EORTC NEWS AND REPORTS

These reports will appear on a monthly schedule whenever available. They are based on information provided by individuals or clinical and research groups pertinent to cancer research. More detailed information if needed may be obtained by writing to

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Guidelines for the preparation for publication of reports from EORTC Cooperative Groups

1. The chairman, convener or secretary of the Group is requested to mail the report to the office of the European Journal of Cancer & Clinical Oncology. The reports will be edited and published in the Journal within 6 to 8 weeks after reception in the office.

   Address : H.J. Tagnon, M.D.
   Editor, EUROPEAN JOURNAL OF CANCER & CLINICAL ONCOLOGY
   Institut Jules Bordet
   Rue Héger-Bordet, 1
   1000 Brussels (Belgium)

2. Please send the report typewritten on one side of page, double spaced with a 5 cm left margin. Brevity is essential. Tables and figures are difficult to print and should be replaced by an appropriate text.

3. Please consult the reports published in the March 1989 issue of the Journal and consider them as models to be adopted for all reports with possible exceptional adaptations.

4. We request omission of list of names of attendants to the group meetings. Reports should be signed by either the chairman, convener, secretary of the group, or by all three ad libitum.

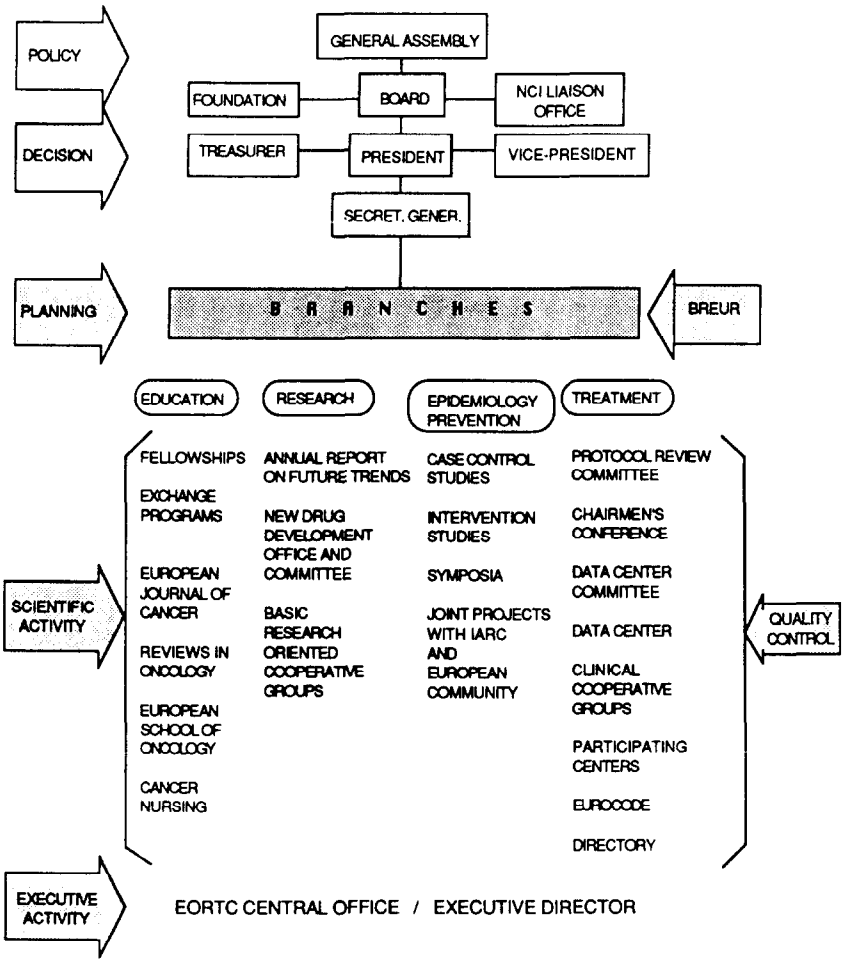
5. Please add as a conclusion to your report : "Additional information may be obtained by writing to the secretary of the group".

6. Protocols will be published at the request of the groups.

This office will be glad to receive your comments, criticism and suggestions on the edition and publication of your reports.

The Editor.

E.O.R.T.C. - ORGANIGRAM



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BRIEF SUMMARY OF THE MINUTES OF THE BOARD MEETING HELD FEBRUARY 22, 1989

Location: PS Building, Rue Royale 151, 1030 Brussels

1. Appointments

1.1 TAGNON's appointment as Executive Director was approved by the Board.

1.2 HAEMMERLI's title as Honorary Secretary General was approved.

1.3 Mrs. STIFT's appointment as Executive Secretary was approved by the Board.

2. Apologies - Credentials

3. Minutes of the last Board meeting, Brussels, October 12, 1988

The minutes were approved with some alterations.

4. Research Branch Activities (RAJEWSKY)

RAJEWSKY Informed Board that there will be an Advisory Board composed of 10 members.

5. Report EC site Visit February 21, 1989

CLETON reported that the discussions between members of the site visit and EORTC members were extensive and positive.

6. Central Office (TAGNON)

Several possibilities are presently explored to find an administrator with managerial experience.
Question of the land: awaiting decisions of CPAS.
Question of space assignment in the future EORTC building: TAGNON has received a space request from the ECTG (Cavalli); requests for space are invited, from now on they will be filed and submitted to the Board.
VAN OOSTEROM (Data Center Committee) is invited to submit space evaluation needed for the Data Center to the Board. VAN OOSTEROM suggested that his Committee should be invited to meetings dealing with allocation of space in the new building. DENIS stressed the fact that the Central Office building will be property of the Foundation.
HANSEN asked for confirmation of the fact that the new building will be purely an EORTC building. TAGNON confirmed that the building will be completely detached from any existing university or hospital institution.
DENIS reminded that it might be of service to the European medical community to have other institutions present in the EORTC building, such as ESSO, ESO, ESMO, etc. This is to be discussed. It was also amply discussed whether the EORTC building should be named "EORTC Central Office" or " EORTC Headquarters". This question will be discussed in Council (Here EORTC Institute was accepted).

7. EORTC Policy Proposals

Board members voted and agreed with the President's policy proposals.

8. Newsletter European Journal of Cancer & Clinical Oncology

8.1 TAGNON informed Board members that the first "EORTC News and Reports" have appeared in the March 1989 issue of the EJCCO and that comments and criticisms are invited.

8.2 TAGNON also reminded the Board that he will retire as Editor-in Chief of the Journal at the end of this year. A number of candidates will be proposed to Pergamon Press who has the final say in selecting the new editor.

8.3 Board agreed that DENIS and TAGNON approach Pergamon in order to find a solution concerning free distribution of the Journal to all EORTC members.

8.4 An EORTC organigram and key addresses will be published in every issue of the Newsletter.

9. Nominations

9.1 TUBIANA is nominated as Vice-President.
9.2 COSTA is nominated as Secretary-General.

10. Votes

10.1 TUBIANA was elected Vice-President.
10.2 COSTA was elected Secretary-General.
10.3 BOILLETOT was voted member of the Council.

11. Fellowship Program (TAGNON)

These are research fellowships.
The experience showed that when applicants are selected by the Jury, their Institution most often provides the requested 50% of financial support. One million one hundred and seventeen thousand dollars have been spent on this program since its inception, 50% from Europe and 50% from the U.S.A.
TAGNON invites Board members to advertise the program as much as they can. McVIE suggested that fellows back from the U.S. should report to the Board. All fellows are legally bound to return to Europe at the expiration of their fellowship. A list of returned fellows is available in this office and should be consulted by directors of institutions desiring exceptional research workers.

12. Finances

Board agreed not to include in the EORTC budget, monies originating from the FOCA Foundation and the Central Office. TAGNON suggested that the money owed to the ULB should be discussed and he will try to do so.
STAQUET informed the Board that the Data Center needed money for the computer. Board agreed that computer costs are not to be supported by the Data Center.
At the suggestion of HANSEN, priorities and a budget for 1990 will be discussed at the next Board meeting.

13. Ad hoc Report EORTC Committees (McVIE/KAYE)

14. Data Center Report (STAQUET)

Board approved the continuation of the involvement of the Data Center in the EC AIDS Program and in the European AIDS Conference in 1990.

15. NDDO Report (PINEDO)

PINEDO presented the current activities of the NDDO and informed Board that the FDA now accepts certain European test results. TAGNON remarked that NCI Liaison Office has contacts with 750 pharmaceutical and chemical companies in Europe.
CAVALLI suggested that EORTC should create a New Drug Development Committee (like the FDA in the U.S.A.). HANSEN will send a proposal.
HANSEN wants information from STAQUET concerning EC phase I trials.

16. Miscellaneous

17. Agenda Council

18. Date next Board meeting

The next Board meeting will be held in London in September, 1989.

Complete reports are available on request from the Executive Office - c/o Mrs. A.M. Stift, Bd. de Waterloo 125, 1000 Brussels, Belgium.

REPORT EORTC LUNG CANCER WORKING PARTY (BELGIUM) PLENARY SESSION, BRUSSELS, MARCH 11, 1989

Participants:
Berchier (Hayange), Brohée (Montignies-Le-Tilleul), Bureau (Reims), Cordier (Bruxelles), Dabouis (Nantes), Debonne (Ath), Donnadieu (Nantes), Efremidis (Athènes), Klastersky (Bruxelles), Kroll (Roubaix), Lacroix (Nantes), Libert (Warquignies), Longeval (Baudour), Michel (La Louvière), Molle (Marchienne-au-Pont), Mommen (Bruxelles), Monteau (Reims), Moury (Warquignies), Paccagnella (Padova), Paesmans (Bruxelles), Quarre (Charleroi), Ravez (Ath), Richard (Charleroi), Ries (Luxembourg), Schmerber (Bruxelles), Sculier (Bruxelles), Stamatakis (La Louvière), Steenhouwer (Roubaix), A. Tagnon (Tournai), Thirion (Bruxelles), T'Hooft (Warquignies), Van Cutsem (Bouge).

1. REVIEW OF ONGOING STUDIES

A. NSCLC (EORTC 07861): PHASE II RANDOMIZED STUDY COMPARING THE "CISPLATIN + ETOPOSIDE" VERSUS THE "CARBOPLATIN + ETOPOSIDE" COMBINATION
242 patients have been randomized
161 have been evaluated
7 are ineligible and 21 inevaluable
74 patients have to be evaluated in working meetings of the Group.

B. SCLS (EORTC 07871): PHASE III RANDOMIZED STUDY COMPARING AN INTENSIVE MULTIPLE DRUG CHEMOTHERAPY VERSUS STANDARD COMBINATION
117 patients have been registered so far
62 have been evaluated
2 are ineligible and 8 inevaluable.

C. BIOMARKERS IN LUNG CANCER (EORTC 07851)
335 patients have been so far entered into this study, 183 with non-small cell lung cancer and 152 with small cell lung cancer. Annual accrual rate is the following:

1985	69
1986	67
1987	94
1988	105

2. PILOT STUDIES

A. NSCLC: PHASE II STUDY OF CISPLATIN + VINDESINE + 5-FLUOROURACIL + MITOMYCIN C IN ADVANCED DISEASE
50 patients have been registered and 23 have been evaluated.

B. IFOSFAMIDE + ACNU AS SALVAGE THERAPY FOR PATIENTS WITH SCLC AND FAILING IN PROTOCOL 07871
6 patients have been so far registered
4 patients in the multiple drugs arm and 2 in the AVE arm.

3. STUDIES RESULTS

A. NSCLC (EORTC 07861)
A preliminary analysis is reported. 162 patients are eligible and 140 evaluable for response. There is no significant difference in response and survival between the cisplatin and carboplatin arms. Toxicity is higher with the carboplatin regimen. The Group decides to close the study for registration. An abstract has been submitted for the ECCO meeting.

B. NSCLS: PHASE II STUDY OF CISPLATIN + VINDESINE + 5-FLUOROURACIL + MITOMYCIN C IN ADVANCED DISEASE
Despite the poor prognosis type of patients entered into this study, a 32% objective response rate has been reached. It is proposed to treat our NSCLC patients in this protocol until new randomized trials are opened, in order to enter patients with better prognosis. An addendum for toxicity management will be sent to the participants.

C. SCLC (EORTC 07853): PHASE III RANDOMIZED STUDY COMPARING AN "ETOPOSIDE + VINDESINE " COMBINATION WITH OR WITHOUT CISPLATIN
Definitive results are reported. There is a significant increase in response rate with the 3 drugs regimen but survival is not significantly improved. An abstract has been submitted for the ECCO meeting.

D. SCLC (EORTC 07871)
An interim report of the toxicity of both regimens is presented. Leucopenia is more severe with AVE combination. The data manager does some comments about the methodology of toxicity evaluation and data management.

4. NEW STUDIES

A. PROTOADJUVANT CHEMOTHERAPY IN INOPERABLE NON METASTATIC NSCLC
A first draft has been examined by the Group. The mitomycin C + ifosfamide + cisplatin combination will be the chemotherapy regimen. Monteau, Rocmans and Van Houtte will technically review the protocol that will be sent for definitive approval to the Group in early April. The aim is to submit protocol to PRC for the June session.

B. NEW SCLC PROTOCOL
It has been proposed to use GM-CSF to reduce the interval between chemotherapy courses. A definitive policy will be designed in June, at the next plenary session. It has been proposed to have a second nurse to help the participants in data managing.

C. TRIALS IN METASTATIC NSCLC
A master protocol for phase II studies will be written.

5. NEW PLENARY SESSION

The next plenary session is scheduled in Brussels for June 24th, 1989.

J.P. SCULIER, M.D.
Secretary

REPORT EORTC SOFT TISSUE AND BONE SARCOMA GROUP MEETING
ANTWERP, MARCH 17-18, 1989.

Chairman: J. Rouëssé (St. Cloud, France)

1. MINUTES OF THE PREVIOUS MEETING:

These were approved.

2. MEMBERSHIP: Applications for membership were recieved from Torino and possibly Lausanne. Torino was accepted as member, Lausanne will be contacted in order to clarify the application. It was agreed that if they would represent the SAKK, the SAKK could also be a member provided that all data are coming in through one institution. Dr. Fuchs has moved from Duisburg to Eschweiler, but will remain member on a personal basis. A new representative from Duisburg will attend coming meetings. For 8 centers membership was cancelled, because of insufficient accrual of patients. The request of the Free University Hospital in Amsterdam, to become a specific type of member was extensively discussed.

During the general meeting, Dr. Boven presented data on the pre-clinical and early phase II work, the Free University is performing at present. In general there was major concern to create specific types of members. Although accrual at the Free University has been

insufficient the statutes provide space for them to apply for a new probationary membership which will, of course, be accepted. For the time being it was decided to consider the Free University as probationary member and to postpone a definitive decision to the London business meeting for which a proposal will be drafted by the board.

3. CHAIRMAN:
Dr. Blackledge will become the new chairman of the group at the London meeting. Dr. Rouëssé will be vice-chairman for another 1½ year.

4. SUBCOMMITTEES REPORTS:
Pathology subcommittee: the major concern about pathology was not raised by the committee, but by the Data Center. There is a considerable delay in the review of pathology especially in the Southern group. Every member is once again urged to send in all histopathology slides in time. Thomas will circulate letters to Dr. van Unnik and Dr. Contesso indicating for which patients slides may be missing. Afterwards the responsible physician in the different institutions will receive letters indicating for which patients slides are still missing.

The surgical and radiotherapy subcommittees did not meet.

5. QUALITY CONTROL STUDY EORTC SGDM: Mrs. Vantongelen from Leuven presented the preliminary data of the Quality Control Project of the EORTC study group on data management. The study includes a pilot study, with the aim of checking the quality of data and their transfer from records to forms. A site visit team including the coordinator of the program, a data center representative, the study coordinator or representative, the local physician and the local data managers was constructed. For a total of 4 EORTC trials, 5 major institutions will be visited. For the sarcoma group this included a site visit concerning 62851, and Milan, Villejuif, Birmingham, Manchester and finally Rennes have been visited. The main cause of mistakes found up until now, is incorrect transfer of data from the hospital records to the forms. This mainly occurs on treatment forms. The overall validity of data varies from 78 to 97%, the EORTC Soft Tissue and Bone Sarcoma Group appears to have high quality of data. However some specific problems were encountered. First of all we do collect too many irrelevant data. Further problems were the correct assignement of the response catagory, the correct assignement of the site of dominant disease, the correct assignement of performance score and the grading of toxicity (mainly nausea and vomiting) and the overall design of the study forms. It was decided to use the information obtained from this study to change the forms of the group. Every member is invited to send chemotherapy forms, checklists etc. to Martine Van Glabbeke, who will try to create one uniform chart for toxicity scoring.

It was felt necessary to repeat site visits on a regular basis which in practice should not be too frequent. In order to further improve the quality of data on treatment, Dr. Blackledge will draft a proposal for a grant application.

6. DATA CENTER REPORT:
EORTC 62771: adjuvant chemotherapy versus no adjuvant treatment:
This trial was closed in the spring of 1988. 468 patients have been entered. 374 were eligible. Follow-up continues as still 68% of all patients are alive. No new data were presented.

EORTC 62851: doxorubicin versus doxorubicin/ifosfamide versus CYVADIC:
632 patients have now been entered by 34 different institutions. The inevaluability rate will be approximately 2%. The randomization is well balanced. For the time being the response rates in the three arms are identical. The DX/Ifosfamide-arm is more toxic concerning leucocytopenia, the CYVADIC-arm is more toxic concerning nausea and vomiting. It was decided to close this trial as soon as the next trial on doxorubicin/ifosfamide + GM-CSF can be activated which is expected to be around the first of May, 1989. In view of the response rates in the randomized study, which are quite in agreement with the response rates of studies including Doxorubicin previously, it was felt of great importance to combine all data of these studies in order to perform prognostic factor analysis study. Martine Van Glabbeke accepted to do so.

EORTC 62874: randomized study on induction chemotherapy:

Only 12 patients have been entered and this accrual has to be considered as insufficient. It turned out that there were several reasons for the low accrual. It was decided not to change the protocol, but to urge every member to reconsider participation to this study. If accrual does not improve markedly before September, we may have to close this study. The final dicision will be taken at the meeting in London.

EORTC 62881: phase II study ACNU:
34 patients have been entered in this study. 24 of them are evaluable at this moment. There are 3 partial remissions (response rate 12.5%). 7 patients are still too early for evaluation. The study was closed prior to the meeting. It was decided to await the evaluation of the 7 too early patients and take a final decision at the London meeting concerning definitive closure or reopening of the study in order to have an acceptable confidence limit for the response rate.

7. NEW STUDIES FOR SOFT TISSUE SARCOMAS:
- Fotemustine phase II (EORTC 62882) will replace the ACNU study and is now activated.
- The first line randomized study will be closed as soon as the protocol of Doxorubicin + Ifosfamide + GM CSF, written by Will Steward, can be activated. Behring werke is willing to support this study and to supply GM-CSF. It is hoped that this study can be activated around the first of May. It was agreed the Behring werke will give a stock supply of GM-CSF for 3 cycles in 2 patients to each participating institution. One month after the first accrual in an institution, Behring werke will do a local site visit in order to check the data. If all data are collected according to the rules of the protocol, stock supply can then be extended upon request. If 2 patients in an institution will be inevaluable because of mistakes, this institution will no longer be allowed to enter patients into the trial. The review results of Behring werke will be discussed in the board of the group. Because of the rapid accrual of patients in our first line studies and the plans for further first line studies, data collection should not only be correct according to the protocol, but the forms should be submitted according to the time schedules indicated in the protocol as well. It was decided that the board of the group, the study coordinator, the data manager and the statistician will meet on June 30 in Brussels to evaluate the first results and to take a final decision concerning the next first line study, which is scheduled to start in the autumn of 1989. It was decided to approach the chairman of the Protocol Review Committe with a request to review the protocol of the next study, according to the quick procedure.

Dr. Verweij has been asked to write the protocol of the next study.

Navelbine was selected to be tested in phase II. In view of the fact that in adult soft tissue sarcomas no data are available on Vincristine, it was decided to test Navelbine in a randomized phase II study against Vincristine.

8. DATA CENTER REPORT ON OSTEOSARCOMA STUDIES:

EORTC 62862: phase II study of CHIP:
18 patients have been entered, 11 are presently available. No response had been observed. Accrual remains slow. This study can be closed in the autumn of 1989. At the London meeting we will decide on a follow-up for the study.

9. REPORT OF THE OSTEOSARCOMA INTERGROUP STUDIES:

EORTC 80831: Doxorubicin/Cisplatin vs Doxorubicin/Cisplatin/high dose Methotrexate:
297 patients have been entered in the study. The study is now closed. The toxicity in the 2 arms appears to be equal. In the small group of patients with metastatic disease the arm with high dose Methotrexate appears to be slightly better.

EORTC 80861: Doxorubicin/Cisplatin vs modified T10:
164 patients have now been entered. A preliminary analysis does not show a significant difference between responses. The T10 arm appears to induce more liver toxicity.

EORTC 80862: Doxorubicin/Cisplatin/Ifosfamide (PIA):
The study is only still open for patients with metastatic disease and inoperable cases. A total of 66 patients have been entered previously. The toxicity is comparable to the toxicity of the Doxorubicin/Cisplatin combination. It is too early for an analysis of complete response rate and decisions have to be carefully taken because the bad cases of disease were selected for this trial.

EORTC 80871: Doxorubicin/Cisplatin in spindle cell sarcomas of the bone other than osteosarcoma:
Only 1 patient has been entered in this study that was activated in September 1988. This was expected because it is a very rare tumor.

10. PUBLICATION OF COMPLETED STUDIES:

It was mentioned that the abstract concerning our adjuvant study was accepted for oral presentation at the next ASCO meeting. Abstracts have been sent to ECCO, concerning the adjuvant study clinical results (Bramwell), pathology grading (Coindre) and concerning the randomized first line study (Santoro).

11. ANY OTHER BUSINESS:

The meeting in Warsaw in the spring of 1990 will be combined with a workshop on peri-operative chemotherapy in several types of cancer. All members will receive a letter of invitation from Dr. Ruka which will be necessary in order to apply for a visa. Further information will follow as soon as possible.

12. NEXT MEETINGS:
London, September 1-2, 1989 (Guy's hospital)
Warsaw, April 20-21, 1990
(Symposium on April 19-20, 1990)
Utrecht, September 14-15, 1990
Paris, April, 1991

J. Verweij,
Secretary

REPORT EORTC LUNG CANCER COOPERATIVE GROUP MEETING
Rome, January 27th and 28th, 1989.

Business meeting:
The minutes of the quality control meeting of the EORTC-LCCG on December 9th, 1988 in Brussels were introduced by the chairman and extensively discussed. There is a need for more of the larger centers to join the Group. Since the Group is performing important major trials, which seek to answer basic questions concerning Small Cell Lung Cancer (limited disease and extensive disease) and Non-Small Cell Lung Cancer (operable and advanced disease), more advertisement is urgently needed and measures are made to that effect.

DATA CENTER REPORT

SMALL CELL LUNG CARCINOMAS

Protocol 08845: conducted in collaboration with Lung Cancer Study Group (NCI) and ECOG, USA: Adjuvant surgery in very limited disease.

Overall 252 patients entered and 99 randomized. More patients are needed for this study, since 65% of the patients accept randomization instead of the expected 72%. Urgent need for missing data.

-Protocol 08854: 4-epidoxorubicin in extensive disease patients older than 70 or considered unsuitable for conventional combination therapy (WHO performance status of 3).

Only 5 more patients needed. A new protocol will be written for participants from East Europe.

-Protocol 08862: Standard CDE chemotherapy followed by VIMP (carboplatin containing scheme) in extensive disease.

The study is closed and will be published as soon as possible.

-Protocol 08873: teniposide (VM26) in patients with brain metastases.

Fourty-eight patients have been entered. The study will remain open until the next protocol is activated.

-Protocol 08877: Alternating versus sequential radiotherapy in limited disease.

Thirty-two patients have been entered. Both in Rome and Heidelberg severe grade IV hematological toxicity has been observed in the majority of their patients, which led to major protocol violations.
Anna Gregor, chairman of the radiotherapy subcommittee, will investigate the problem and change the protocol after consulting the PRC.

-Protocol 08882: Phase III trial of standard versus alternating chemotherapy in small cell lung cancer. Extensive disease.

Eight patients have been entered.

NON-SMALL CELL LUNG CARCINOMAS

-Protocol 08842: combination radio/chemo in inoperable limited disease.

Seventy-three patients have been entered, 7 more are needed. The protocol will be closed by June 1st, analysed and submitted to a journal before the end of 1989.

-Protocol 08844: cisplatin as radiosensitizer in inoperable limited disease.

The study will be closed after 325 patients have been entered. This number is slightly higher than written in the protocol because of the number of inevaluable patients.

- Protocol 08861: adjuvant therapy in completely resected disease.

The accrual is low, although the study is very important. The main problem is that centers, which want to join the study, have to build up a cooperative team of chest physicians, surgeons and radiotherapists. Furthermore pre-and per operative staging is frequently insufficient.

-Protocol 08863: chemotherapy followed by surgery and rediotherapy in patients with biopsy proven N2 disease.

Nine patients entered. Although the poor accrual may be partly due to competition with 08842 and 08844, another reason may also be the very strict entry criteria, which are not met in the majority of centres, where thoracic surgery is done. The study will remain open until a new proposal for combined modality treatment of inoperable NSCLC is accepted and activated.

-Protocol 08871: chemoprevention, trial conducted jointly with the EORTC Head and Neck Group.

Completely resected non-small cell cancer and curatively treated laryngeal and oral cancer are readomized to receive intensive screening or not, N-acetyl/cysteine or not and retinol palmitate or not.
Thirty-two patients have been entered.

-Protocol 08872: ACNU in advanced Small and Non-Small Cell Lung Carcinoma.

Seventy-five patients entered. The study is closed for NSCLC, but still open for SCLC.

-Protocol 08875: Phase III trial of teniposide-cisplatinum in metastatic disease.

Fifty-seven patients entered. This very important study is accruing rather well. However new centers are urged to paticipate.

MESOTHELIOMAS

-Protocol 08878: Etoposide (VP16-213) in Malignant Mesothelioma. Phase II study.

Nineteen patients entered. Since slides for pathology review are sent too late, a system of urging the investigator to send the slides and alert the coordinator is needed. Furthermore it was decided to go on testing the efficacy of single agents in mesothelioma. In the next study Cisplatin or Ifosfamide will be tested.

THYMOMAS

-Protocol 08853: Phase II trial with cisplatin/etoposide combination.

Ten patients entered.

PLANS FOR THE FUTURE

The TNF-protocol has been withdrawn, since the pharmaceutical industry lost interest.

-Protocol 08883: Evaluation of gamma IFN for intensification/maintenance of complete or near complete response in small cell lung cancer.

This very interesting protocol, in which a completely new approach to the treatment of SCLC is tested in a randomized fashion is now activated.

New protocols will be written for the treatment of brain metastases in small cell lung cancer for testing the new drug "Amonafide" in previously treated SCLC and NSCLC and for testing the new drug "Navelbine" in previously untreated SCLC. Furthermore the testing of new Cisplatin-analogues in the future is planned.

The EORTC-LCCG has decided to organize an international symposium on Biological Response Modifiers in Lung Cancer at the end of 1990 or the beginning of 1991.

Next meeting, Freiburg, September 14th and 15th, 1989.

Dr. T.A.W. Splinter
Mrs. A. Kirkpatrick.

WILSON T.S. WANG INTERNATIONAL SURGICAL SYMPOSIUM

Hong Kong, December 8-10, 1989

Information:
1989 Wilson TS Wang International
Surgical Symposium
c/o Conference & Exhibition Dept
Swire Travel Ltd
Room 1811-1823, Swire House,
9, Connaught Road, Central
Hong Kong
Tel: 852-5-8448192
Fax: 852-5-8452418

XIVth INTERNATIONAL SYMPOSIUM FOR COMPARATIVE RESEARCH ON LEUKEMIA AND RELATED DISEASES AND SATELLITE SYMPOSIUM WORKSHOP ON AIDS

Vail, Colorado, U.S.A., October 8-12, 1989

Information:
Dr. David S. Yohn, Secretary-General
Suite 302, 410 West Twelfth Avenue
Columbus, Ohio 43210, U.S.A.

PRACTICAL ADVANCES IN BIODIAGNOSIS AND BIOMODULATION FOR THE MEDICAL ONCOLOGIST

New York, NY, U.S.A., November 9-10, 1989

Information:
Jaclyn Silverman, Division of Medical Oncology
Box 1178, Mount Sinai School of Medicine,
One Gustave L. Levy Place,
New York, NY 10029
Tel: 212 241 6772 or 369 5440

SIXTH INTERNATIONAL CONFERENCE ON THE ADJUVANT THERAPY OF CANCER

Tucson, Arizona, U.S.A., March 7-10, 1990

Information:
Mary Humphrey, Conference Coordinator
Arizona Cancer Center
University of Arizona College of Medicine
Tucson, AZ 85724, U.S.A.
Tel: 602/626-2276
Fax: 602/626-2284

FOURTH INTERNATIONAL SAHKS-SYMPOSIUM NUTRITION AND CANCER

Stockholm, Sweden, September 21-22, 1989

SATELLITE SYMPOSIUM ON NUTRITIONAL TREATMENT OF CANCER

Stockholm, Sweden, September 20, 1989

Information:
Dr. H. Mellstedt
Karolinska Hospital
S-104 01 Stockholm
Sweden
Tel: 46-8-729 41 12
Telex: 16660 KARO

TEACHING COURSES

London, England, September 1-3, 1989

ESMO**
-biological response modifiers
ESSO*
-management of radiation damage
-esophageal cancer
-testicular tumours
-rectal tumours
ESTRO**
-brain tumours
ESMO/ESTRO**
-breast cancer

* one day courses
** two day courses

Information:
Secretariat of the Federation of the European
Cancer Societies
Department of Radiotherapy
University Hospital St. Rafaël
Capucijnenvoer 33
3000 Leuven, Belgium
Tel: 32/16/21.22.13
Fax: 32/16/21.22.28

2nd INTERNATIONAL SYMPOSIUM SUPPORTIVE CARE IN CANCER PATIENTS

St Gallen, Switzerland, February 28-March 3, 1990

Information:
Secretariat:
"SUP-90", Prof. H.J. Senn
c/o Dept. of Medicine C (Oncology)
Kantonsspital,CH-9007 St. Gallen
Switzerland
Tel: (0)71 26 10 97
Fax: (0)71 25 68 05

SECOND INTERNATIONAL SYMPOSIUM PRIMARY PREVENTION AND CANCER

Brussels, Belgium, October 5-6, 1989

Information:
Dr. A. Deleener
Laboratorium Anthropogenetica
V.U.B.
Pleinlaan 2
1050 Brussels (Belgium)
Tel: (02) 641 34 23
Telex: 61051 VUBCO-B

THIRD INTERNATIONAL CONFERENCE OF ANTICANCER RESEARCH

Marathon, Greece, October 16-20, 1990

Information:
John G. Delinassios
Managing Editor
Anticancer Research
5 Argyropoulou Street
Kato Patissia
Athens GR-111 45
Greece
Tel: 201 63 80, 817 12 09

SIXTH INTERNATIONAL SYMPOSIUM ON PLATINUM AND OTHER METAL COORDINATION COMPOUNDS IN CANCER CHEMOTHERAPY

San Diego, California, U.S.A., January 23-26, 1990

Information:
Cass Jones
Cancer Chemotherapy Conference
Meeting Management
P.O. Box 179258
San Diego, CA 92117,U.S.A.
Tel: (619) 453-6222

SEMINAR ON STRATEGIES OF OPTIMAL MANAGEMENT OF CANCER IN DEVELOPING COUNTRIES

Srinagar, India, August 24-27, 1989

Information:
Dr. Shad Salim Akhtar, M.C., M.R.C.P.
Department of Medical Oncology
Room No. 1333
Sher-i-Kashmir Institute of Medical Sciences
Post Bag No. 27 Soura,
Srinagar-190011, Kashmir (India)

PROSPECTS OF ONCOLOGICAL CLINICAL RESEARCH 1989

Paris, France, November 13-14, 1989

Information:
Pr S. Khoury
Hopital de la Pitié - Urology Service
(Pr. Chatelain)
83, Bd de l'Hôpital
75013 Paris, France
tel: (1)45.70.38.62
fax: (1)45.70.30.78
telex: 205337

50th ANNIVERSARY OF JULES BORDET INSTITUTE SYMPOSIUM ON TUMOUR TARGETING

Brussels, Belgium, September 28-30, 1989

Information:
Administrative Secretariat:
E.C.C.O. (European Congress Consultants & Organizers)
Rue Vilain XIIII, 17a
B-1050 Brussels
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tel: (32.2) 647.87.80
fax: (32/2) 640.66.97
telex: 61434sdrbru b

THE THIRD INTERNATIONAL CONFERENCE ON THE INTERACTION OF RADIATION THERAPY AND SYSTEMIC THERAPY

Monterey, California, U.S.A., March 9-12, 1990

Information:
Suzanne Bohn
Projects Coordinator
American College of Radiology
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