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THE CANCER LETTER

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NCAB Asks NCI To Delay Proposed Change In Breast Cancer Screening Guidelines

The National Cancer Advisory Board passed a resolution this week asking NCI to delay action on the Institute's proposed changes in breast cancer screening guidelines.

The board, struggling with NCI's plan to stop recommending that women aged 40-49 get regular mammograms, passed the resolution 14-1.

The vote was an indication of the tremendous opposition to the proposed change from cancer patient advocacy groups, oncology and radiology professional organizations, and black patient and physician organizations.

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In Brief

On "Clouds Of Glory," And An Italian Bike, Varmus Takes Office As 14th NIH Director

THE SENATE confirmed **Harold Varmus** as NIH director on a voice vote in the early hours of Nov. 20. The new director has occupied his office on the NIH campus. A formal swearing-in ceremony is being planned for next month. He bicycles to work from his home in the Woodley Park section of Washington. This fact, and his smooth sailing through the confirmation process and support from the scientific community have been noted in the press. "He arrives as though buoyed on clouds of glory, acclaimed for his scientific achievements, his quickness of mind, his Jeffersonian love of learning and culture that variously alights on poetry, theater, music, performance art, the study of ancient Chinese oracle bones, the study of war memorials," Natalie Angier of The New York Times wrote Nov. 23. **You saw it here first:** Varmus rides a dark blue Gios, a classic Italian road bike. . . . **SUSAN G. KOMEN** Breast Cancer Foundation awarded $500,000 each to its Komen Alliance partners, Baylor Univ. Medical Center and the Univ. of Texas Southwestern Medical Center at Dallas. Both institutions secured matching funds, increasing the total amount to $2 million. The alliance was formed in 1988 to concentrate efforts on treatment, basic science and clinical research in breast cancer. . . . . **FLORENCE CHU**, New York Hospital, will be awarded the 1993 Marie Curie Award given by the American Assn. of Women Radiologists at the group's annual meeting Nov. 30 in Chicago. AAWR also will give its Distinguished Resident Awards to Deborah Levine, Univ. of California, San Francisco, and Joan Keit, Hahnemann Univ. . . . **STEVEN GRUNBERG** joined the faculty of the Univ. of Vermont as professor of medicine and associate director for clinical research of the Vermont Cancer Center. He was recruited from the Univ. of Southern California.

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NCI Faces Major Opposition To Screening Advice Change

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On the same morning the NCAB met in Bethesda, the American Cancer Society and 18 other organizations held a press conference in Washington to support the current screening guidelines, developed jointly with NCI in 1988.

In a related development, the ACS Executive Committee reaffirmed the Society's support for the 1988 guidelines at a meeting in Atlanta last week.

When Science Meets Policy

"This debate has put NCI at issue with the general public and caused confusion about how mammography should be implemented," said David Bragg, Univ. of Utah School of Medicine. Bragg offered the resolution, which recommends that before taking action on the guidelines the Institute proposed in September (**The Cancer Letter,** Sept. 24), the NCI:

—Further evaluate data on the benefit of mammography screening in women under 50 and attempt to reconcile controversial scientific issues,

—Produce a detailed research agenda,

—Develop sensitive public education materials so as not to cause confusion regarding the value of screening in women aged 50-69.

The resolution is only advisory to NCI. The Institute's Executive Committee will have the final determination on what guidelines to issue.

Samuel Wells, Washington Univ. School of Medicine, cast the no vote. Howard Temin, McArdle Laboratory, who was listening to the meeting via speakerphone, abstained. Two other board members, Robert Day and Pelayo Correa, were not present.

The Cancer Letter

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Sydney Salmon, Univ. of Arizona Cancer Center, offered and then withdrew a motion recommending that NCI remove itself from the realm of health care policy by not issuing screening guidelines.

NCI Director Samuel Broder seemed to favor this approach for the Institute in the long term. "We have to be cautious when we're speaking science and when we're speaking policy," he said to the NCAB. "We are a science-based agency. We are not set up to do policy determinations for health care reform."

However, NCI has to deal with the existing breast cancer screening guidelines in some way. "We do not intend to back away from the scientific evidence," Broder said to the NCAB. "What additional study would it take to change? You should be asking yourselves, 'How do we advise women?'"

Arnold Kaluzny, chairman of NCI's Div. of Cancer Prevention & Control Board of Scientific Counselors, told the NCAB that his board would like to see NCI get out of the guidelines business (**The Cancer Letter,** Oct. 29). "We got into it [in the late 1980s] because we were trying to do the right thing at that time. There was no Agency for Health Care Policy and Research," a more appropriate agency to consider the financial and ethical issues, he said.

Kaluzny said the controversy can be summarized by two philosophical positions: "One says that the intervention is effective until proven ineffective. The second says the intervention is ineffective until proven effective. Our board ... felt the burden of proof was on the intervention."

"NCI Must Stand For Scientific Truth"

Barbara Rimer, director of cancer prevention, detection and control research at Duke Comprehensive Cancer Center, spoke to the NCAB in support of NCI's proposed guidelines. She co-chaired the NCI workshop last spring that evaluated screening trial data (**The Cancer Letter,** April 2).

"After more than 30 years of trials, we can conclude that mammography saves the lives of women in their 50s and 60s, but not in their 40s," Rimer said. "It would be wrong to continue the status quo for 5, 10, 15 years in the hope that just one more trial will show a positive result."

The NCI workshop, Rimer said, changed her bias as a 45-year-old who favored mammography screening in the younger age group. "If this test were a treatment, we would have to call it an unproven treatment," she said. "I believe we owe the American woman the honesty of telling her the truth--that the

benefit of this test for women in their 40s is not proven. Let her decide.... NCI must stand on the foundation of scientific truth."

Medicine changes constantly, Rimer said. "We have built up tremendous momentum delivering the message that mammography saves lives for younger women. And now, it is hard to think about change.... We must find a way to reframe the issues and retrain the public and practitioners to view recommendations as an evolutionary process."

NCAB: No Consensus On The Truth

NCAB members reacted strongly to the presentations by Kaluzny and Rimer.

"If there is no agreement on the science, how can we change the policy?" asked NCAB member Ellen Sigal, Sigal Environmental Inc. "I'm troubled. It seems clear that women who don't have the dollars will be denied screening.

"I went to all of those meetings," Sigal continued. "I heard those scientists say, 'We don't know.' Then I heard the scientists and the physicians say they will continue to get [mammography] for themselves and would have their family members get it. How can we possibly change the guidelines?"

"I am for science, but this presentation disturbs me," said NCAB member Walter Lawrence, Massy Cancer Center and former ACS president. "I chaired a national meeting on the same subject [sponsored by ACS] in New York, and was present at the [UICC] meeting in Geneva. Now [the controversy] is presented as though it is unfuzzy and it is immoral to be against [the proposed guidelines.]"

"I'm appalled by this presentation," said NCAB member Zora Brown, Cancer Awareness Program Services, based in Washington. "Mammography was never intended to save lives. Treatment saves lives. When a woman does not find a cancer, she gets no treatment."

The screening studies were not designed to measure the benefit of mammography in minority women, Brown said. "I am very concerned for African-American women," she said. "I see 100 women in a breast cancer support group. They knew nothing about breast cancer, but they knew they should get mammography." Better treatment methods, she said, would improve mortality.

"Keep the guidelines or not keep the guidelines, women cannot accept 'We have no evidence, we don't know,'" said President's Cancer Panel member Frances Visco. "Put every women in their forties in a clinical trial and let's discover what does work for women under 50."

Clinton Plan: Every Two Years After 50

Meanwhile, at a press conference across town, cancer patient advocacy groups and several professional societies defended the guidelines adopted in 1987-88 in a consensus statement of 12 organizations.

Speaking for the American Cancer Society, Janet Osuch, Michigan State Univ., said the health care reform debate is yet to include the consumer perspective on mammography screening for younger women.

As it stands, "the consumer perspective and the personal health considerations of real people have not been adequately represented in this troubling public discord," Osuch said. "We believe that important matters of policy such as this cannot be decided without a firm consideration of the human impact."

The Administration's health care reform proposal calls for reimbursement for mammography screening every two years, starting at age 50.

"We are today urging the Clinton Administration to reconsider mammography coverage recommendations," Osuch said. "We are pleased at the Administration's expressed willingness to negotiate the fine points of the proposal now on the table, and we feel confident that the architects of health care reform will respond appropriately to this consumer perspective."

NCI is the second organization to waver on the consensus guidelines. The American Assn. for Family Physicians withdrew its support for the guidelines soon after signing the consensus statement.

However, the guidelines have a strong new constituency among breast cancer patient advocates, who have emerged as a political power in Washington.

"This isn't a change in guidelines—it's removing guidelines," said Amy Langer, executive director of the National Alliance of Breast Cancer Organizations and one of the founders of the National Breast Cancer Coalition. "It's NCI saying we aren't sure what to say because we don't feel we have the clinical data, so you need to discuss this with your doctor.

"We already know that women and their doctors don't talk about breast cancer enough."

Speaking for the American College of Radiology, Daniel Kopans said NCI and Director Samuel Broder appear to be recommending a change of guidelines for economic rather than scientific reasons, a perception that NCI officials have denied.

"Rather than saying that the screening benefit is

too expensive, [NCI] is saying that it just doesn't work," said Kopans, Harvard Medical School. "Samuel Broder has stated, 'What I would do as an individual is recommend annual mammograms, but I can't recommend it to the public because I don't have the facts,'" (**The Cancer Letter,** Sept. 24).

"It seems incongruous to me, and certainly inconsistent, that the Director recommends screening mammograms for his own patients, but is unwilling to do so for the women of the United States," Kopans said.

The proposed change of guidelines will have a particularly severe effect on black women, said Melvin Gerald, speaking for the National Medical Assn.

"It is difficult enough for us now as black physicians and black health care providers to get women to have mammograms," Gerald said. "The change of guidelines will create additional problems."

The ACS Detection and Treatment Committee passed resolutions at its meeting in Atlanta last week reaffirming the value of mammography for women aged 40-49 and for women over age 50. The committee reviewed the current guidelines and concluded there is no new information that would require a change. The Society's Executive Committee affirmed the resolutions.

Capitol Notes

Wilson Replaces Davis As ACS Chief Lobbyist In Washington

The American Cancer Society appointed Kerrie Wilson to replace Alan Davis as National Vice President for Public Issues and the Society's chief lobbyist.

Wilson's counterparts who represent professional societies and patient groups describe her as a skilled lobbyist and a consensus builder who works well within coalitions.

ACS sources said Wilson's job description will differ from that of her predecessor, who is retiring. The reorganization of ACS is likely to commit more money to lobbying, and Wilson is likely to use some of those new funds on outside consultants, sources said.

Also, unlike her predecessor, Wilson will be more removed from internal politics in the Society's main office in Atlanta, sources said.

"Lobbying is not a dirty word," Wilson said. "I think the public wants us to use our money in that way. With one good law you can reach more people than with all the informational brochures in the world."

Wilson, who at 33 is a 10-year veteran of the Society's Washington office, has built strong ties with other advocacy groups. Now, as the Society's chief lobbyist, she plans to work on strengthening those ties, she said to **The Cancer Letter**.

Wilson's appointment was greeted as good news by her counterparts in other cancer advocacy groups:

--"I think Kerrie Wilson is absolutely wonderful," Fran Visco, president of the National Breast Cancer Coalition said to **The Cancer Letter**. "She is bright, committed, and at the same time she is very natural--and you know that she not only understands the issues, but she cares about them on personal level."

--"I always look forward to collaborating with Kerrie," said Marguerite Donoghue, vice president of Capitol Associates, a lobbying firm that represents the National Coalition for Cancer Research. "She is a terrific individual, a consensus builder, a good leader and a passionate advocate. She is an asset to ACS."

--"From what I know of Kerrie, she will network and build consensus and open doors for other voluntary organizations to interact with ACS," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship. "As a result, the entire cancer community will benefit."

--"We are delighted she was selected to head the Washington office," said Kate Boyce, an attorney with the law firm of Patton Boggs and Blow, who represents the Susan G. Komen Foundation. "The Komen Foundation has enjoyed a very good working relationship with her."

Started As Law Firm Secretary

Wilson came to Washington in 1982, with a B.A. in political science and sociology from Clemson Univ. and found a secretarial job with Bayh, Connaughton, Fensterheim and Malone, the law firm started by former Sen. Birch Bayh. At the time, the firm handled the lobbying for ACS.

Wilson's initial plans were to go to law school. However, that soon changed. "After being in a law firm for a few months, I decided that law was not for me," Wilson said. Public issues advocacy was another matter.

In 1984, when ACS set up its Washington office, Wilson moved from the law firm to the Society, taking the job of a legislative assistant, and rising quickly to a lobbying job.

Airplane Smoking Ban

Wilson's first major victory was the 1987 ban on smoking on domestic airline flights. She had learned of a plan by Rep. Richard Durbin (D-IL) to introduce a bill banning smoking on airplanes.

Wilson thought the ban was feasible.

"She came to me and said, 'I really think this can go this year. Would you turn me loose on it?'" Davis recalled. Setting his skepticism aside, he agreed.

ACS and other members of the Coalition for Smoking OR Health hooked up with the Assn. of Flight Attendants, ultimately getting the bill narrowly through the House. Shortly before it squeaked through the Senate, Jesse Helms (R-NC) took the floor to make disparaging remarks about the well-paid, highly sophisticated lobbyists who were pursuing the measure.

"A bunch of us, 26-year-old lobbyists, were watching the floor debate in somebody's conference room," Wilson said. "We were terribly amused by being called well-paid and highly sophisticated."

Wilson's introduction to the intricacies of breast cancer politics came through a friendship with the late Rose Kushner, a patient advocate and member of the President's Cancer Panel.

"She taught me about breast cancer--and what an education!" Wilson said. Soon after meeting Wilson, Kushner started taking the young lobbyist along on her Hill visits.

Just as importantly, Wilson found herself among the select group of people Kushner considered important enough to call. More often than not she called Wilson at home, usually around 10:30 p.m.

Since that time, Wilson has been involved in virtually every aspect of breast cancer politics both on the Hill and in state legislatures. She was a key lobbyist for the Mammography Quality Standards Act. Also, she represents the Society on the board of the National Breast Cancer Coalition.

In the next few months, ACS will convene a series of meetings of 10-member "design teams" for each of the Society's new units. One of those teams will be asked to redesign the Advocacy and Relationship Management Group, which includes Wilson's Public Policy Legislation office.

"We are supposed to start with a blank sheet of paper and re-engineer the office," said Mike Heron, national vice president for advocacy and relationship management. However, even now it appears that Wilson's job will differ from her predecessor's in several respects:

--Wilson is likely to be able to hire consultants to perform short-term projects. "The leadership is interested in short term, high-impact counsel on single issues," Heron said to **The Cancer Letter.** These issues are likely to include appropriations and tobacco control, he said.

--It will be up to Heron to represent the Washington office in Atlanta. Under the old organizational structure, Davis was responsible directly to the Executive Vice President. Under the new system, Wilson and Steve Dickinson, the newly appointed national vice president for public relations, will be responsible to Heron.

--Davis will resign as president of the Coalition for Smoking OR Health, where ACS will be represented by Heron.

The coalition will be headed by Scott Ballin of the American Heart Assn.

Budget Cuts: The House earlier this week approved an administration-backed plan to reduce the federal budget by $37 billion.

The plan was introduced by Rep. Martin Sabo (D-MN), chairman of the House Budget Committee. The plan, passed 272 to 163, calls for a reduction of 252,000 federal jobs.

In a 219 to 213, the House rejected a $100 billion budget reduction package introduced by Reps. Timothy Penny (D-MN) and John Kasich (R-OH).

Medenica Granted Extension Of Hospital Privileges In S.C.

Rajko Medenica, a controversial South Carolina physician, has been granted a two-year extension of privileges at Hilton Head Hospital.

However, the limitations on his practice are unacceptable to a group of Medenica's patients and supporters.

The deal, which Medenica has formally accepted, limits him to practicing oncology under standard protocols, thereby barring him from venturing into immunology and treatment of neurologic disorders and chemical intoxications.

The hospital declined to discuss the provisions of the peer review structure set up for Medenica.

However, Medenica's supporters and adversaries familiar with the deal said the physician's practice will be reviewed monthly by an outside reviewer, an oncologist designated by the hospital and responsible to its institutional review board.

In addition, two people will be hired to monitor Medinica's recordkeeping and care delivery.

One person, most likely a physician's assistant, will monitor Medenica's maintenance of inpatient records. Another, a nurse practitioner, will monitor patient care.

The PA and the nurse will be responsible to the physician reviewer.

The reviewer will look over Medenica's patient records monthly and will make site visits every two months, sources said. The cost of review will be shared evenly by the hospital and Medenica.

Whenever Medenica wants to use treatments that are not commonly administered, he will have to petition the hospital's IRB. The IRB will also periodically review selected cases of Medenica's patients.

The restrictions do not apply to Medenica's office-based practice.

Permanent Privileges Through April 1995

The deal, though accepted by Medenica, was described as untenable by his patient Charles Stevinson, a Denver businessman and Medenica's patient who is being treated for Waldenstrom's Syndrome.

"Medenica cannot apply treatment modalities that keep us alive," Stevinson said to **The Cancer Letter**.

Last spring, Stevinson and other Medenica patients sued three Hilton Head physicians, including the hospital medical staff president, claiming that their inquiry into Medenica's methods blocked the patients from receiving what they describe as life-saving treatment.

Earlier this month, the hospital board made the dropping of the suit a condition of renewal of Medenica's privileges. However, last week, the board withdrew that condition, granting Medenica permanent privileges through April 1995.

Stevinson told **The Cancer Letter** that he will not drop the suit and said he is planning to expand the action to include claims against the hospital and its administrator, Steven Caywood.

Stevinson said the peer reviewers considering Medenica's application for hospital privileges at St. Anthony Hospital in the Denver area have been receiving unmarked envelopes containing copies of news stories about Medenica that appeared in the April 30 and June 4 issues of **The Cancer Letter**.

Prospective patients in Denver also have been receiving xeroxed copies of the newsletter, Stevinson said.

"Those articles contained inaccurate information, based on an unfair and incomplete peer review conducted by Hilton Head Hospital," Stevinson said to **The Cancer Letter**.

Earlier this month, Stevinson traveled to Hilton Head to negotiate dropping the suit. He said the board of directors had agreed to hear his presentation, but after he traveled to Hilton Head, the board declined to see him.

"Our objective is that the hospital administration retract the lies they have spread about Medenica and that they pay our legal costs," Stevinson said. "We shouldn't have had to sue to receive life-saving treatment." The case has been aggressively pursued by both sides, with legal expenses running well into six figures, sources said.

Operates Clinic In Denver

In addition to petitioning for privileges at St. Anthony, Medenica operates a clinic in Denver.

Stevinson said that since Medenica signed his agreement with Hilton Head Hospital, several of his patients have been denied their prior treatment.

"If all [Medenica] can do at Hilton Head is practice substandard oncology, he can't stay there," Stevinson said. "His first obligation is to the patients. It is my understanding that he will move wherever he has to to continue his lifesaving treatment."

Medenica, who is under a gag order stemming from a suit alleging medical malpractice, has not been returning calls from reporters.

ACS To Accept Database On Unconventional Therapies

A panel of the American Cancer Society voted to take over a database on unconventional cancer therapies.

Members of the medical affairs subcommittee on questionable methods of cancer management said they hoped that the database, developed by the Washington lawyer and patient advocate Grace Powers Monaco, will help ACS to offer patients guidance on unconventional practices.

"I am trying to get us proactive," George Brown, chairman of the subcommittee said to **The Cancer Letter**. "We need to be out there, upfront, for the consumers."

While the interest in unconventional medicine is on the rise, ACS has failed to keep up with that interest, several panel members said. The Society has

received 22 calls with questions on unconventional medicine in the past four months.

By contrast, the NIH Office on Alternative Medicine receives about 300 calls and hundreds of letters and faxes daily.

The database the Society voted to take over was developed under a $500,000 grant from NCI. Originally, the Institute planned to include the database in its Physician's Data Query system.

The database examines the scientific foundations of the claims unconventional practitioners present to their patients. Contents of the database were peer-reviewed by basic scientists and clinical researchers.

The database's features include independently verified pharmacology information on every treatment modality, a review of costs and reimbursement, information on the modalities' regulatory status as well as the questions patients would be likely to ask their physicians.

Ultimately, the Institute declined to accept the database, citing the cost of keeping it up-to-date. Monaco estimated that cost as $60,000 a year.

The ACS panel also appointed a subcommittee to contact other advocacy groups and professional societies to make certain that the database would not duplicate existing programs.

"This is the only database that provides objective laboratory analysis of alternative drugs and products," said Barrie Cassileth, a member of the ACS panel who will head the newly formed subcommittee. "We hope it will serve as the foundation for an international resource on the science of alternative medicine."

NCI, 10 Centers, Begin Trial To Test Screening Methods

NCI has begun enrollment in the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, a large-scale study to determine whether the widespread use of screening tests to detect these four cancers will save lives.

Ten medical centers will enroll 148,000 men and women ages 60-74 in the trial. Together, the four cancers account for 43 percent of the cancers diagnosed each year and 48 percent of cancer deaths.

The $87.8 million trial will try to answer these questions:

—Does yearly prostate cancer screening of men with digital rectal examination plus a blood test for prostate-specific antigen (PSA) reduce deaths from this disease?

—Does yearly lung cancer screening with chest x-ray reduce deaths from this disease?

—Does screening for colorectal cancer with a flexible sigmoidoscope reduce the number of deaths from the disease if the procedure is done every three years?

—Does yearly screening of women for ovarian cancer with a physical examination of the ovaries, a blood test for the tumor marker CA-125, and transvaginal ultrasound reduce deaths from this disease?

Half of the 148,000 volunteers will be randomized to have the tests, and the other half will continue to receive their usual health care. The exams will be given over a three-year period, except for sigmoidoscopy, which is done only twice. The screening tests will be provided without charge. Costs for diagnosis and treatment of any cancer that may be detected will not be covered because these procedures are part of routine medical care.

The 10 institutions enrolling participants are:

Univ. of Colorado Health Sciences Center, Denver, CO.

Vincent T. Lombardi Cancer Research Center, Georgetown Univ. Medical Center, Washington, DC.

Pacific Health Research Institute, Honolulu, HI.

Henry Ford Health System Center for Clinical Effectiveness, Detroit, MI.

Univ. of Minnesota School of Public Health and the Virginia L. Piper Cancer Institute of Abbott-Northwestern Hospital, Minneapolis, MN.

Washington Univ. School of Medicine, St. Louis, MO.

Cancer Institute of Brooklyn, Maimonides Medical Center and The Methodist Hospital, New York, NY.

Pittsburgh Cancer Institute, Univ. of Pittsburgh, Magee-Women's Hospital, Pittsburgh, PA.

Univ. of Utah School of Medicine, Salt Lake City, UT.

Marshfield Medical Research and Education Foundation, Marshfield, WI.

Westat Inc. of Rockville, MD, will coordinate the trial and operate the data monitoring center. Univ. of California, Los Angeles will perform laboratory analyses of CA-125 and PSA tests.

Persons interested in participating in the study may call NCI's Cancer Information Service, 800/4-CANCER to obtain the telephone number for the nearest screening center.

Cancer Meetings Listed

Pain and AIDS—Nov. 29, Paris, France. Contact EuroAmerican Communication Inc., Tel. 212/727-3876.

CNS Tumors and Cerebrovascular Lesions—Dec. 2-3, San Francisco, CA. Contact Univ. of California, San Francisco 415/476-5808.

Society for Basic Urologic Research—Dec. 2-5, Houston, TX. Contact Shirley Roy 713/792-2222.

Cancer Biology, Immunology Contracts Review Committee—Subcommittee A, Dec. 2, EPN Conf. Rm D, Rockville, MD, open 8-9 a.m. Subcommittee B, Dec. 6, open 8:30-9:30 a.m.

American Endocurietherapy Society—Dec. 8-11, Phoenix, AZ. Contact AES 215/574-3158.

American Society for Cell Biology—Dec. 11-15, New Orleans, LA. Contact ASCB, Tel. 301/530-7153.

Human Retroviruses and Related Infections—Dec. 12-16, Washington, D.C. Contact American Society for Microbiology, Tel. 202/942-9206.

Tokyo Symposium on Prostate Cancer—Dec. 16-17, Tokyo, Japan. Contact James Karr, Roswell Park Cancer Institute, Tel. 716/845-2389; or Kyoichi Imai, Gunma Univ. School of Medicine, Tel. 272-31-7221 ext. 3353.

Malignant Diseases of the Urothelium—Jan. 14-15, Houston, TX. Contact M.D. Anderson Cancer Center, Tel. 713/792-2222.

St. Joseph's Hospital 10th Anniversary Cancer Conference—Jan. 21-22, Tampa, FL. Contact St. Joseph's, Tel. 813/870-4991.

Future Meetings

Cancer and the Older Person—Feb. 10-12, Atlanta, GA. Contact Am. Cancer Society, Tel. 404/329-7604.

American Assn. for the Advancement of Science—Feb. 18-23, San Francisco, CA. Contact AAAS, Tel. 202/326-6450.

Radiation Therapy Oncology Group Semi-Annual Meeting—Feb. 18-20, Houston, TX. Contact Nancy Smith, Tel. 215/574-3205.

Workshop: Hereditary Breast, Ovarian, and Colon Cancer—March 9-11, Bethesda, MD. Contact Andrea Brooks, Tel. 301/650-7471.

PET and SPECT Imaging in Oncology—March 9-11, Baltimore, MD. Contact Patty Campbell, Johns Hopkins, Tel. 410/955-6046.

Viral Pathways to Cancer—March 30-31, Chapel Hill, NC. Contact UNC Lineberger Comprehensive Cancer Center, Tel. 919/966-3036.

Diagnosis and Treatment of Neoplastic Disorders—April 7-8, Baltimore, MD. Contact Johns Hopkins Continuing Education, Tel. 410/955-2959.

Oncology Nursing Society Annual Congress—May 4-7, Cincinnati, OH. Contact ONS, Tel. 412/921-7373.

International Antiviral Symposium—June 7-10, Nice, France. Contact Elisabeth Negre, 53 rue de Paris, 92100 Boulogne, FR, Tel. 33-1-48-25-6464.

RFP 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 to the individual named, Executive Plaza South room number shown, NCI, Bethesda, MD 20892. Proposals may be hand delivered to the Executive Plaza South Building, 6130 Executive Blvd., Rockville, MD.

RFP NCI-CP-40521-02
Title: Support services for viral epidemiology
Deadline: Approximately Dec. 24

The AIDS and Cancer Section of the Viral Epidemiology Branch, NCI's Div. of Cancer Etiology, is recompeting a project currently performed by Research Triangle Institute. The objectives are to collect, process and analyze data through the use of technical, managerial and clerical support. Specific objectives include providing various levels of support (except for retrovirus and immunologic testing of specimens) for a number of epidemiologic studies involving case-control, cohort, or observational designs, as well as analysis of large public access databases. Several specific projects will be outlined in the statement of work. Specific objectives also include a number of support activities that cut across individual projects including: counseling of study subjects and providing educational materials to clinicians, assuring the adequate protection of human subjects, establishing liaison with and obtaining clearances from all necessary parties and organizations, management and tracking of specimen shipments and laboratory data, statistical analysis of data under the guidance of NCI staff, and providing financial management and advice to the Project Officers for optimal use of available funds based on sound budget projections. The types of activities needed in the conduct of the studies can be divided into nine tasks: 1) initiation, liaison and administrative management, 2) word processing and computing, 3) development of study materials and procedures, 4) identifying and tracing study subjects, data collection and monitoring, 5) laboratory aspects involving biologic specimens, tests and laboratory data, 6) data preparation, 7) data processing, 8) data analysis, and 9) documentation, monitoring, quality control and priority actions Other services to be provided by the contractor will be discussed in detail in the solicitation document. Offerors must display the ability and willingness to provide timely phlebotomy services and meet with NCI investigators on short notice by setting up and maintaining a small office (two or three employees) in the Washington, D.C. metropolitan area. Offerors must also display the ability to provide support for field studies that are conducted internationally.

Contract specialist: Michael Loewe, RCB Executive Plaza South Room 620, Tel. 301/496-8611.