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Formerly with The University of British Columbia Pulmonary Research Laboratory at St. Paul's Hospital. Currently, Department of Medicine, Pulmonary Division, University of Alberta.

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GRANTS

The Leukemia Research Foundation, Inc. announces funds are available to support research in the field of leukemia. Currently two types of grants are being funded: research grants, and postdoctoral fellowships.

The following guidelines apply:

1. Maximum limit is $35,000 for research grants, and $20,000 for postdoctoral fellowships.
2. Grants and fellowships are for a one-year period.
3. Institution of affiliation must provide both a report of the results of the research and a financial report.
4. No funds shall be applied to institutional overhead (indirect costs).
5. Preference will be given to researchers new to this field.
6. Deadline for receipt of completed grant applications is February 15, 1985.

For further information and for applications, contact:
Hollis R. Brownstein, Co-chairman
Leukemia Research Foundation, Inc.
333 North Michigan Avenue
Chicago, Illinois 60601
daytime phone: 312/492-5763

WILMOT CANCER RESEARCH FELLOWSHIPS

The University of Rochester School of Medicine offers research training to physicians who have completed at least one year of residency or research experience. Fellowships will begin July 1, 1986. Opportunities exist in any discipline relevant to the cause, diagnosis, treatment, or prevention of cancer, including endocrinology, experimental therapeutics, genetics, hematology, immunology, microbiology, molecular and cellular biology, pathology, and radiation oncology.

Beginning stipends range from $27,000 to $30,000, based on postgraduate experience. There is an annual allowance of $5,000 for related research costs. Support is provided for up to three years.

For further information, contact:
WILMOT CANCER RESEARCH FELLOWSHIP PROGRAM
Medical Center Box 601
University of Rochester School of Medicine & Dentistry
601 Elmwood Avenue
Rochester, NY USA 14642

Fogarty International Center and the National Cancer Institute of the National Institutes of Health present an International Symposium on "Biochemistry and Molecular Genetics of Cancer Metastasis." This symposium will be held at the NIH campus (Bethesda, Maryland) on March 18-20, 1985.

The main topics of the symposium are: (1) Molecular Genetics of Metastasis, (2) Biochemical Mechanisms of Metastatic Cells, (3) Tumor Cell Movement and the Cytoskeleton, and (4) Immunologic and Therapeutic Aspects of Metastases.

There will be a joint Poster Session in which current studies related to the topics of the Symposium can be presented. Abstracts of Posters should be sent in by February 15, 1985 (address given below). Authors of accepted Posters will be notified by the Organizing Committee.

Pre-registration is requested, but no fee is required.

Further information concerning the Symposium and format of Posters can be obtained from:
Ms. Ruth Rappoport
HCR
2021 L Street, N.W.
Third Floor
Washington, D.C. 20036
Telephone: (202) 955-6073

Director, James Graham Brown Cancer Center
and Associate Dean for Oncology

The University of Louisville School of Medicine is seeking a Director for the James Graham Brown Cancer Center. Applicants must have an M.D. or a combined M.D./Ph.D. Other requirements include a record of demonstrated academic leadership, administrative ability and national recognition in oncology to include clinical activities. In addition, candidates should have experience in working with the National Cancer Institute and the American Cancer Society, as well as a personal history of grant procurement and research achievement. The Director will be responsible for clinical activities, research efforts and operation of the facility and will be charged to develop the full potential of the Cancer Center. The successful candidate will be qualified for appointment as Professor with tenure and will report to the Vice President for Health Affairs who is also the Dean, School of Medicine.

Interested individuals should submit a curriculum vitae to:
Donald R. Kmetz, M.D.
Vice President for Health Affairs
Dean, School of Medicine
University of Louisville
Louisville, KY 40292

Deadline for application is March 1, 1985.

The University of Louisville is an Affirmative Action/Equal Opportunity Employer.
In 1965, Gold and Freedman (J. Exp. Med., 121: 439, 1965; 122: 467, 1965) first described the existence of carcinoembryonic antigen (CEA). CEA is a cruller-shaped glycoprotein with a molecular weight of approximately 200,000 that was initially detected by such techniques as immunoprecipitation in gel media, in entodermally derived digestive system cancers, and in embryonic and fetal gut, pancreas, and liver in the first two trimesters of gestation. This molecule(s) was therefore initially designated a tumor-specific marker of the human digestive system.

The CEA molecule has been localized, in part at least, to the cell surface by such techniques as immunofluorescent staining. In vitro incubation of CEA-containing cells with anti-CEA antiserum induces a polar redistribution, or capping, of CEA on the surface of intestinal cancer cells, suggesting that CEA is a peripheral membrane glycoprotein. In the fetal gut, the heaviest concentration of CEA appears to be on the membrane on the luminal side of the cell. Ultrastructural studies have localized CEA to the glycocalyx that surrounds the cell membrane. From this position, CEA is easily released into the surrounding body fluids and to the circulation, where it is detected by radioimmunoassay.

Since 1969, a number of sensitive and reproducible radioimmunoassays for CEA have been developed that are capable of detecting nanograms of CEA in the serum or plasma of patients with a variety of malignant tumors. The potential clinical applications of CEA determination in the diagnosis and management of patients with neoplastic disease have been the subject of recent clinical investigation. It is generally agreed that the radioimmunoassay for CEA should not be used as a screening test for cancer. Important areas of clinical application for the radioimmunoassays for CEA include: the preoperative prediction of the tumor extent; postoperative prognostication based on the pattern of circulating CEA; postoperative management considerations of "second-look surgery" and chemotherapeutic intervention. For a recent review, see Gold, P. Biological markers of human tumors. In: J. R. Stroehlein and M. M. Romsdahl (eds.), Gastrointestinal Cancer, pp. 9–27. New York: Raven Press, 1981.

Pictured are: upper left, Dr. Phil Gold, Professor of Medicine and Physiology, McGill University, and Physician-in-Chief, The Montreal General Hospital; upper right, Dr. Samuel O. Freedman, Professor of Medicine and Vice-Principal (Academic), McGill University; center, Ouchterlony plate showing original CEA-anti-CEA precipitin reaction; lower right, The Montreal General Hospital (1983) at the base of Mont Royal, where the initial CEA studies were performed. Established in 1821, it is the oldest teaching hospital in Canada and, with the Massachusetts General Hospital, one of the two oldest teaching hospitals in North America; lower left, Montreal General Hospital in 1826.

We are indebted to Dr. and Mrs. Gold for the material and the illustrations.

M. B. S.