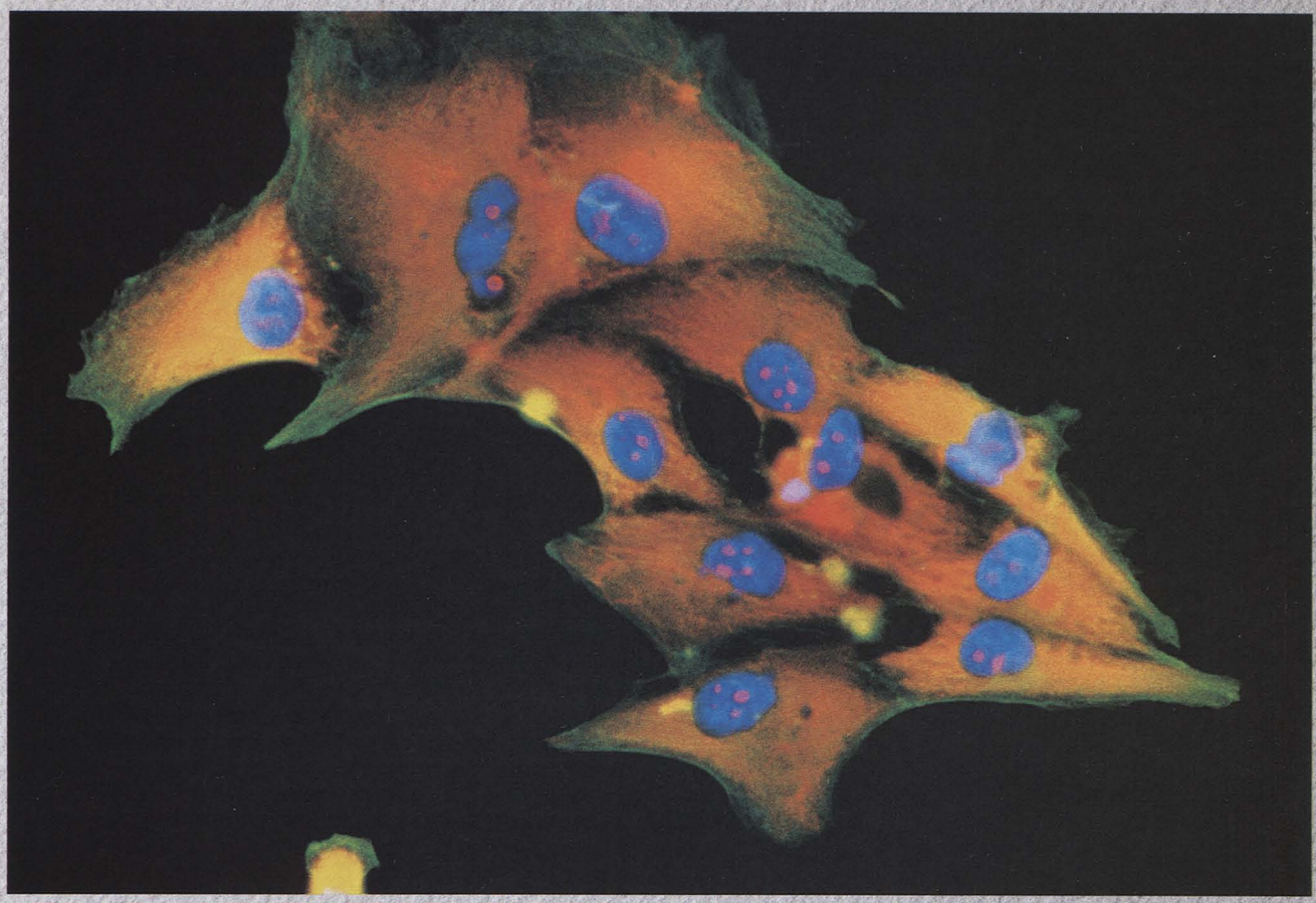

Immunofluorescent staining of metastatic renal carcinoma cells.

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Distributed by CETUS ONCOLOGY Corp.
Emeryville, CA 94608

Please see brief summary of prescribing information on following page.

PROLEUKIN® (Aldesleukin)
Brief Summary of Prescribing Information
For full prescribing information, see Package Insert.

WARNINGS

PROLEUKIN® (aldesleukin for injection) should be administered only in a hospital setting under the supervision of a qualified physician experienced in the use of anti-cancer agents. An intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine must be available.

PROLEUKIN administration has been associated with capillary leak syndrome (CLS). CLS results in hypotension and reduced organ perfusion which may be severe and can result in death.

Therapy with PROLEUKIN should be restricted to patients with normal cardiac and pulmonary functions as defined by thallium stress testing and formal pulmonary function testing. Extreme caution should be used in patients with normal thallium stress tests and pulmonary function tests who have a history of prior cardiac or pulmonary disease.

PROLEUKIN administration should be held in patients developing moderate to severe lethargy or somnolence; continued administration may result in coma.

INDICATIONS AND USAGE

PROLEUKIN (aldesleukin) is indicated for the treatment of adults (≥18 years of age) with metastatic renal cell carcinoma.

Careful patient selection is mandatory prior to the administration of PROLEUKIN. See **"CONTRAINDICATIONS," "WARNINGS"** and **"PRECAUTIONS"** Sections regarding patient screening, including recommended cardiac and pulmonary function tests and laboratory tests.

Evaluation of clinical studies to date reveals that patients with more favorable ECOG performance status (ECOG PS 0) at treatment initiation respond better to PROLEUKIN, with a higher response rate and lower toxicity (See **"CLINICAL PHARMACOLOGY"** Section, **"Clinical Experience"** Subsection in Package Insert). Therefore, selection of patients for treatment should include assessment of performance status, as described in Table I in Package Insert.

Experience in patients with PS >1 is extremely limited.

CONTRAINDICATIONS

PROLEUKIN (aldesleukin) is contraindicated in patients with a known history of hypersensitivity to interleukin-2 or any component of the PROLEUKIN formulation.

Patients with an abnormal thallium stress test or pulmonary function tests are excluded from treatment with PROLEUKIN. Patients with organ allografts should be excluded as well. In addition, retreatment with PROLEUKIN is contraindicated in patients who experienced the following toxicities while receiving an earlier course of therapy:

- Sustained ventricular tachycardia (≥5 beats)
- Cardiac rhythm disturbances not controlled or unresponsive to management
- Recurrent chest pain with ECG changes, consistent with angina or myocardial infarction
- Intubation required >72 hours
- Pericardial tamponade
- Renal dysfunction requiring dialysis >72 hours
- Coma or toxic psychosis lasting >48 hours
- Repetitive or difficult to control seizures
- Bowel ischemia/perforation
- GI bleeding requiring surgery

WARNINGS

See boxed **"WARNINGS"**

PROLEUKIN (aldesleukin) administration has been associated with capillary leak syndrome (CLS) which results from extravasation of plasma proteins and fluid into the extravascular space and loss of vascular tone. CLS results in hypotension and reduced organ perfusion which may be severe and can result in death. The CLS may be associated with cardiac arrhythmias (supraventricular and ventricular), angina, myocardial infarction, respiratory insufficiency requiring intubation, gastrointestinal bleeding or infarction, renal insufficiency, and mental status changes.

Because of the severe adverse events which generally accompany PROLEUKIN therapy at the recommended dosages, thorough clinical evaluation should be performed to exclude from treatment patients with significant cardiac, pulmonary, renal, hepatic or CNS impairment.

Should adverse events occur, which require dose modification, dosage should be withheld rather than reduced. (See **"DOSAGE AND ADMINISTRATION"** Section, **"Dose Modification"** Subsection in Package Insert).

PROLEUKIN may exacerbate disease symptoms in patients with clinically unrecognized or untreated CNS metastases. All patients should have thorough evaluation and treatment of CNS metastases prior to receiving PROLEUKIN therapy. They should be neurologically stable with a negative CT scan. In addition, extreme caution should be exercised in treating patients with a history of seizure disorder because PROLEUKIN may cause seizures.

Intensive PROLEUKIN treatment is associated with impaired neutrophil function (reduced chemotaxis) and with an increased risk of disseminated infection, including sepsis and bacterial endocarditis, in treated patients. Consequently, pre-existing bacterial infections should be adequately treated prior to initiation of PROLEUKIN therapy. Additionally, all patients with indwelling central lines should receive antibiotic prophylaxis effective against *S. aureus*. Antibiotic prophylaxis which has been associated with a reduced incidence of staphylococcal infections in PROLEUKIN studies includes the use of: oxacillin, nafcillin, ciprofloxacin, or vancomycin. Disseminated infections acquired in the course of PROLEUKIN treatment are a major contributor to treatment morbidity and use of antibiotic prophylaxis and aggressive treatment of suspected and documented infections may reduce the morbidity of PROLEUKIN treatment. **NOTE: Prior to the use of any product mentioned in this paragraph, the physician should refer to the package insert for the respective product.**

PRECAUTIONS

General: Patients should have normal cardiac, pulmonary, hepatic and CNS function at the start of therapy. Patients who have had a nephrectomy are still eligible for treatment if they have serum creatinine levels ≤1.5 mg/dL.

Adverse events are frequent, often serious, and sometimes fatal.

Capillary leak syndrome (CLS) begins immediately after PROLEUKIN treatment starts and is marked by increased capillary permeability to protein and fluids and reduced vascular tone. In most patients, this results in a concomitant drop in mean arterial blood pressure within 2 to 12 hours after the start of treatment. With continued therapy, clinically significant hypotension (defined as systolic blood pressure below 90 mm Hg or a 20 mm Hg drop from baseline systolic pressure) and hypoperfusion will occur. In addition, extravasation of protein and fluids into the extravascular space will lead to edema formation and creation of effusions.

Medical management of CLS begins with careful monitoring of the patient's fluid and organ perfusion status. This is achieved by frequent determination of blood pressure and pulse, and by monitoring organ function, which includes assessment of mental status and urine output. Hypovolemia is assessed by catheterization and central pressure monitoring.

Flexibility in fluid and pressor management is essential for maintaining organ perfusion and blood pressure. Consequently, extreme caution should be used in treating patients with fixed requirements for large volumes of fluid (e.g. patients with hypercalcemia).

Patients with hypovolemia are managed by administering IV fluids, either colloids or crystalloids. IV fluids are usually given when the central venous pressure (CVP) is below 3 to 4 mm H_2O. Correction of hypovolemia may require large volumes of IV fluids but caution is required because unrestrained fluid administration may exacerbate problems associated with edema formation or effusions.

With extravascular fluid accumulation, edema is common and some patients may develop ascites or pleural effusions. Management of these events depends on a careful balancing of the effects of fluid shifts so that neither the consequences of hypovolemia (e.g. impaired organ perfusion) nor the consequences of fluid accumulations (e.g. pulmonary edema) exceeds the patient's tolerance.

Clinical experience has shown that early administration of dopamine (1 to 5 µg/kg/min) to patients manifesting capillary leak syndrome, before the onset of hypotension, can help to maintain organ perfusion particularly to the kidney and thus preserve urine output. Weight and urine output should be carefully monitored. If organ perfusion and blood pressure are not sustained by dopamine therapy, clinical investigators have increased the dose of dopamine to 6 to 10 µg/kg/min or have added phenylephrine hydrochloride (1 to 5 µg/kg/min) to low dose dopamine. (See **"CLINICAL PHARMACOLOGY"** Section, **"Clinical Experience"** Subsection in Package Insert). Prolonged use of pressors, either in combination or as individual agents, at relatively high doses, may be associated with cardiac rhythm disturbances. **NOTE: Prior to the use of any product mentioned in this paragraph, the physician should refer to the package insert for the respective product.**

Failure to maintain organ perfusion, demonstrated by altered mental status, reduced urine output, a fall in the systolic blood pressure below 90 mm Hg or onset of cardiac arrhythmias, should lead to holding the subsequent doses until recovery of organ perfusion and a return of systolic blood pressure above 90 mm Hg are observed. (See **"DOSAGE AND ADMINISTRATION"** Section, **"Dose Modification"** Subsection in Package Insert).

Recovery from CLS begins soon after cessation of PROLEUKIN® (aldesleukin) therapy. Usually, within a few hours, the blood pressure rises, organ perfusion is restored and resorption of extravasated fluid and protein begins. If there has been excessive weight gain or edema formation, particularly if associated with shortness of breath from pulmonary congestion, use of diuretics, once blood pressure has normalized, has been shown to hasten recovery.

Oxygen is given to the patient if pulmonary function monitoring confirms that P_aO_2 is decreased.

PROLEUKIN administration may cause anemia and/or thrombocytopenia. Packed red blood cell transfusions have been given both for relief of anemia and to insure maximal oxygen carrying capacity. Platelet transfusions have been given to resolve absolute thrombocytopenia and to reduce the risk of GI bleeding. In addition, leukopenia and neutropenia are observed.

PROLEUKIN administration results in fever, chills, rigors, pruritus and gastrointestinal side effects in most patients treated at recommended doses. These side effects have been aggressively managed as described in the **"CLINICAL PHARMACOLOGY"** Section, **"Clinical Experience"** Subsection in Package Insert.

Renal and hepatic function is impaired during PROLEUKIN treatment. Use of concomitant medications known to be nephrotoxic or hepatotoxic may further increase toxicity to the kidney or liver. In addition, reduced kidney and liver function secondary to PROLEUKIN treatment may delay elimination of concomitant medications and increase the risk of adverse events from those drugs.

Patients may experience mental status changes including irritability, confusion, or depression while receiving PROLEUKIN. These mental status changes may be indicators of bacteremia or early bacterial sepsis. Mental status changes due solely to PROLEUKIN are generally reversible when drug administration is discontinued. However, alterations in mental status may progress for several days before recovery begins.

Impairment of thyroid function has been reported following PROLEUKIN treatment. A small number of treated patients went on to require thyroid replacement therapy. This impairment of thyroid function may be a manifestation of autoimmunity, consequently, extra caution should be exercised when treating patients with known autoimmune disease.

PROLEUKIN (aldesleukin) enhancement of cellular immune function may increase the risk of allograft rejection in transplant patients.

Laboratory Tests: The following clinical evaluations are recommended for all patients, prior to beginning treatment and then daily during drug administration.

- Standard hematologic tests – including CBC, differential and platelet counts
- Blood chemistries – including electrolytes, renal and hepatic function tests
- Chest x-rays

All patients should have baseline pulmonary function tests with arterial blood gases. Adequate pulmonary function should be documented (FEV$_1$ >2 liters or ≥75% of predicted for height and age) prior to initiating therapy. All patients should be screened with a stress thallium study. Normal ejection fraction and unimpaired wall motion should be documented. If a thallium stress test suggests minor wall motion abnormalities of questionable significance, a stress echocardiogram to document normal wall motion may be useful to exclude significant coronary artery disease.

Daily monitoring during therapy with PROLEUKIN should include vital signs (temperature, pulse, blood pressure and respiration rate) and weight. In a patient with a decreased blood pressure, especially less than 90 mm Hg, constant cardiac monitoring for rhythm should be conducted. If an abnormal complex or rhythm is seen, an ECG should be performed. Vital signs in these hypotensive patients should be taken hourly and central venous pressure (CVP) checked.

During treatment, pulmonary function should be monitored on a regular basis by clinical examination, assessment of vital signs and pulse oximetry. Patients with dyspnea or clinical signs of respiratory impairment (tachypnea or rales) should be further assessed with arterial blood gas determination. These tests are to be repeated as often as clinically indicated.

Cardiac function is assessed daily by clinical examination and assessment of vital signs. Patients with signs or symptoms of chest pain, murmurs, gallops, irregular rhythm or palpitations should be further assessed with an ECG examination and CPK evaluation. If there is evidence of cardiac ischemia or congestive heart failure, a repeat thallium study should be done.

Drug Interactions: PROLEUKIN may affect central nervous function. Therefore, interactions could occur following concomitant administration of psychotropic drugs (e.g., narcotics, analgesics, antiemetics, sedatives, tranquilizers).

Concurrent administration of drugs possessing nephrotoxic (e.g. aminoglycosides, indomethacin), myelotoxic (e.g. cytotoxic chemotherapy), cardiotoxic (e.g. doxorubicin) or hepatotoxic (e.g. methotrexate, asparaginase) effects with PROLEUKIN may increase toxicity in these organ systems. The safety and efficacy of PROLEUKIN in combination with chemotherapies has not been established.

Although glucocorticoids have been shown to reduce PROLEUKIN-induced side effects including fever, renal insufficiency, hyperbilirubinemia, confusion and dyspnea, concomitant administration of these agents with PROLEUKIN may reduce the antitumor effectiveness of PROLEUKIN and thus should be avoided.

Beta-blockers and other antihypertensives may potentiate the hypotension seen with PROLEUKIN (aldesleukin).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There have been no studies conducted assessing the carcinogenic or mutagenic potential of PROLEUKIN (aldesleukin).

There have been no studies conducted assessing the effect of PROLEUKIN on fertility. It is recommended that this drug not be administered to fertile persons of either sex not practicing effective contraception.

Pregnancy: Pregnancy Category C. Animal reproduction studies have not been conducted with PROLEUKIN. It is also not known whether PROLEUKIN can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. In view of the known adverse effects of PROLEUKIN, it should only be given to a pregnant woman with extreme caution, weighing the potential benefit with the risks associated with therapy.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from PROLEUKIN, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children under 18 years of age have not been established.

ADVERSE REACTIONS

The rate of drug related deaths in the 255 metastatic renal cell carcinoma patients on study who received single-agent PROLEUKIN was 4% (11/255).

Frequency and severity of adverse reactions to PROLEUKIN have generally been shown to be dose-related and schedule-dependent. Most adverse reactions are self-limiting and are usually, but not invariably, reversible within 2 or 3 days of discontinuation of therapy.

Examples of adverse reactions with permanent sequelae include: myocardial infarction, bowel perforation/infarction, and gangrene.

The most frequently reported serious adverse reactions include hypotension, renal dysfunction with oliguria/anuria, dyspnea or pulmonary congestion, and mental status changes (i.e., lethargy, somnolence, confusion and agitation).

Other serious toxicities have included: myocardial ischemia, myocarditis, gangrene, respiratory failure leading to intubation, GI bleeding requiring surgery, intestinal perforation/ileus, coma, seizure, sepsis and renal impairment requiring dialysis. The incidence of these events has been higher in PS 1 patients than in PS 0 patients (See **"CLINICAL PHARMACOLOGY"** Section, **"Clinical Experience"** Subsection in Package Insert).

The following data on adverse reactions are based on 373 patients (255 with renal cell cancer and 118 with other tumors) treated with the recommended every 8 hour 15-minute infusion dosing regimen. These patients had metastatic or recurrent carcinoma and were enrolled in investigational trials in the United States.

Organ systems in which reactions occurred in a significant number of the patients treated are found in the following table:

TABLE III
Incidence of Adverse Events

Events by Body System	% of Patients
Cardiovascular	
Hypotension	85
(requiring pressors)	71
Sinus Tachycardia	70
Arrhythmias	22
Atrial	8
Supraventricular	5
Ventricular	3
Junctional	1
Bradycardia	7
Premature Ventricular Contractions	5
Premature Atrial Contractions	4
Myocardial Ischemia	3
Myocardial Infarction	2
Cardiac Arrest	2
Congestive Heart Failure	1
Myocarditis	1
Stroke	1
Gangrene	1
Pericardial Effusion	1
Endocarditis	1
Thrombosis	1
Gastrointestinal	
Nausea and Vomiting	87
Diarrhea	76
Stomatitis	32
Anorexia	27
GI Bleeding	13
(requiring surgery)	2
Dyspepsia	7
Constipation	5
Intestinal Perforation/Ileus	2
Pancreatitis	<1
Neurologic	
Mental Status Changes	73
Dizziness	17
Sensory Dysfunction	10
Special Sensory Disorders (vision, speech, taste)	7
Syncope	3
Motor Dysfunction	2
Coma	1
Seizure (grand mal)	1
Pulmonary	
Pulmonary Congestion	54
Dyspnea	52
Pulmonary Edema	10
Respiratory Failure (leading to intubation)	9
Tachypnea	8
Pleural Effusion	7
Wheezing	6
Apnea	1
Pneumothorax	1
Hemoptysis	1
Hepatic	
Elevated Bilirubin	64
Elevated Transaminase	56
Elevated Alkaline Phosphatase	56
Jaundice	11
Ascites	4
Hepatomegaly	1
Hematologic	
Anemia	77
Thrombocytopenia	64
Leukopenia	34
Coagulation Disorders	10
Leukocytosis	9
Eosinophilia	6
Abnormal Laboratory Findings	
Hypomagnesemia	16
Acidosis	16
Hypocalcemia	15
Hypophosphatemia	11
Hypokalemia	9
Hyperuricemia	9
Hypoalbuminemia	8
Hypoproteinemia	7
Hyponatremia	4
Hyperkalemia	4
Alkalosis	4
Hypoglycemia	2
Hyperglycemia	2
Hypocholesterolemia	1
Hypercalcemia	1
Hypernatremia	1
Hyperphosphatemia	1
Renal	
Oliguria/Anuria	76
BUN Elevation	63
Serum Creatinine Elevation	61
Proteinuria	12
Hematuria	9
Dysuria	3
Renal Impairment Requiring Dialysis	2
Urinary Retention	1
Urinary Frequency	1
Dermatologic	
Pruritus	48
Erythema	41
Rash	26
Dry Skin	15
Exfoliative Dermatitis	14
Purpura/Petechiae	4
Urticaria	2
Alopecia	1
Musculoskeletal	
Arthralgia	6
Myalgia	6
Arthritis	1
Muscle Spasm	1
Endocrine	
Hypothyroidism	<1
General	
Fever and/or Chills	89
Pain (all sites)	54
Abdominal	15
Chest	12
Back	9
Fatigue/Weakness/Malaise	53
Edema	47
Infection (including urinary tract, injection site, catheter tip, phlebitis, sepsis)	23
Weight Gain (≥10%)	23
Headache	12
Weight Loss (≥10%)	5
Conjunctivitis	4
Injection Site Reactions	3
Allergic Reactions (non-anaphylactic)	1

Other serious adverse events were derived from trials involving more than 1,800 patients treated with PROLEUKIN-based regimens using a variety of doses and schedules. These events each occurred with a frequency of <1% and included: liver or renal failure resulting in death; duodenal ulceration; fatal intestinal perforation; bowel necrosis; fatal cardiac arrest, myocarditis, and supraventricular tachycardia; permanent or transient blindness secondary to optic neuritis; fatal malignant hyperthermia; pulmonary edema resulting in death; respiratory arrest; fatal respiratory failure; fatal stroke; transient ischemic attack; meningitis; cerebral edema; pericarditis; allergic interstitial nephritis; tracheo-esophageal fistula; fatal pulmonary emboli; severe depression leading to suicide.

OVERDOSAGE

Side effects following the use of PROLEUKIN® (aldesleukin) are dose-related. Administration of more than the recommended dose has been associated with a more rapid onset of expected dose limiting toxicities. Adverse reactions generally will reverse when the drug is stopped, particularly because its serum half-life is short. (See **"CLINICAL PHARMACOLOGY"** Section, **"Pharmacokinetics"** Subsection in Package Insert). Any continuing symptoms should be treated supportively. Life threatening toxicities have been ameliorated by the intravenous administration of dexamethasone, which may result in loss of therapeutic effect from PROLEUKIN. **NOTE: Prior to the use of dexamethasone, the physician should refer to the package insert for this product.**

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- ☐ CAN 244 $23.00 **Minisymposium Preclinical Pharmacology / Experimental Therapeutics 22: Antineoplastic Properties of Ether Lipids** (Two cassettes)
- ☐ CAN 245 $11.50 **First American Cancer Society Award Lecture: Human Gastric Carcinogenesis: A Multistep and Multifactorial Process** [Pelayo Correa] (One cassette)
- ☐ CAN 246 $11.50 **Eleventh Cornelius P. Rhoads Memorial Award Lecture: Analysis of Protein Function in Vivo by Targeted Gene Disruption** [Elizabeth J. Robertson] (One cassette)
- ☐ CAN 248 $23.00 **Symposium 10: The p53 Tumor Suppressor Gene** (Two cassettes)
- ☐ CAN 249 $23.00 **Symposium 11: Breast Cancer** (Two cassettes)
- ☐ CAN 250 $34.50 **Symposium 12: Gene Expression and Chromatin Structure** (Three cassettes)
- ☐ CAN 251 $34.50 **Minisymposium Biology 15: Angiogenesis** (Three cassettes)
- ☐ CAN 252 $34.50 **Minisymposium Preclinical Pharmacology/Experimental Therapeutics 33: Antisense** (Three cassettes)
- ☐ CAN 253 $23.00 **Minisymposium Molecular Biology/Virology 11: Tumor Suppressor Genes I** (Two cassettes)
- ☐ CAN 254 $23.00 **Minisymposium Clinical Investigations 19: Molecular Biology of Human Cancer II** (Two cassettes)
- ☐ CAN 255 $23.00 **Symposium 13: Molecular Mechanisms in Carcinogenesis** (Two cassettes)
- ☐ CAN 256 $23.00 **Symposium 14: Molecular Approaches to Diagnosis and Patient Evaluation**

CONTINUED. . . . .

- ☐ CAN 257 $34.50 **Minisymposium Immunology 13: Cytokine Modulation of Tumor Growth** (Three cassettes)
- ☐ CAN 258 $34.50 **Minisymposium Preclinical Pharmacology/Experimental Therapeutics 35: Liposomes in Drug Delivery** (Three cassettes)
- ☐ CAN 259 $34.50 **Minisymposium Carcinogenesis 22: Mutational Specificity** (Three cassettes)
- ☐ CAN 260 $34.50 **Minisymposium Biology 16: Signal Transduction** (Three cassettes)

28th ANNUAL MEETING OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

MAY 17-19, 1992

- ☐ CO 201 $11.50 **(S1) Pain Control in Patients With Cancer** (One cassette)
- ☐ CO 202 $11.50 **(S2) Ovarian Cancer** (One cassette)
- ☐ CO 203 $11.50 **(S3) Lung Cancer** (One cassette)
- ☐ CO 204 $11.50 **(S4) Molecular Biology** (One cassette)
- ☐ CO 205 $23.00 **(S5) Clinical Pharmacology for the Non-Pharmacologist** (Two cassettes)
- ☐ CO 206 $11.50 **(S6) Promising New Drugs** (One cassette)
- ☐ CO 207 $11.50 **(S7) Interpreting the Results of Clinical Trials: What do the Data Mean to Me?** (One cassette)
- ☐ CO 208 $11.50 **(S8) Futuristic Therapy of Breast Cancer** (One cassette)
- ☐ CO 209 $11.50 **(S9) Hodgkin's Disease: An Update** (One cassette)
- ☐ CO 210 $11.50 **(S10) Myelodysplasia Syndromes in Pediatric and Adult Patients** (One cassette)
- ☐ CO 211 $11.50 **(S11) Organ Preservation in Multimodality Solid Tumor Therapy** (One cassette)
- ☐ CO 212 $11.50 **(S12) New Aspects in Early Stage Prostate Cancer** (One cassette)
- ☐ CO 213 $11.50 **(SIT1) Pediatric Brain Tumors** (One cassette)
- ☐ CO 214 $11.50 **(SIT2) Breast Cancer Prevention With Diet and Tamoxifen** (One cassette)
- ☐ CO 215 $11.50 **(SIT3) Cancer in Older Persons** (One cassette)
- ☐ CO 216 $11.50 **(SIT4) Acceptance and Implementation of New Therapy** (One cassette)
- ☐ CO 217 $34.50 **Breast Cancer: Adjuvant Therapies** (Three cassettes)
- ☐ CO 218 $34.50 **Non-Small Cell Lung Cancer/Head and Neck Tumors** (Three cassettes)
- ☐ CO 219 $34.50 **Adult Leukemia** (Three cassettes)
- ☐ CO 220 $34.50 **Clinical Pharmacology** (Three cassettes)
- ☐ CO 221 $34.50 **Pediatric Solid Tumors** (Three cassettes)
- ☐ CO 222 $11.50 **Presidential Address and Awards Ceremony** [Martin D. Abeloff, MD] (One Cassette)
- ☐ CO 223 $11.50 **Twenty-Third Annual David A. Karnofsky Memorial Lecture: Ode to Methotrexate** [Joseph Bertino, MD] (One Cassette)
- ☐ CO 224 $23.00 **Plenary Session** (Two Cassettes)
- ☐ CO 225 $34.50 **Breast Cancer: Advanced** (Three Cassettes)
- ☐ CO 226 $34.50 **Gastrointestinal Tract Cancer** (Three Cassettes)
- ☐ CO 227 $34.50 **Genitourinary Tract Cancer** (Three Cassettes)
- ☐ CO 228 $34.50 **Tumor Immunology** (Three Cassettes)
- ☐ CO 229 $34.50 **Pediatric Leukemia and Lymphoma** (Three Cassettes)
- ☐ CO 230 $34.50 **Small Cell Lung Cancer/Central Nervous System Tumors** (Three Cassettes)
- ☐ CO 231 $34.50 **Adult Lymphoma** (Three Cassettes)
- ☐ CO 232 $34.50 **Melanoma/Sarcoma** (Three Cassettes)
- ☐ CO 233 $34.50 **Gynecological Tumors** (Three Cassettes)
- ☐ CO 234 $34.50 **Epidemiology/Cancer Prevention and Control** (Three Cassettes)
- ☐ CO 235 $23.00 **Cancer Biology and Molecular Genetics** (Two Cassettes)
- ☐ CO 236 $11.50 **Lung Cancer (Poster Discussion)** (One Cassette)
- ☐ CO 237 $11.50 **Psychosocial Aspects** (One Cassette)

Special Offer:
Buy all 16 Symposia & Special Interest Topic Sessions
at a 10% Savings —
$165.00 (Regular Price $184.00)

DISCOUNTS:

1-5	**...$11.50 Each**
6-11	**...5% Discount**
12-24	**...10% Discount**
25-48	**...15% Discount**
49 or more tapes	**...20% Discount**

HOW TO ORDER: *Check desired cassettes. Fill in information below. Send to Teach'em, Inc., 160 E. Illinois St., Chicago, IL 60611.* **Call: (312)467-0424 or Toll-Free: 1-800-225-3775. Fax: 1-312-467-9271.**

Amount of Order (IL residents add 8.75% sales tax) $_____

Foreign Country: Add $2 per tape outside the U.S. $_____

Shipping and Handling $ 4.00

TOTAL (in U.S. funds) $_____

☐ Check enclosed payable to Teach'em, Inc.

☐ VISA ☐ MC ☐ AMEX

$25 MINIMUM ON CREDIT CARD ORDERS

CARD #:_____

EXPIRATION DATE:_____

NOTE: ***Defective tapes will be replaced, but tapes are nonrefundable***

Please print:

Name:_____ Title:_____

Organization:_____

Address (No P.O. Boxes):_____

City:_____ State:_____ Zip:_____

Signature:_____ Telephone ( )_____

1993 Pezcoller Award for oncology and related basic research

100,000 E.C.U.

Nominations should be received by 15th April, 1993.
For related forms write to:

3rd Pezcoller Award - The Pezcoller Foundation
c/o European School of Oncology
via G. Venezian 18 - 20133 Milan (Italy)
Tel: (+39 2)70635923
Fax: (39 2)2664662

The Charles Rodolphe Brupbacher Foundation announces its first Scientific Symposium in connection with the Charles Rodolphe Brupbacher Cancer Research Award 1993

p53 in Growth Control and Neoplasia

March 24-27, 1993 Zürich, Switzerland

Chairmen

C.C. Harris (Bethesda), P. Kleihues (Zürich) and C. Weissmann (Zürich)

Invited Speakers

A.-L. Børresen (Oslo)
D.E. Brash (New Haven)
S. Hirohashi (Tokyo)
A. Levine (Princeton)
E. Newcomb (New York)
V. Rotter (Rehovot)
A. Bradley (Houston)
R. Dalla-Favera (New York)
D. Lane (Dundee)
R. Montesano (Lyon)
M. Oren (Rehovot)
K. Vousden (London)

Oral communications and Posters are welcome.

Registration fee: Swiss Francs SFr. 100.00 or U.S. $80.00

For further details and applications, please contact
Dr. Barbara Ludeke, Institute of Neuropathology, University Hospital,
CH-8091 Zürich, Switzerland Tel. +41 (1) 255 2848 Fax +41 (1) 255 4402

AMERICAN ASSOCIATION FOR CANCER RESEARCH

1993 EMPLOYMENT REGISTER FORMS AND INSTRUCTIONS

INTRODUCTION

The AACR's Employment Register is intended to attract young scientists to the Association, increase interest in AACR programs, and provide a valuable service to all cancer researchers, both senior and junior investigators.

The AACR had operated a limited Employment Register since 1983 with a fee structure that permitted only the listing of positions and candidates at the annual meeting. Beginning in 1988, AACR Staff scheduled interviews at the annual meeting, and brief advertisements describing available candidates and positions were published in the *Proceedings of the American Association for Cancer Research* and in two issues of *Cancer Research.* These services will be continued in 1993. Registration forms for the 1993 Employment Register can be found on the following pages. Fees have been set at the following levels:

Each candidate registration

-- by an AACR member	$10
-- by a nonmember	$25

Each position listing

-- by an AACR member from a nonprofit or governmental organization	$75
-- by a nonmember from a nonprofit or governmental organization	$125
-- from a commercial organization	$250

INSTRUCTIONS FOR CANDIDATES

1. Supply all information requested on the attached candidate registration form.
2. Type a short description of your background and the position you are seeking in the 5" X 1 1/4" box provided. Do not include your name; the AACR will assign identification numbers to all candidate listings. Please type carefully; this description will be reproduced as described in the section below entitled PUBLICATION OF LISTINGS.
3. Enclose the original form plus 1 copy.
4. Enclose appropriate payment:
   a. $10 from AACR members
   b. $25 from nonmembers
5. Checks should be issued in U.S. dollars, drawn on a U.S. bank, and made payable to AACR, Inc.
6. **Forms should be submitted by January 25, 1993,** to ensure publication of listings in the *Proceedings*. However, candidate registration forms will continue to be accepted in the Association Office until April 23, 1993. After that date forms should be submitted at the annual meeting.
7. Mail all candidate registration forms to:

   Employment Register
   American Association for Cancer Research, Inc.
   Public Ledger Building
   620 Chestnut Street, Suite 816
   Philadelphia, PA 19106-3483

INSTRUCTIONS FOR EMPLOYERS

1. Supply all information requested on the position listing form for each position available.
2. Type a short description of the position available in the 5" X 1 1/4" box provided. Please type carefully; this description will be reproduced as described in the section below entitled PUBLICATION OF LISTINGS.
3. Enclose the original form plus 1 copy.
4. Enclose appropriate payment:
   a. $75 from AACR members in nonprofit or governmental organizations,
   b. $125 from nonmembers in nonprofit or governmental organizations,
   c. $250 from commercial firms.
5. Checks should be issued in U.S. dollars, drawn on a U.S. bank, and made payable to AACR, Inc.
6. **Forms should be submitted by January 25, 1993,** to ensure publication of listings in the *Proceedings*. However, position listing forms will continue to be accepted in the Association Office until April 23, 1993. After that date forms should be submitted at the annual meeting.
7. Mail all position listing forms to:

   Employment Register
   American Association for Cancer Research, Inc.
   Public Ledger Building
   620 Chestnut Street, Suite 816
   Philadelphia, PA 19106-3483

SCHEDULING OF INTERVIEWS

The AACR will set aside space at the annual meeting for interviews which will be scheduled at mutually agreeable times during the following hours: Wednesday, Thursday, and Friday, May 19-21, from 8:00 a.m. to 5:00 p.m., and Saturday, May 22, from 9:00 a.m. to 12:00 noon. Each candidate and employer will receive an identification number. Registrants who submit their forms and fees by April 23, 1993, will receive an acknowledgment card which contains their identification number.

PUBLICATION OF LISTINGS

Short advertisements describing each candidate and position listing will be published in Volume 34 (1993) of the *Proceedings of the American Association for Cancer Research* and in the September 1, and December 1, 1993, issues of *Cancer Research.* The attached forms contain space for copy for these advertisements. Please type carefully to ensure accurate reproduction of your advertisement. Your copy must not exceed the limits of the box because space for these advertisements is limited. Advertisements for available positions should contain the name and address of the person conducting the job search, and candidates will be able to communicate with that person directly. Candidate advertisements will be anonymous. The AACR will send the candidate's complete form via first-class mail to any registered employer who requests it. The employer must bear the cost of receiving candidate forms in any manner other than first-class mail.

As noted above, because of the early publication date of the *Proceedings*, forms must be received by January 25, 1993, to ensure publication in that document. However, all advertisements submitted before or during the meeting will be published in the two issues of *Cancer Research.* Registrants wishing to withdraw their advertisements must submit written requests to that effect to the Association Office by July 1, 1993, for the September issue, and by October 1, 1993, for the December issue. All participants in the Employment Register are urged to notify the Association immediately of any change in their status so that all listings will remain current.

FURTHER INFORMATION

Questions about the Employment Register may be directed to the Association Office at 215-440-9300.

Position I. D. Number ____________________
(office use only)

POSITION LISTING

AMERICAN ASSOCIATION FOR CANCER RESEARCH
EMPLOYMENT REGISTER

(Please type and submit original and 1 copy)

DESCRIPTION OF POSITION

Title ____

Nature of Work and Responsibilities (research, teaching, administration, etc.)

Education and Experience Required

Date Position Available ______________________ Annual Salary Range ______________________

Location of Position ____

Areas of Specialization
(Indicate a maximum of three in order of greatest activity)

____ [1]Biochemistry & Biophysics ____ [2]Biostatistics ____ [3]Carcinogenesis ____ [4]Cellular Biology & Genetics
____ [5]Clinical Investigations ____ [6]Endocrinology ____ [7]Epidemiology ____ [8]Immunology
____ [9]Molecular Biology & Genetics ____ [10]Preclinical Pharmacology & Experimental Therapeutics ____ [11]Virology
____ [12]Other: ______________________
(please specify)

= =

EMPLOYER'S REPRESENTATIVE(S)

____
AACR Member Number

Name(s) and Title(s) ____

Institution ____

Address ____

____

Telephone ____

AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I __ plan __ do not plan to attend the AACR Annual Meeting in Orlando.
Dates available for interviews: __ May 19 __ May 20 __ May 21 __ May 22

= =

ADVERTISEMENT (Please type a short description of the position in the box below. If received by January 25, 1993, your advertisement will be printed in the 1993 *Proceedings*. All advertisements will appear in the September 1, and December 1, 1993, issues of *Cancer Research*.)

SAMPLE: Asst. Prof. (tenure track) in Mol. Biol. Postdoc. and teaching exp. Conduct independent res. on oncogenes, chimeric antibodies, and mol. biol. of tumor antigens. Limited medical/grad. teaching. Avail. Sept. 1993. $30,000-$35,000. Contact Dr. A. C. Brown, Dept. of Mol. Biol., Smith Univ., Chicago, NY.

Candidate I. D. Number ________________
(office use only)

CANDIDATE REGISTRATION

AMERICAN ASSOCIATION FOR CANCER RESEARCH
EMPLOYMENT REGISTER

(Please type and submit original and 1 copy)

TYPE OF POSITION DESIRED (Check all that apply)

__ Postdoctoral __ Physician in Training __ Research Associate/Staff Scientist __ Faculty

TYPE OF INTITUTION DESIRED (Check all that apply)

__ Industry __ Academic __ Government

Name: ____ ________________
Last First M.I. AACR Member Number

Business Mailing Address: ________________________ Major Field: ____________

________________________ Highest Degree: ____________

________________________ Year Obtained: ____________

Bus. Telephone ________________ Citizenship ________________

Type of Visa ________________ Desired Salary ________________

Date Available ____________ Geographic Preference ________________

= =

AREAS OF SPECIALIZATION
(Indicate a maximum of three in order of greatest activity)

____ [1]Biochemistry & Biophysics ____ [2]Biostatistics ____ [3]Carcinogenesis ____ [4]Cellular Biology & Genetics
____ [5]Clinical Investigations ____ [6]Endocrinology ____ [7]Epidemiology ____ [8]Immunology
____ [9]Molecular Biology & Genetics ____ [10]Preclinical Pharmacology & Experimental Therapeutics
____ [11]Virology ____ [12]Other: ________________________
(please specify)

= =

ADVERTISEMENT (Please type a short description of your background and the position you are seeking in the box below. If received by January 25, 1993, your advertisement will be printed in the 1993 *Proceedings*. All advertisements will appear in the September 1, and December 1, 1993, issues of *Cancer Research*. DO NOT GIVE YOUR NAME OR ADDRESS; the AACR will assign identification numbers to each advertisement.)

SAMPLE: Ph.D., 1990, Molec./Cell. Biol.; Tissue culture, cell matrix, surface receptors, Northern/Southern/Western blots, DNA probes, immunol. analyses, oncogenes. Postdoc. 3 yrs., Teach. exp. 2 yrs. Seek acad./indus. research position. Avail. Sept. 1993. Prefer mid-Atlantic States. Salary negotiable.

(over)

Name_____ Candidate I. D. Number _____
(office use only)

ACADEMIC TRAINING

College or University	From/To	Major	Minor	Degree(s)

POSITIONS HELD (List in chronological order, current position first)

Employer	From/To	Position/Nature of Duties

PUBLICATIONS (List five most recent; include titles and co-authors)

OTHER (List specific areas of expertise, professional societies, honors, etc.)

REFERENCES (Give name and business address)

AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I ____ plan ____ do not plan to attend the AACR Annual Meeting in Orlando.
Dates available for interviews: __ May 19 __ May 20 __ May 21 __ May 22

AMERICAN ASSOCIATION FOR CANCER RESEARCH

GUIDELINES FOR APPLICATION FOR ACTIVE AND CORRESPONDING MEMBERSHIP

BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR) is a scientific society consisting of laboratory and clinical cancer researchers. It was founded in 1907 "to bring together active investigators of the cancer problem for presentation and discussion of new or significant observations; and to foster research in cancer and other phenomena of growth." Members of the AACR enjoy the following benefits:

1. subscriptions to the journals *Cancer Research*, *Cell Growth & Differentiation*, and *Cancer Epidemiology, Biomarkers & Prevention* at the reduced member rate;
2. the privilege of sponsoring an abstract for presentation at the AACR annual meeting;
3. an advance copy of the Program and *Proceedings* pertaining to each annual meeting;
4. a reduced registration rate at all scientific meetings;
5. early notification of events in the AACR's series of special conferences;
6. subscriptions to any future AACR journals at reduced member rates;
7. reduced rates for the AACR Employment Register;
8. the benefit of AACR's public education activities;
9. the receipt of AACR newsletters, meeting announcements, and an up-to-date membership directory.

QUALIFICATIONS FOR MEMBERSHIP

Active membership in the AACR is open to investigators who live in the Americas, and who have conducted two years of meritorious research that has resulted in publications relevant to cancer. If a candidate is working in a research area not directly related to the cancer field but has conducted research of exceptional scientific merit, he or she may also qualify for membership.

Corresponding membership is open to qualified persons who are not residents of the Americas. The requirements for corresponding membership are the same as those for active membership. Visiting scientists from outside the Americas who intend to return to their countries of origin soon after submitting their applications should apply for corresponding membership. All other individuals should apply for active membership and transfer to corresponding status at a later date if they should leave the Americas.

PROCEDURES FOR APPLICATION

There are three deadlines for receipt of a membership application: March 1, July 1, and October 1 of each year. The Membership Committee will review all complete applications for active membership that have been received by these deadlines and will submit recommendations on each candidate to the Board of Directors which formally elects all members. The same procedure is followed by the Special Memberships Committee which receives applications for corresponding membership. Candidates will be notified according to the following schedule:

Receipt of Application in AACR Office	Notification of Candidate
March 1	May
July 1	September
October 1	December

A complete application consists of the following material:

1. 6 copies of the form on the opposite side of this page, with all requested information provided.
2. 5 copies of the candidate's most current curriculum vitae and bibliography.
3. 5 copies of a letter of recommendation from a nominator who is an active, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter). This letter should describe the candidate's achievements in laboratory research, clinical investigations, or epidemiological research, and it should affirm that this research adheres to accepted ethical standards.—OR—The nominator may supply the responses requested at the bottom of the application form in the section entitled "STATEMENT OF SUPPORT" (at least one copy of the form must be the signed original).
4. 5 copies of a letter of recommendation as described in Item 3 above from a seconder who is an active, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter).—OR—The seconder may supply the responses requested at the bottom of the application form in the section entitled "STATEMENT OF SUPPORT" (at least one copy of the form must be the signed original).
5. 5 reprints of each of two publications on which the candidate appears as author.

All material should be collated into five complete sets with the original application form as a covering document and sent to the address given below. Questions regarding procedures for membership application may also be directed to the following address:

American Association for Cancer Research
Public Ledger Building
620 Chestnut St.
Suite 816
Philadelphia, PA 19106-3483
215/440-9300

RESPONSIBILITIES OF MEMBERSHIP

Candidates should be aware of the following responsibilities of membership in the AACR. Active members must pay annual dues, a major portion of which is designated for a subscription to at least one of the AACR's publications. Newly elected members of the AACR who have already purchased subscriptions to *Cancer Research*, *Cell Growth & Differentiation*, or *Cancer Epidemiology, Biomarkers & Prevention* at the higher, nonmember rate will receive reimbursement of the unused portion of those subscriptions once their first year's membership dues are paid in full.

All corresponding members elected after May 23, 1985, are required to pay an annual assessment in lieu of dues. This assessment, which is equivalent to that portion of the regular dues that pertains to support of activities other than publications, is imposed to defray the cost of sending AACR publications to members outside the Americas. Corresponding members may, if they wish, subscribe to *Cancer Research*, *Cell Growth & Differentiation*, or *Cancer Epidemiology, Biomarkers & Prevention* at the reduced member rate.

Applicants elected in May will be responsible for payment of that year's dues; applicants elected in September and December will pay dues in the following year. Applicants elected in May and September will be eligible to sponsor an abstract for the next annual meeting. Every effort will be made to afford the same opportunity to applicants elected in December.

Margaret Foti
Executive Director

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

Public Ledger Building • 620 Chestnut St. • Suite 816 • Philadelphia, PA 19106-3483

APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP: ☐ Active ☐ Corresponding

NAME OF CANDIDATE: _____ DATE OF BIRTH: _____
LAST FIRST M.I.

PRESENT POSITION/TITLE: _____

INSTITUTIONAL AFFILIATION: _____

INSTITUTIONAL ADDRESS: _____

_____

(City) (State/Province) (Country) (Postal Code)

TELEPHONE NUMBER: _____

FAX NUMBER: _____

PRIMARY FIELD OF RESEARCH (Please check only one):

_____ Biochemistry and Biophysics
_____ Biostatistics
_____ Carcinogenesis
_____ Cellular Biology and Genetics
_____ Clinical Investigations
_____ Endocrinology
_____ Epidemiology
_____ Immunology
_____ Molecular Biology and Genetics
_____ Preclinical Pharmacology and Experimental Therapeutics
_____ Virology
_____ Other: _____
(Please specify)

ACADEMIC DEGREES (Including where and when granted)

_____

_____

_____

EXPERIENCE SINCE HIGHEST DEGREE WAS GRANTED (Please list most recent first)

_____

_____

_____

PUBLICATIONS (Reprints of two articles on which the candidate appears as an author must accompany this application. For these two articles list the authors, title, journal, volume, inclusive pages, and year. Do not submit abstracts.)

_____

_____

_____

_____

CANDIDATE NOMINATED BY: _____
(Please type or print)

CANDIDATE SECONDED BY: _____
(Please type or print)

STATEMENT OF SUPPORT (in place of letters of recommendation)
Instead of submitting letters of recommendation, either the nominator or the seconder or both may complete the following section:

How long has the candidate worked in the field of cancer research? ____ years
Will the candidate make a long-term contribution to cancer research? ____ Yes ____ No
Does the candidate's research adhere to accepted ethical standards? ____ Yes ____ No
I therefore recommend this candidate for membership in the American Association for Cancer Research.

_____ _____
Signature of nominator* Date

How long has the candidate worked in the field of cancer research? ____ years
Will the candidate make a long-term contribution to cancer research? ____ Yes ____ No
Does the candidate's research adhere to accepted ethical standards? ____ Yes ____ No
I therefore recommend this candidate for membership in the American Association for Cancer Research.

_____ _____
Signature of seconder* Date

See Guidelines for Application on the reverse side of this form for further instructions.

* Both nominator and seconder must be active, emeritus, or honorary members of the AACR.

AMERICAN ASSOCIATION FOR CANCER RESEARCH

GUIDELINES FOR APPLICATION FOR ASSOCIATE MEMBERSHIP

QUALIFICATIONS FOR MEMBERSHIP

Associate membership is open to graduate students, medical students, postdoctoral fellows, and physicians in training who live in the Americas and who are following a course of study or who are working in a research program relevant to cancer.

BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR), a scientific society consisting of laboratory and clinical cancer researchers, was founded in 1907 "to bring together active investigators of the cancer problem for presentation and discussion of new or significant observations; and to foster research in cancer and other phenomena of growth." Associate members of the AACR enjoy the following benefits:

1. the privilege of sponsoring an abstract for presentation at the AACR annual meeting provided that (a) the associate member is the presenter of the abstract and (b) an active member in good standing of the AACR also signs the abstract in support of the work (In this instance, the active member who cosigns the abstract does not lose his or her own sponsorship privilege.);
2. an advance copy of the Program and (if one has been purchased by the associate member) the *Proceedings of the American Association for Cancer Research* which contains abstracts of all papers being presented at each annual meeting;
3. the privilege of registering for the annual meeting at the low student rate (This rate is otherwise available only to predoctoral students.);
4. preferred access to the AACR Employment Register;
5. optional subscriptions to the journals *Cancer Research*, *Cell Growth & Differentiation*, and *Cancer Epidemiology, Biomarkers & Prevention* at the reduced member rate;
6. subscriptions to any future AACR journals at reduced member rates;
7. early notification of events in the AACR's new series of small scientific meetings on timely scientific topics;
8. the receipt of AACR newsletters, meeting announcements, and an up-to-date membership directory; and
9. the facilitation of informal scientific exchange with leading researchers in the cancer field.

PROCEDURES FOR APPLICATION

Persons wishing to apply for associate membership must use the official application form on the reverse side of these instructions. Each candidate for associate membership must be nominated by an active member in good standing of the AACR. Three completed copies of the form should be submitted; at least one of these copies must carry the original signatures of both the candidate and the active member nominator. The application form may be submitted to the Association Office at any time. After review of applications for associate membership, the Executive Director will notify candidates of their election or deferral within one month of the receipt of the application form. A check in the amount of $20, which represents one year's dues payment, must accompany the application. This fee will be refunded to any candidate deemed to be ineligible for associate membership. Checks should be in U.S. currency, made payable to AACR, Inc., and drawn on a U.S. bank. Send the three copies of the application form and the $20 dues payment to:

American Association for Cancer Research
Public Ledger Building
620 Chestnut St.
Suite 816
Philadelphia, PA 19106-3483
215/440-9300

RESPONSIBILITIES OF MEMBERSHIP

Associate members must pay annual dues in an amount to be determined by the AACR Board of Directors. Dues for 1992 have been set at $20 per year. If an application is submitted by August 31, the accompanying dues payment will be credited to the current year. Candidates submitting applications between September 1 and December 31 may indicate whether they wish their dues payments credited to the current or forthcoming year. Candidates should be aware, however, that associate members may sponsor an abstract for the annual meeting only if their dues for the current year are paid. For example, an associate member submitting an abstract in December 1991 for the forthcoming annual meeting must have paid dues for 1991. Any newly elected associate members of the AACR who have already purchased subscriptions to *Cancer Research*, *Cell Growth & Differentiation*, or *Cancer Epidemiology, Biomarkers & Prevention* at the higher, nonmember rate will receive a refund for the unused portion of that subscription upon receipt of their payment for a member's subscription.

Each Fall the AACR will send to current associate members an invoice for dues for the forthcoming year. Payment of this invoice must be accompanied by a statement signed by the associate member's current registrar, dean, or department head, verifying the member's current academic status. The Association's By-Laws state that dues are payable for each year in advance on or before January 1 of the year to which they should be applied. An individual may be an associate member for a maximum of five years. Each year in which an individual pays dues will count as one full year of associate membership. Thus, an associate member who pays dues for 1991 may retain associate membership until December 31, 1995. The Board of Directors may terminate the membership of an associate member whose dues are in arrears for two years.

Margaret Foti,
Executive Director

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

Public Ledger Building • 620 Chestnut St. • Suite 816 • Philadelphia, PA 19106-3483

APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF CANDIDATE: _____ DATE OF BIRTH: _____
LAST FIRST M.I.

INSTITUTIONAL AFFILIATION: _____

INSTITUTIONAL ADDRESS: _____

_____

(City) (State/Province) (Postal Code) (Country)

TELEPHONE NUMBER: _____

FAX NUMBER: _____

PRESENT ACADEMIC STATUS/TITLE (Please check only one):

_____ Graduate Student _____ Medical Student
_____ Physician in Training _____ Postdoctoral Fellow

PRIMARY FIELD OF RESEARCH (Please check only one):

_____ Biochemistry and Biophysics _____ Biostatistics _____ Carcinogenesis
_____ Cellular Biology and Genetics _____ Clinical Investigations _____ Endocrinology
_____ Epidemiology _____ Immunology _____ Molecular Biology and Genetics
_____ Preclinical Pharmacology and Experimental Therapeutics
_____ Virology _____ Other: _____
(Please specify)

ACADEMIC DEGREES (Please indicate degree(s) acquired to date along with the name of the academic institution and date of receipt. Provide information on degree currently being sought and the anticipated date of completion of this degree program.)

_____

_____

_____

RELEVANT RESEARCH EXPERIENCE NOT RELATED TO COURSE WORK (Please list most recent first.)

_____

_____

_____

PUBLICATIONS (List the authors, title, journal, volume, inclusive pages, and year of any article in a peer-reviewed journal on which the candidate appears as an author. Do not list abstracts. Continue on a separate sheet, if necessary.)

_____

_____

_____

_____

CANDIDATE NOMINATED BY: _____
(Please type or print name of AACR active member in good standing.)

SIGNATURES

I hereby apply for associate membership in the American Association for Cancer Research. I have read the instructions on the reverse side of this form, and I understand the privileges and responsibilities of this class of membership. I certify that the statements on this application are true.

Signature of Candidate: _____ Date: _____

I recommend this candidate for associate membership in the American Association for Cancer Research. To the best of my knowledge, the candidate is qualified for this class of membership, and the statements on this application are true.

Signature of Nominator*: _____ Date: _____

Submit three copies of this form. At least one copy must contain the original signatures of the candidate and the nominator. Enclose a check for $20 in U.S. funds made payable to AACR, Inc. and drawn on a U.S. bank. Check *one* of the following boxes *only* if this form is being submitted between September 1 and December 31:

The enclosed dues payment should be applied to the

☐ current ☐ forthcoming calendar year.

(NOTE: If dues are applied to the forthcoming year, membership will take effect on January 1, but the candidate will not be eligible to sponsor an abstract for presentation at the annual meeting in May of that year.) See Guidelines for Application on the reverse side of this form for further instructions.

* Nominator must be active, emeritus, or honorary member of the AACR.

AMERICAN ASSOCIATION FOR CANCER RESEARCH
EIGHTY-FOURTH ANNUAL MEETING

May 19-22, 1993
Orange County Convention Center
Orlando, Florida

ADVANCE REGISTRATION FORM

(Please print or type)

NAME: _____ _____ _____
Last Name | First Name/Middle Initial | AACR Member Number

TITLE: _____ ADDRESS: _____
Institution

_____
Street, Building, or Post Office Box

_____
City | State or Province | Zip/Postal Code | Country (if not U.S.)

TELEPHONE: _____ FAX: _____

☐ Check this box if you have a physical disability and special requirements for transportation, hotel accommodations, or other facilities connected with the meeting. A member of the Association Staff will contact you.

WHAT IS YOUR PRIMARY FIELD OF RESEARCH (Please check only one):
☐ [1]Biochemistry and Biophysics ☐ [2]Biostatistics ☐ [3]Carcinogenesis ☐ [4]Cellular Biology & Genetics ☐ [5]Clinical Investigations
☐ [6]Endocrinology ☐ [7]Epidemiology ☐ [8]Immunology ☐ [9]Molecular Biology
☐ [10]Preclinical Pharmacology & Experimental Therapeutics ☐ [11]Virology ☐ [12]Other (please specify): _____

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1993 AACR MEETING? ☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1993 AACR ANNUAL MEETING?
☐ Wednesday, May 19 ☐ Thursday, May 20 ☐ Friday, May 21 ☐ Saturday, May 22

WILL YOU ATTEND THE ASCO MEETING IN ORLANDO? ☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1993 ASCO ANNUAL MEETING?
☐ Sunday, May 16 ☐ Monday, May 17 ☐ Tuesday, May 18

PAYMENT OF REGISTRATION

Fees may be paid by check or with a MasterCard, VISA, American Express, or Eurocard account. All payments must be made in U.S. currency, and all checks must be drawn on a U.S. bank. Payment must accompany this form; purchase orders will not be accepted as payment. Honorary and emeritus members may register gratis.

FEES	On or Before Mar. 29	After Mar. 29
☐ Active/Corresponding Member Rate	$ 90	$115
☐ Honorary/Emeritus Member Rate	$ 0	$ 0
☐ Nonmember Rate (includes a copy of AACR *Proceedings*)	$185	$210
☐ Associate Member/Student Rate* (does not include a copy of AACR *Proceedings*)	$ 45	$ 55
☐ AACR *Proceedings*+	$ 35	$ 35
☐ Overseas Airmail Surcharge†	$ 22	N/A
Total Enclosed or Charged	____	____

METHOD OF PAYMENT

☐ Check payable to AACR, Inc. in U.S. currency, drawn on a U.S. bank

_____
Person/Institution Issuing Check | Check No.

☐ MasterCard ☐ VISA ☐ American Express ☐ Eurocard

_____
Account Number and Expiration Date

_____
Signature

THE DEADLINE FOR REDUCED REGISTRATION FEES IS MARCH 29, 1993. Registration by mail will be accepted until April 16. Registration will also be possible at the Orange County Convention Center from May 18-22.

*Students must enclose a statement, signed by the registrar, dean, or department head of their university or college on official letterhead, confirming their status. **Postdoctoral fellows or physicians in training do not qualify for the student registration rate** unless they are associate members of the AACR. An application for associate membership may accompany this form, but these should be submitted well before the March 29 deadline as review of the associate membership application may delay registration.

+AACR members with paid-up subscriptions to an AACR journal and registrants who pay the nonmember fee receive the *Proceedings* **automatically**. If these members or nonmembers check this box and pay the $35 fee, they will receive an **additional** copy of the *Proceedings*.

†Optional payment for registrants outside of the U.S. and Canada only. Registrants paying this surcharge will receive meeting publications via air mail--printed matter before the annual meeting.

Mail all advance registration forms with applicable fees to Annual Meeting Registration, American Association for Cancer Research, Inc., Public Ledger Building, 620 Chestnut Street, Suite 816, Philadelphia, PA 19106-3483. FAX: 215-440-9313. Badges and receipts will be sent to you in April or early May. AACR members in good standing will receive copies of the Program and *Proceedings* prior to the meeting. Nonmember and student registrants who meet the March 29 deadline will also receive the Program and (if they have purchased it) the *Proceedings* prior to the meeting. Nonmembers and students who do not meet the deadline must pick up publications at the meeting site.

REFUND POLICY

Refunds on registration fees will be granted on written request received in the AACR Office by May 12, 1993. Requests received after this date will not be honored. Receipts and badges (if they have been mailed) must be returned to the AACR Office with the refund request. A cancellation fee of $25 will be deducted from all refunds to cover administrative costs.

AMERICAN ASSOCIATION FOR CANCER RESEARCH SCIENTIFIC CONFERENCES: 1992-1994

FEBRUARY 1-6, 1993
Oncogenes and Antioncogenes in Cell Differentiation, Development, and Human Cancer
Chairperson: Carlo M. Croce, Philadelphia, PA
Big Sky Resort, Big Sky, MT

MARCH 15-20, 1993
Mechanism of Action of Retinoids, Vitamin D, and Steroid Hormones
Chairpersons: Michael B. Sporn, Bethesda, MD; Ronald M. Evans, San Diego, CA; David Mangelsdorf, San Diego, CA
Banff Centre, Banff, Alberta, Canada

APRIL 13-17, 1993
Genetic Control of Cell Growth
Supported by a Generous Grant from the General Motors Cancer Research Foundation
Chairpersons: Leland H. Hartwell, Seattle, WA; Peter K. Vogt, Los Angeles, CA; George F. Vande Woude, Frederick, MD
San Luis Hotel, Galveston, TX

MAY 19-22, 1993
84th Annual Meeting
Chairperson: Michael B. Sporn, Bethesda, MD
Orange County Convention Center, Orlando, FL

OCTOBER 17-21, 1993
Cell Death and Cancer
Chairperson: Alan R. Eastman, Hanover, NH
Chatham Bars Inn, Chatham (Cape Cod), MA

NOVEMBER 7-11, 1993
Molecular Approaches to Cancer Immunotherapy
Chairperson: Ralph A. Reisfeld, San Diego, CA
Grove Park Inn, Asheville, NC

NOVEMBER 9-13, 1993
Interactions of Cancer Susceptibility Genes and Environmental Carcinogenesis
Joint Meeting with International Association for Research on Cancer
Chairpersons: Frederick P. Li, Boston, MA, and Ruggero Montesano, Lyon, France
IARC, Lyon, France

DECEMBER 5-9, 1993
Cell Signalling and Cancer Treatment
Joint Meeting with British Association for Cancer Research and European Organisation for Research and Treatment of Cancer (PAM Group)
Chairperson: Garth Powis, Tucson, AZ
El San Juan Hotel, San Juan, PR

JANUARY 17-22, 1994
Risk Assessment in Environmental Carcinogenesis
Chairpersons: Philip C. Hanawalt, Berkeley, CA; James A. Swenberg, Chapel Hill, NC
Whistler Resort and Conference Center, Whistler, B.C., Canada

JANUARY 31-FEBRUARY 5, 1994
Molecular Genetics of Progression and Metastasis
Chairperson: Lance A. Liotta, Bethesda, MD
Big Sky Resort, Big Sky, MT

AACR members will receive brochures on the above special conferences as soon as they are available. Nonmembers should call or write:

American Association for Cancer Research
Public Ledger Building
620 Chestnut Street, Suite 816
Philadelphia, PA 19106-3483
215-440-9300 • 215-440-9313 (FAX)

Guidelines for Submitting Disks
to
American Association for Cancer Research Publications

The word processing packages that we prefer are as follows:

XyWrite III Plus (for the IBM)
WordPerfect 4.2, 5.0, 5.1 (for the IBM)
WordPerfect (for the Mac)
Wordstar (for the IBM)
Microsoft Word (for the IBM)
Microsoft Word MacIntosh (Versions 1–4) 400/800K
Wang OIS (WPS)

Also acceptable:

Apple II DOS 3.3
Apple with Appleworks Software
Apple III Plus DOS 3.3
Apple MacIntosh 400K Disc/ MacWrite 2.2 (text)
Apple MacIntosh Plus 800K Disc/ MacWrite 4.5 (text)
CPT 8000
DEC WPS-8
DEC Decmate II
DEC Decmate III
Display Write 3
Display Write 4
IBM Displaywriter Word Processor 6580
Lanier Business One Step
Lanier No Problem
Lanier Super No Problem
MASS-11 PC
Multimate
PC Write
PFS Professional Write
Volkswriter 4.0

New releases of word processing software are not always immediately available for conversion. In addition, because of the file structures and internal coding, we cannot accept disks created on desktop publishing systems or those created on proprietary typesetting systems. We also cannot guarantee that all special characters can be translated. Tabular and mathematical material, such as equations, will not be captured from the disk but will be rekeyed.

To expedite work and for your own security, we do require that you submit a hard copy printout of the disk file. The tables and equations will be keyed from this hard copy. We also need to know the name of the file to be converted, the type of hardware (*e.g.*, IBM PC) on which the files were created, the operating system (*e.g.*, DOS 3.3), and the version of the software (*e.g.*, WordPerfect 5.1) used to create the file.

PLEASE FILL OUT ALL INFORMATION ON REVERSE SIDE AND SUBMIT THIS FORM WITH YOUR DISK. DISKS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

DISK SUBMISSION FORM

AACR journals are now using personal computers to copyedit manuscripts accepted for publication. When submitting a revised manuscript, authors are encouraged to submit an electronic disk of the paper along with the required four hard copy printouts. Disks will ultimately be returned to the authors.

See reverse for the word processing packages that can be accepted.

File preparation

Please be sure that the file you send is the most recent version of the manuscript and that it matches the most recently submitted printed copy. The file should contain all the parts of the manuscript in **one** file. Mathematical and tabular material, however, will be processed in the traditional manner and may be excluded from the disk file.

Note: AACR does not assume responsibility for errors in conversion of customized software, newly released software, or special characters.

Please label the outside of the disk with the journal name, the first author's name, a partial title of the manuscript, and the name of the computer file used to access the manuscript on disk. To process your disk efficiently, we need the following information. Please be sure to provide **ALL** the information.

Name used to access paper on disk: _____

Name of computer used (*e.g.*, IBM/PS2): _____

Operating system and version (*e.g.*, DOS 3.3): _____

Word processing program and version (*e.g.*, WordPerfect 5.0): _____

[See reverse for acceptable programs.]

Manuscript number: _____

First author: _____

Corresponding author (if different from first author): _____

Telephone/FAX numbers: _____

AACR SPECIAL CONFERENCE IN CANCER RESEARCH

MECHANISM OF ACTION OF RETINOIDS, VITAMIN D, AND STEROID HORMONES

March 15-20, 1993
Banff Centre, Banff, Alberta, Canada

CONFERENCE CHAIRPERSONS

Michael B. Sporn / Bethesda, MD
Ronald M. Evans / San Diego, CA
David Mangelsdorf / San Diego, CA

PROGRAM COMMITTEE

Vincent Giguere / Toronto, Ontario, Canada
Morley Hollenberg / Calgary, Alberta, Canada
J. Wesley Pike / San Diego, CA

SCIENTIFIC PROGRAM

Keynote Address
Robert G. Roeder / New York, NY

DNA Binding/Heterodimers
Kazuhiko Umesono / San Diego, CA
Jeffrey D. Milbrandt / St. Louis, MO
Leonard P. Freedman / New York, NY
Christopher K. Glass / San Diego, CA
Magnus Pfahl / San Diego, CA

Three-Dimensional Structure of Receptors and Binding Proteins
Paul B. Sigler / New Haven, CT
Marcia Newcomer / Nashville, TN
Peter Wright / San Diego, CA

Development and Differentiation
David Mangelsdorf / San Diego, CA
Gregor Eichele / Houston, TX
Anita B. Roberts / Bethesda, MD

Vitamin D
J. Wesley Pike / San Diego, CA
Lise Binderup / Copenhagen, Denmark
Steven L. Teitelbaum / St. Louis, MO
Stavros Manolagas / Indianapolis, IN

Genetic Regulation by Retinoids and Steroids
Lorraine J. Gudas / New York, NY
Vincent Giguere / Toronto, Canada

Studies of Disease and Therapy
Anne Dejean / Paris, France
Bjorn Vennstrom / Stockholm, Sweden
Benjamin G. Neel / Boston, MA

Steroids and Related Receptors
Bert W. O'Malley / Houston, TX
Peter Herrlich / Karlsruhe, Germany
Roger L. Miesfeld / Tucson, Arizona
Herbert H. Samuels / New York, NY

Metabolism of Retinoids
Joseph F. Grippo / Nutley, NJ
Robert R. Rando / Boston, MA
Richard Heyman / San Diego, CA

Information and Application Forms

American Association for Cancer Research
Public Ledger Building
620 Chestnut Street, Suite 816
Philadelphia, PA 19106-3483
(215) 440-9300 (215) 440-9313 (FAX)

AMERICAN ASSOCIATION FOR CANCER RESEARCH
84th Annual Meeting
Michael B. Sporn, Program Chairperson
Orange County Civic Center, Orlando, FL
May 19-22, 1993

Plenary Sessions and Symposia: Titles and Chairpersons

Impact of Molecular Biology on Cancer: Its Detection, Prevention, and Treatment Joint AACR/ASCO Session - Stephen H. Friend

Transgenic Mice as Models for Cancer Pathogenesis Owen N. Witte

From Bench to Clinic: Concepts in the Design and Targeting of New Chemotherapeutic Agents Bruce A. Chabner

Invasion, Metastasis, and Angiogenesis Robert S. Kerbel

Mechanisms of Action of Chemopreventive Agents: Basic Science and Clinical Applications Martin Lipkin and Anita B. Roberts

Molecular Genetics of Drug Resistance June L. Biedler

Advances in Molecular Epidemiology of Human Cancer Curtis C. Harris

Cytokines in the Immunomodulation of Cancer Elizabeth A. Grimm

The Biology and Therapeutic Application of Normal Hematopoietic Stem Cells Malcolm A. S. Moore

The Restoration of Normal Differentiation and Growth to Preneoplastic and Neoplastic Cells: Strategies for Differentiation Therapy Waun Ki Hong

Nitric Oxide and Superoxide: Endogenous Mediators of DNA Damage Steven R. Tannenbaum

The Biology and Pathogenesis of Prostate Cancer Maarten C. Bosland

Vitamin D and Cancer Michael B. Sporn

Stromal-Epithelial (Paracrine) Influences on Neoplasia Gerald R. Cunha

Proteases and Carcinogenesis Lynn M. Matrisian

Strategies for Utilization of Tumor-specific Antisense Molecules or Ribozymes for the Control of Tumor Growth Jack S. Cohen

Biology and Genetics of Human Preneoplastic Lesions Walter N. Hittelman

Human DNA and Protein Adduct Dosimetry: Assessment of Risk for the Development of Primary and Secondary Cancers Regina M. Santella

Biology and Treatment of Pediatric Cancer Richard J. O'Reilly

Latest Advances in Tumor Suppressor Genes Edward E. Harlow

Immunologic Approaches to Targeted Therapy Ira Pastan

Molecular Basis for the Modulation of Radiation Sensitivity W. Gillies McKenna

Gene Rearrangements in Cancer Stanley J. Korsmeyer

Protein Phosphatases in Carcinogenesis Claude B. Klee

Protein Kinase C: Modulator of the Cancer Phenotype and Target for Chemotherapy Peter M. Blumberg

The EGF and FGF Receptor Superfamilies: Recent Advances in Ligands, Receptors, and Signal Transduction Andrew Baird and Michael Klagsbrun

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Further Information: AACR Office • Public Ledger Building • 620 Chestnut Street • Suite 816 • Philadelphia, PA 19106-3483
TELEPHONE (215) 440-9300 • **FAX** (215) 440-9313