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COMPROMISE ON 6,000 GRANTS WOULD MAKE NCI PAYLINE AROUND 163-164: NATCHER COMMITTEE CLOSE TO MARKUP

The compromise between Congress and the Office of Management & Budget on a total of 6,000 competing NIH grants for both 1985 and 1986 fiscal years would result in a priority score payline of about 163 to 164, NCI executives are estimating at this time. The payline under the 5,000 ceiling OMB tried to enforce under its multiple year funding scheme would have been 158, the level at which grants were
(Continued to page 2)

In Brief

DTP COMBINES TWO BRANCHES; ROBERT COOPER NAMED DCPC BOARD CHAIRMAN; WEICKER RECEIVES MSK AWARD

DEVELOPMENTAL THERAPEUTICS Program in NCI's Div. of Cancer Treatment has combined the Laboratory of Medicinal Chemistry & Biology and the Laboratory of Chemical Pharmacology into the new Laboratory of Pharmacology & Experimental Therapeutics. David Johns is chief of the new lab. Also, Richard Cysyk has been named chief of the Laboratory of Biological Chemistry; and DTP Director Michael Boyd is recruiting a replacement for himself as chief of the Laboratory of Experimental Therapeutics & Metabolism. . . . **OTHER DCT** staff changes: Kathy Russell, who has been acting administrative officer of the Clinical Oncology Program, has received permanent appointment to that position; Barbara Vermillion, who has been acting A/O for the Radiation Research Program, now has that permanent appointment; and Gordon Cecil has moved from the NIH Clinical Center to the Biological Response Modifiers Program as administrative officer. . . . **ROBERT COOPER**, director of the Univ. of Rochester Cancer Center, has been appointed chairman of the Div. of Cancer Prevention & Control Board of Scientific Counselors. He replaces Barbara Hulka, whose term on the Board expired. . . . **PETER GREENWALD**, DCPC Director, is acting head of the division's Prevention Program while he looks for someone to replace William DeWys, whom Greenwald relieved from that position last month. Richard Costlow, chief of the Cancer Detection Branch, has been assigned to assist Greenwald in running the Prevention Program. . . . **LOWELL WEICKER**, chairman of the Senate Health Appropriations Subcommittee, received the Memorial Sloan-Kettering Award for Outstanding Support of Biomedical Science. The award was presented by Benno Schmidt, chairman of the MSK Board of Managers & Overseers. Other awards presented at MSK's annual convocation included the C. Chester Stock Award to Robert Parks, professor of medical science at Brown Univ.; and the Katharine Berkan Judd Award to Ludwik Gross, chief of the Cancer Research Unit at the Bronx VA Medical Center.

DeVita Says Payline
Compression Leading
To More Decisions
By Staff On Funding
... Page 2

MRI Network Sought
By AACI Nearing
Implementation
... Page 3

Uttmann Appeals
For Better Funding,
Cancer Act Renewal
... Page 4

RFA Available
... Page 7

NCI Advisory Group,
Other Cancer Meetings
... Page 7

NCI Contract Awards
... Page 8

NATCHER AIMING FOR APPROPRIATIONS BILL MARKUP SOON AFTER JULY 4 RECESS ENDS

(Continued from page 1)

funded for the second round this year. The payline under the 6,500 total as provided for by Congress in the FY 1985 appropriations bill would have been at least 170.

Grantees whose renewals scored in the "gray" area (between 158 and the low 160s), which have not yet been funded but have expired, have received some carryover money to keep them going until the final decision is in.

The projected payline in the low to mid 160s is highly speculative at this point. NCI can only guess now on how many extra grants it could fund if the 6,000 level prevails. When the total for NIH was trimmed from 6,500 to 5,000, NCI lost 240 grants. Its prorated share if the total goes back up to 6,000 would be about 150, but that is not a firm figure.

The compromise worked out between OMB and the Senate Republican leadership was written into the 1985 supplemental appropriations bill. It requires OMB to release enough money for 6,000 grants this year, which would still permit some multiple year funding to use up the money left by not paying 6,500 grants. That bill has been hung up in the Senate over issues not related to NIH funding but probably will be cleared soon.

Big question at the moment is whether the House, controlled by Democrats, will go along with the compromise. Best guess now is that it will.

Meanwhile, House Health Appropriations Subcommittee staff members are working up language for the report on the 1986 funding bill. Chairman William Natcher (D.-Ky.) would like to complete the markup as soon as possible after Congress' July 4 recess, which ends July 8. The appropriations process is still awaiting final action by Congress on the 1986 budget resolution, which sets overall spending limits.

Weicker's subcommittee so far has not given any indication when it will act on 1986 appropriations. The Senate traditionally waits until the House has acted before taking up appropriations measures, but Weicker went first last year when the House delayed its decision into September.

Congress is scheduled to take its summer recess from Aug. 2 to Sept. 3.

Key staff changes which may be coming up in the Senate: Steven Grossman, presently staff director for health issues for Sen. Orrin Hatch's Committee on Labor & Human Resources, reportedly is headed for the Health Care Financing Administration as associate director for policy. If

that goes through, David Sundwall, the committee's majority health counsel, will take over Grossman's position.

PAYLINE COMPRESSION LEADS TO FUNDING DECISIONS BEING MADE BY STAFF: DEVITA

NCI Director Vincent DeVita, discussing the grants funding issue with the Div. of Cancer Biology & Diagnosis Board of Scientific Counselors, agreed that "this is not a very comfortable time," but added, "we'll get through it."

DeVita noted that NCI had made some emergency funding of grants above the 158 payline, "but we're at the point where we can't do much more."

Board member Stewart Sell responded, "There is acute anxiety" among some grantees. "Some people on the borderline feel their scientific careers are on the line."

One of the significant consequences from cutting the number of grants is the compression of priority scores as NIH study sections compete with each other in efforts to assure funding for what each of them considers to be vital research. NIH officials hesitate to acknowledge that the competition exists, but, as DeVita pointed out, "There is a huge compression of priority scores. Study sections are cramming scores under the projected paylines."

The result, DeVita said, is that with so many grants scoring at levels right at or close to the payline, more funding decisions are made by staff and fewer by peer review. "We're making the decisions programmatically." He observed that approximately the same percentage of approved grants are being funded, but Board Chairman Matthew Scharff said, "As the compression gets greater, more arbitrary decisions are being made."

"It is demoralizing," Board member Nelson Fausto said. "Investigators with very favorable reviews are not being funded. The difference between 150 and 160 is not significant. Younger people, especially MDs, are saying 'Why should I go through that?'"

Board member Bernard Amos suggested that the problem of payline compression be addressed by having a two-tier review, with the first being done without any knowledge of the payline.

"Basically, that is what's happening," DeVita said, referring to the fact that staff program directors are making more of the funding decisions. Also, the recently completed review for the new Outstanding Investigator Awards was accomplished without reviewers knowing each others' scoring. "That worked very well."

"I had the distinct feeling (in the OIA review) that NCI was assuming a burden it didn't have before," Fausto said. "With some, the consolidation of grants didn't make much sense. I felt this was

somewhat of a frill, given the situation. Most of them could get grants funded anyway. The priority should go to those outside the system, especially young investigators."

DeVita said that NCI would not assume non-NCI grants held by OIA awardees. "There were some who will be funded without a significant amount of other support. I don't know how well this will work." One major benefit is that OIA grantees, with the seven year awards, will not have to reapply so often, he said. Another advantage to NCI is that folding several NCI grants into one releases that number freed up which can be awarded within the limit which will be imposed under the overall NIH limit.

DeVita mentioned the NIH program which provides two year extensions to grantees with three year awards with high priority scores.

Scharff said his institution (Albert Einstein College of Medicine) had recently lost three junior investigators to industry after they had failed to get their grants renewed in competitive review. "They were attracted by the prospect of not having to live out of that competition."

"Industry is now a very competitive factor that we didn't have before," DeVita said. "We're losing people to industry, too. Frequently it is a straight forward financial situation. Industry pays more."

MRI NETWORK NEARING IMPLEMENTATION; AACI CONSIDERS CANCER ACT ANNIVERSARY

A proposal by members of the Assn. of American Cancer Institutes to establish an Inter-institutional Magnetic Resonance Imaging Network "is still making its way through NCI," Marvin Rich, member of the proposed network's steering committee, reported at the recent AACI meeting.

Rich, director of the AMC Cancer Research Center, said the initial starting date for the network remains July 1, "and we are very hopeful of implementation at that time."

AACI members decided two years ago to attempt to establish the network "to carry out coordinated studies on the applications of magnetic resonance imaging and spectroscopy in diagnosis and evaluation of cancer," Rich noted. "The concept was to utilize the resources of the cancer centers in a network modeled after the successful clinical trials groups, to implement research protocols on MRI and cancer."

A Network Steering Committee was appointed by John Durant, then AACI president, which included Richard Steckel of UCLA as chairman; Durant and Truman Brown of Fox Chase; Jerry Glickson of Johns Hopkins; Sadek Hilal, Columbia; Alvin Mauer, Univ. of Tennessee; Michael Modic, Cleveland Clinic; Rich and Lewis Schiffer, AMC; and Leonard Spicer, Duke. The group worked with Jerome Yates, head of NCI's Centers & Community Oncology Program.

The Steering Committee concluded that a central operations office should be established at AMC, in Denver, and a statistics and data management unit at Fox Chase, in Philadelphia.

Rich said that the concept of phased trials for MRI was developed analogous to phased protocols for clinical trials. Phase 1 studies would be to standardize data acquisition, measurements and quality control; phase 2 to assess the sensitivity of the technology for detecting disease, determining its extent and monitoring its course; and phase 3 to compare its role in cancer to other modalities, including assessment of its cost effectiveness.

Encouraged by 1984-85 AACI President John Ultmann, the group responded to an RFP issued by NCI, with Rich, Steckel and Durant as co-principal investigators. The organizational structure was as proposed by the Steering Committee, with further detailed development of mechanisms for protocol generation, implementation and evaluation.

"In addition," Rich said, "to show feasibility, physics site visits were made to a number of cooperating institutions to demonstrate cooperativity and comparability of results, through the use of chemical and biological phantoms. Twenty seven letters of institutional commitment and cooperation from cancer centers were appended to the application. . . It is hoped that other MRI facilities which wish to participate will contact the MRI Operations Office at AMC Cancer Research Center, 1600 Pierce, Denver, Colo. 80214, phone 313-233-6501."

John Grupenhoff, Washington representative for a number of health related organizations and a consultant to AACI, suggested that the organization consider sponsoring special activities commemorating the 15th anniversary of the signing of the National Cancer Act of 1971.

President Richard Nixon signed the Act on Dec. 23, 1971, and Grupenhoff suggested that the date of Dec. 23, 1986, could be the focal point for a series of commemorative activities. He noted that NCI will observe its 50th anniversary in August, 1987, and that NIH will celebrate its 100th anniversary in 1987.

"This will be an opportunity to develop a national effort. . . which can be used as a teaching tool," Grupenhoff said. He suggested that Congress could be asked for a joint resolution which could include language pointing out the role of centers in the progress of cancer research.

Grupenhoff further suggested that AACI strike 15 medals to be awarded, five to laymen, five to scientists and five to public policymakers who have contributed the most to progress in the fight against cancer.

ULTMANN APPEALS TO CONGRESS FOR MORE MONEY, RENEWAL OF NATIONAL CANCER ACT

Pointing out that NCI's budget has decreased in real dollars since 1976, John Ullmann, president of the Assn. of American Cancer Institutes, called on Congress for more adequate funding of the National Cancer Program and for renewal of the National Cancer Act.

Ullmann, director of the Univ. of Chicago Cancer Center, made his appeal at a seminar AACI held for members of Congress and their staffs during the annual meeting in Washington of the organization.

Ullmann's presentation:

"At a time in history when science is poised to answer some of the most fundamental questions in biology, and to make some of the most far reaching discoveries to solve problems bearing on disease and its prevention and cure, the scientific community is confronted by the prospects of cutbacks of support which will have an immediate crippling effect on current research and a long term detrimental effect on the recruitment of the next generation of scientists, on the quality of the plants in which research is done, and on the tools with which discoveries are made.

"Now some of the facts to back the message: Let's first talk about accomplishments of the National Cancer Program in a broad scope.

"I will not go into details of basic research or clinical research in prevention, detection, and therapy and the interdigitation of all these into a cohesive national and international program. Let me simply say that the National Cancer Institute has developed the most effective national program of cancer research and control in the history of mankind and that these efforts have already resulted in a reduction in cancer mortality.

"These efforts involve every medical school, cancer center, and most teaching hospitals, all participating in the search for the cause, prevention and cure of cancer. Major commitments have been made by the universities and the cancer centers in space, personnel and funds to make the National Cancer Program work. And work it does.

"We have witnessed during this time major progress in biology, a revolution in molecular biology, including the genetics of cancer, oncogenes, anti-oncogenes, and viral transforming genes all leading to new opportunities in diagnosis and treatment. And the revolution in molecular immunology has led to monoclonal antibodies produced by hybridoma technology, which open up new vistas in research itself and serve as diagnostic and therapeutic tools.

"In the clinical area, new diagnostic tests and new strategies for staging and treatment have been

developed and tested. The therapeutic results in a number of tumors have been markedly improved by new drugs, multidrug combinations, combined modality approaches, adjuvant therapy and biologic response modifiers.

"These research accomplishments have been translated by centers and community oncology programs into procedures which assure comprehensive treatment for almost all Americans. This, in turn, has led to a reduction of mortality, and a reduction in cost by cure and an increase in productivity and in the number of former cancer victims.

"The reductions in mortality have been noted in a variety of cancers which were, in the mid 1970s, largely fatal: testicular cancer reduction 43%; ovarian cancer, 40%; breast cancer, 15%; and now even diffuse non-Hodgkin's lymphoma, 30%.

"These reductions in mortality. . . are cost effective. The medical cost savings in any one year from these reductions by new therapeutic modalities, especially chemotherapy and adjuvant therapy, are estimated to be \$1 billion because initial treatment, which cures, is much less expensive than the cost of treating the patient who is not cured. Further reductions in mortality planned for the Year 2000 by NCI will lead to further cost savings.

"Every single year, if we do nothing else, \$1.135 billion will be saved just because it is cheaper to cure than to palliate. That is the first saving.

"The second is that each cohort of patients which is cured will contribute, each year, for the rest of their lives, \$6.209 billion. So we have already \$7 billion a year that we are ahead with cancer research results of the past, which are possible to implement today.

"If we translate this further to the Year 2000 and save an additional 288,000 individuals, you can see that we will be plowing back into the national treasury so much money that the current research expenditures will be repaid many times over.

"In addition to these accomplishments, there is a tremendous interdigitation of knowledge and exchange between the scientific programs and the various organizations involved. Clearly, basic science is in a continuum with clinical science and clinical care. Every advance in basic science knowledge that can benefit cancer patients can be applied in clinical trials.

"In view of these potential benefits, I think it would be of interest for you to know that the cancer centers which are the recipients of core grants are seriously affected by the reduction in ROIs and possibly in POIs.

"A brief survey of a number of centers has shown that approximately 12 per cent of the budgets of these centers is in core grants, which are less affected by a proposed reduction (in numbers) of

grants by 20 per cent. So cancer centers and all basic research are going to be severely affected by the cutbacks which have been proposed.

Unfortunately, the National Cancer Act is also in jeopardy and needs renewal rather than uncertain maintenance by continuing resolution. The National Cancer Program has had a major impact on cancer research organizations. Before the National Cancer Act was passed, there were five categorical cancer centers in the U.S. There are now 55 cancer centers and actually 58 core grants. They have broad national representation and there is virtually no place that is not within a few hours driving of one of these centers.

"The Cancer Act and its funding of core grants has facilitated establishment of fiscal, administrative and scientific bases at all of these locations. I think it is true that the sum is greater than the parts. New ideas can be implemented quickly.

"If you read the document developed by Dr. DeVita in the (NCI) bypass budget, he has outlined the accomplishments of the Cancer Centers Program and has stated that they, together with the university and community programs, are a vital link to implementation of the goals for the Year 2000.

"During the 1970s, every Congress and Administration recognized the importance of the struggle against cancer. During the late 1970s and 1980s there has been an increasing preoccupation with other budgetary matters, particularly defense and deficits. Yet, in 1984, cancer cost the economy \$11 billion in medical expenditures and \$13 billion in lost wages.

"When the National Cancer Act was passed, NCI had a budget of \$180 million and NIH \$1 billion. In 1980 NCI had \$1 billion and NIH had slightly less than \$4 billion. NIH currently has \$4.56 billion and NCI still has \$1 billion.

"Let's look at 1976 and 1985. There was in that time a 100 per cent increase in the NIH budget. This increase in current dollars each year has amounted to 42 per cent for NCI and 130 per cent for all institutes except NCI. That sounds bad enough, but let me give it to you in real dollars because we purchase equipment and pay salaries in real dollars.

"The increase for NIH in its entirety has been 13 per cent from 1976 to 1984 in real dollars. For NIH excluding NCI, it has been 30 per cent up while for NCI it has been 20 per cent down. In other words, we have lost real dollars.

"The fundable scores over these years reflect the decrease in real dollars. RO1s in 1976 were funded to 247; in 1982, 183; in 1984, 175; and you have heard we are going to be at 160 in 1985. More than two thirds of the research submitted and approved by peer review cannot be funded. That is horrible

because right there among the approved but unfunded proposals are other great discoveries that will never be made.

"If you project to the Year 2000 which Dr. DeVita has done meticulously in his proposal, he requires from 1986 to 1990 a 40 per cent increase in order to reach the goals. We are instead of going up 40 per cent, we are going 40 per cent down in funding.

"He wished to increase the number of cancer centers by 50 per cent. Instead, we are closing at least one, maybe two. He wanted to increase the clinical cooperative groups to funding at recommended levels and then double their capacity; we are not going to be able to do that. The \$20 million annual construction funds to make the bad plants resemble modern plants is just going to be miniscule compared to the goal and need.

"If that is what the American people want, that is what they are going to get. But... there are two things Americans fear most: war, which will annihilate them, but they can't believe that it will happen. And they fear death from cancer, and they know it is happening because one of their neighbors or they themselves already has had it or will have it.

"I see two big crises and I am going to face them squarely with you and I am asking you to help me solve them. The first is not the money crisis. There is a more fundamental crisis that you are going to have to help me deal with.

"We have not had a reauthorization of the National Cancer Act for a number of years. This has not been a healthy state of affairs. It may lead to serious attrition of the working of an Institute that is a jewel, that has managed, despite the funding deficits, to create the instrument which we are all proud of. But people are nipping at this Institute.

"Another fact of this organizational crisis is the recently proposed NIH reorganization initiative. This goes contrary to an old saying, 'If it works, don't fix it.' They are trying to fix it. I don't know why. It is going to do tremendous harm to the National Cancer Institute. This is my own as well as this Association's opinion.

"The second priority is the funding crunch. The funding crunch is due to the proposed forward funding. What it means in plain English is to take the money available now and you commit it for two additional years, which means you have less money in those two years. Although it looks very well on paper it is not going to look well in the cash flow of the centers and research workers. It is going to be terrible. We have been told that there are alternate sources. You have heard from a number of people that there are alternative sources. I maintain that alternate sources are not going to

replace the National Cancer Institute and the National Institutes of Health.

"The private sector is giving as much as it can. Industry will not give research support until it sees results past the basic science. The basic science drives the pump of future discoveries and industry will come in at that point. No future discoveries, no industry support.

"What are the consequences of the present crisis? The first is that there is this yo-yo effect which affects all of us in administration and some of us in research. Only some of us in research because the administrators everywhere, NCI and the various center and university administrators, are trying everything to keep some stability. We can't do it much longer.

"Currently, some cancer centers are funded at 85 per cent of peer review recommended levels, some at 95 per cent, and I am told some soon will be funded at 77 per cent. We do not blame NCI for this. They are trying to do an impossible task.

"The next thing is that ROIs and possibly POIs will be diminished and that we are going to be funding only to a score of 158 or 160 (if the Office of Management & Budget's policy of funding only 5,000 grants through the forward funding scheme prevails). And that only 790 (NCI) competing grants will be funded. The rest are not worthless; they just don't make it at this time and not making it means not making discoveries.

"There is going to be further deterioration of equipment and we are going to lose the ball game to the Japanese, the Scandinavians, the Germans and the French. There will be further deterioration of our plants and our plants are too old already. The best will be hurt.

"The people who are in the centers that attract the money, the universities that attract the money, are the young people we would like to inspire. When they see us at the end of the day they are saying, 'What on earth for?' We are turning away the next generation of scientists. We don't want to do this. We will do this if we fund only 27 to 30 per cent of research grants.

"What are my recommendations? The highest priority of the Association of American Cancer Institutes and a coalition of over 20 supporting cancer research organizations, is to accomplish the reauthorization of the National Cancer Act. This is a working machinery which is successful. Let's not tamper with it. Let's make sure it is stable.

"The second is that in view of the recent events of the 1960s, 1970s and 1985—of rescission, impoundment and forward funding—we are going to ask for a budget line and place this in the appropriate bill language. The American people want cancer research and biologic research to move forward with the same

speed at which it has moved for the last decade.

"We have done everything in our power to reverse the forward funding decision. We think that the intent of Congress has been misunderstood, to put it gently. It had, in fact, been contravened. We appreciate the reassessment which is now taking place.

"We will then ask further for repair of the infrastructure. When we go smiling through the halls of our universities we will inspire the young to come back into research.

"The cancer research community and the cancer centers, working together with the National Cancer Institute and the National Institutes of Health, have rallied to the challenges of the past and created the most effective research organization against cancer in the world. The American people, through their representatives in Congress, have supported this effort year after year because of their faith that scientific endeavor will solve the riddle of cancer and result in decreased incidence and decreased mortality from this dread disease.

"We can assure our citizens that we are on the road to fulfill these goals. Our job now is to assure stability, not to lose the inertial force which we have. We need everybody's help including the Executive Branch, the Legislative Branch, OMB, NIH, the public and the scientists. The cancer patients, their families and those at risk for cancer are counting on all of us.

"Please listen."

Sen. Orrin Hatch (R.-Utah), chairman of the Labor & Human Resources Committee, said in his address to AACI (portions of which were reported in the June 21 issue of **The Cancer Letter**) that "much could be done to prevent cancer by promoting healthier life styles. We must increase the willingness of people to assume personal responsibility for their health . . . We have a long way to go in learning the relationship of diet and cancer."

Citing the reduced rates of cancer among Mormons, and of their overall lower rate of hospitalization, Hatch (who is a member of the Mormon Church) said that "if the U.S. hospitalization rate were the same as that of Utah, we would save \$17 billion a year. If everyone quit smoking, we would save \$40 billion a year."

Hatch said that he tried last year to persuade President Reagan not to veto the NIH reauthorization bill, "but now I'm not so sure he was wrong." His bill introduced last week is similar to the 1984 legislation but does not include the provision creating a National Institute of Nursing Research, one of the reasons Reagan cited for the veto. Hatch said he opposed a line item for centers; "it's unwise to allocate resources within an agency."

RFA AVAILABLE

RFA 85-CA-19

Title: Differentiating agents in human malignancies

Deadlines: Letter of intent, Aug. 15; applications, Oct. 15

NCI's Div. of Cancer Treatment invites grant applications for a tightly focused, cohesive research program at the interface of basic research and concurrent clinical trials involving differentiating agents in human tumors.

A series of clinical observations has led to interest in differentiating agents as potential therapy for human malignancies. The concept that cancers are composed of cells blocked at an early stage of normal maturation has stimulated a search for agents with potential differentiating effects. Such agents are particularly attractive since, in principle, they should have few effects on normal tissue and therefore, avoid many of the toxicities of chemotherapy or radiation therapy. Retinoids were one of the first classes of agents studied and were observed to induce differentiation in a number of in vivo systems. A wide range of compounds have subsequently been discovered, including polar solvents, fatty acids, vitamin D analogues, and several cytotoxic agents (pyrimidines, purines, anthracyclines) which cause differentiation in vitro at doses below the cytotoxic level. A broad spectrum of cellular alterations has been observed after treatment of established human tumor cell lines with these compounds. In most cases, however, there is no clear cause and effect relationship and the specific sites of growth control at the cellular level remain obscure.

Such in vitro observations have led to sporadic, empirical clinical trials of several differentiating agents. These trials, however, have yielded conflicting results and have methodologic flaws. For example, with similar schedules of low doses of Ara-C, complete response rates in acute leukemia and myelodysplastic syndromes range from 10% to over 50%; the drug has appeared to act as a maturational agent in some series and as a cytotoxic agent in others. There are several possible explanations for these and other discrepancies. First, the tumors which have been most frequently studied include acute myelocytic leukemia, myelodysplastic syndromes, and neuroblastoma, which are relatively uncommon, and important subgroup analyses have been lacking. Second, there are at present no clearcut biochemical effects for these agents at the cellular level which have been correlated with clinical efficacy. There are limited data as to the clinical relevance of any of the laboratory phenomena described thus far. The central issue is the lack of methodology which permits distinguishing between cellular differentiation and cytotoxicity followed by regeneration.

Thus, while there is a substantial amount of ongoing basic research and an obvious timeliness for entry of potential differentiating agents into organized clinical trials, currently, there are limited spontaneous correlative studies ongoing and

many tumor types and laboratory techniques remain unaddressed. The accurate and precise measurement of treatment effect at a clinical level remains a serious problem in clinical trial design. Research directed at the development of such measures, based on accumulated preclinical experience, is an essential step in further clinical studies.

Studies should be proposed for a tightly focused, cohesive research program at the interface of basic research and concurrent clinical trials involving differentiating agents in human tumors. These studies should emphasize:

1. Laboratory exploration of in vitro/in vivo systems for measuring differentiation/maturation that could have clinical applicability.

2. Establishment of the validity of these measures in the clinical setting. Applications will be sought which will develop laboratory-clinical interactions.

A potential applicant institution is encouraged to submit a one page letter of intent, including a brief synopsis of the proposed research and to consult with NCI staff before submitting an application. A letter of intent is not binding, is not a requirement for consideration, and does not enter into the review of a subsequent application.

Letters of intent should be sent to, and copies of the RFA may be obtained from, Dr. Bruce Cheson, Clinical Investigations Branch, Cancer Therapy Evaluation Program, DCT, NCI, Landow Bldg Rm 4A 14, Bethesda, Md. 20205, phone 301-496-2522.

The concept from which this RFA was derived was approved by the DCT Board of Scientific Counselors at its winter meeting and was reported in The Cancer Letter March 8, page 7. The Board approved a total of \$750,000 in first year funding which was estimated to support three awards of three years each.

RFA 85-CA-13

Title: Clinical evaluation of models of biochemical modulation

Correction:

The announcement of this RFA's availability included the statement, "Applications are encouraged which focus on (NCI sponsored IND drugs that are leading candidates with biochemical modulatory properties)." That statement has been revised to add, "or other drugs with biochemical modulatory properties."

Also, the anticipated starting date for the initial annual period has been changed from April 1, 1986 to Sept. 30, 1986, to July 1, 1986 to Sept. 30, 1986.

NCI ADVISORY GROUP, OTHER CANCER MEETINGS FOR JULY, AUGUST, FUTURE

Frederick Cancer Research Facility Advisory Committee—July 1-2, NIH Bldg 31 Rm 10, open July 1 8:30-5 p.m.

XIIth International Symposium on Comparative Research on Leukemia and Related Diseases—July 7-12, Hamburg, Germany. Contact Dr. David Yohn, Secretary General, Suite 302, 410 W. 12th Ave., Columbus, Ohio 43210, phone 614-422-5602.

International Congress of Radiology--July 8-12, Honolulu. Quadrennial meeting. Contact ACR, 6900 Wisconsin Ave., Chevy Chase, Md. 20815, phone 301-654-6900.

Biometry & Epidemiology Contract Review Committee--July 18-19, NIH Bldg 31 Rm 9, open July 18 8:30-9 a.m.

Developmental Therapeutics Contract Review Committee--July 26, 29, 30, NIH Bldg 31 Rm 7, open 8:30-9 a.m. July 26 and 29.

Cancer Preclinical Program Project Review Committee--July 30-31, Linden Hill Hotel, Bethesda. Open July 30, 8:30-9:30 a.m.

Joint Conference of the 17th International Leukocyte Culture Conference and 22nd National Meeting of the Reticuloendothelial Society--Aug. 3-8, Ithaca, N.Y. Contact RES/LCC Conference Office, Cr. Sherwood Reichard, Medical College of Georgia, Augusta 30912, phone 404-828-2601.

International Society for Developmental Biologists--Aug. 4-9, Los Angeles. 10th Congress. Contact Harold Slavkin, Univ. of Southern California, GER 314-MC 0191, Los Angeles 90089.

Pathology of Laboratory Animals--Aug. 5-9, Bethesda. Contact Armed Forces Institute of Pathology, Associate Director of Education, phone 301-576-2939.

39th Annual Rocky Mountain Cancer Conference--Aug. 9, Marriott Hotel Southeast, Denver. Contact American Cancer Society, Colorado Div., 2255 S. Oneida, Denver 80224, phone 303-758-2030.

Terry Fox Conference on Cancer Prevention--Aug. 12-14, Vancouver. Contact Dr. H.F. Stich, British Columbia Cancer Research Center, 601 W. 10th Ave., Vancouver, B.C. V5Z 1L3, Canada.

Antibiotic Update: Carbapenems--Aug. 14, Alameda Plaza Hotel, Wornall Rd. at Ward Parkway, Kansas City, Mo. Contact Jan Johnston, Office of Continuing Education, Univ. of Kansas Medical Center, 39th and Rainbow Blvd., Kansas City, Kan. 66103, phone 913-588-4480.

Hazards: Antineoplastic Agents--Methods for Safe Handling--Aug. 18-19, Washington D.C. Convention Center. Conference on oncologic pharmacy and nursing. Contact Stephen K. Herlitz Inc., 404 Park Ave. South, New York 10016.

Gordon Research Conference on Hormonal Carcinogenesis--Aug. 25-30, New Hampton, N.H. Contact Dr. Jonathan Li, Medical Research Labs, VA Medical Center, Minneapolis 55417, phone 612-725-6767 Ext. 6022.

4th World Conference on Lung Cancer--Aug. 25-30, Toronto. Contact Conference on Lung Cancer, Secretariat Office, 342 MacLaren St., Ottawa, Ontario, K2P 0M6, Canada.

Cancer Therapeutic Program Project Review Committee--Aug. 29, NIH Bldg 31 Rm 7, open 8-8:30 a.m.

FUTURE MEETINGS

Toward 2000: Directions in Oncology--Oct. 16-18, Fox Chase Cancer Center, Philadelphia. For physicians interested in state of the art oncology. Contact Peggy Connors, Conference Coordinator, FCCC, 7701 Burholme Ave., Philadelphia 19111, phone 215-728-3110.

Community Cancer Care--Oct. 17-20, Hyatt Regency, Indianapolis. Fourth national seminar. Contact William Dugan, M.D., or Donna Minnick, Co-Chairmen, Methodist Hospital of Indiana, Graduate Medical Center, 1604 N. Capitol Ave., Indianapolis 46202, phone 317-929-3733.

Current Concepts in Medical Oncology--Oct. 21-25, Memorial Sloan-Kettering Cancer Center, New York. Contact Continuing Medical Education Planning Office, C180, MSKCC, 1275 York Ave., New York 10021, phone 212-794-6754.

Management of Cancer Pain--Nov. 14-16, Memorial Sloan-Kettering Cancer Center. Contact, see above.

Managing Conduct and Data Quality of Toxicology Studies--Nov. 18-20, Mission Valley Conference and Expo Center, Raleigh, N.C. Contact Susan Wood, Corporate Travel International, PO Box 30607, Raleigh 27622, phone 800-672-8537 within N.C., 800-334-9798 outside.

Diagnostic Cytopathology for Pathologists--Feb.-May, 1986, Johns Hopkins Univ. School of Medicine, Baltimore. Home Study Course A, Feb.-April, 1986; In Residence Course B, April 28-May 9. Early application advised; deadline for registration is March 28. Contact John Frost M.D., 604 Pathology Bldg, Johns Hopkins Hospital, Baltimore 21205.

NCI CONTRACT AWARDS

TITLE: Record linkage studies utilizing resources in population based tumor registries, master agreements

CONTRACTORS: Univ. of Southern California, Mayo Foundation, Louisiana Dept of Health & Human Resources, Osaka Cancer Registry, Japan, Miyagi Prefectural Cancer Registry, Japan, New Jersey State Dept. of Health, Connecticut Dept. of Health Services, Univ. of Iowa, Control Agency of British Columbia, Fred Hutchinson Cancer Research Center, Rhode Island Health Services Research, Inc., Ontario Cancer Treatment & Research Foundation, Shanghai Cancer Institute, Israel Center for Registration of Cancer & Allied Diseases, Michigan Cancer Foundation, Health Resources Inc. and New York State Dept. of Health, Univ. of New Mexico, Northern California Cancer Program, Emory Univ., Danish Cancer Registry, Copenhagen, Univ. of Utah.

The Cancer Letter -- Editor Jerry D. Boyd

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