Sloan-Kettering Cancer Center. . . . **B.J. KENNEDY** received the Scientific Achievement Award of the American Medical Assn., given to a physician selected by the AMA Board of Trustees in recognition of outstanding work. Kennedy, emeritus professor of medicine and oncology at Univ. of Minnesota. . . . **NATIONAL TUMOR** Registrars Assn. announced its new Board of Directors for 1992-93: **Anna Marie Davidson**, president; **Shirley Foret**, president-elect; **Gena Marie Opaluch**, vice-president; **Linda O'Connor**, treasurer; and **Jennifer Steinburg-Lanier**, secretary. . . . **MICHAEL LANDON** Cancer Prevention Center has been established by Cindy Landon, widow of the actor who died of cancer last summer, jointly with the Los Angeles Oncologic Institute at St. Vincent Medical Center. Landon died of pancreatic cancer three months after it was diagnosed. The center's mission includes promoting cancer prevention and early detection, including clinical studies in prevention. A formal dedication will be held in the fall. LAOI is an NCI-funded Community Clinical Oncology Program facility. . . . **FDA COMMISSIONER** David Kessler and other FDA executives are scheduled to meet with representatives from cancer advocacy groups on July 31, Conference Rooms D&E, Parklawn Bldg., Rockville, MD, 8:30 a.m.-5 p.m.

House Committee's Budget For NCI $11.8 Mil. Lower Than President's

(Continued from page 1)

but $181.8 million below the amount requested by the National Coalition for Cancer Research and the American Cancer Society.

The NIH budget was $9.2 billion, $165.4 million below the President's request. The committee's report on the budget was approved last week and sent to the floor of the House.

Later this week, cancer advocacy groups were scheduled to testify on the 1993 budget before the Senate Labor, HHS, Education Subcommittee.

Along with declining to fund the budget requested by the President, the committee mandated that NCI's funding of research in breast, ovarian, cervical and prostate cancers be increased by at least a third.

Given the budgetary constraints, this mandate would require NCI to divert at least $70 million to programs in what the Institute's wags have dubbed the "politically correct cancers." The mandate was championed by Women's Congressional Caucus and the Breast Cancer Coalition and opposed by NCCR.

About a month before the budget is considered by the Senate, the cancer program supporters appear to have but one trick up their sleeve.

Later this week, Reps. Bob Traxler (D-MI) and Bill Green (R-NY), the chairman and ranking Republican of the Veterans Affairs, Housing and Independent Agencies Subcommittee, planned to introduce an amendment to eliminate all but $400 million for the space station, just enough money to close out the project.

If they succeed, Rep. Dick Durbin (D-IL) and a handful of supporters planned to introduce another amendment on the House floor to put about $350 million into health research.

THE CANCER LETTER

Editor: **Kirsten Boyd Goldberg**
Founder & Contributing Editor: **Jerry D. Boyd**
Associate Editor: **Paul Goldberg**

PO Box 15189, Washington, DC 20003
Tel: (202) 543-7665 Fax: (202) 543-6879

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"A number of us are going to offer an amendment to eliminate the space station," Durbin said at last week's Appropriations Committee meeting that approved the House version of the budget. "I know it's controversial. If we are successful in eliminating over $1 billion from the space station, I will then offer an amendment to take at least $349 million and give it to this committee to put it into health research.

"Some of my friends say that the space station is a great clinical research laboratory. I am sorry, but we have great laboratories right here on earth, that are not being funded properly," Durbin said.

Earlier this month, the House voted to kill the superconducting supercollider, a program that had weaker support than the space station.

Far from taking a stance against the space station, NIH signed an agreement with NASA that could weaken the case of the space station's opponents. On July 21, the two agencies agreed to conduct joint biomedical research in space. That agreement was signed at the urging of Sens. Jake Garn (R-UT) and Barbara Mikulski (D-MD). Mikulski's state has a stake both in the space program and health research.

Last spring, Sen. Dale Bumpers (D-AZ) said he would introduce a series of floor amendments to fund medical research at the expense of projects that included the space station (**The Cancer Letter**, April 24, 1992).

'Impatience With Lack Of Progress'

In its report, the House Appropriations Committee expressed its "impatience with the lack of overall progress" in the war on cancer and encouraged the NCI director to "reach beyond the current cancer establishment as part of a fundamental review of the research program sponsored by the Institute."

Other highlights of the committee report included:

▶A $10 million appropriation for initial construction of hospital based proton beam research facilities. One or more of these sites would be selected by NCI.

▶An indication that next year hearings will be held on collaboration between NCI and the National Institute of Environmental Health Science. "It is increasingly apparent that the environment, including the workplace, can play a major role in cancer etiology," the report said.

▶A call for greater participation by clinical cooperative groups in research and treatment in the areas of women's health, "especially breast, ovarian and cervical cancer."

▶A reduction of $4.7 million from the President's budget for the NCI's research management and

support activities. "The committee is concerned that these costs increased by 14 percent in 1992 and has directed that spending in this area throughout the NIH be held at the 1992 level pending a full review by both the department and committee," the report said.

Here is the NCI-specific language of the report:

The bill includes $1,998,616,000 for NCI, a decrease of $11,823,000 below the amount requested, but $47,075,000 over the comparable 1992 appropriation.

Within the amount provided, the Committee directs that funding for research targeted on breast, ovarian, cervical and prostate cancer be increased by not less than one third above the 1992 level. This action is expected to result in at least a $70 million increase for research in these critical areas.

Research Program Review--The Committee notes that since the initiation of the expanded war on cancer in 1971, more than $23 billion has been appropriated for cancer research at the NCI. While the Institute is to be congratulated on many breakthroughs in molecular biology and other basic cancer research areas, the Committee must express its impatience with the lack of overall progress.

In 1971, 336,000 Americans died of cancer and the age-adjusted death rate from cancer was 162 per 100,000. This year more than 500,000 Americans will die of cancer and the mortality rate will have increased by 8 percent. While there have been declines in deaths from certain cancers, particularly those affecting children, rates among the elderly, the poor and minorities continue to rise.

The Committee is encouraged by the openness of the [NCI] Director to consider new approaches to research on cancer. His emphasis on prevention and research affecting minorities and the elderly is welcomed by the Committee.

As a next step, the Committee encourages the Director to reach beyond the current cancer establishment as part of a fundamental review of the research program sponsored by the Institute. The Committee looks forward to testimony from the Director on his views regarding the need for such a review and the best mechanism for carrying out such a study. The Committee believes this review must be separated from any debate about specific funding levels if it is to be effective.

Women's Health--NCI supports women's health through an integrated program of basic and clinical research which addresses the multifaceted health issues that are unique to women. This includes the trans-NIH Women's Health Initiative.

NCI also has established multiple networks including outreach programs, community and clinical cooperative groups, and the cancer centers program to address factors that limit the access of certain women who are poor, undereducated, or medically underserved to diagnostic, treatment and prevention services.

Breast Cancer--NCI supports a comprehensive effort for the prevention and treatment of breast cancer. Ongoing studies are designed to shed light on the inherited tendency for resistance or susceptibility to developing breast cancer and may lead to therapeutic and preventive strategies. Clinical trials are underway to examine the role of tamoxifen in the prevention of breast cancer in certain high risk women and to determine the feasibility of achieving and sustaining dietary fat reduction in minority and underserved women to lower their risk of developing breast cancer.

NCI has established Specialized Programs of Research Excellence (SPOREs) to rapidly translate basic research discoveries into clinical treatment advances in breast cancer. NCI is continuing its investigation of the effects of oral contraceptives and hormone replacement therapy on the development of breast and uterine cancers.

Ovarian Cancer--NCI's multi-institutional Familial Ovarian Cancer Study Group conducts collaborative clinical, epidemiological and genetic linkage studies for women with or at high risk for developing familial ovarian cancer.

NCI has hosted a series of workshops in 1991 and 1992 on the etiology, early detection and treatment of ovarian cancer, including a workshop on the issue of ovarian cancer in older women.

The Institute has begun the Prostate, Lung, Colorectal and Ovarian Trial (PLCO), which includes: large-scale prospective screening trial to test strategies for the early detection of ovarian cancer in women ages 60-74.

NCI will continue to explore new approaches to improved diagnosis and therapy of ovarian cancer and will work to identify the tumor and host biological factors that contribute to aggressive disease and poorer patient prognosis. The Committee has provided adequate funds for NCI to allocate substantial additional resources for new technologies for early diagnosis, prevention and treatment of ovarian cancer.

Diethylstilbestrol (DES)--NCI follows women and their offspring who were exposed to DES in utero and monitors the long term health consequences of this exposure as well as its effect on future generations.

NCI recently joined with the National Institute of

Environmental Health Sciences, the National Institute of Children's Health and Human Development, and the NIH Office of Research on Women's Health to sponsor a conference to foster collaborative efforts and encourage new research efforts in this area. The Committee believes that spending on this research area should be expanded above the current level.

Prostate Cancer--NCI researchers are studying changes at the genetic level that lead to prostate cancer. The goal of these studies is to develop more powerful tools that will permit both the early detection of prostate cancer and the means to distinguish the more aggressive tumors that warrant prompt treatment from the benign form.

NCI has also begun a large-scale screening trial to evaluate the use of digital exams and other emerging techniques as screening tools for prostate cancer. A new clinical trial will evaluate new drugs for effectiveness as agents against prostate cancer in a cohort of men at high risk for this disease. NCI is establishing new specialized centers (SPOREs) to focus on all aspects of prostate cancer research.

The Committee is encouraged by NCI's activities, but remains concerned about the growing incidence of prostate cancer and its disproportionate effect on minorities. The Committee urge that NCI continue to make prostate cancer research one of its to priorities. Within the amount provided for NCI, the Committee expects the Institute to provide a significant increase in funding for prostate research.

Proton Beam--Proton beam research has been supported by NCI because of its potential in the treatment of inoperable cancers and certain vascular diseases. Based on the results to date, the Committee believes this research should be continued.

NCI has, over the last three years, funded a program of competitively selected, hospital-based proton beam research projects. The 1993 bill includes $10 million for initial construction costs at one or more of these sites to continue this program which the Committee anticipates will take an additional two to three years.

The Committee expects that in making its determination the Institute will give strong consideration to regional distribution and proximity to large population centers, as well as to the quality of the clinical program. The funds are to be awarded competitively.

Prevention--Cancer prevention and control are critical components of a balanced cancer program, and the Committee has been urging greater support of these activities over the past years. With the research progress made to date and the opportunity for even greater advances, cancer prevention, detection and control programs should take on greater importance.

These programs should serve as the bridge between the knowledge derived from basic and clinical research programs and its application to clinical public health settings. The Committee urges the NIH and the Administration to submit a budget request for fiscal year 1994 which reflects the critical role that prevention and control should have in our National Cancer Program.

In addition, the Committee believes that additional emphasis should be placed on cancer prevention and control programs as they relate to occupational exposures. It is increasingly apparent that the environment, including the workplace, can play a major role in cancer etiology.

The Committee expects to hear more about this critical aspect of cancer prevention, as well as plans to increase collaboration with the National Institute of Environmental Health Science, at next year's hearings.

Clinical Cooperative Groups--The Committee views the work of NCI's cooperative group program as critical to the Institute's overall mission of improving the survival rate and quality of life of persons with cancer.

Most of the cooperative groups have evolved into multidisciplinary teams capable of carrying out a range of therapies involving surgery, radiotherapy, and medical oncology.

The cooperative group program offers the NCI the opportunity for rapid and definitive clinical testing of promising new cancer therapies in large patient populations. The Committee believes that the cooperative group program can make a major contribution to research and treatment in the area of women's health, especially breast, ovarian and cervical cancer.

The Committee urges the NCI to evaluate the opportunities for greater participation by clinical cooperative groups in these areas.

Research Management and Support--The amount recommended includes $95,775,000 for research management and support costs at the NCI, a reduction of $4,694,000 below the budget request and the same level expected to be spent in fiscal year 1992.

The Committee is concerned that these costs increased by 14 percent in 1992 and has directed that spending in this area throughout the NIH be held at the 1992 level pending a full review by both the Department and Committee.

The savings generated by this freeze have been

redirected to other programs within the Institute.

NIH-Wide Concerns

In its language on NIH as a whole, the committee highlighted the following topics:

▶Strategic and financial planning: The committee said it was "pleased" that NIH Director Bernadine Healy had begun a strategic planning process and said it is "hopeful that this plan will provide a framework for setting priorities for NIH spending. The credibility of this plan will hinge not only on its recommendations for enhanced spending in specific areas, but also on the seriousness of its review of the appropriateness of existing expenditures as a potential offset for new initiatives."

▶Research management and support costs: The committee froze these costs at the 1992 level and directed a full review by HHS. "While the committee understands that this category contains more than simple administrative costs, it does not believe that it has received sufficient justification from NIH to approved further increases for 1993.... Should additional funds be necessary to avoid a reduction in force or furloughs at a particular institute or center, however, the committee notes that the director's discretionary fund could be used for this purpose."

▶Intramural research: "The committee is also concerned that spending for intramural research constitutes about 11 percent of total spending at the NIH. While this percentage has remained constant in recent years, the committee believes that the NIH should review the size and cost of its intramural program given the limits of funding for NIH as a while and the need to adequately support extramural investigators. The committee believes that such a review is critical at this time given pending decisions about the design and cost of replacement facilities for the intramural program."

▶Women's health: The committee said throughout the bill, it gave "the highest priority" to research pertaining to women's health. Funding for the second year of the women's health initiative would be $43 million, and the Office of Research on Women's Health would receive $10.8 million.

▶Minority health: The committee said it provided an unspecified amount of additional funding to address minority health issues.

Other Institutes

The committee recommended the following amounts for other institutes within NIH:

National Heart, Lung & Blood Institute, $1.228 billion; National Institute of Dental Research, $163 million; National Institute of Diabetes, Digestive & Kidney Diseases, $668.6 million; National Institute of Neurological Disorders & Stroke, $605.1 million; National Institute of Allergy & Infectious Diseases, $990 million; National Institute of General Medical Sciences, $842.2 million; National Institute of Child Health & Human Development, $534 million; National Eye Institute, $279 million; National Institute of Environmental Health Sciences, $225.1 million; National Institute on Aging, $402.2 million; National Institute of Arthritis & Musculoskeletal & Skin Diseases, $214.6 million; National Institute on Deafness & Other Communication Disorders, $153.4 million; National Center for Research Resources, $314.3 million; National Center for Nursing Research, $47.3 million; National Center for Human Genome Research, $107.2 million; John E. Fogarty International Center, $20.1 million; National Library of Medicine, $105 million; Office of the Director, $191.9 million; Buildings and facilities, $70 million.

Small Businesses Receive $18 Mil. From NCI Through SBIR Program

For the first time in the history of the federal government's Small Business Innovation Research program, NCI will use an award mechanism that enables companies to receive more advice and assistance from the Institute's staff than is possible through regular SBIR grants or contracts.

NCI's Div. of Cancer Treatment earlier this year issued an RFA for phase 1 cooperative agreements to support cancer drug discovery through the SBIR program. The Institute expects to award approximately six cooperative agreements, a mechanism that will enable NCI staff to work more closely with the awardee.

The cooperative agreements were the idea of George Johnson, program director for biochemistry and pharmacology grants in DCT. He and other DCT staff successfully fought bureaucratic resistance to the idea, even though the law that created the SBIR program in 1983 specifically mentions cooperative agreements as possible funding mechanisms for the program.

"We are on our first solicitation and we're not sure what will happen," Johnson said to **The Cancer Letter.** "To best of my knowledge, there is no other agency that sponsors cooperative agreements for small business."

Johnson said small businesses lack the resources and expertise to take drug development from basic research all the way through filing INDs with the Food & Drug Administration. "It is a lengthy process. In DCT, we have resources, we can expedite the

cancer drug discovery process for small business," he said.

In regular SBIR grants, "there is really no access to government resources." He pointed out that the cooperative agreement would involve the Institute's extramural program staff, not the intramural scientists.

The concept for the cooperative agreements was approved by the DCT Board of Scientific Counselors last year and published in the June 1991 issue of **Cancer Economics.**

Further information on the cooperative agreement SBIR grants may be obtained from George Johnson, Executive Plaza North, Suite 832, NCI Div. of Cancer Treatment, Bethesda, MD 20892, phone 301/496-8783. Aug. 15 is the only receipt date for the cooperative agreement applications.

$18 Million For NCI SBIRs

In fiscal 1992, NCI will provide more than $18 million for grants and contracts under the SBIR program. Nearly $16 million will be spent on grants, while $2 million will be set aside for contracts. The next receipt date for grant applications is Aug. 15, and the contract proposal deadline is Dec. 7.

The SBIR program requires federal agencies with extramural research and development budgets that exceed $100 million to reserve 1.25 percent to fund SBIR grants and contracts.

The program consists of three phases:

--Phase 1 is to establish the technical merit and feasibility of proposed research or R&D efforts and to determine the quality of performance of the small business awardee organization prior to providing further federal support in phase 2. Amount of funding is presently limited to $50,000, for a period not to exceed six months.

--Phase 2 is to continue the research efforts initiated in phase 1. Funding is limited to $500,000, for a period not to exceed two years. Only phase 1 awardees are eligible to apply for phase 2 funding and phase 2 applications may be submitted only after the phase 1 budget period has expired. Phase 2 grants are non-renewable.

--In phase 3, the objective is for the small business to pursue the commercialization of the research results. Generally there is no federal funding for this phase, though some agencies may provide non-SBIR funded production contracts for products intended for government use.

The government defines a small business as one that is independently owned and operated, not dominant in the field of operation, and has its principle place of business located in the U.S.; is at least 51 percent owned by U.S. citizens or permanent resident aliens; and has no more than 500 employees.

SBIR Contract Funding Decreasing

One heavy user of SBIR grants and contracts is DCT's Developmental Therapeutics Program.

"Drug discovery and development lends itself more to SBIRs than other programs," said J.A.R. (Tony) Mead, chief of DTP's Grants & Contracts Operations Branch. "You are working toward producing something."

DTP awarded 32 SBIR grants this year.

The amount NCI reserves for SBIR contracts has been decreasing since the program began in the early 1980s, because of the popularity of the grants program.

"The enthusiasm internally and externally is dropping for contracts," Mead said to **The Cancer Letter.** With grants, small companies can test their own ideas rather than trying to provide what an NCI program director wants. Also there are three receipt dates per year for grants, while there is only one for contracts.

SBIR grant paylines would make an R01 investigator weep: currently 350 for phase 1 and 275 for phase 2, (on the usual scale of 100 to 500, with 100 being the best). The applications are reviewed by a special review committee in the NIH Div. of Research Grants.

In FY92, NIH as a whole expected to award 425 SBIR grants.

Receipt dates for grant applications are April 15, Aug. 15 and Dec. 15.

Mead cited two firms that have come up with commercially viable products with support from SBIR grants through NCI's Developmental Therapeutics Program. Hawaii Biotech developed an immunoassay for taxol derivatives that can analyze biological material for taxol content. Another firm, Fein-Marquart Associates Inc. of Baltimore, developed the first commercial computer program, called Kekule, that reads and interprets printed chemical structure diagrams using a scanning device.

Mead is an enthusiastic supporter of the SBIR program. "People have ideas and need a little seed money," he said. "You can't expect each SBIR project to be a success, particularly in drug development, but at least if it doesn't work you know not to try it again."

Occasionally, a small company with a good idea gets an SBIR and then is bought by a larger firm, making it ineligible for the program.

"If companies have ideas to pursue with SBIR grants, they should contact us," Mead said. His phone number is 301/496-8783.

The Dept. of Health & Human Services publishes the "Omnibus Solicitation of the Public Health Service for Small Business Innovation Research Grant and Cooperative Agreement Applications," and the "Solicitation of the Public Health Service and the Health Care Financing Administration for Small Business Innovation Research Contract Proposals." The publications may be obtained by calling 301/206-9385.

Following are the contacts for SBIR information from each NCI division, all located in Bethesda, MD 20892:

▶Cancer Biology & Diagnosis--Dr. Faye Austin, Executive Plaza South Room 642, phone 301/496-5307.

▶Cancer Etiology--Dr. Jack Gruber, Executive Plaza North Room 540, phone 301/496-9740.

▶Cancer Treatment--Dr. Ruthann Giusti, Bldg. 31 Room 3A49, phone 301/496-6404.

▶Cancer Prevention and Control--Dr. Barry Portnoy, Bldg. 31 Room 10A49, phone 301/496-1071.

Due Date For Contract Proposals Dec. 7

SBIR contracts are awarded in late summer each year; due date for receipt of proposals is Dec. 7.

The NCI research topics that companies were invited to bid on last December included:

--Chemical synthesis of radiolabeled antitumor and anti-AIDS agents.

--Immunofluorescence for early melanoma detection.

--Measurement of drug resistance in human tumors.

--Development of in vitro assays for screening of biological response modifiers.

--Special coils and ancillary equipment for use with MRS systems.

--Chemotherapy responsiveness of human tumors.

--Chemical structure storage and retrieval.

ACS Sets Goal To Increase Percent Of Women Getting Mammograms

The American Cancer Society has set the goal of increasing the proportion of women 50 and older getting annual mammograms from the to at least 50 percent by the end of the decade. In 1987, only 15 percent of women in that age group followed the ACS guidelines on mammography.

The society's other goal is to increase the proportion of women 65 and older who had an annual mammogram to 35 percent, from the 1987 rate of only 10 percent.

According to a study by the Wirthlin Group and the Jacobs Institute, probability of a woman over 59 getting a mammogram is only 12 percent. Women most likely to follow the ACS mammography guidelines are white, educated, and middle to upper class. These women have increased their use of mammography 10 percent over the last two years. However, only 11 percent of Hispanic women follow the ACS guidelines.

"Recent controversies over the role of mammography for early detection have left many women and physicians confused and misinformed about the safety and the appropriateness of this lifesaving tool," said Janet Osuch, a Univ. of Michigan breast cancer surgeon and a session leader at the recent ACS conference called to formulate a strategy on breast cancer detection through the year 2000.

ACS guidelines call for mammography to begin by age 40, continue every year or two until age 50, and annually thereafter.

ACS and the Advertising Council have agreed to launch a nationwide public service advertising campaign aimed at raising awareness of ammography among older women.

In another development, ACS and the Centers for Disease Control are formulating a collaborative agreement to reduce breast and cervical cancer among the poor and underinsured through a major nationwide screening and education initiative.

The agreement is a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990, which authorized $50 million in matching grants to state health departments to establish a national breast and cervical cancer screening and education program.

NCI Advisory Group, Other Cancer Meetings For Aug., Sept., Future

Environmental Toxicology & Cancer--Aug. 2-5, Towson, MD. Contact International Conclave of Environmental Toxicology & Cancer, PO Box 134, Park Forest, IL 60466, phone 708/748-0440.

Pacific Yew Conference--Aug. 3-5, Corvallis, OR. Contact Conference Assistant, Oregon State Univ., phone 503/737-2329.

Cancer Centers Suppport Grant Review Committee--Aug. 7, Holiday Inn Chevy Chase, MD, open 8-8:30 a.m.

International Conference on Cancer Nursing--Aug. 16-21, Vienna, Austria. Contact M. Darley, 2nd Floor, Mulberry House, Royal Marsden Hospital, Fulham Rd., London SW3 6JJ, UK.

Advances in Psychoneuro-Immunology--Aug. 17, Budapest, Hungary. Contact J. Szelenyi, Nati. Inst. of Haematology and Blood Transfer, Dept. of Molecular Biology, Daroczi u.24, 1113 Budapest, Hungary.

Supportive Care in Oncology--Aug. 25-28, Brussels, Belgium. Contact Ch. Jacob, Inst. Jules Bordet, Rue Heger Bordet 1, 1000 Brussels, Belgium.

ESTRO Annual Meeting--Sept. 1-4, Malmo, Sweden. Contact ESTRO, Dept. Radiotherapy, U.H. St. Rafael, Capujinenvoer 35, 3000 Leuven, Belgium.

Metastasis Research Society International Congress--Sept. 1-4, Paris, France. Contact Dr. Marie-France Poupon, IRSC-CNRS, 7 rue Guy Moquet B.P. 8, 94801 Villejuif, France, phone 33.146789259.

Challenges & Controversies in Cancer Research--Sept. 9-12, Columbus, OH. Contact Nancy Jones, Suite 1132, James Cancer Hospital, 300 W. 10th Ave., Columbus, OH 43210.

Novel Approaches to Selective Treatments of Human Solid Tumors: Laboratory & Clinical Correlation--Sept. 9-12, Buffalo, NY. Contact Dr. Youcef Rustum, Roswell Park Cancer Institute, phone 716/845-4532.

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.

Transrectal Ultrasound in the Diagnosis & Management of BPH and Prostate Cancer--Sept. 11-13, Chicago, IL. Contact Diversified Conference Management, 313/665-2535, or 800/458-2535.

Neutron Capture Therapy--Sept. 14-17, Columbus, OH. Contact Dr. A.H. Soloway, Ohio State Univ., College of Pharmacy, Parks Hall, 500 W. 12th Ave., Columbus, OH 43210.

Radioimmunodetection & Radioimmunotherapy of Cancer--Sept. 17-19, Princeton, NJ. Contact Center for Molecular Medicine & Immunology, 201/456-4600.

Cancer & the Aging Patient: Trends in Diagnosis & Therapy--Sept. 18-19, Cleveland, OH. Contact Education Coordinator, Ireland Cancer Center, phone 216/844-7858.

National Cancer Advisory Board--Sept. 21-22, NIH Bldg 31 Conference Room 6.

Workshop on Taxol and Taxus--Sept. 23-24, Bethesda, MD. Contact Dr. Matthew Suffness, NCI Div. of Cancer Treatment, phone 301/496-8783.

European Neuroblastoma Study Group--Sept. 23-25, Birmingham, UK. Contact Dr. J. Kohler, Southampton General Hospital, Southampton S09 4XY, UK.

Urologic Cancer Course--Sept. 24-26, Boston, MA. Contact Harvard Medical School, Dept. of Continuing Education, 617/432-1525.

Future Meetings

Bristol-Myers Squibb Symposium on Cancer Research--Oct. 1-2, Fox Chase Cancer Center, Philadelphia, PA. Contact Virginia Mintz, 202/835-8852.

American College of Surgeons Annual Meeting--Oct. 11-16, New Orleans, LA. Contact Convention & Meetings Div., American College of Surgeons, 55 E. Erie St., Chicago, IL 60611.

International Breast Cancer Symposium--Oct. 16-17, Dallas, TX. Univ. of Texas Southwestern Medical Center/Susan Komen Foundation. Contact Nancy Russo, symposium coordinator, 214/688-3404.

RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer Institute unless otherwise noted. 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 NCI-CP-21018-60

Title: Reagents and/or services for AIDS vaccine research

Deadline: Approximately Aug. 24

NCI's Div. of Cancer Etiology is soliciting proposals from offerors with the capability to conduct studies on Tasks A through H listed below or any combination thereof. Separate, complete proposals are required for each task.

Task A: protein purification, immunological services and virus detection and isolation. Task B: virus production. Task C: DNA sequencing. Task D: molecular cloning, production of recombinant HIV, SIV, and/or EIAV proteins, productiong of recombinant vaccinia virus. Task E: peptide synthesis. Task F: immunological assays and virus characterization. Task G: PCR analysis. Task H: pathology.

It is anticipated that a master agreement award will be made for a period of approximately 24 months. Master agreements consist of a pool of qualified offerors. After award, groups of MA holders will be invited to propose competitively on orders that will be designed to accomplish a specific task designated by the government. Any organization which now has a master agreement for a specific task under this announcement need to reapply for that task. If an organization wishes to qualify for another task, it need only propose on the tasks not previously awarded.

Contract specialist: Barbara Birnman
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CP-21013-60

Title: Inter- and intraspecies identification of cell cultures

Deadline: Approximately Aug. 28

NCI's Biological Carcinogenesis Program, Div. of Cancer Etiology, is seeking proposals for a facility to provide cell culture identification which can rapidly and successfully respond to the needs of investigators and the government. The contractor will identify cultures submitted by investigators, submit reports, propogate primate and nonprimate cells in tissue culture, furnish detailed karyology analysis, and provide appropriate facilities and specialized equipment as defined in the RFP. The offeror must have a principal investigator and/or relevant professional staff with demonstrated experience in the growth of cell cultures and the inter- and intraspecies identification of animal and human cells. A 60-month contract is anticipated. This is a recompetition of a contract held by Children's Hospital of Michigan.

Contract specialist: Barbara Birnman
RCB Executive Plaza South Rm 620
301/496-8611

RFP NCI-CM-37821-12

Title: In vivo testing

Deadline: Sept. 28

A major objective of NCI's Developmental Therapeutics Program, Div. of Cancer Treatment, is the testing for and evaluation of activity of compounds in in vitro cell lines and in vivo tumor systems. DTP is soliciting organizations having the necessary experience, scientific and technical personnel and facilities to conduct in vivo testing of compounds that have demonstrated in vitro activity against a battery of human tumor cell lines. Secondary in vivo testing is essential in order to confirm activity of a compound and further define its specificity. The studies to be performed may require any or all of the following: direct on site support at the contractor's facility for in vitro expansion of cell lines; initial in vivo assays utilizing rapid and sensitive procedures; detailed follow up in vivo studies; investigation into the effect of formulation, treatment schedules, route of drug administration, and site or tumor implantation on drug activity. The contractor shall be required to receive, maintain and experimentally use regular and/or athymic nude mice; propagate and maintain tumor stock in vivo; prepare and administer test materials to tumor bearing or nontumor bearing animals; monitor the quality of all tumor lines and mice; determine test material activity and report the results. The government will designate and supply the agents to be tested. The contractor shall be expected to provide all equipment and animal facilities needed to conduct this type of work.

The contractor may not be a pharmaceutical or chemical firm since compounds of a commercially confidential nature (discreet) may be evaluated, and since structural formulas and other information on discreet compounds may be included, contractors must be willing to sign a confidentiality of information statement.

Contract specialist: Joyce Crooke
RCB Executive Plaza South Rm 603
301/496-8628