

THE

# CANCER LETTER

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## Gloom And Doom Meeting Of Docs Turns Hopeful When Patient Offers Health Reform Proposal

"This is the most depressing meeting I've ever been to," said one physician during a break in a two-day retreat where cancer interest groups struggled with the task of developing a single stance on health care reform.

Messages of gloom and doom alternated with forecasts of more of the same as the speakers, mostly oncologists and oncology administrators, (Continued to page 2)

### In Brief

#### **Bresnick Directs Norris Cotton Cancer Center; FASEB Honors Kirschstein; Van Nevel's 20th Year**

EDWARD BRESNICK was named director of the Norris Cotton Cancer Center, Lebanon, NH, by the Dartmouth-Hitchcock Medical Center Board of Trustees last week. He succeeds Ross McIntyre. Bresnick, former deputy director of Norris, will retain the post of professor and chairman of the Dept. of Pharmacology and Toxicology, Dartmouth Medical School, which he has held since in 1989. Bresnick directed the Eppley Institute of the Univ. of Nebraska Medical Center, and prior to that was chairman of the biochemistry department at Univ. of Vermont. . . . RUTH KIRSCHSTEIN, director of the National Institute of General Medical Sciences, was selected to receive the 1993 Public Service Award of the Federation of American Societies for Experimental Biology. She was honored for her "strong leadership" in basic biomedical research, research training, and women's health issues. . . . PAUL VAN NEVEL, director of NCI's Office of Cancer Communications, arrived at the Institute 20 years ago this month. Van Nevel came to NCI from Johns Hopkins Univ. He was deputy director of the office for 18 months (*The Cancer Letter*, Aug. 30, 1974). . . . THERMAL INSULATION Manufacturers Assn., directed by the late Frank Rauscher Jr., will close in March, acting executive director E.E. Fuller said. The Samford, CT, association was winding down its activities prior to Rauscher's death. TIMA's activities will be taken over by the North American Insulation Manufacturers Assn., based in Alexandria, VA, and the Refractory Ceramic Fiber Assn., based in Washington. Research sponsored by TIMA on the health effects of man-made mineral fibers will be completed this year, Fuller said. . . . DANIEL GREEN, pediatric oncologist, Roswell Park Cancer Institute, was elected to membership in the American Pediatric Society. . . . KAREN REUTER, Univ. of Massachusetts Medical Center, was elected president of the American Assn. for Women Radiologists. President-elect is Lynne Steinbach, Univ. of California (San Francisco).

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## Cancer Survivor Offers One Remedy For Reform Ills Facing Oncologists

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pondered the impending reform at a meeting sponsored by the Assn. of Community Cancer Centers Jan. 29-30.

Along with the usual list of reimbursement woes, the physicians acknowledged that they were running head-on into the perception in Congress that the docs care about little other than their paychecks.

"We do not want to be seen as self-serving," said Joseph Bailes, chairman of the American Society of Clinical Oncology's Clinical Practice Committee.

At a recent meeting with Rep. Michael Andrews (D-TX), Bailes lobbied for an increase in excise taxes on cigarettes. Andrews appeared impressed. It was the first time a doctor had come to him and did not want to talk about money, he said.

With reimbursement problems persisting and with these nasty perceptions around, how can oncologists be effective advocates of their own interests, even if they manage to unite behind a single platform?

An answer to these daunting problems came from an unexpected source: a patient.

### 'At The Risk Of Boring You...'

Ellen Stovall, a cancer survivor for 21 years and executive director of the National Coalition for Cancer Survivorship sat silently through most of the two-day meeting, then, as the participants reached the dreaded point of having to hammer out something called "an action plan for oncology organizations," she raised her hand.

"At the risk of boring you or putting you to sleep--but I think it's important--we have developed a health care reform statement and almost everything I've heard in this room reflects a lot of information in

that statement," Stovall said.

"I think you all would be surprised that you could live with 99 percent if not all of what we've put together."

Last year, NCCS put together a "Leadership Council" of seven patient organizations and invited them to a meeting last December.

Represented were the National Breast Cancer Coalition, the Susan G. Komen Foundation, Candlelighters Childhood Cancer Foundation, Y-Me, Us Too, CancerCare, and the National Alliance of Breast Cancer Organizations.

The National Breast Cancer Coalition, which was phenomenally successful at getting its message across on Capitol Hill last year, has not agreed to the proposal, though it sends representatives to the council meetings, she said.

In mid-January, by conference call, the seven groups went over changes in the reform proposal and decided to form a council for which NCCS would provide staffing.

The NCCS Leadership Council would be "a true coalition where the individuality of each group would be maintained," Stovall said. Thus, any group can sign on to the council's reform proposal without having to endorse it in its entirety.

The entire draft statement is yet to be announced, Stovall said. Not all of the boards of the seven member groups have approved it, and there is disagreement about the financing clause, she said. The groups are scheduled to release the document later this month.

### 'Let Patient Groups Take The Lead'

"I'm going to be very bold to suggest that you consider letting the patient groups take the lead," Stovall said to the oncologists.

"We've been holding briefings and educational meetings with staff on the Hill, and the language is being developed now, the interest groups are knocking on the door now. Hillary Clinton is receiving letters today. It is a wonderful opportunity and we should act on it very soon," she said.

No one appeared to be fidgeting; no one seemed bored. More importantly, no one tried to interrupt. Stovall read the preamble of the draft statement on health care reform:

"There is urgent need for major health care reform to improve the accessibility and affordability of health insurance and health care for all Americans.

"American cancer patients have access to some of the most advanced medical technology available in the world. At the same time they have been exposed

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to some of the greatest failings of the current system. Cancer now strikes one in three Americans and kills one in four.

"Based on our first hand experience with the current system of care we propose a series of recommendations as essential components of a reform package. These recommendations are not intended as a comprehensive statement of all the necessary reforms. Additionally, American cancer patients recognize that cost containment measures are inevitable and necessary components of health care reform.

"However, measures to contain costs that eliminate or jeopardize access to essential services for all Americans are unsupportable. Cost containment measures that fail to acknowledge the necessity for comprehensive, high quality cancer services as well as their long term cost effectiveness will complicate the overall objectives of health care reform.

"Cost containment measures should strive to enhance administrative efficiency, minimize the provision of unnecessary or ineffective care, and encourage personal responsibility for good health."

#### Reimbursement For New Therapies

Then she read the statement on reimbursement:

"Reimbursement for therapy including associate hospital and physician costs should be available for any FDA approved anticancer drug for any medically appropriate indication as reflecting the standard medical compendia or peer reviewed literature.

"Reimbursement for new therapies still under investigation should not be denied when the following circumstances are present:

"▶Treatment is being provided pursuant to a clinical trial which has been approved by the NIH in cooperation with the NCI, any of the cancer centers, cooperative groups or Community Clinical Oncology Programs, the FDA in the form of an IND exemption, the Dept. of Veterans Affairs or a qualified nongovernmental research agency as identified in the guidelines for the NCI Cancer Center Support Grant.

"▶The proposed therapy has been reviewed and approved by qualified IRB, and there is verification that patients meet protocol eligibility, and the facility and personnel providing the treatment are capable of doing so by virtue of their experience or training, and

there is no clearly superior non-investigational alternative to the protocol treatment, and the available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as the alternatives."

#### Professionals 'Impressed'

"I'm impressed," ACCC President-elect Albert Einstein Jr. said. "I think, obviously, you have already laid the groundwork for exactly what we have been talking about, and I'm one who doesn't like to reinvent the wheel."

"It sounds terrific," said Daniel Rosenblum, chairman of the Clinical Practice Committee of the American Society of Hematology. "Nothing would play better in the papers, nothing would look better in Congress than something that came from the user group. We are providers, we are intermediaries, our motives are unclear and always suspect, but the patients aren't."

Sandra Lee Schafer, president-elect of the Oncology Nursing Society, asked whether the American Cancer Society was involved in the project.

"With all due respect to the wonderful work the American Cancer Society does, our experience has not been all that terrific in getting them to move off the mark," Stovall said. "If we would join them there would be no problem, to ask them to join us is something different."

John Burrows, of the State Oncology Society Coalition, said the practitioners should consider giving financial support to NCCS. "We should organize all our efforts to support her effort," he said.

"We have to be careful it doesn't look like a list of proposals funded by physician organizations," said ASCO's Bailes.

Without seeing the reform statement in its entirety, ASCO probably could endorse the parts that deal with issues ASCO is most concerned with: patient care costs associated with clinical trials, coverage for off-label drug uses, and insurability of cancer survivors, he said.

#### 'Extremely Positive'

"I think this is extremely positive," Bailes said to **The Cancer Letter**. "These are the places where we will be able to make a difference in health care reform. ASCO would support these measures no matter what type of health care reform vehicle comes about. I doubt ASCO would get into the financing

**"Nothing would look better in Congress than something that came from the user group."**

**--Daniel Rosenblum**

proposal."

"The key thing that came out of the meeting was the interest of these associations on the state and federal level of working collaboratively," ACCC Executive Director Lee Mortenson said. "The NCCS position is one of the steps in the process and we have to see what the final proposal is, but the collaboration of physician and patient groups is terrific."

#### Asked to be Invited

Responding to the offer of financial help, Stovall said physicians and nurses are welcome to join NCCS as individuals, for \$100 per year.

NCCS was formed in 1986 to coordinate and support the growth of the cancer survivor network. Later, it expanded its mission to "inform, serve and advocate on behalf of the 8 million survivors of cancer," Stovall said. The group relocated its office from Albuquerque, NM, to Washington in January 1992.

NCCS has about 2,000 individual members, but the organization reaches many more through its institutional members, Stovall said. The group is best known for its expertise on legal, employment and insurance issues for survivors.

The organization's definition of a cancer survivor is, "From the moment of diagnosis through the remainder of life."

Stovall learned about the invitation-only meeting from NCCS board member Samuel Turner. Turner, a principal in the Washington law firm Fox, Bennett and Turner, was attending as Washington representative for ASCO.

At Turner's suggestion, Stovall called ACCC's Mortenson to ask if she could attend. No patient representatives had been invited.

"He wholeheartedly agreed, very generously," Stovall said to **The Cancer Letter**. "That's how I came to the table. We patient groups have to be very proactive."

Earlier that week, Stovall and her cousin, an ovarian cancer patient who has been treated with taxol, pressed their way into testifying at Rep. Ron Wyden's (D-OR) hearing on the pricing of that drug.

"I'm delighted," Stovall said to **The Cancer Letter** after the ACCC meeting. "I was having an out of body experience the whole time."

"I didn't believe they were saying the things they were saying," Stovall continued. "I heard them saying they want us to take the lead. My concern is that this enthusiasm not fall away."

NCCS address: 1010 Wayne Ave., 5th Floor, Silver Spring, MD 20910, phone 301/650-9127, fax 301/565-9670.

## Bosnian Researcher Trying To Leave, Says More Calls, Faxes, Will Help

**Hamza Mujagic**, the former NCI researcher who founded a cancer center in Banja Luka, Bosnia, said he continues to fear for his safety. In a telephone interview with **The Cancer Letter**, Mujagic (pronounced MUYAG-GICH) said he was trying to get on a United Nations convoy to Zagreb, and from there, to the U.S.

Mujagic, who ran an unsuccessful campaign for president of Bosnia, asked his colleagues outside Yugoslavia to continue calling him at his apartment. He said he hopes that the heavy volume of calls would tell the authorities in Banja Luka that people outside Bosnia are concerned about his safety.

Banja Luka, the capital of the predominantly Serbian area of Bosnia, has been the scene of particularly vicious and widespread ethnic cleansing. Mujagic is not Serbian.

"I am grateful to everyone who has given me support," Mujagic said. Mujagic's home telephone number is (38)78-12525. For security reasons, Mujagic moves around frequently, but he tries to be near the telephone between 8 a.m. and noon EST, he said.

Also, Mujagic asked his colleagues to inquire about his safety with the director of the Banja Luka hospital and the commander of the local police force. The director's name is **Rabesav Vukic** (pronounced VU-KICH). Tel. (38)78-46797. The police commander's name is **Stojan Zupljanin** (pronounced STOYAN ZUPLYA-NIN). Tel. (38)78-32300.

It is expected that the U.S. Embassy in Zagreb will make contact with Mujagic in the near future. The embassy's interest came about as a result of an inquiry by Rep. **Fred Upton** (R-MI), who learned about Mujagic's problems. The embassy's telephone number is (38)41-444800, FAX (38)41-440235. U.S. Embassy, Zagreb, Unit 25402, APO AE, 09213.

Zagreb is 120 miles from Banja Luka. To get there, Mujagic will have to qualify for a place in a UN convoy, which will travel past the dozen check points between the two cities.

Mujagic was a visiting scientist at the Clinical Pharmacology Branch, NCI Div. of Cancer Treatment, between 1980 and 1984. His area of investigation included the use of immunological techniques in investigation of cancer cell membranes, the interaction of the cell membrane with antitumor agents, cell surface immunology and cancer cell skeleton biology. He left NCI to become a researcher and clinician at Memorial Sloan-Kettering Cancer Center and returned to Yugoslavia in 1985.

## ACS, Groups, Urge Reform To End Insurance Practice Of Exclusion

In an appeal to the Clinton Administration, a coalition of voluntary health organizations called for the end of the health insurance industry's practice called "cherrypicking," the exclusion of individuals with pre-existing conditions.

"We demand that the current discriminatory insurance practice of cherrypicking stop," John Seffrin, the American Cancer Society's executive vice president, said at a conference of the voluntary organizations in Washington this week.

"Arbitrary judgments about who will receive necessary medical care have been made for too long at the expense of those most in need of services," Seffrin said.

The conference was organized by the National Health Council, a coalition of 32 organizations, which includes ACS.

The coalition recommended that the Administration's health care reform plan include the following principles:

►Patients must receive a full continuum of mental and physical health care services, including preventive, acute, chronic, rehabilitative and long term care.

►Care must be effective, appropriate and timely, as determined by the patient, the family and the health care team.

►Individuals must continue to have access to medical care notwithstanding the changes in their lives, such as death of a spouse, a move to another city or a change of job.

## NCI Critic Epstein Circulates Petition For Broder's Removal As NCI Director

Samuel Epstein, a longtime critic of NCI, is circulating a petition for removal of NCI Director Samuel Broder.

The petition, which Epstein said has been signed by about 60 individuals and institutions, is addressed to President Bill Clinton.

"In pursuing the ideological policies of the Bush-Reagan administrations, Dr. Broder has trivialized the critical role of environmental and occupational causes of cancer," wrote Epstein, Univ. of Illinois professor of occupational and environmental medicine, whose signature appears first on the petition. Epstein criticized NCI at a May 1992 meeting of the National Cancer Advisory Board.

Epstein's candidates for NCI Director are John Spratt, a surgeon at the James Brown Cancer Center

at the Univ. of Louisville, and John Bailar, a former editor of the "Journal of the National Cancer Institute."

"I hope this nomination will give added weight to my repeated criticism of general policy at NCI," said Bailar, professor of epidemiology and biostatistics at McGill Univ. and scholar in residence at the National Academy of Sciences.

## NIH Should Review CRADA Pricing, Wyden Says In Letter To Shalala

In a letter to the newly appointed HHS Director Donna Shalala, Rep. Ron Wyden said he would like to see NIH play a role in reviewing the prices of drugs developed through Cooperative Research and Development Agreements.

"I find unacceptable the current NIH position as voiced by Dr. Bruce Chabner, NCI cancer treatment director, that federal labs have neither the interest nor the ability to conduct a review of the basic elements of a pricing decision in a particular project," Wyden wrote in a letter dated Jan. 26, the day after the hearing on the pricing of taxol (*The Cancer Letter*, Jan. 29).

Witnesses at the hearing included Chabner and representatives of Bristol-Myers Squibb, taxol's sponsor.

"Similarly, the drug manufacturers have responded unconstructively," the letter continued. "They say that either we will trust them to set a fair and reasonable price, absent any detailed justification, or they will no longer participate in CRADA projects."

Further, Wyden asked Shalala whether in her opinion the model CRADA provides NIH access to pricing information, "even on a confidential basis."

"If such information is not being made available because of a lack of statutory authority, does NIH request such authority from Congress," Wyden wrote.

"If NIH declines to request that information, or the statutory authority to demand it, how does NIH expect to enforce fair and reasonable pricing provisions of the model CRADA?" he wrote.

## IOM Selects Advisors To DOD; Suzanne Oparil To Chair Committee

The Institute of Medicine has selected 10 members for its committee to advise the Dept. of Defense on the FY1993 breast cancer program.

Chairman of the committee is Suzanne Oparil, an IOM member and director of the Vascular Biology and Hypertension Program and professor of medicine at

Univ. of Alabama at Birmingham.

Members of the committee are:

Judith Areen, dean, Georgetown Univ. Law Center;  
Kay Dickersin, assistant professor, Dept. of  
Ophthalmology, Univ. of Maryland School of Medicine;

Juanita Fleming, IOM member, professor of nursing  
and special assistant to the president for academic  
affairs, Univ. of Kentucky;

Barbara Given, director, Center for Nursing  
Research and associate director, Comprehensive Breast  
Cancer Center, Michigan State Univ.;

Mary-Claire King, professor of epidemiology, Univ.  
of California (Berkeley) School of Public Health;

David Pistenman, professor and vice chairman, Dept.  
of Radiation Oncology, Univ. of Texas Southwestern  
Medical Center;

Nicole Urban, biostatistician, Fred Hutchinson  
Cancer Research Center, Seattle;

Harold Varmus, IOM member, American Cancer  
Society professor of molecular virology, School of  
Medicine, Univ. of California (San Francisco);

Jane Carrie Weeks, assistant professor of medicine,  
Harvard Medical School, Div. of Cancer Epidemiology  
and Control, Dana-Farber Cancer Institute.

The committee's mandate is to provide the Army  
with specific advice on spending the \$210 million  
allocation for breast cancer research.

### **'Alternative' Is A Misleading Term, President's Cancer Panel Tells Healy**

The use of the word "alternative" in the name of  
the NIH Office for the Study of Alternative Medical  
Practices is "misleading and potentially dangerous,"  
Harold Freeman, chairman of the President's Cancer  
Panel, wrote recently to NIH Director Bernadine Healy.

The three-member Panel recommended that the  
name of the office be changed to eliminate the term  
"alternative."

The Panel said the the office to study  
unconventional therapies, established last year, is "a  
reasonable idea," but the Panel is "deeply troubled" by  
the name.

#### **'Scientifically Acceptable Alternatives'**

"In the field of cancer, as in all other medical fields,  
there may be a number of scientifically acceptable  
alternative treatments for a given disease or patient,"  
Freeman wrote. "To illustrate the point authorities  
agree that localized prostate cancer may be properly  
treated by surgery or alternatively by radiation  
therapy.

"On the other hand while it is true that unproven

therapies may later become proven alternative  
therapies, it is misleading and even potentially  
dangerous to suggest to the American public that such  
treatments are legitimate alternatives before they have  
been proven.

"We believe the current name of the Office...could  
easily create the perception that unproven medical  
therapies are as acceptable as proven alternative  
therapies. This would be an unfortunate and I am  
sure unintended outcome."

Members of the President's Cancer Panel are  
Freeman, Nancy Brinker, and Henry Pitot.

### **FDA Policy Statment On Medical Education Nearing Final Form**

The Food and Drug Administration has published  
a draft policy statement on industry supported  
scientific and educational activities for health care  
professionals.

The statement describes the circumstances under  
which companies can support educational programs  
involving their products without being subjected to  
the legal constraints that govern product advertising  
and promotion. It distinguishes between those  
activities which, while supported by companies, are  
independent from promotional influence, from those  
that are not, with the latter remaining subject to FDA  
regulation, according to an FDA statement.

FDA regulates promotional activities under the  
advertising and labeling provisions of the Federal  
Food, Drug and Cosmetic Act.

The policy applies to therapeutic and diagnostic  
products--human and animal drugs, biological  
products and medical devices.

An important element of the policy is a written  
agreement between the supporting company and the  
provider of an educational program, stating that the  
activity is to be nonpromotional and educational, and  
that the company is to play no role in the design or  
conduct of the program that might bias the treatment  
of the topic.

The statement reflects the agency's attempt to strike  
a balance between the need for industry-supported  
dissemination of scientific information and the need to  
ensure that industry promotional activities meet  
requirements of the law, FDA said.

A draft policy statement released last year was  
strongly criticized by oncology organizations and  
others.

FDA said it will seek to rely to the extent possible  
on major accrediting organizations to monitor  
company-supported educational activities conducted by

providers to ensure that such activities are independent and nonpromotional.

### **ACCC Comments On Policy**

The Assn. of Community Cancer Centers submitted a five-page letter commenting on the policy statement last week.

The group said it was concerned that "the regulations will unnecessarily restrain the free speech of scientists involved in dialogue about research questions."

ACCC said it believed that professional organizations are capable of "self-monitoring."

"Not all health care organizations have accredited conferences," ACCC wrote. "In some cases, the high cost of obtaining accreditation is a factor. In other cases, mixed audiences may require CE credits from multiple organizations, so the organizer is faced with the costs and political difficulties of providing credits to multiple specialties and disciplines, or deciding not to offer any CE credits."

Other ACCC concerns:

--"The assumption that scientific and education programs are subject to significant influence by pharmaceutical sponsors.

--"The assumption that the audience is incapable of discriminating from various information sources.

--"Corporate support of meetings and activities versus promotional support: We find it hard to believe that major scientific meetings with elaborate peer review committees judging abstracts or research committees reporting their findings need any kind of monitoring or restrictions."

### **NCI Advisory Group, Other Cancer Meetings For Feb., March, Future**

**American Cancer Society/American College of Clinical Pharmacology Conference on New Oncologic Agents: Practical Applications**--Feb. 4-6, San Diego, CA. Contact Andy Cannon, phone 404/329-7604, fax 404/636-5567.

**Society of Gynecologic Oncologists Annual Meeting**--Feb. 7-10, Palm Desert, CA. Contact SCO, phone 312/644-6610.

**National Cancer Advisory Board**--Feb. 8-9, NIH Bldg. 31 Conf. Rm 10. Open 8 a.m.-noon Feb. 8; 8:30 a.m.-adjournment Feb. 9.

**NCAB Clinical Investigations Task Force**--Feb. 7, Hyatt Regency Bethesda, MD. Open 6 p.m.

**NCAB Subcommittee on Minority Health, Research and Training**--Feb. 8, NIH Bldg. 31 Conf. Rm 8, noon-1 p.m.

**NCAB Subcommittee on Information and Cancer Control**--Feb. 9, NIH Bldg. 31 Conf. Rm 7, noon-1 p.m.

**NCAB Subcommittee on Aging and Cancer**--Feb. 8, NIH

Bldg. 31 Conf. Rm 7, 1-2 p.m.

**NCAB Subcommittee on Women's Health and Cancer**--Feb. 8, NIH Bldg. 31 Conf. Rm 8, 2-3 p.m.

**NCAB Program Projects Task Force**--Feb. 8, NIH Bldg. 31 Conf. Rm 7, 2-3 p.m.

**NCAB Subcommittee on Planning and Budget**--Feb. 8, NIH Bldg. 31 Conf. Rm 7, immediately following recess.

**NCAB Subcommittee on Cancer Centers**--Feb. 8, NIH Bldg. 31 Conf. Rm 8, 6 p.m.

**Clinical Implications of Prostate Cancer Biology**--Feb. 12-13, Houston, TX. Contact Cindia Stauss, phone 713/792-2222.

**Gastrointestinal Malignancies: A Challenge in Cancer Care**--Feb. 16, Pittsburgh, PA. Contact Pittsburgh Cancer Institute, 412/624-7899.

**Cancer Research Manpower Review Committee**--Feb. 17-19, Washington, DC. St. James Hotel, 950 24th St. NW. Open Feb. 17 7:30 p.m.-recess.

**NCI Div. of Cancer Treatment Board of Scientific Counselors**--Feb. 22-23, NIH Bldg. 31 Conf. Rm 10. Open 8:30 a.m.-6 p.m. Feb. 22 and 11 a.m.-noon Feb. 23.

**National Meeting for State Cancer Pain Initiatives**--March 4-7, Charleston, SC. Contact Sarah Aslakson, phone 608/263-2856.

**Stem Cell Factor & Related Cytokines in Bone Marrow Congenital Dysplasias**--March 8-9, Cattolica, Italy. Contact Marina Minzoni, Studio ER Congressi, Via Riva Reno 47, 40122 Bologna, Italy, phone 39-51-235-293.

**International Conference on the Adjuvant Therapy of Cancer**--March 10-13, 1993, Tucson, AZ. Contact Nancy Rzewuski, Arizona Cancer Center, Univ. of Arizona College of Medicine, 1515 N. Campbell Ave. Rm 2933, Tucson, AZ 85724, phone 602/626-2276, fax 602/626-2284.

**International Yew Resources Conference**--March 12-13, Berkeley, CA. Contact Univ. of California at Berkeley Forest Products Laboratory, phone 510/231-9456.

**Society of Toxicology Annual Meeting**--March 14-18, New Orleans, LA. Contact Society of Toxicology, phone 202/371-1090.

**Mechanisms of Action of Retinoids, Vitamin D, and Steroid Hormones**--March 15-20, Banff, Alberta, Canada. Contact American Assn. for Cancer Research, phone 215/440-9300.

**Monoclonal Antibody Immunoconjugates for Cancer**--March 18-20, San Diego, CA. Contact Professional Conference Management, phone 619/565-9921.

**Society for Surgical Oncology**--March 18-21, Los Angeles, CA. Contact SSO, phone 708/359-4605.

**Cancer Center Support Grant Review Committee**--March 25-26, Chevy Chase, MD. Holiday Inn. Open 7-8 p.m. March 25..

**NCI Div. of Cancer Etiology Board of Scientific Counselors**--March 25-26, NIH Bldg. 31 Conf. Rm 6. Open 1 p.m.-recess March 25 and 9 a.m.-adjournment March 26.

#### **Future Meetings**

**Reconstructive Surgery & Microsurgery for Cancer Patients**--April 12-16, Keystone, CO. Contact Conference Services, M.D.

Anderson Cancer Center, phone 713/792-2222.

**Mechanisms of Carcinogenesis**—April 23, Memphis, TN. Contact Dr. James Hamner, Univ. of Tennessee, phone 901/528-6354.

**American College of Oncology Administrators National Management Conference**—June 4-5, Nashville, TN. Contact ACOA, phone 313/540-4310.

**Pharmacological Approaches to the Treatment of Chronic Pain**—June 12-15, Monterey, CA. Contact CME Office, Univ. of California, phone 415/476-5808.

**Anticancer Drug Discovery & Development Symposium**—July 22-24, San Diego, CA. Contact Dr. Frederick Valeriote, Wayne State Univ. School of Medicine, phone 313/745-8252.

**Molecular Mechanisms of Radiation and Chemical Carcinogen-Induced Cell Transformation**—Sept. 19-24, Mackinac Island, MI. Contact Dr. J. Justin McCormick, Michigan State Univ., phone 517/353-7785, fax 517/353-9004.

**Colorectal Cancer**—Nov. 4-7, Houston, TX. Contact Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

**Chemotherapy Foundation Symposium XI: Innovative Cancer Chemotherapy for Tomorrow**—Nov. 10-12, New York City. Contact Jaclyn Silverman, Mount Sinai School of Medicine, phone 212/241-6772, fax 212/996-5787.

## RFA's Available

### RFA CA-93-11

Title: **HTLV-induced human diseases: protective immune responses and potential for vaccine development**

Letter of Intent Receipt Date: March 16

Application Receipt Date: May 14

The human T-cell lymphotropic virus type 1 (HTLV-1) is recognized as the etiological agent of a subset of human leukemias, the adult T-cell leukemia/lymphoma and a chronic degenerative neurological disease in humans known as tropical spastic paraparesis, also called HTLV associated myelopathy. This virus, and especially the antigenically related HTLV-2 virus, are widespread in certain U.S. populations, such as intravenous drug abusers, many or most of whom are simultaneously infected with HIV.

The goal of this RFA is to stimulate HTLV research related to vaccine development efforts that will eventually lead to the vaccine prevention and control of HTLV induced malignancies and other diseases. Broad areas of research emphasized by this RFA are: the development and use of HTLV animal models suitable for vaccine related studies; definition of protective immune responses and the identification of viral epitopes responsible for inducing such protective immune responses; the delineation of specific mechanisms of protective immunity against virus infection and cancer development; and the development and evaluation of candidate vaccines in animal models.

This RFA will use the NIH R01 grant. Nonprofit and for profit

organizations and institutions are eligible to apply. Total project period may not exceed four years. It is anticipated that the range of amounts of the direct cost awards will vary from \$75,000 to \$125,000.

Approximately \$500,000 in total costs per year for four years will be committed to fund applications. It is anticipated that three to four awards will be made.

Inquiries may be directed to Dr. Padman Sarma, Div. of Cancer Etiology, NCI, Executive Plaza North Rm 540, Bethesda, MD 20892, phone 301/496-9734.

### Clarification to RFA CA-93-07

Title: **Phase 1 trials of new anticancer agents**

Letter of intent receipt date has been changed to Feb. 12; application receipt date is March 23. Award date is corrected to Dec. 1.

NCI's Div. of Cancer Treatment has issued the following clarification to this RFA: the division invites cooperative agreement (U01) applications from institutions wishing to perform phase 1 trials of promising anticancer agents in patients with cancer refractory to currently available therapy and to conduct laboratory studies in support of the clinical trials such that their conduct leads to a greater understanding of the relationship between drug administration and biological changes in patients. In general, patients should be treated only at the applicant institution, although alternative arrangements will be considered if well justified. Support for laboratory studies may be conducted by collaborators at other institutions.

Direct inquiries to Dr. David Parkinson, Investigational Drug Branch, Cancer Therapy Evaluation Program, NCI, Executive Plaza North Rm 734, Bethesda, MD 20892, phone 301/496-5223.

## NCI Contract Awards

Title: **ISO antigenic typing of mouse strains**

Contractor: Research Triangle Institute, \$898,818.

Title: **Preclinical toxicology and pharmacology of drugs developed for cancer, AIDS, and AIDS-related illness**

Contractor: Batelle Memorial Institute, \$4,473,817.

Title: **Preclinical toxicology and pharmacology of drugs developed for cancer, AIDS-related illnesses**

Contractor: Southern Research Institute, \$4,169,459.

Title: **Preclinical toxicology and pharmacology of drugs developed for cancer, AIDS and AIDS-related illnesses**

Contractor: SRI International, Menlo Park, CA, \$4,238,887.



