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## Organ Systems Program Progress, Momentum Threatened During Transition, Karr Contends

The Organ Systems Program, bedeviled throughout the 1980s by NCI imposed changes in its structure and the way it operates and by threats to its existence, once again is in transition. If James Karr is correct, the progress and  
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### In Brief

### Paul Rambaut Leaving NCI For NATO Position; Niederhuber New Cancer Commission Chairman

PAUL RAMBAUT, deputy director of NCI's Div. of Extramural Activities, will leave in early January to become deputy assistant secretary general for scientific and environmental affairs of NATO, working out of Brussels. DEA Director Barbara Bynum said Rambaut "energized" the division by tackling various problems related to peer review, "especially the knotty problems" in revising review of program projects. Rambaut, who speaks fluent Russian, was also in charge of the US-USSR bilateral agreement for cancer research. . . . OTHER DCE staff changes: Paulette Gray has been named chief of the new Review & Logistics Branch. Vincent Oliverio, associate director for program coordination, has been acting chief since the branch was formed. Gray has been responsible for review of the Outstanding Investigator Grants since the inception of that program. Bynum announced that DCE is planning a colloquium of OIG recipients to establish procedures for review of renewal of the seven year awards . . . . ROBERT WEBSTER has been promoted to chairman of virology/molecular biology at St. Jude Children's Research Hospital. He has been with St. Jude for more than 20 years, directing research on influenza viruses and their origins. Webster succeeds Allan Granoff as department chairman; Granoff will give full time to his duties as the hospital's deputy director, under Joseph Simone. . . . JOHN NIEDERHUBER, professor of surgical oncology at Johns Hopkins, has been elected chairman of the American College of Surgeons Commission on Cancer, succeeding Robert Janes. Niederhuber is currently chairman of the Div. of Cancer Treatment Board of Scientific Counselors . . . . NEW MEMBERS of the DCT Board are Robert Baehner, physician in chief at Childrens Hospital of Los Angeles; Frank Huennekens, Div. of Biochemistry at the Research Institute of Scripps Clinic; and Kenneth Olden, director of the Howard Univ. Cancer Center.

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## OSP Progress, Momentum Threatened During Transition, Karr Tells NCAB

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momentum built up since the last reorganization is being compromised in this transition period.

Karr is director of the Organ Systems Coordinating Center and principal investigator for the cooperative agreement from NCI which supports OSCC at Roswell Park Memorial Institute. OSCC will be closed down next July and its functions transferred to NCI, where they will be carried out by NCI staff and a support contractor.

(The RFP for that contract has been cleared through NCI and NIH and will be issued soon).

The program began in the early 1970s, creating independent working groups for disease sites in which it was determined little or no research was being done, or significant gaps existed which were not being addressed. Each working group was headquartered outside NCI at an academic institution. Each conducted its own workshops, developed what is now known as research concepts or initiatives, and made known their availability through informal avenues. Responses to those initiatives, in the form of grant applications, were reviewed by each group, and given priority scores.

All this was funded by NCI, and grants were awarded up to the limits of the budget for each group, without too much regard for NCI and NIH paylines. For the most part, funded grants were scientifically meritorious, and they had to be approved by the National Cancer Advisory Board.

When Vincent DeVita became NCI director in 1980, he questioned whether the program should continue, given the increasingly tight overall NCI budget. He also suggested that once the field had been stimulated in a disease site, that working group might be phased out as having completed its task.

DeVita and the NCAB clashed repeatedly over those issues, but agreed on a review of the program. The reviewers determined that concept development and peer review of the resulting grants were not compatible tasks and recommended that review be brought back to NIH.

It was also recommended that the independent working group headquarters be consolidated into one coordinating center. DeVita and the NCAB agreed with those suggestions, and Roswell Park won the

competition for the new Organ Systems Coordinating Center.

The working groups continued to search for gaps and generate research initiatives for presentation to the boards of scientific counselors of the appropriate NCI program divisions. The resulting grants portfolio was managed by the Organ Systems Section of the Div. of Cancer Prevention & Control.

With the five year cooperative agreement for the OSCC due to expire in July, 1989, DeVita last year suggested major changes once again. NCI staff felt that management of the portfolio should be in the hands of the division program directors; and DeVita asked that the question of bringing the OSCC functions in house be considered.

After considerable debate and strong support expressed for continuing the external OSCC from working group members and by the OSCC Advisory Committee, the NCAB voted to disperse the grants portfolio and to kill the external OSCC.

Working group members adjusted easily enough to portfolio dispersal. They had been comfortable working with Organ Systems Section Chief Andrew Chiarodo and his staff, but the enthusiasm of the NCI organ systems coordinators, headed by Brian Kimes, and the help they are being given by staff in developing and presenting concepts to the BSCs, apparently has won them over.

There was never any logical argument presented for transferring the OSCC functions to NCI. Only one significant reason was presented, that NCI could save money by dropping the \$900,000 a year grant which supported the center. NCI backed away from that when it was pointed out most of that money supported the working groups and their activities--travel to meetings, workshops, publications; and that Roswell Park and the state of New York picked up much of the cost of running the center, including all of Karr's salary and 60 percent of that of his scientific director.

Moreover, the move was suggested at a time when NCI management was complaining bitterly about the reduction in number of positions allocated the Institute. Taking on the OSCC tasks will add further pressure on NCI's understaffed offices.

Most of the support work required by the working groups and the program will be done through a contract. Work under the contract will be on a task order basis. Total cost of the contract will be limited to the amount

being spent on the OSCC, \$900,000 a year.

Unless the contractor can come up with enough cost savings to make up for what Roswell Park was contributing, the scope of organ systems activities will have to be reduced.

Karr's work and that of his staff (other than what the contractor does) will be divided among Chiarodo, Kimes and other NCI staff members.

The decision to drop the OSCC was not one of the NCAB's more inspired actions.

"We were totally surprised by that," one staff member told *The Cancer Letter*. "We wanted the portfolio, but we didn't particularly want the coordinating center here."

That attitude had not been conveyed to NCAB members. Asked why he had supported the decision after the vote last February, Bernard Fisher, chairman of the Board's Organ Systems Program Committee, said, "It's what the staff wanted, and we thought that since it was their responsibility, they should run the program the way they wanted to."

Karr in his "farewell address" to the NCAB last week presented a mixed report of optimism and apprehension.

"I do not think that anyone can question that the strength and success of the Organ Systems Program resides in the working groups," Karr said. "They have been able to function with a certain degree of flexibility and autonomy in setting their own agendas and priorities. The OSCC served to support the working groups and to insulate them from NCI program control.

"In February, we were told that the working groups would be chartered, so as to ensure their stability and to give them both official status and greater prestige. We were told that if they were chartered, they could be privy to actual progress reports from grants and thus could do some real time tracking of research activities first hand. This idea was appealing to some, so it served its initial purpose.

"In March, the charter plans were confirmed in a special communication to all working group members from the (NCI) director's office, but then this plan was dropped a month later. Now, instead of chartering the working groups, there is talk of reducing their size from the current level of 15, to six or eight or 10 members, and there is concern that the working groups will only be able to function as ad hoc groups, with purely

advisory status, such that they will be asked to respond to agenda items rather than generate them.

"This could change the dynamics, diversity, cohesiveness and creativity of the working groups. It will place greater control with NCI staff.

"Recruitment is yet another concern, because the diversity and infusion of new ideas has been ensured by annually replacing up to five members of each working group. Presently, while the definition, composition, tenure and role of the working groups are being developed, recruitment of new members has been nil. On previous occasions we have voiced concern that future appointments will be controlled by NCI, such that the composition of working groups will conform to an NCI bias."

Karr objected to NCI's decision not to continue support of the quarterly newsletter published by the OSCC.

"One of the original objectives, as spelled out in the cooperative agreement, was to keep the biomedical community informed on matters relevant to organ systems activities. We did this mainly through the OS Newsletter.

"The newsletter primarily featured workshop reports, research progress reports from grantees and full writeups on new initiatives, thereby giving researchers ample time to do all the preparatory work involved with submitting grant applications that frequently would include multidisciplinary, multi-institutional collaborative arrangements. The newsletter gave the programs clear visibility and identity to over 8,000 individuals who received it free of charge. It was probably the best means of stimulating research interest and participation in organ systems activities.

"In April, OSCC was advised by NCI officials to stop publishing the newsletter. No reason was given, except that its need was questioned by NCI leadership. Needless to say, we were stunned, and this action sent a wave of surprise and disappointment throughout the Organ Systems Program.

"The working groups have also published an assortment of various books and journal articles. Now I am told that it is doubtful that the future Organ Systems Program will be able to sustain this level of communications and reporting to the biomedical community.

"Another disappointment concerns communications from NCI back to the working groups. The five collaborative networks of investigators that have been formed in

response to organ systems RFAs are an example. The working groups developed these concepts and presented them to the BSCs, and they have been interested in some direct feedback of progress made toward the original concept goals. Now the network activities and meetings are limited to NCI staff, such that feedback of progress to the working groups has been varied. In the case of the large bowel network, the working group has been given no information on who is doing the coordinating, what progress has been made or what they are planning. Early on, OSCC's facilitating role was eliminated from the prostate and bladder networks. So the concern is that in order to maintain the interest of the working groups, there is a need to keep them well informed on the progress of the research their ideas generated. They should also be provided with comprehensive reports on all other NCI supported research if they are to identify gap areas."

**Karr also reported a problem with support of workshops.**

"Workshops and conferences have been one of the principal activities of each working group. In April, the Prostate Working Group was informed that R13 grant applications would have to be developed to fund future workshops after the OSCC grant expires. Since the NCI Executive Committee has put a ceiling of about \$10,000 on these grants, working group members were told that they could apply to other agencies for support of larger workshops. This was damaging to morale. It places control of workshop funding almost entirely in the hands of NCI, and it represents another stop in the loss of working group autonomy. The working groups still do not know if other funds will be available, and they continue to operate with uncertainty about the process or mechanisms for getting workshop funding.

"Throughout the transition period, the working groups have been presented with a paradox that raises one of the most serious questions that the OSP now faces. At the outset of these programs, the most highly sought after products were new initiatives or concepts. The challenge, to echo Dr. DeVita, was to compete in the 'market place of ideas.' The prize was BSC approval of a concept destined for RFA or program announcement development. Now, the working groups are told that they will no longer be 'concept driven.' The perception is that the operational strategies had to be restructured in order to

tighten NCI management of the programs.

"In fact, NCI recently showed the Large Bowel Working Group a bar graph depicting the rapid rise in dollar amounts through organ systems RFAs that were approved by the BSCs during the first three years of the OSCC. They were told that this success led to budgetary and priority dilemmas for NCI, and that this was a main reason for restructuring the Organ Systems Program.

"Working groups are asked on one hand to come forth with their best ideas, but on the other hand they are told that the program will no longer be concept driven. . . One should ask, as have many working group members, 'How do you motivate or energize a working group when in so many words they have been told they were too successful and should compete less vigorously in the market place of ideas?'"

Karr said he has discussed all these matters with NCI. "I can assure you that Doctors Kimes, Chiarodo and (David) Longfellow (OSP coordinator for the Div. of Cancer Etiology) are working very hard to try to make the program succeed. We have met and have agreed, disagreed, argued and resolved a number of points during this transition, and we are making progress."

But after reporting on previous successes of each of the seven working groups, Karr noted that the successes primarily represented "completion of projects that were already in the pipeline at this time last year. The pipeline for next year, by comparison, is not well primed."

Karr also called on NCI to add more staff members to the Organ Systems Section, at least to fill the vacancy left when Vincent Cairoli was promoted to chief of the Cancer Training Branch.

**Kimes in his response before the NCAB said he wanted to "emphasize the positive. . . Enthusiasm for the program has been generated throughout NCI and the Executive Committee." In discussions among working group members and NCI staff, "We are coming to conclusions on what will work and what won't. . . We are defining priorities carefully in light of budget restrictions."**

Kimes insisted that there is no intention of dropping concept development by the working groups, but "there are other ways to evaluate the success of multidisciplinary input."

Reducing the size of the groups to eight or 10 core members would permit addition of ad

hoc members with special expertise as needed.

On the issue of chartering the groups, Board member John Durant said that "we did think we were committing" to that.

Kimes said the decision not to charter them was made to retain flexibility in group membership. NIH rules prohibit individuals from serving on more than one chartered committee at a time, and many of the working group members are also members of NIH study sections or other chartered bodies.

Board member Helene Brown said that dropping the newsletter was "impacting negatively" on the program and "is disappointing to me."

Kimes said that the Executive Committee "was not sure if we would continue the newsletter" after the OSCC closes up. "We didn't think it would be a good idea to continue it if we were going to shut it down later."

Besides, Kimes added, "The Cancer Letter does a very good job reporting most of the information that was in the newsletter."

(Ed. note: The OSP Newsletter published concept statements as approved by the boards of scientific counselors, but since it was published only four times a year, those publications usually occurred weeks or months after The Cancer Letter provided the same information, along with BSC discussions and other relevant facts. However, the OSP Newsletter also carried summaries of the workshops, generally the only source of that information).

Kimes told The Cancer Letter after the NCAB meeting that NCI fully supported publication of workshop proceedings through other means. He also said there has been no intention to restrict other publications by the working groups. He added that if the working groups wanted to publish a newsletter with funds from sources other than NCI, they are free to do so.

Kimes also said the requirement for groups to compete for R13 grant support for workshops did not apply to small workshops but only for "the big international meetings, with 200 or so participants."

Alan Rabson, acting NCI director, said that the changes in the program "are an experiment. We think it will work out well."

DCE Director Richard Adamson mentioned the concept on the etiology of prostate cancer which was approved by his division's Board of Scientific Counselors. "Dave Longfellow rewrote that concept in collaboration with working

group members. The concept as originally written was so unfocused it would never have passed our Board."

"On paper, it may look like things are going well but actually they are not," NCAB member Samuel Wells said, citing comments he had heard from some working group members.

Karr said the present state of mind among the working groups "is varied. . . Some are upbeat, with recent successes of RFAs. The mood is down in some quarters, and there is some talk of resignations by some members."

"I would be surprised if we did not have a background noise of moaning, when you change the way things are being done," NCAB Chairman David Korn said. "I would be cautious about drawing conclusions now."

"The working groups should be clearly informed of what is expected of them," Board member Enrico Mihich said.

Kimes said that NCI is developing a document "that clearly defines" the role of the groups. It will be distributed to group members and to other extramural scientists.

## **Holland, Leder Win \$250,000 Milken Awards; Six Receive \$50,000 Each**

The two largest awards to distinguished clinical and basic scientists ever made in the field of cancer research were presented to James Holland and Philip Leder Dec. 9 at an awards banquet in Beverly Hills.

The awards were \$250,000 each. Six additional awards of \$50,000 each were also presented at the banquet.

The awards were made by the Milken Family Medical Foundation. Financier Michael Milken said the awards would be made each year, with the goal of encouraging outstanding investigators to continue their work and rewarding those who may not have been adequately recognized for their achievements.

Holland is chairman of the Dept. of Neoplastic Diseases at Mount Sinai School of Medicine and is director of the Gerald H. Rutenberg Cancer Center. He is a pioneer in the use of combination chemotherapy, developed some of the first successful regimens for pediatric and adult leukemia, did the first trials with adriamycin for osteosarcoma, reported the activity of cisplatin against testicular cancer and conducted trials demonstrating success of adjuvant chemotherapy for breast cancer. He was one of the first cooperative group chairmen and headed Cancer & Leukemia Group B for many years.

Leder received the distinguished basic scientists award for his leadership in developing methods crucial in recombinant DNA technology, for devising the first successful strategy for cloning a mammalian gene and in elucidating the genetic basis of antibody diversity. He has identified the role of the c myc oncogene in Burkitt's lymphoma and has shown that some genes actually reduce or delay the onset of malignancy.

Leder is chairman of the Dept. of Genetics at Harvard Medical School and is a senior investigator with the Howard Hughes Medical Institution.

The three outstanding clinician awards went to Charles (Snuffy) Myers, chief of the Medicine Branch in NCI's Div. of Cancer Treatment; Steven Rosenberg, chief of the Surgery Branch of DCT; and Dennis Slamon, associate professor of medicine at the UCLA School of Medicine.

The three outstanding basic scientist awards were made to Lance Liotta, chief of the Laboratory of Pathology of NCI's Div. of Cancer Biology & Diagnosis; Victor Ling, senior scientist at the Ontario Cancer Institute and professor of medical biophysics at the Univ. of Toronto; and Robert Tijian, professor of biochemistry at the Univ. of California (Berkeley).

## **NCAB Honors One Of Its Own, Who Had An Appointment In Stockholm**

Gertrude Elion had a pretty good excuse for missing last week's meeting of the National Cancer Advisory Board.

She was on the way to Stockholm to pick up her Nobel Prize.

Elion thus became the second Nobel Laureate on the current NCAB (Howard Temin is the other) and the first ever to win the award while sitting on the Board. James Watson, who was a member of the first NCAB after it was created by the National Cancer Act of 1971, is the only other Nobel winner appointed to the Board.

The Board acknowledged Elion's achievement by approving the following resolution:

"Whereas, Gertrude B. Elion has devoted her life to biomedical science; and whereas she and her collaborators brought the dawning of a new era in cancer treatment with the discovery of thioguanine and 6-mercaptopurine; and whereas her discovery among other achievements gave new tools to clinicians to

fight gout, malaria, autoimmune disorders, cardiovascular disease, ulcers, and organ transplant rejection and broke the barrier of treatment of viral infections, thereby laying the groundwork for the first effective treatment for AIDS; and whereas not even the Nobel Prize, the highest of scientific honors, can offer the full recognition she merits for having challenged the most formidable of diseases and aided millions of people across the world who will continue to benefit from her work through years to come; and whereas her achievements provide special encouragement to women in biomedical science; and whereas she has served the National Cancer Program as part of the National Cancer Advisory Board; therefore, be it resolved that the National Cancer Advisory Board rejoices in the bright reflected glow and offers its warmest congratulations to Gertrude Elion on the occasion of her receive the Nobel Prize for Medicine."

Elion shared the prize with her Burroughs Wellcome colleague, George Hitchings, and with Briton James Black.

## **Final Issue of 1988: Office Closed But Phone Messages Checked Daily**

While the Bush transition team and the FBI continue checking out various appointees (including Samuel Broder as director of the National Cancer Institute), The Cancer Letter staff will join Congress, NFL teams which didn't make the playoffs, and those who free whales from frozen oceans in taking some time off during the holidays.

This is issue No. 48 of Volume 14, the final issue of the year. The next issue will be Volume 15, No. 1, dated Jan. 6, 1989.

The office will be closed intermittently from Dec. 20-Jan. 3, but we will check the phone tape daily except Christmas day and when the playoffs and bowl games are on.

Best wishes for the holiday season and the New Year.

## **RFAs Available**

### **RFA 89-CA-05**

Title: Worksite health promotion interventions

Letter of Intent receipt date: Jan. 24

Application receipt date: May 5

The Div. of Cancer Prevention & Control of NCI invites applications for cooperative agreements to expand and improve cancer prevention and control programs offered in worksites. A worksite is defined as a geographically contiguous employment setting. Applications for a Data Coordination Unit to assist in coordination of comparative data analyses across awardees are also invited.

Intent of this RFA is to stimulate the design, implementation and evaluation of nutrition, screening and tobacco control worksite interventions aimed at cancer prevention and control. It is anticipated that the designed worksite interventions will reflect some model of behavioral and environmental changes applicable to the worksite setting and capable of changing individual behavior and affecting worksite norms. Researchers are expected to address at least two of the three components (i.e., nutrition, screening, tobacco control) as part of the total intervention.

Any occupational exposures to carcinogens should be addressed in the design of programs under this RFA. It would be appropriate to target worksites in which there is an enhanced risk created by the interaction of environmental factors such as occupational exposure to carcinogens and lifestyle factors such as smoking.

Because little is known about how to effectively modify eating behaviors in the work environment, nutrition will be given a high priority. This means that all else being equal in terms of the quality of applications as assessed by peer review, applications with a nutrition component will be given priority over those without a component during the funding decision making process.

The major research question to be answered is: Will employees in an intervention worksite demonstrate cancer risk reducing behaviors to a greater extent than workers in a nonintervention worksite? Corollary questions might be: What approaches are effective in generating participation of worksites and workers in health promotion programs? What is the impact of worksite policies, such as nutrition and smoking policies, on worker behavior? How should cancer prevention interventions be integrated into existing chronic disease interventions or existing occupational health programs?

Separate applications for the Data Coordination Unit are invited. The purpose of this unit is to provide capacity in research design, research data management of multiple large data sets, statistical analysis, and program content necessary for the creation of compatible data bases. These data bases will be used for performing comparative analyses across the awards. Each awardee is responsible for the data collection and analysis within his or her cooperative agreement. The Data Coordination Unit will be responsible for the data management functions required for analysis across the awardees. The design and interpretation of such an analysis will be a joint endeavor of the awardee, the Data Coordination Unit and NCI.

Applicants may be universities, corporations, public health agencies, wellness councils, business coalitions, unions, voluntary organizations, consultant firms, etc., or combinations thereof. Teams of applicants are encouraged. Among a team of applicants, one institution must be proposed as the lead institution to serve as the applicant and assume responsibility for the conduct of the award.

Support of this program will be through the cooperative agreement mechanism. Three or more total awards are anticipated including the Data Coordination Unit. The number of awards depends on the quality of the application and the availability of funding. Funding is limited to a maximum of five years at approximately \$330,000 per year.

Copies of the complete RFA and additional information may be obtained from Jerianne Heimendinger, DSc, Program Director, NCI, DCPC, Health Promotion Sciences Branch, Executive Plaza North, Rm 239E, Bethesda, MD 20892, phone 301/496-0273.

## RFPs Available

Requests for proposals described here pertain to contracts planned for award by the National Cancer

Institute unless otherwise noted. NCI listings will show the phone number of the Contracting Officer or Contract Specialist who will respond to questions. Address requests for NCI RFPs, citing the RFP number, to the individual named, the Executive Plaza room number shown, National Cancer Institute, NIH, Bethesda, MD 20892. Proposals may be hand delivered to Executive Plaza, 6130 Executive Blvd., Rockville, MD. RFP announcements from other agencies will include the complete mailing address at the end of each.

### RFP NCI-CP-95608-21

Title: Etiology of childhood leukemia: measurement of low frequency electromagnetic fields

Deadline: Approximately Feb. 15

The Radiation Epidemiology Branch of NCI's Div. of Cancer Etiology is soliciting proposals for on time (or instantaneous) measurements of electric and magnetic fields within residences and schools, as well as continuous (24-72 hour) measurements in collaboration with a case control investigation that is a component of a large case control telephone interview study conducted by the Childrens Cancer Study Group.

The contractor shall (1) establish contact with a coordinating center which will coordinate activities between NCI and CCSG (the coordinating center will be funded under a separate contract); (2) develop a protocol for standardized measurement of electric and magnetic fields at a single point in time and over 24 to 72 hours within residences and schools and a second protocol for standardized diagramming of external power lines in proximity to homes and schools; (3) identify for NCI all appropriate electric and magnetic field measurement devices, then purchase the devices selected by NCI; (4) work with the coordinating center to promote the participation of household members and school officials in the measurement components; (5) perform measurements of electrical and magnetic fields in all lifetime residences (estimated to be about 8,000) and schools (approximately 1,500) located throughout the U.S., using a standardized protocol developed by the contractor and NCI; (6) perform readings of instantaneous and continuous electromagnetic radiation measurements which shall be reduced and summarized and made available to NCI and the coordinating center in a computer compatible format that can be linked with interview data; (7) provide quality control monitoring during the exposure measurement data collection; and (8) assist NCI and the coordinating center with statistical analysis of the data.

The contractor shall be able to diagram external power line configurations using appropriate methods, including those described in earlier epidemiologic studies of these exposures and leukemia. The contractor will carry out such measurements in all lifetime residences and schools attended by study subjects throughout the U.S. using standardized methods. Similarly, the staff measurement technicians of the contractor's organization shall be willing to be trained to administer in person brief interviews to household members and school officials at the homes and schools where measurements will be carried out.

The primary objectives of the collaboration is to examine the relationship between specific subtypes of acute lymphocytic leukemia of childhood and electromagnetic low frequency radiation exposure from residentially proximate power lines and residential appliances. To evaluate this risk, NCI will collaborate with CCSG, which has recently begun a five year multi-center case control phone interview study of 2,000 cases newly diagnosed with childhood ALL and a similar number of controls selected by random digit dialing, evaluating a large number of postulated risk factors for childhood leukemia. NCI will collaborate with CCSG by assessing lifetime residential electromagnetic field exposure through visits to all current and previous

residences of 1,000 of the ALL cases and 1,000 matched controls in six Midwestern and Midatlantic states, although residences and schools at which electromagnetic fields are to be measured and power lines diagrammed will be located throughout the U.S.  
Contracting Officer: Barbara Shadrick

Executive Plaza South Rm 620  
301/496-8611

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

**National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS**--Jan. 4, NIH Bldg 31 Rm 10, 9 a.m., open.

**Lead Research: Implications for Environmental Health**--Jan. 9-11, National Institute of Environmental Health Sciences, Research Triangle Park, NC, open. Contact Janet Riley, Administrative Officer, OD, NIEHS, PO Box 12233, Research Triangle Park 27709, phone 919/541-7621.

**The Scientific and Clinical Basis of Cancer Biotherapy**--Jan. 10-13, Franklin, TN. Comprehensive practical review of cancer biotherapy. Contact Lisa Hepler, Biological Therapy Institute, PO Box 1676, Franklin, TN 37065, phone 615/790-7535.

**Cancer Research and AIDS**--Jan. 11-13, Venice. Fifth international symposium by the French Assn. for Research on Cancer, European School of Oncology, and the U.S. NIH. Contact Coordinating Council for Cancer Research, 555 Madison Ave., Suite 2900, New York 10022, phone 212/319-6920.

**Growth Regulation of Cancer**--Jan. 21-27, Keystone, CO. Contact UCLA Symposia, 2031 Armacost Ave., Los Angeles 90025, phone 213/207-5042.

**Genetic Mechanisms in Carcinogenesis & Tumor Progression**--Jan. 21-27, Keystone, CO., contact UCLA Symposia, address above.

**Sixteenth Annual Breast Cancer Symposium**--Jan. 21, New York. Sponsored by the Metropolitan New York Breast Cancer Group and Columbia Univ. College of Physicians & Surgeons. Contact Columbia Univ. Comprehensive Cancer Center, 701 W. 168th St., New York 10032, phone 212/305-6905.

**Immunogenicity**--Jan. 21-28, Steamboat Springs, CO, contact UCLA Symposia, address above.

**Role of DNA Viruses in Human Tumors**--Jan. 22-26, Catamaran Resort Hotel, San Diego. AACR special conference in cancer research. Contact American Assn. for Cancer Research, 530 Walnut St., 10th Floor, Philadelphia 19106, phone 215/221-4565.

**Biometry & Epidemiology Contract Review Committee**--Jan 25, NIH Bldg 31 Rm 10, open 9-10 a.m.

**Div. of Cancer Prevention & Control Board of Scientific Counselors**--Jan. 26, NIH Bldg 1 Wilson Hall, 8:30 a.m., open. Previously scheduled for two days.

**Venezuelan Society of Oncology & Roswell Park Memorial Institute**--Jan. 27-Feb. 1, Margarit Island, Venezuela. Contact Gilberto Castro-Ron, Policlínica Metropolitana, Unidad Dermatología-4E, Urb. Caurimare, Calle A-1, Caracas, 1060 Venezuela.

**Cancer Update**--Jan. 27, London. Acute leukemia. Contact Conference Centre Manager, Royal Marsden Hospital, Fulham Road, London SW3 6JJ, UK.

**Cancer Management Course**--Feb. 3-4, Bethesda, MD. Contact Bimal Ghosh, MD, or John Spratt, MD, Cancer Dept., American College of Surgeons, 55 E. Erie St., Chicago 60611, phone 312/664-4050.

**Cellular and Molecular Biology and Abnormal**

**Erythroid Membranes**--Feb. 3-10, Taos, NM. Contact UCLA Symposia, 2032 Armacost Ave., Los Angeles 90025, phone 213/207-5042.

**Human Retroviruses**--Feb. 4-11, Tamaron, CO. Contact UCLA Symposia, address above.

**Society of Gynecologic Oncologists**--Feb. 5-9, Hyatt Regency, Maui, HI. 20th anniversary meeting. Contact SGO, 111 E. Whacker Dr., Chicago 60601, phone 312/644-6610.

**National Cancer Advisory Board**--Feb. 6-8, NIH Bldg 31 Rm 6.

**Div. of Cancer Treatment Board of Scientific Counselors**--Feb. 13-14, NIH Bldg 31 Rm 10.

**Effects of Therapy on the Biology and Kinetics of Surviving Tumor**--Feb. 15-19, Vancouver, BC. International symposium. Contact International Symposium Secretariat, Venue West, 801-750 Jervis St., Vancouver, BC, Canada V6E 2A9, phone 604/681-5226.

**Indian Assn. of Cancer Chemotherapists**--Feb. 17-19, Bombay. Fifth biennial conference. Contact Dr. Nagraj Huilgol, Div. of Radiation Oncology, Nanavati Hospital & Medical Research Centre, S.V. Road, Vile Parle (W), Bombay-56, India.

**United Arab Emirates Third Cancer Conference**--Feb. 18-23, Abu Dhabi. Contact Dr. Abdulrahim Jaafar, Chairman, Emirates Medical Assn., PO Box 6600, Dubai, UAE.

**Div. of Cancer Etiology Board of Scientific Counselors**--Feb. 23-24, NIH Bldg 31 Rm 10. Open Feb. 23, 1 p.m.-adjournment; Feb. 24, 8:30 a.m.-adjournment.

**Krebs und Alternativmedizin**--Feb. 23-25, St. Gallen, Switzerland. Contact Secretariat "KAM-89", Med. Dept. C, Kantonsspital, 9007 St. Gallen, Switzerland.

**Twenty Third Annual Clinical Symposium**--Feb. 24, St. Jude Children's Research Hospital, Memphis. Contact Joseph Simone, MD, Director, Box 318, Memphis, TN 38101.

**Chromosomes in Solid Tumors**--Feb. 26-28, Doubletree Inn, Tucson. Third international workshop. Contact Mary Humphrey, Conference Coordinator, Arizona Cancer Center, Tucson 85724, phone 602/626-2276.

### FUTURE MEETINGS

**Health Care for Women**--March 2-4, Palm Springs, CA. Second annual symposium sponsored by the Univ. of California (Irvine) Cancer Center. Gynecologic oncology, AIDS, AIDS related complex in women, management of cancer during pregnancy, implications and management of abnormal POP tests, laser therapy for gynecologic malignancies, links between hormones and breast cancer. Contact Marianne French, RN, Cancer Center, UCI Medical Center, 101 City Dr., Bldg 44, Rt. 81, Orange, CA 92668, phone 714/634-5081.

**Diagnosis and Treatment of Neoplastic Disorders: Medical, Surgical and Radiotherapeutic Aspects**--April 6-7, Baltimore. Contact Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Bldg, 720 Rutland Ave., Baltimore, MD 21205, phone 301/955-2959.

**Cell Regulators and Cancer**--April 14, Memphis. Dorothy Snider Foundation Forum on Cancer Research. Gene regulation, bone marrow cell production by G-CSF and GM-CSF. Contact Dr. James Hamner, Forum Director, Univ. of Tennessee (Memphis), 62 S. Dunlap Rm 507, Memphis, TN 38163, phone 901/528-6354.

**Sunlight, Ultraviolet Radiation, and the Skin**--May 8-10, NIH Magnuson Clinical Center, Bethesda. NIH consensus development conference. Contact Andrea Manning, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852, phone 301/468-MEET.

## The Cancer Letter \_ Editor Jerry D. Boyd

Associate Editor Patricia Williams

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