# Statement of Ownership, Management, and Circulation

**U.S. Postal Service**

**STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION**

Required by 39 U.S.C. 3683

<table>
<thead>
<tr>
<th>1A. Title of Publication</th>
<th>1B. PUBLICATION NO.</th>
<th>2. Date of Filing</th>
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<tr>
<td>CANCER RESEARCH</td>
<td>00085472</td>
<td>10/1/90</td>
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### Frequency of Issue
- Semimonthly

### No. of Issues Published Annually
- 24

### Annual Subscription Price
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### Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP + 4 Codes (Not printers))
- **American Association for Cancer Research**
  - 428 E. Preston Street, Baltimore, MD 21202-3993

### Complete Mailing Address of the Headquarters of General Business Offices of the Publisher (Not printer)
- **American Association for Cancer Research**
  - 428 E. Preston Street, Baltimore, MD 21202-3993

### Full Names and Complete Mailing Address of Publisher, Editor, and Managing Editor (This item MUST NOT be blank)
- **Publisher (Name and Complete Mailing Address)**
  - American Association for Cancer Research
  - 428 E. Preston Street, Baltimore, MD 21202-3993
- **Editor (Name and Complete Mailing Address)**
  - Dr. Carlo M. Croce, American Association for Cancer Research
  - Public Ledger Bldg., Suite 816, 6th & Chestnut Sts., Phila., PA 19106
- **Managing Editor (Name and Complete Mailing Address)**
  - Ms. Margaret Foti, American Association for Cancer Research
  - Public Ledger Bldg., Suite 816, 6th & Chestnut Sts., Phila., PA 19106

### Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated; there must be completed.)

<table>
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<tr>
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### Known Bondholders, Mortgagors, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities (If there are none, so state)

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<tr>
<th>Full Name</th>
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### For Completion by Nonprofit Organizations Authorized To Mail at Special Rates (DMM Section 423.12 only)
- The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes (Check one)
- □ Has Not Changed During Preceding 12 Months
- □ Has Changed During Preceding 12 Months

### Extent and Nature of Circulation (See instructions on reverse side)

<table>
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<tr>
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<th>Average No. Copies Each Issue During Preceding 12 Months</th>
<th>Actual No. Copies of Single Issue Published Nearest to Filing Date</th>
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<tr>
<td>A. Total No. Copies (Net Press Run)</td>
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<td>8368</td>
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<td>B. Paid and/or Requested Circulation * See below</td>
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<tr>
<td>1. Sales through dealers and carriers, street vendors and counter sales</td>
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<tr>
<td>2. Mail Subscription (Paid and/or requested)</td>
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<td>C. Total Paid and/or Requested Circulation (Sum of A and B)</td>
<td>7260</td>
<td>7299</td>
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<td>D. Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies</td>
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<td>75</td>
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<tr>
<td>E. Total Distribution (Sum of C and D)</td>
<td>7345</td>
<td>7374</td>
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<tr>
<td>F. Copies Not Distributed 1. Office use, left over, unaccounted, spoiled after printing</td>
<td>1025</td>
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<tr>
<td>2. Return from News Agents</td>
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<td>None</td>
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<td>G. TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)</td>
<td>8370</td>
<td>8368</td>
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</table>

### I certify that the statements made by me above are correct and complete

[Signature and Title of Editor, Publisher, Business Manager, or Owner]

| 11.□ Paid subscriptions mailed by other means |}

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**Signature and Title of Editor, Publisher, Business Manager, or Owner**

**See Instructions on Reverse**

**PS Form 3526, Feb. 1989**
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 and Cell Growth & Differentiation 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:

<table>
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<tr>
<th>Receipt of Application</th>
<th>Notification of Candidate</th>
</tr>
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<tbody>
<tr>
<td>March 1</td>
<td>May</td>
</tr>
<tr>
<td>July 1</td>
<td>September</td>
</tr>
<tr>
<td>October 1</td>
<td>December</td>
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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 secondor who is an active, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter). —OR— The secondor 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
Suite 816
6th & Chestnut Streets
Philadelphia, PA 19106
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 or Cell Growth & Differentiation 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 or Cell Growth & Differentiation 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
APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP: □ Active □ Corresponding

NAME OF CANDIDATE: ___________________________ DATE OF BIRTH: _______________________

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: ___________________________ CANDIDATE SECONDED BY: ___________________________

(Please type or print) (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 ___________________________

Signature of seconder ___________________________ Date ___________________________

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

* Nominators must be active, emeritus, or honorary members of the AACR.

(For reproduction use a clean copy.)
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 co-signs 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. an optional subscription to the journal Cancer Research 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
Suite 816
6th & Chestnut Streets
Philadelphia, PA 19106
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 1989 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 1989 for the forthcoming annual meeting must have paid dues for 1989. Any newly elected associate members of AACR who have already purchased subscriptions to Cancer Research 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 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 that year. 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 1989 may retain associate membership until December 31, 1993. The Board of Directors may terminate the membership of any associate member whose dues are in arrears for two years.

Margaret Foti,
Executive Director
APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF CANDIDATE: ___________________________ DATE OF BIRTH: ___________________________

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.)

_____________________________________________________________________________________

_____________________________________________________________________________________

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

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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.)

_____________________________________________________________________________________

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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:

□ current □ forthcoming calendar year.

(NOTE: If dues are applied to the forthcoming year, membership will take effect on January 1.) See Guidelines for Application on the reverse side of this form for further instructions.

Signature of Remitter: ___________________________ Date: ___________________________

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El Dorado Hills, CA 95620
FAX (916) 939-4249
PHONE (916) 939-4242

DIRECTOR
Center for Cancer Treatment and Research
Richland Memorial Hospital
and
The University of South Carolina

The Center for Cancer Treatment and Research invites application from and nomination of individuals who have a strong background in grant-funded clinical cancer research. This person will be responsible for the overall medical and research direction of the cancer program, working with a multidisciplinary university team and a community regional teaching hospital with university appointment. Construction is currently underway for a 78-bed freestanding building with centralized outpatient services and research laboratories due for opening in January 1992.

Interested individuals should submit their curriculum vitae and documents to: Mr. George Fant, Chairman Search Committee, Center for Cancer Treatment and Research, Five Richland Medical Park, Columbia, South Carolina 29203. An Equal Opportunity Employer.

FACULTY POSITION
CANCER PHARMACOLOGY
AND THERAPEUTICS

Applications are invited for a tenure-track position at the Assistant or Associate Professor level in the Lucille Markey Cancer Center with a primary academic appointment in the College of Pharmacy at the University of Kentucky.

The successful candidate will establish an independent research program in cancer pharmacology and participate in teaching in graduate and professional programs. Substantial opportunities exist for multidisciplinary research. Interested candidates should submit a curriculum vita, a statement of research objectives, and the names of three references to:

Dr. Patrick J. McNamara
Chairman, Cancer Search Committee
College of Pharmacy
University of Kentucky
Lexington, KY 40536-0082

Candidate review will begin on November 15, 1990 and will continue until the search is satisfactorily concluded.

Equal opportunity/Affirmative Action Employer
AACR SPECIAL CONFERENCE IN CANCER RESEARCH

Developmental Genetics of Childhood Cancer

February 8–11, 1991
Catamaran Resort Hotel, San Diego, California

CONFERENCE CHAIRPERSON
ALFRED G. KNUDSON, JR., Philadelphia, PA

PROGRAM COMMITTEE
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STEPHEN H. FRIEND/Charlestown, MA
GEORGE F. VANDE WOUDE/Frederick, MD

SCIENTIFIC PROGRAM

Keynote Address
ALFRED G. KNUDSON, JR./Philadelphia, PA

Regulation of the Cell Cycle
IRA HERSKOWITZ/San Francisco, CA
LELAND H. HARTWELL/Seattle, WA
GEORGE F. VANDE WOUDE/Frederick, MD
JEAN Y. J. WANG/La Jolla, CA

Concepts of Development and Pattern Formation
SERGEI SOKOL/Cambridge, MA
ANTHONY P. MAHOWALD/Chicago, IL
LEWIS WOLPERT/London, England
H. ROBERT HORVITZ/Cambridge, MA

Eric Olsen/Houston, TX
DAVID HOUSMAN/Cambridge, MA
STEPHEN H. FRIEND/Charlestown, MA

Tumors of the Nervous System
BERND R. SEIZINGER/Boston, MA
GARRETT M. BRODEUR/St. Louis, MO
MARK A. ISRAEL/San Francisco, CA

Developmental Genetics of Hematopoietic Malignancies
CARLO M. CROCE/Philadelphia, PA
JOHN GROFFEN/Los Angeles, CA
HITOSHI SAKANO/Berkeley, CA

Information and Application Forms
American Association for Cancer Research
Public Ledger Bldg., Suite 816
Sixth and Chestnut Streets
Philadelphia, PA 19106
215-440-9300 215-440-9313 (FAX)

Application Deadline:
November 12, 1990

Late applications will be accepted on a space-available basis.