

House Subcommittee's 5.6% Increase For NIH Includes \$2.5 Billion For NCI

The House Labor, HHS & Education Appropriations Subcommittee earlier this week recommended that NIH receive a \$764.5 million increase over the current year.

The 5.6% increase would raise the NIH appropriation to \$13.505 billion in fiscal 1998.

Under the President's budget proposal, NIH was to receive a \$337.4 million increase next year, a 2.6 % boost.

However, the balanced budget agreement adopted after the release of the President's budget proposal could have reduced the NIH increase

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In Brief

Reynolds Retires "Joe Camel" Advertising; Slaga Moves Lab To AMC Cancer Center

R.J. REYNOLDS TOBACCO CO. said it will retire "Joe Camel," the cartoon figure used in the company's marketing that anti-smoking advocates said contributed to increased smoking among teenagers and young adults. The company will begin a new advertising campaign using the traditional camel on its cigarette packs. The American Cancer Society said the action is too little too late. "Since Joe Camel was introduced almost 10 years ago, the market share for Camel among children jumped from 3 percent to 13 percent," said ACS Chairman **George Dessart**. "We expect their new marketing campaign is just another way to addict future generations to deadly tobacco products." . . . **THOMAS SLAGA** will move his laboratory from M.D. Anderson Cancer Center to AMC Cancer Research Center in Denver, CO. While at M.D. Anderson, Slaga was known for his work in understanding the multistage and multifactorial nature of cancers. At AMC, Slaga plans to recruit innovative genetics-based laboratory programs in prostate, colon, skin, and female reproductive cancers, the center said. . . . **LUTHER BRADY**, professor of radiation oncology at Allegheny University of the Health Sciences, will receive an honorary doctoral degree from the University of Heidelberg, Germany, in November. Brady will receive the degree in addition to an honorary fellowship in the German Society for Radiation Oncology which will be awarded at the society's annual meeting in Leipzig. . . . **FRANCO MUGGIA** was named director of NYU Medical

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In Congress

House Subcommittee Provides NCI With 4.9% Budget Raise

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to 1.2% (**The Cancer Letter**, June 20).

"The President's request would have required devastating cuts [at NIH]," Subcommittee Chairman John Porter (R-IL) said at the subcommittee's markup of the House bill July 15.

The subcommittee recommended an appropriation of \$2.513 billion for NCI, a 4.9% increase over the current budget and \$71 million above the President's request for the Institute (*see chart on page 3*).

Under the subcommittee's bill, the Centers for Disease Control would receive a \$2.384 billion appropriation, which includes \$145 million for the Breast and Cervical Cancer Screening program, a \$1 million increase over the program's current funding.

The total subcommittee budget was \$145 million below the President's request, and \$16 million below fiscal 1997.

The subcommittee made the largest number of cuts in the Department of Education, which would lose 17 programs, totaling \$150 million, under the bill. The programs slated for termination by the subcommittee include State Student Incentive Grants, Star Schools, Education for Native Hawaiians, Urban Community Service, and Literacy

Programs for Prisoners.

HHS would lose nine programs, totaling \$102 million. The terminated programs include Domestic Violence Community Demonstrations, Health Care Facilities, Developmental Disabilities Special Projects, Community Based Resource Centers, Community Food and Nutrition, Community Schools, Preventive Health—Aging, Frail Elderly In-Home Services, and Aging Research, Training, and Special Projects.

The bill was unanimously approved by the House subcommittee. The full committee must approve the bill before sending it to the floor of the House for a vote.

The Senate subcommittee will meet later this month to mark up the Labor, HHS & Education appropriation for 1998. Earlier this year, subcommittee chairman Arlen Specter (R-PA) pledged a 7.5% increase for NIH.

Clinton Backs Genetic Privacy Bills, Will Propose Changes

A bill that prohibits insurers from using genetic information as a factor in offering health care coverage and pricing policies received an endorsement from President Clinton earlier this week.

The President said he supported two companion bills introduced by Rep. Louise Slaughter (D-NY), and Sen. Olympia Snowe (R-ME).

"It's wrong for insurance companies to use genetic information to deny coverage," Clinton said at a White House meeting July 14.

"This kind of discrimination is more than wrong; it's a life-threatening abuse of a potentially life-saving discovery," Clinton said. "I can't help commenting that in the U.S. it is a direct consequence of the fact that we are the only advanced country in the world that has chosen to finance the health care of our citizens through a private insurance system that is completely optional and does not cover every one."

Clinton said he planned to come up with a set of proposals that would "build on the solid foundation" of the Slaughter bill (H.R. 306) and Snowe's companion legislation (S. 89).

The President's changes would likely be incorporated in a new Senate bill that would be introduced by Bill Frist (R-TN) or James Jeffords
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Subscription \$265 per year US, \$285 elsewhere. ISSN 0096-3917. Published 48 times a year by The Cancer Letter Inc. Beyond "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, mechanical, photocopying, facsimile, or otherwise) without prior written permission of the publisher. Violators risk criminal penalties and \$100,000 damages.

Founded Dec. 21, 1973 by Jerry D. Boyd

House Subcommittee on Labor, HHS, Education Recommended Appropriations For NIH

		1997 Comparable	Budget Request	Subcommittee Mark	Request vs. 1997	Chairman's Mark vs. 1997	Chairman's Mark vs. Request
National Institutes of Health							
National Cancer Institute	D	2,389,065	2,217,482	2,513,020	(171,583)	123,955	295,538
AIDS (NA)	NA	-	224,256	-	224,256	-	(224,256)
Subtotal NCI		2,389,065	2,441,738	2,513,020		123,955	71,282
National Heart, Lung, and Blood Institute	D	1,431,830	1,404,770	1,513,004	(27,060)	81,174	108,234
AIDS (NA)	NA	-	62,419	-	62,419	-	(62,419)
Subtotal NHLBI		1,431,830	1,467,189	1,513,004		81,174	45,815
National Institute of Dental Research	D	197,063	190,081	209,403	(6,982)	12,340	19,322
AIDS (NA)	NA	-	12,750	-	12,750	-	(12,750)
Subtotal NIDR		197,063	202,831	209,403		12,340	6,572
Nat. Inst. of Diabetes & Digestive & Kidney Diseases	D	813,149	821,164	874,337	8,015	61,188	53,173
AIDS (NA)	NA	-	12,638	-	12,638	-	(12,638)
Subtotal NIDDK		813,149	833,802	874,337		61,188	40,535
National Institute of Neurological Disorders and Stroke	D	729,259	722,712	763,325	(6,547)	34,066	40,813
AIDS (NA)	NA	-	25,116	-	25,116	-	(25,116)
Subtotal NINDS		729,259	747,828	763,325		34,066	15,497
National Institute of Allergy and Infectious Diseases	D	1,257,794	934,272	1,339,459	(623,522)	81,665	705,187
AIDS (NA)	NA	-	678,230	-	678,230	-	(678,230)
Subtotal NIAID		1,257,794	1,312,502	1,339,459		81,665	26,957
National Institute of General Medical Sciences	D	995,471	992,032	1,047,983	(3,439)	52,492	55,931
AIDS (NA)	NA	-	28,160	-	28,160	-	(28,160)
Subtotal NIGMS		995,471	1,020,192	1,047,983		52,492	27,771
Nat. Inst. of Child Health and Human Development	D	631,628	582,032	666,682	(49,596)	35,054	84,850
AIDS (NA)	NA	-	65,247	-	65,247	-	(65,247)
Subtotal NICHD		631,628	647,279	666,682		35,054	19,403
National Eye Institute	D	331,806	330,955	354,032	(651)	22,426	23,077
AIDS (NA)	NA	-	9,476	-	9,476	-	(9,476)
Subtotal NEI		331,806	340,431	354,032		22,426	13,601
National Institute of Environmental Health Sciences	D	307,562	313,583	328,583	6,021	21,021	15,000
AIDS (NA)	NA	-	6,324	-	6,324	-	(6,324)
Subtotal NIEHS		307,562	319,907	328,583		21,021	8,676
National Institute on Aging	D	484,326	495,202	509,811	10,876	25,485	14,809
AIDS (NA)	NA	-	1,874	-	1,874	-	(1,874)
Subtotal NIA		484,326	497,076	509,811		25,485	12,735
Nat. Inst. Arthritis & Musculoskeletal & Skin Diseases	D	256,228	258,932	269,807	2,704	13,579	10,875
AIDS (NA)	NA	-	4,310	-	4,310	-	(4,310)
Subtotal NIAMS		256,228	263,242	269,807		13,579	6,565
Nat. Inst. on Deafness & Other Communication Disorders	D	188,273	192,447	198,373	4,174	10,100	5,926
AIDS (NA)	NA	-	1,774	-	1,774	-	(1,774)
Subtotal NIDCD		188,273	194,221	198,373		10,100	4,152
National Institute of Nursing Research	D	59,554	55,692	62,451	(3,862)	2,897	6,759
AIDS (NA)	NA	-	5,360	-	5,360	-	(5,360)
Subtotal NINR		59,554	61,052	62,451		2,897	1,399
National Institute on Alcohol Abuse and Alcoholism	D	211,254	208,112	226,205	(3,142)	14,951	18,093
AIDS (NA)	NA	-	11,234	-	11,234	-	(11,234)
Subtotal NIAAA		211,254	219,346	226,205		14,951	6,859
National Institute on Drug Abuse	D	490,113	358,475	525,641	(131,638)	35,528	167,166
AIDS (NA)	NA	-	163,440	-	163,440	-	(163,440)
Subtotal NIDA		490,113	521,915	525,641		35,528	3,726
National Institute of Mental Health	D	700,701	629,739	744,235	(70,962)	43,534	114,496
AIDS (NA)	NA	-	98,510	-	98,510	-	(98,510)
Subtotal NIMH		700,701	728,249	744,235		43,534	15,986
National Human Genome Research Institute	D	188,957	202,197	211,772	13,240	22,815	9,575
AIDS (NA)	NA	-	2,990	-	2,990	-	(2,990)
Subtotal NHGRI		188,957	205,187	211,772		22,815	6,585
National Center for Research Resources	D	414,049	333,868	436,961	(80,181)	22,912	103,093
AIDS (NA)	NA	-	77,053	-	77,053	-	(77,053)
Subtotal NCRR		414,049	410,921	436,961		22,912	26,040
John Fogarty International Center	D	26,504	16,755	27,620	(9,749)	1,116	10,865
AIDS (NA)	NA	-	10,413	-	10,413	-	(10,413)
Subtotal FIC		26,504	27,168	27,620		1,116	452
National Library of Medicine	D	150,376	152,889	161,171	2,313	10,795	8,482
AIDS (NA)	NA	-	3,279	-	3,279	-	(3,279)
Subtotal NLM		150,376	155,968	161,171		10,795	5,203
Office of the Director	D	286,081	234,247	298,339	(51,834)	12,258	64,092
AIDS (NA)	NA	-	35,912	-	35,912	-	(35,912)
Subtotal OD		286,081	270,159	298,339		12,258	28,180
Buildings and Facilities	D	200,000	190,000	223,100	(10,000)	23,100	33,100
Office of AIDS Research	D	-	1,540,765	-	1,540,765	-	(1,540,765)
Total: National Institutes of Health		12,740,843	13,078,203	13,505,294	337,360	764,451	427,091

(Continued from page 2)

(R-VT), Capitol Hill sources said.

Frist, the only physician in the Senate, said he was committed to developing legislation for dealing with discrimination based on genetic information. Capitol Hill sources said he is reviewing the changes suggested by the President as well as other proposals for handling genetic information.

Slaughter's House bill is expected to remain unchanged, sources said.

As it stands, the Slaughter bill has the support of the major groups of patient activists.

"The passage of comprehensive, protective federal legislation to prevent health insurers from using genetic information to discriminate against healthy individuals will be one of the most significant moral determinations of the 20th century," breast cancer survivor Mary Jo Ellis Kahn said at the White House event.

Kahn, whose mother died of breast cancer and whose sister has the disease, said the fear of discrimination based on genetic information is preventing her family members from being tested for genetic susceptibility to cancer.

"My family has struggled with whether or not to learn our genetic status," said Kahn, co-chair of the Genetic Susceptibility Working Group of the National Action Plan on Breast Cancer and founder of the Virginia Breast Cancer Foundation.

"We fear that in order to learn this potentially valuable information, we may risk losing health insurance for the next generation of Ellises," Kahn said.

"Young women must be guaranteed the right to pursue their life's potential without fear that the risk of developing breast cancer later in life will make them uninsurable and unemployable," Kahn said.

Insurance Is Not Enough

The bill endorsed by the President address only potential discrimination by insurers and does not address discrimination by employers. That makes the proposal a flawed one, said Sen. Connie Mack (R-FL).

"Most Americans get their health insurance through their employer," Mack said in a statement following the White House announcement of support for the Slaughter-Snowe bill. "But, if employers aren't barred from having access to genetic information, protection from health insurance discrimination will be of little benefit.

"We need to ensure that genetic testing will be used only for education and information—not discrimination," Mack said. "The only way to effectively protect the confidentiality of genetic information is to prohibit both employment and health insurance discrimination."

Mack said that later this month he would introduce legislation that would address both issues. The House version of the bill would be introduced by Rep. Cliff Stearns (R-FL), Mack said.

Discrimination by employers is an issue that will have to be addressed, Kahn agreed. However, the issues of discrimination by employers and insurers can be addressed one at a time, she said.

"The most important thing for breast cancer advocates is that each bill provides a comprehensive solution for the problem it addresses," Kahn said to **The Cancer Letter**.

"The Slaughter bill addresses our main goal: that genetic discrimination by insurers would be prevented," she said.

The patient activists could come out in support of legislation addressing discrimination by employers, too, Kahn said. "We have to look at every bill with a magnifying glass before we support it," she said.

Existing Laws Insufficient

Last year, Congress took a stab at limiting discrimination based on genetic information.

The 1996 Health Insurance Portability and Accountability Act included genetic information among the factors that cannot be used to deny or limit coverage for individuals who have insurance.

The law, sponsored by then Sen. Nancy Kassebaum (R-KN) and Sen. Edward Kennedy (D-MA) further precluded insurers from regarding genetic susceptibility as a "pre-existing condition" and prohibited charging one individual a higher premium than another "similarly situated" individual.

However, the Kennedy-Kassebaum law did not address all issues related to genetic information.

In a recent report to the President, HHS Secretary Donna Shalala listed the areas that remain to be addressed by legislators:

—The protections in the Kennedy-Kassebaum law do not extend to the individual-insurance market. About 5 percent of Americans obtain insurance outside the group market. "Because genetic information persists for a lifetime, people who are

now in group plans are concerned about whether information about their genes may, at some point later in life, disallow them from being able to purchase health insurance outside the group market," the Secretary's report states.

—The existing law prohibits insurers from treating individuals within a group differently. However, the law does not preclude insurers from charging an entire group a premium based on genetic information from one or more members of the group, the report states.

—Existing laws don't limit an insurer's access to genetic information contained in medical records or family histories.

Further, insurers are not precluded from requesting that an individual submit to a genetic test or from releasing genetic information to other parties.

"For example, at present, an insurer may release genetic information to the Medical Information Bureau, which makes information available to other insurers, who can then use it to discriminate," the report states.

The Slaughter Bill

The Slaughter bill, which has 132 co-sponsors in the House, proposes changing all federal laws governing private health plans as well as government health care programs to restrict the insurers' access to genetic information.

Under the bill, the insurers would not be allowed to use genetic information to "deny, cancel, or refuse to renew such benefits or such coverage, or vary the premiums, terms or conditions."

Also, insurers would not be able to make coverage decisions "on the basis that the participant or beneficiary has requested or received genetic services."

Insurers would not be allowed to request or require individuals to disclose genetic information to the plan issuer.

The ability by the insurers to disclose genetic information would be limited, too.

An individual's prior written authorization would be required before any disclosure is made.

The authorization would be required for every disclosure, and every time the insurer would be required to identify the party to whom the disclosure is made.

The bill also allows individuals to claim compensatory, consequential, and punitive damages if an insurer fails to observe the law.

In Brief

RPR Donates \$500,000 For M.D. Anderson Research

(Continued from page 1)

School's Kaplan Cancer Center. Muggia is professor of medicine at the medical school and director of oncology at NYU Medical Center. . . . **M.D. ANDERSON CANCER CENTER** received \$500,000 from Rhone-Poulenc Rorer of Philadelphia to establish the RPR Breast Cancer Research Fund. Interest generated by the fund will contribute to the center's Multidisciplinary Breast Cancer Research Program. . . . **AMERICAN CANCER SOCIETY** said it is not affiliated with a chain letter being distributed on the internet which lists ACS as a corporate sponsor. The letter is written as the dying wish of a girl named Jessica with cerebral carcinoma. The letter said ACS and other corporate sponsors will donate three cents to cancer research for every person in the chain. "As far as ACS can determine the story of Jessica is completely unsubstantiated and no fundraising efforts are being made by ACS in her name or by the use of chain letters," the society said in a statement earlier this week.

Funding Opportunities

ACS Seeks Candidates For Clinical Professorship

The American Cancer Society has established the Harry and Elsa Jiler American Cancer Society Clinical Research Professorship and seeks candidates for the professorship.

The grant is intended for an outstanding clinician-scientist in mid-career who has made significant contributions in cancer research and is considered an exceptional leader in his/her field. Applicants may be active in any area of clinical or epidemiological cancer research, including cancer control, clinical trials directed toward new therapeutic approaches, psychosocial and behavioral, health services, and health policy research. Translational laboratory research which has clinical application is also appropriate.

Candidates must be U.S. citizens or permanent residents with at least 10 years of experience beyond receipt of the M.D. or other doctoral degree. Individuals employed by for-profit organizations,

federal agencies, or agencies supported entirely by the federal government are not eligible. At the time of the application, the candidate must have a full-time academic or comparable appointment. Generally, candidates must have obtained the rank of associate or full professor or the equivalent; however, they must not have held the rank of full professor or equivalent for more than 15 years.

Selection will be through a peer review process emphasizing past contributions and future potential, but most importantly, innovation in the field and the ability to attract young investigators into cancer research, ACS said.

The grant provides up to \$60,000 annually that can be apportioned to salary and/or research project support at the discretion of the awardee. The professorship will be awarded for a period of five years, and may be renewed once contingent upon continued research productivity and leadership. The professor also will be required to be a spokesperson for ACS.

Deadline for receipt of applications is Oct. 1, 1997. Applications are furnished by ACS after discussion with the Scientific Program Director (Ralph Vogler, tel: 404-329-7542 or rvogler@cancer.org) or the Vice President for Extramural Grants (John Stevens, tel: 404-329-7550 or jstevens@cancer.org) at American Cancer Society Inc., 1599 Clifton Road N.E., Atlanta, GA 30329-4251. Fax: 404-321-4669.

NCI Provides Info On CCOP, Cancer Drug Discovery RFAs

RFA CA-97-006

Title: Cancer Drug Discovery: Diversity Generation And Smart Assays—Addendum

The following additional information is provided for RFA CA-97-006, "Cancer Drug Discovery: Diversity Generation and Smart Assays" (**The Cancer Letter**, May 16):

The Letter of Intent Receipt Date has been changed to July 11, 1997. The Application Receipt Date remains at August 22, 1997.

The following section on funds available has been changed to clarify the budget limitations on applications.

NCI has set aside \$3.75 million total costs (direct plus facilities and administrative costs) for the first year of funding. The number of awards and level of support is dependent on the receipt of a sufficient number and diversity of applications with high scientific merit. It is expected that most awards will not exceed \$950,000 total costs (direct plus facilities and administrative costs) for

year one with no more than a 3% per year increase for future years. Exceptionally meritorious applications may be funded at a higher level provided the budget is adequately justified and considered reasonable by peer review. In all cases, budget requests should be carefully justified and commensurate with the needs of the project. Because the nature and scope of the research proposed in response to the RFA may vary, it is anticipated that the size of the awards may vary. It is anticipated that four to five awards will be made for periods up to five years, with the earliest expected award date being April 1, 1998.

Inquiries: Mary Wolpert, Division of Cancer Treatment, Diagnosis and Centers, NCI, 6130 Executive Blvd Rm 841-MSB 7456, Bethesda, MD 20892-7456, tel: 301/496-8783, fax: 301/402-5200, email: wolpertm@dtpepn.nci.nih.gov

RFA CA-97-015

Title: Community Clinical Oncology Program—Addendum

The following additional information is provided for RFA CA-97-015, "Community Clinical Oncology Program" (**The Cancer Letter**, June 13).

The Letter of Intent Receipt Date has been changed to July 23, 1997. The Application Receipt Date has been changed to September 9, 1997.

For further information on the RFA, including documents cited in the RFA, contact: Jeffrey Perlman, Division of Cancer Prevention and Control, NCI, 6130 Executive Blvd Rm 300-D-MSB 7340, Bethesda, MD 20892-7340, tel: 301/496-8541, email: PerlmanJ@dcpcpn.nci.nih.gov

Direct inquiries regarding fiscal matters to: Crystal Wolfrey, Grants Administration Branch, NCI, Executive Plaza South Rm 243, Bethesda, MD 20892, tel: 301/496-7800 ext 282, email: WolfreyC@gab.nci.nih.gov.

Cancer Meetings Listed From July To December

July

International Conference on Nutrition and Cancer—July 16-19, Newport Beach, CA. Contact Dedar Prasad, University of Colorado Health Sciences Center, tel: 303/315-7830, fax: 303/315-8993.

Radiation Therapy Oncology Group Semi-Annual Meeting—July 17-20, Washington, DC. Contact Nancy Smith, tel: 215/574-3205, fax: 215/928-0153, email: nsmith@acr.org.

Estrogens in the Environment IV: Linking Fundamental Knowledge, Risk Assessment, and Public Policy—July 20-23, Arlington, VA. Contact Alma Britton, tel: 919/541-0530, fax: 919/541-0295,

email: britton@niehs.nih.gov

ASCO/AACR Joint Conference: Methods in Clinical Cancer Research Workshop—July 26-August 1, Vail, CO. Contact ASCO, tel: 703/299-0150.

August

Fourth Anticancer Drug Discovery and Development Symposium—Aug. 4-6, Annapolis, MD. Contact Frederick Valeriote, Wayne State University, tel: 313/745-8252, fax: 313/745-8139.

Breast Imaging Today and Tomorrow—Aug. 4-8, Santa Fe, NM. Contact Ryals & Associates, tel: 770/641-9773, fax: 770/552-9859.

World Conference on Lung Cancer—Aug. 10-15, Dublin, Ireland. Contact Secretariat, tel: 353-1-8306795, fax: 353-1-8309090.

Seventh Annual Hematology/Oncology Reviews: A Practical Review of Common Disorders—Aug. 13-15, Ponte Vedra Beach, FL. Contact Mimi Macke, Mayo Clinic Jacksonville, tel: 1-800-462-9633, fax: 904/953-2954.

Seventh Annual Hematology Oncology Reviews—Aug. 15-17, Ponte Vedra Beach, FL. Contact Mayo Clinic, Jacksonville, tel: 800/462-9633, fax: 904/953-2954.

International Society of Cancer Chemoprevention: Cancer Chemoprevention—a New Dimension of Oncology—Aug. 28-30, St. Gallen, Switzerland. Contact Beatrice Nair, Haus 09, Kantonsspital, CH-9007, St. Gallen, Switzerland, fax: 41-71-245-6805, email: mccs@msl.kssg.ch.

International Conference on Cancer Nursing—Aug. 30-Sept. 4, Jerusalem, Israel. Contact Royal College of Nursing, 20 Cavendish Square, London, England, WIM OAB, tel: 44 171 352 8171, fax: 44 171 351 2191.

September

Living Fully with Cancer—Sept. 6-7, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1742, email: meetings@utmdacc.uth.tmc.edu.

Joint Conference of the American and European Associations for Cancer Research: Molecular Genetics of Cancer—Sept. 9-12, Oxford, England. Contact AACR Special Conference Registration, tel: 215/440-9300, fax: 215/440-9313.

ACS Informing Purchasing Decisions for Oncologic Services: Current Methods and Models

in the Marketplace—Sept. 11-12, Chicago. Contact Terri Ades, tel: 404/329-7617, fax: 404/325-2548.

Cell Signaling and Tumor Angiogenesis—Sept. 11-14, Lake Placid, NY. Contact W. Alton Jones Cell Science Center, tel: 518/523-1252, fax: 518/523-1849, email: voliver@cell-science.org.

Strategies for Cure: GI Malignancies—Sept. 12, Dearborn, MI. Contact Gayle Blakely, Providence Hospital Cancer Center, tel: 810/424-3183, fax: 810/424-2919.

ECCO 9 European Cancer Conference—Sept. 14-18, Hamburg, Germany. Contact ECCO 9 Secretariat, FECS Conference Unit, Avenue E. Mounier 83, B-1200 Brussels, tel: +32 (2)775-0202, fax: +32 (2)775-0200.

Medical Oncology: A Comprehensive Review—Sept. 15-19, Houston, TX. Contact MD Anderson Conference Services, tel: 713/792-2222, fax: 713/794-1724, email: meeting@mdacc.tmc.edu

Association of Community Cancer Centers National Oncology Economics Conference—Sept. 17-20, La Jolla, CA. Contact ACCC, David Walls, tel: 301/984-9496, fax: 301/770-1949.

Frontiers in Breast Cancer—Sept. 18-19, Rockville, MD. Contact GeneQuest Infosystems, tel: 212/737-3091, fax: 212/737-3091, email: genequest@concentric.net.

First Schilling Research Conference on Breast and Prostate Cancer—Sept 18-21, Santa Cruz, CA. Contact Cecilia Olkowski, ACS, tel: 510/893-7900, fax: 510/835-8406.

Fifth Annual Progress in Hematologic Malignancies and Bone Marrow Transplantation—Sept. 19, Baltimore, MD. Contact Johns Hopkins Office of Continuing Medical Education, tel: 410/955-2959, fax: 410/955-0807, email: cmenet@som.adm.jhu.edu.

Breast and Ovarian Cancer: Molecular Markers of Risk, Progression and New Therapeutic Strategies—Sept. 25-27, Pisa, Italy. Contact Organizing Secretariat, DGMP srl, Via Carducci, 62/E-56010 Ghezzano, Pisa, Italy, tel: 39-50-879740, fax: 39-50-879812, email: incor@sirius.pisa.it.

Fourth International Symposium on Cytostatic Drug Resistance—Sept. 25-27, Berlin, Germany. Contact Maria Wiedenhillier, tel: 49-30-38370-751, fax: 49-30-38370-789, email: post@blackwell-gcm.de.

Third Annual Oncology Patient Education Conference—Sept 26, Detroit. Contact Karmanos

Cancer Institute, tel: 800/KARMANOS.

AACR/NCI of Canada Special Conference in Cancer Research: Tumor Suppressor Genes—Sept. 26-30, Victoria, Canada. Contact Special Conference Registration, tel: 215/440-9300, fax: 215/440-9313.

October

Annual Meeting of the International Society for Pediatric Oncology—Oct. 4-8, Yokohama, Japan. Contact Tokyo University School of Medicine, Dept. of Pediatric Surgery, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113, Japan, fax: 81-3-5684-2097.

The Mouse in Mammary Carcinogenesis—Oct. 4-8, Bar Harbor, ME. Contact MaryEllen Joseph, Jackson Laboratory, tel: 207/288-6257, fax: 207/288-6080, email: mej@jax.org.

American Institute for Cancer Research Annual Research Conference: Food, Nutrition, and Cancer—Oct. 8-10, Washington, DC. Contact AICR tel: 800/843-8114, email: internl@aicr.org, web site: www.aicr.org.

21st Annual Physicians Cancer Symposium—Oct. 16-18, San Diego, CA. Contact Ruthanne Crawford, Stevens Cancer Center, tel: 619/626-6794, fax: 619/626-6793.

Transcriptional Control of Proliferation, Differentiation, and Development—Oct. 17-21, Lake George, NY. Contact AACR, tel: 215/440-9300, fax: 215/440-9313.

American Society for Therapeutic Radiology and Oncology Conference—Oct. 20-24, Orlando, FL. Contact ASTRO, tel 215/574-3180.

The Experts Speak Out on Breast Cancer—Oct. 22, Eatontown, NJ. Contact Monmouth Medical Center, tel: 908/870-5429, fax: 908/728-1305.

Piedmont Oncology Association 18th Annual Symposium—Oct 24-25, Hilton Head Island, SC. Contact Sue Elliot, Wake Forest University Comprehensive Cancer Center, tel: 910/716-4464, fax: 910/716-5687, email: selliot@bgsu.edu.

50th Annual Symposium of Fundamental Cancer Research: Molecular Determinants of Cancer Metastasis—Oct. 28-31, Houston, TX. Contact Office of Conference Services, M.D. Anderson Cancer Center, tel: 713/792-2222, fax: 713/794-1742, email: meetings@utmdacc.uth.tmc.edu.

November

American Society of Clinical Oncology Fall

Education Conference—Nov. 7-9, Orlando, FL. Contact ASCO, tel: 703/299-1000, fax: 703/299-1044.

Chemotherapy Foundation Symposium XV: Innovative Cancer Therapy for Tomorrow—Nov. 12-14, New York City. Contact Jaelyn Silverman, Mount Sinai Medical Center, Division of Neoplastic Diseases, tel: 212/241-6772, fax: 212/996-5787, email: J_silverman@smtplink.msmm.edu.

New Frontiers in Oncology: 13th National Congress of SIT—Nov. 13-15, Trieste, Italy. Contact Guido Tuveri, Oncology Department, Ospedale Maggiore, Via Pieta 19, 34100 Trieste, Italy, tel: 0039 40 399-2423, fax: 0039 40 399-2490.

Commission on Cancer: Second Annual Conference—Nov. 14-15, Chicago. Contact American College of Surgeons, Elaine Fulton, tel: 312/664-4050 ext. 401, email: efulton@facs.org.

Asia Pacific Cancer Conference & Hong Kong International Cancer Congress—Nov. 16-19, Wanchai, Hong Kong. Contact Dept. of Surgery, University of Hong Kong Medical Center, Queen Mary Hospital, Hong Kong, tel: 852-2818-0232, fax: 852-2818-1186, email: mededcon@hkucc.hku.hk.

Controversies in Oncology—Nov. 20-21, New York. Contact Jean Campbell, Memorial Sloan-Kettering Cancer Center, tel: 212/639-8961, fax: 212/717-3311.

6th International Conference on Gene Therapy of Cancer—Nov. 20-22, San Diego, CA. Contact Cass Jones, tel: 619/565-9921, fax: 619/565-9954.

December

San Antonio Breast Cancer Symposium—Dec. 3-6, San Antonio. Contact Lois Dunnington, CTRC, tel: 210/616-5912, fax: 210/616-5981.

DNA Methylation, Imprinting, and the Epigenetics of Cancer—Dec. 12-16, Las Croabas, Puerto Rico. Contact AACR Special Conference Registration, tel: 215/440-9300, fax: 215/440-9313.

American Society for Cell Biology Annual Meeting—Dec. 13-17, Washington, DC. Contact the American Society for Cell Biology, tel: 301/530-7153, fax 301/530-7139, email: ascbinfo@ascb.org.

January 1998

AACR Conference: Programmed Cell Death—Jan 9-13, Indian Wells, CA. Contact American Association for Cancer Research, tel: 215/440-9300, fax: 215/440-9313.