DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

National Institutes of Health National Cancer Institute

NATIONAL CANCER ADVISORY BOARD

Minutes of Meeting January 21-23, 1980

Place: Conference Room 6

Building 31C National Institutes of Health Bethesda, Maryland 20205

Department of Health, Education, and Welfare Public Health Service National Institutes of Health National Cancer Advisory Board

Minutes of Meeting January 21-23, 1980

The National Cancer Advisory Board was convened for its 33rd regular meeting at 1:00 p.m. January 21, 1980, in Conference Room 6, Building 31C, National Institutes of Health, Bethesda, Maryland. Dr. Henry C. Pitot, Chairman, presided.

Board Members Present:

Dr. Henry C. Pitot, Chairman

Dr. Harold Amos

Dr. William O. Baker

Dr. G. Denman Hammond

Dr. Maureen M. Henderson

Mrs. Albert D. Lasker

Dr. William E. Powers

Dr. Janet D. Rowley

Mr. Sheldon W. Samuels

Mr. Morris M. Schrier

Dr. Frederick Seitz

Dr. Irving J. Selikoff

Dr. William W. Shingleton

Dr. Philippe Shubik

Dr. Gerald N. Wogan

Ex Officio Members:

Dr. Victor Alexander represented OSHA

Dr. Richard E. Marland represented Mr. Douglas Costle, EPA

Dr. Joseph McLaughlin represented Ms. Susan B. King, CPSC

Dr. F. Kash Mostofi represented Dr. John H. Moxley, III, AFIP, DOD

Dr. Gilbert S. Omenn represented Dr. Frank Press, OSTP

Dr. David P. Rall and Dr. Robert A. Goyer represented the NIEHS

Dr. Joseph Rodricks represented FDA

Board Members Absent:

Dr. Bruce N. Ames

Mrs. Vincent Lombardi

Dr. Joseph H. Ogura

Members, President's Cancer Panel:

Dr. Joshua Lederberg, Chairman

Dr. Bernard Fisher

Dr. Elizabeth C. Miller

Liaison Representatives:

 $\mbox{Mr.}$ Alan C. Davis, Vice President for Governmental Relations, $\mbox{American Cancer}$ Society, New York City.

Dr. J. Shelton Horsley, III, Medical College of Virginia, Richmond, Virginia, representing the Society of Surgical Oncology and the American College of Surgeons.

Dr. Virgil Loeb, Jr., Professor of Clinical Medicine, Washington University, St. Louis, Missouri, representing the American Society of Clinical Oncology.

Dr. Larry McGowan, Professor and Director, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, George Washington University Medical Center, Washington, D.C., representing the Society of Gynecologic Oncologists.

Dr. Edwin A. Mirand, Associate Institute Director of Administration, Roswell Park Memorial Institute, Buffalo, New York, representing the Association of American Cancer Institutes.

Dr. Paul Sherlock, Chairman, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York City, representing the American Gastroenterological Association.

Speakers, Guests, Observers:

 $\mbox{Ms. Elaine B. Bratic, Chief, Information Projects Branch, Office of Cancer Communications, NCI$

Mr. Bernard Ellis, Program Director for Smoking and Occupational Activities, Information Projects Branch, Office of Cancer Communications, NCI

Dr. Barney C. Lepovetsky, Chief, Research Manpower Branch, DCRRC

Mr. Paul A. Van Nevel, Associate Director for Cancer Communications, NCI

Members, Executive Committee, National Cancer Institute:

Dr. Vincent T. DeVita, Acting Director, National Cancer Program
Mr. Calvin B. Baldwin, Associate Director, Administration Management, OD
Mr. Louis M. Carross, Associate Director for Program Planning and

Mr.Louis M. Carrese, Associate Director for Program Planning and Analysis. OD

- Dr. Diane J. Fink, Associate Director for Medical Applications of Cancer Research
- Dr. Thomas J. King, Director, Division of Cancer Research Resources and Centers
- Dr. Robert W. Miller, Associate Director for International Affairs, OD
- Dr. John B. Moloney, Acting Assistant Director, NCI

Dr. Bayard H. Morrison, III, Assistant Director, NCI

- Dr. Gregory T. O'Conor, Director, Division of Cancer Cause and Prevention
- Dr. Alan S. Rabson, Director, Division of Cancer Biology and Diagnosis
- Dr. Saul Schepartz, Acting Director, Division of Cancer Treatment
- Dr. Marvin A. Schneiderman, Associate Director for Science Policy, OD
- Dr. William A. Terry, Acting Associate Director for Cancer Centers Program, OD

Dr. Richard A. Tjalma, Assistant Director, NCI

Mr. Paul A. Van Nevel. Associate Director for Cancer Communications

Staff, National Cancer Institute:

Dr. Margaret H. Edwards, Chief, Research Manpower Branch, DCRRC

Dr. Mary A. Fink, Special Assistant for Special Projects, DCRRC

Dr. Donald Fox, Chief, Research Facilities Branch, Cancer Therapy Evaluation Program, DCT

Dr. John Heller, Special Consultant for International Programs, OD

Dr. David L. Joftes, Chief, Review and Referral Branch, DCRRC

Dr. Brian Kimes, Prógram Director, Cancer Biology, DCBD

Dr. Barney C. Lepovetsky, Chief, Research Manpower Branch, DCRRC

Mr. R.M. Namovicz, NCI Deputy Executive Officer and NCI Coordinator for Carcinogenesis Testing Program, National Toxicology Program

Dr. Vincent T. Oliverio, Associate Director for Developmental Therapeutics, DCT

Dr. Samuel Price, Assistant Director, DCRRC

Dr. William A. Walter, Deputy Director, DCRRC

In addition to staff, participants, and invited guests, ten registered members of the public attended this meeting.

I. CALL TO ORDER AND OPENING REMARKS - Dr. Henry C. Pitot

Dr. Pitot called the meeting to order and welcomed Board members; members of the President's Cancer Panel; liaison representatives; guests and observers. He introduced and welcomed Dr. Victor Alexander, Medical Officer, Office of Technical Support, Occupational Safety and Health, Department of Labor, Washington, D.C. Dr. Alexander is an alternate ex officio member of the Board, representing the Secretary of Labor.

Dr. Pitot announced that the President had appointed two new members of the President's Cancer Panel: Dr. Joshua Lederberg, President of the Rockefeller University, New York City; and Dr. Bernard Fisher, Professor, Department of Surgery, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania. Dr. Lederberg will serve as Chairman of the Panel.

Dr. Pitot also welcomed members of the public and announced that anyone wishing to express his or her views regarding any items being discussed during the open session could do so by submitting written statements to the Executive Secretary of the Board within ten days after the meeting. Any statements by members of the public will receive careful consideration.

II. CONSIDERATION OF MINUTES OF THE BOARD

The minutes of the November 26-28, 1979 meeting of the Board were approved after an editorial change in item XI.

III. FUTURE BOARD MEETING DATES

May 19-21, 1980 October 6-8, 1980 November 17-19, 1980 (Program Review)

February 2-4, 1981 May 18-20, 1981 October 5-7, 1981 November 30-December 2, 1981 (Program Review)

IV. REPORT OF THE ACTING DIRECTOR, NCI - Dr. Vincent T. DeVita, Jr.

Dr. DeVita said he was pleased to serve as Acting Director of the NCI. In that capacity, he added, there are some decisions which should be deferred for the permanent Director, and other decisions which can not be deferred, in order to continue the activities of the Institute. He said that staff is in the process of implementing the 1980 budget and planning the 1981 budget and there are key personnel, organization, and space problems for which some decisions must now be made. Dr. DeVita reported on the following items:

Annual Program Review with the Director and Institute Directors, NIH -- The annual program review of the Director, NIH, and the Directors of the Institutes of NIH was held in January. Drs. Pitot, Lederberg, and Seitz attended the meeting.

Discussions centered on the impact of the 1981 budget on future years and the intention of the NIH administration to stabilize the number of grant-supported research projects, including RO1's, PO1's and young investigator awards, in years when the budget just barely keeps up with inflation. Under these circumstances, some programs may have to be substantially decreased or even phased out. Topics of discussion of special interest to NCI included the future of cancer centers, decreases in the control program and the intramural, organ site, construction, training and clinical trials programs. Dr. DeVita asked the Board to help set priorities in program funding during this period.

Status of Reorganization -- The first phase of the transfer of grant programs to the operating divisions has been completed and is working well. The second phase of the reorganization, which involves the creation of a new division containing programs on centers, control, research manpower, resource facilities and organ sites, is awaiting approval from NIH. Also under consideration is a program which will concern itself solely with activities in cancer prevention and screening.

<u>Positions</u> -- NCI is still operating with a ceiling of 1,915 positions, mandated by the Leach Amendment, which is the same number of personnel NCI was allotted in 1977. Under the provisions of the National Cancer Act, the NCI has been authorized to obtain the services of cancer experts; however, there may be a need to cut back on either consultants or cancer experts in the future.

Saccharin Studies -- NCI studies on saccharin, based on interviews with more than 3000 bladder cancer patients and 6000 patients without cancer revealed no increased risk in the overall population being studied. However, the studies did show that heavy users of artificial sweeteners, especially those who consume diet drinks and other sugar substitutes, have a 60% increased risk of bladder cancer.

Neutron Projects -- Contracts have been awarded to the University of Washington (Seattle), UCLA, and the Fox Chase Cancer Center for various neutron machines.

 $\frac{Interferon}{for\ extensive}$ -- NCI is negotiating a contract to support production of interferon

Announcements -- Dr. Joseph Fraumeni, Chief of the Environmental Epidemiology Branch, Division of Cancer Cause and Prevention, NCI, has been named Acting Associate Director of the Division to head the Field Studies and Statistics Program. Dr. Fraumeni will continue as Chief of the Environmental Epidemiology Branch for the present.

 $\mbox{Ms.}$ Lorraine Kershner, Office of Cancer Communications, NCI, has been promoted to senior science writer.

V. PROPOSED LEGISLATIVE CHANGES - Dr. Henry C. Pitot

A summary analysis of various legislative proposals concerning the renewal of the authority for the National Cancer Act was mailed to the Board prior to the meeting. Dr. Pitot reviewed the proposed changes:

The authority for the National Cancer Program expires September 30, 1980. The Congressional budget process requires that new legislation be reported out of the House and Senate committees by May 15, 1980, if the Institute is to be included in the 1981 Appropriations.

The Senate Human Resources Committee is prepared to markup S. 988--The Health Science Promotion Act introduced by Mr. Kennedy in April. That bill would reauthorize the Cancer Program for three years. It includes the following changes to the program:

- an increased emphasis on prevention,
- increasing to \$50,000 the limit on the Director's authority to approve grants without Board review,
- Secretarial appointments of the Board--a limit of four year terms,
- indefinite authorization for appropriations--"such sums as necessary."

The NIH has developed an Administration proposal and it was this proposal that concerned the Working Group because it would make wide-ranging changes in the administration of the Cancer Program. To summarize:

- The bill would eliminate all legislative provisions designed to strengthen access to the President (Presidential appointments, President's Cancer Panel, budget bypass). Board appointments would be made by the Secretary, HEW.
- The bill would change Board terms to four years. The Chairman would be the NCI Director or a Board member selected by him.
- Explicit authority to coordinate the National effort in cancer would be dropped.
- The special contracting authority which allows the Director, NCI, to function as the head of a procuring activity would be transferred to the Director, NIH.

- The Director's authority to approve grants under \$35, 000 would be eliminated.
- The separate authorization for appropriations for the program would be dropped.
- The \$5 million limitation for funding centers would include construction costs.
- A number of special authorities of the Director, NCI, would be transferred to the Director, NIH, including the authority to construct facilities, appoint committees, and accept gifts.

The Cancer Institute commented on these proposals and recommended the following minor changes:

- Increase to \$50,000 the Director's authority to approve grants without Board review.
- Remove the three-year limitation on the centers grants, permitting such grants to be renewed on a five-year cycle.
- Better define the role of expert hiring authority.

Dr. Pitot said he had written to all members of the Board (both voting and nonvoting) asking for their opinions on the NIH legislative proposal. Of the eighteen voting members, thirteen were opposed, one suggested modifications, three did not respond, and one supported the legislation. Of the nonvoting members, one was in favor, one against, and the remainder felt they were not in a position to vote one way or another.

Dr. Pitot has spoken to Dr. Fredrickson concerning the legislation. He felt that Dr. Fredrickson had softened his stand concerning the proposal to eliminate the President's Cancer Panel and presidential appointments for the Board; however, he is still opposed to the budget bypass. Dr. Fredrickson feels it is important that the NCI budget should go through the Director's office.

There was considerable discussion and criticism by the Board about the proposed legislation. Dr. Pitot said he would convey the opinions expressed by the Board in a letter to Dr. Fredrickson and suggested that individual Board members could also express their opinions to members of the Congress.

VI. PROGRAM REVIEW: OFFICE OF CANCER COMMUNICATIONS Mr. Paul A. Van Nevel Ms. Elaine B. Bratic Mr. Bernard Ellis

Mr. Van Nevel, Associate Director for Cancer Communications, NCI, described the activities of the Office of Cancer Communications (OCC). A program activities report was distributed to the Board and Panel.

NCI disseminates information in three categories:

- scientific information used and produced by investigators,
- state-of-the-art information for use of health professionals and the public,
- administrative and program information used by NCI and other organizations within the National Cancer Program.

The OCC is a major source of information for the public (including cancer patients and people at risk to developing cancer) and a substantial source for health professionals. It carries out traditional communications support activities for NCI. Within the National Cancer Program, it assumes the role of coordinator of cancer communications, and develops new initiatives to help meet responsibilities stemming from the Act, to provide the public and health professionals with useful information about cancer. Mr. Van Nevel explained the great increase in the traditional activities of the OCC over the past five years, including public inquiries through letters and phone calls, requests for publications dealing with various aspects of cancer, and questions from the press.

Ms. Elaine B. Bratic, Chief, Information Projects Branch, OCC, and Mr. Bernard Ellis, Program Director for Smoking and Occupational Activities, Information Projects Branch, OCC, described some of the newer informational and educational projects in which the Branch is engaged. These are:

- Smoking education programs intended to help smokers who want to quit, either directly or through health professionals; assist school officials and others interested in education to develop smoking cessation programs for youth; develop approaches to utilize the workplace and education materials aimed at high-risk minority audiences; and stimulate smoking-related efforts through the print and audiovisual media. These activities are being developed and implemented in cooperation with other public and private health organizations so that these smoking programs will contribute to an overall coordinated effort.
- Breast Cancer Education Program, whose objective is to heighten public awareness and understanding of the overall progress against breast cancer in order to change attitudes and predispositions about the disease and increase detection practices. The primary target audience is asymptomatic and undiagnosed adult females age 18 and over. Secondary audiences include women at above-average risk of developing breast cancer, adult males, and teenage females.
- "Coping with cancer," which is a priority subject area. Information about the psychosocial aspects of the disease will be patients and their families both directly and through those who provide care and support; e.g., care-givers of all disciplines, health communicators and planners, teachers, and students of all these professions.

"Hard-to-reach" audiences. To provide minority and "hard-to-reach" populations with appropriate and useful information and education about cancer cause, prevention, detection, diagnosis, treatment, rehabilitation and available sources of cancer care in the community. The target intermediary groups include health-related groups with minority constituencies, non-health related groups serving mainly minority populations, and minority media. A number of such groups have been recruited and are actively engaged in this activity.

VII. SHORT-TERM TRAINING - Dr. Barney C. Lepovetsky

Dr. Lepovetsky is Chief of the Research Manpower Branch, Division of Cancer Research Resources and Centers. He reported on a new program to expose talented students in health professional schools to the opportunities inherent in a research career. The program is designed to ameliorate the future shortage of clinical investigators by attracting highly-qualified professional students into biomedical and behavioral research careers. Domestic nonprofit private or public schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy and podiatry may apply for grants to support short-term training for periods of up to three months. The applicant institution must have the staff and facilities required for the proposed program and only one application per health professional school will be accepted. The program is call the National Research Service Awards for Short-Term Training.

Dr. Lepovetsky asked the Board to help NCI staff make certain the program. After lengthy discussion, the Board recommended that the Director keep the funding of this program at a minimum in light of already established NCI training programs and support only those applications with the primary discipline of cancer, thereby avoiding the complexities of co-funding with other Institutes. Because of the tight budget be able to fund very few of these awards in 1980.

VIII. REPORT OF THE SUBCOMMITTEE ON CONSTRUCTION

The report of the Subcommittee has been deferred until the ${\tt May}$ 1980 meeting of the Board.

IX. REPORT OF THE WORKING GROUP ON NCAB ACTIVITIES AND AGENDA - Dr. Harold Amos for Dr. William O. Baker, Chairman

Dr. Amos reported on the activities of the Working Group's meeting which was held on December 19, 1979. Topics of discussion included:

 a proposal to schedule Board meetings so that the first day begins at 8:30 a.m., with an open session, followed by a closed session at 3:30 p.m., for the meeting of the Subcommittee on Special Actions,

- a discussion of future agenda items to include the Cancer Control Program, guidelines for core grants, the National Toxicology Program, and the diet and nutrition program,
- a proposed one-day site visit by the Board to the Frederick Cancer Research Center during the May 1980 Board meeting. Background information and the annual report of the Center will be sent to the Board before the meeting,
- proposed legislative changes to the renewal of the authority for the National Cancer Act (reported in item V of these minutes),
- preparation of the Annual Report and the Ten-Year Report including an opening letter from the Board to the President and the Congress.

X. REPORT OF THE SUBCOMMITTEE ON ENVIRONMENTAL CARCINOGENESIS - Dr. Gerald N. Wogan, Chairman

Dr. Wogan reported on the activities of the Subcommittee meeting which was held on January 22, 1980.

The Subcommittee discussed the final wording of their charter which allows enough flexibility to address the important issues in environmental carcinogenesis. The charter, which follows, was accepted unanimously:

The Subcommittee has responsibility for monitoring activities relevant to environmental carcinogenesis at national and international levels, including ongoing research and research needs of potential future value. The Subcommittee is responsible for assessing these activities in terms of their relevance and significance to environmental causes of human cancer and related public health issues. The Subcommittee also is responsible for identifying training needs and resources related to environmental carcinogenesis. In accordance with this charge, the Subcommittee advises the National Cancer Advisory Board as to the state-of-the-art, ongoing or new programs that should be emphasized, program balance, and the role and relationship of NCI activities to the field of environmental carcinogenesis.

The Subcommittee then discussed long-range agenda items. The members agreed on the need for a visit to the Frederick Cancer Research Center to review the carcinogenesis program. This would be the first step in carrying out the charge of monitoring NCI programs in environmental carcinogenesis and advising the Board on matters of program balance. Also discussed was the need to examine the relationship between the National Toxicology Program (NTP) and the NCI, particularly the impact of the NTP on intramural programs in the budget.

XI. REPORT, CHAIRMAN, PRESIDENT'S CANCER PANEL - Dr. Joshua Lederberg

Dr. Lederberg said that the principal role of the Panel is to be as helpful as possible to the administration of the Institute, to the Board and to the National Cancer Program (NCP) in dealing with all aspects of cancer. He said he wanted to assure everybody that he has a completely open mind on cancer program strategies.

He said it is necessary to define what constructive role the Panel can play in the present administration which is very different from the original legislation of some ten years ago. (Dr. Lederberg was a member of the Yarborough Committee on Consultants on the Conquest of Cancer which made the original recommendations for the NCP).

For the most part, the Panel will operate by participating in the meetings of the Board. These meetings will be the chief medium for information of transfer about the role of activities of the Program.

One issue to be considered is more effective ways of communicating with the public. He said the public is very confused about the present status of cancer as a public health problem and what the changes in that status have been over the last decade with respect to the success of measures of prevention and therapy on one hand, and on the other hand, whether or not there is an "epidemic" of cancer already manifest or facing us in the future.

He is also interested in the extent to which the different parts of a program as complex as the NCP articulate with one another; for example, whether or not investigators at different levels are in good communication with one another.

Dr. Lederberg said it will take some months of study about the existing status and distribution of effort, procedures used for allocation decisions, et cetera, before he can address the most effective role the Panel can play. It is hoped that the report of the Panel might be able to expose some well informed deliberations on these kinds of issues.

XII. OTHER BUSINESS

The Board approved a motion by Mrs. Lasker that Dr. DeVita be asked to take appropriate action he feels necessary in association with a proposed World Health Conference on Interferon.

XIII. CLOSED SESSION (January 22, 9:00 a.m. - 3:10 p.m.)

The Board discussed and evaluated individual pending, supplemental, and renewal grant applications, and concurred in the recommendations of the initial peer review groups, except as otherwise noted on the official file copy of the minutes.

The Board also reviewed the President's fiscal year 1981 budget.

XIV. ADJOURNMENT

The meeting of the Board was adjourned at 10:25 a.m., January 23, 1980.

January 21, 1:00 a.m. - 4:40 p.m. January 22, 9:00 a.m. - 3:30 p.m. January 23, 9:00 a.m. - 10:25 a.m.

I certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

May 19, 1980

Date

Henry C. Pitot, M.D., Ph.D. Chairman National Cancer Advisory Board

Prepared by:

Mrs. Marjorie F. Early Recording Secretary National Cancer Advisory Board

April 4, 1980

NATIONAL CANCER ADVISORY BOARD

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Executive Secretary:

Dr. Thomas J. King Director, Division of Cancer Research Resources and Centers National Cancer Institute, NIH Bethesda, Maryland 20205

Janaury, 1980

PRESIDENT'S CANCER PANEL

CHAIRMAN

Dr. Joshua Lederberg 1981 President Rockefeller University 1230 York Avenue New York, New York 10021

Dr. Bernard Fisher 1982 Professor Department of Surgery School of Medicine University of Pittsburgh Pittsburgh, Pennsylvania 15261 Dr. Elizabeth C. Miller 1980 Professor of Oncology and Associate Director McArdle Laboratory for Cancer Research University of Wisconsin Medical School Madison, Wisconsin 53706