The Health Research Fund is imperative for continued progress against cancer. We must speak up now.

Edward Bresnick
President, AACR
**Call for Papers**

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### Clinical Cancer Research

An Official Journal of the American Association for Cancer Research

An exciting new forum for clinical and translational cancer research

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Clinical Cancer Research, a new journal of the American Association for Cancer Research, will publish original articles describing clinical research on the cellular and molecular characterization, prevention, diagnosis, and therapy of human cancer. Its focus is on innovative clinical research and translational research which bridges the laboratory and the clinic. Clinical Cancer Research is especially interested in clinical trials evaluating new treatments for cancer; research on molecular abnormalities that predict incidence, response to therapy, and outcome; and laboratory studies of new drugs and biological agents that will lead to clinical trials in patients.

**CALL FOR PAPERS**

The Editors welcome the submission of manuscripts for their consideration. Authors should follow the format given in the "Instructions for Authors" on the reverse side.

Submit manuscripts to:

John Mendelsohn, M.D., Editor-in-Chief

Clinical Cancer Research

Department of Medicine

Memorial Sloan-Kettering Cancer Center

1275 York Avenue

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Telephone 212-639-5878

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**REPRESENTATIVE AREAS OF INTEREST INCLUDE**

- Molecular pharmacology and chemotherapy
- Drug sensitivity and resistance
- Tumor immunology and immunotherapy
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- Solid tumor oncology
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- Cancer endocrinology
- Cell adhesion, invasion, and metastasis
- Prevention of primary and recurrent cancer
- Differentiation and cell death
- Clinical genetics
- Detection of minimal disease

Clinical Cancer Research will be of interest to professionals in all areas of clinical cancer investigation, including medical and hematological oncology, radiation oncology, pediatric oncology, surgical oncology, pathology, radiology, and clinical genetics.
SCOPE
Clinical Cancer Research, a new journal of the American Association for Cancer Research, will publish original articles describing clinical research on the cellular and molecular characterization, prevention, diagnosis, and therapy of human cancer. Its focus is on innovative clinical research and translational research which bridges the laboratory and the clinic. Clinical Cancer Research is especially interested in clinical trials evaluating new treatments for cancer; research on molecular abnormalities that predict incidence, response to therapy, and outcome; and laboratory studies of new drugs and biological agents that will lead to clinical trials in patients.

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When a manuscript is received for consideration, the Editors assume that no similar paper has been or will be submitted for publication elsewhere. Further, it is understood that all authors listed on a manuscript have agreed to its submission. The signature of the corresponding author on the letter of submission signifies that these conditions have been fulfilled. Journal policy requires that authors, reviewers, and Associate Editors reveal in a letter to the Editor-in-Chief any relationships that they have that could be construed as causing a conflict of interest with regard to a manuscript under review. The letter should include a statement of any financial relationships with commercial companies involved with a product under study.

Upon acceptance, authors must transfer copyright to the American Association for Cancer Research, Inc., the copyright owner of the journal, prior to publication.

REVIEW PROCESS
The review process, expedited by fax transmission and overnight mail service, is conducted as rapidly as possible. Each submitted manuscript is reviewed by at least two experts in the field of investigation. If the authors are invited to submit a revised manuscript for an expedited further review, the revised version must be submitted within three months.

MANUSCRIPT SUBMISSION
Send manuscripts to John Mendelsohn, M.D., Editor-in-Chief. Submit four original sets (not photocopies) of figures along with four copies of the manuscript. One set of figures will be returned to the author if the paper is not accepted for publication. If a manuscript is closely related to papers that are in press or have been submitted elsewhere, please provide copies of those papers with your submission.

Rapid communication will be reserved for concise, definitive reports of novel observations and discoveries that have unusual importance. A request for consideration for rapid communication should be included in the letter of submission. Minireviews and Forum articles that are submitted or solicited will undergo editorial review. The Editors welcome Letters to the Editor, which will be published if they are determined to be appropriate.

The letter of submission should suggest the Associate Editor (or Editor-in-Chief) who will serve as primary reviewer of the manuscript. In addition, we invite authors to provide the names, addresses, and telephone/fax numbers of up to five potential reviewers who are not current or recent collaborators or advisors in the area under investigation.

FORMAT
Manuscripts must be written succinctly in clear, grammatical English. Define abbreviations in an inclusive footnote to the text. Double-space on 8 1/2 x 11-inch paper. Dot-matrix printing is not acceptable. The format is as follows:

1. Title page, including title, authors and their institutions, research support, and address plus telephone/fax numbers of the corresponding author;
2. A running title of fewer than 50 characters;
3. Abstract, of not more than 250 words, stating briefly the objectives, methods, results, and conclusions of the study;
4. Text arranged in this order: Introduction, Methods, Results, Discussion, Acknowledgments, References;
5. Footnotes, on a page separate from the text. Designate footnotes consecutively with superscript Arabic numerals;
6. Tables, on pages separate from the text, with descriptive titles and legends that make the data understandable without reference to the text;
7. Figure legends, on pages separate from the text, with descriptive titles and explanations to make the data understandable without reference to the text. Define all symbols and include staining for halftones where applicable;
8. Figures.

REFERENCES
Include only those articles that have been published or are in press. Unpublished data or personal communications must be cited as footnotes to the text. Personal communications should be substantiated by a letter of permission.

SAMPLE REFERENCES:

FIGURES
Provide four original sets of figures (whether line-cut drawings or halftones). Each sorted set should be in a separate labeled envelope, for distribution to reviewers. A typed label placed on the reverse side of each figure should contain the first author's name, figure number, and an arrow indicating top of figure. Letters and numbers on figures should not be larger than 12-point type. All figures will be published at a width of approximately 3 inches (8 cm) unless the author requests a greater width. Use tissue overlays to indicate important areas of the photographs that must be reproduced with greater fidelity. Authors are encouraged to submit color figures. The expense of reproducing color photographs will be charged to the author. Submit color figures on flexible backing.

FOR MORE INFORMATION, CONTACT:
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AMERICAN ASSOCIATION FOR CANCER RESEARCH
SCIENTIFIC CONFERENCES

NOVEMBER 7-11, 1994
Modern Developments in Cancer Therapeutics
Joint Meeting with Academia Sinica
Chairpersons: Yung-chi Cheng, New Haven, CT;
Cheng-Wen Wu, Taipei, Taiwan
Academia Sinica, Taipei, Taiwan, R.O.C.

NOVEMBER 29-DECEMBER 4, 1994
Translational Research in Cancer: New Opportunities for Progress
Chairperson: Carlo M. Croce, Philadelphia, PA
Grove Park Inn, Asheville, NC

DECEMBER 8-13, 1994
Basic and Clinical Aspects of Prostate Cancer
Chairperson: Donald S. Coffey, Baltimore, MD
Marriott's Rancho Las Palmas Resort, Rancho Mirage (Palm Springs), CA

JANUARY 14-19, 1995
Mechanism of Action of Retinoids, Vitamin D, and Steroid Hormones
Chairpersons: Michael B. Sporn, Bethesda, MD;
Ronald M. Evans, San Diego, CA; David Mangelsdorf, Dallas, TX
Whistler Resort and Conference Centre, Whistler, B.C., Canada

FEBRUARY 13-18, 1995
Molecular Biology of Cancer: Implications for Prevention and Therapy
Joint Meeting with Japanese Cancer Association
Chairpersons: Lee W. Wattenberg, Minneapolis, MN; Masaaki Terada, Tokyo, Japan
Maui Marriott Hotel, Maui, HI

MARCH 19-22, 1995
86th Annual Meeting
Chairperson: Donald S. Coffey, Baltimore, MD
Metro Toronto Convention Centre, Toronto, Ontario, Canada
(Abstract Deadline: October 14, 1994)

APRIL 1-6, 1995
Signal Transduction of Normal and Tumor Cells
Chairperson: Anthony J. Pawson, Toronto, Ontario, Canada
Banff Centre, Banff, Alberta, Canada

OCTOBER 1995
Cytokines and Cytokine Receptors
Chairperson: Steven Gillis, Seattle, WA
Location to be Announced

NOVEMBER 5-9, 1995
Cancer: The Interface Between Basic and Applied Research
Chairpersons: Bert Vogelstein, Baltimore, MD;
Stephen H. Friend, Charlestown, MA; and
John D. Minna, Dallas, TX
Stouffer Harborsplace Hotel, Baltimore, MD

DECEMBER 2-6, 1995
The Molecular Basis of Gene Transcription
Chairperson: Tom Curran, Nutley, NJ
Location to be Announced

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, Suite 816
150 South Independence Mall West
Philadelphia, PA 19106-3483
215-440-9300 • 215-440-9313 (FAX)
17th ANNUAL SAN ANTONIO BREAST CANCER SYMPOSIUM
December 8-10, 1994

Slide and poster presentations of original research complemented by case discussions, and six invited plenary lecturers. Sponsored by the Cancer Therapy & Research Center and The University of Texas Health Science Center at San Antonio. Meeting site is the San Antonio Marriott Rivercenter, 101 Bowie Street. For further information, contact Ms. Lois Dunnington at (210) 567-4745.

Stephen J. Elledge, Ph.D. - Baylor College of Medicine, Houston, Texas
Cell Cycle Checkpoints

Jay R. Harris, M.D. - Joint Center for Radiation Therapy, Boston, Massachusetts
If Lumpectomy is Good for Invasive Breast Cancer, Then Why Not for DCIS?

I. Craig Henderson, M.D. - University of California at San Francisco, San Francisco, California
What is the Optimal Adjuvant Chemotherapy Regimen?

V. Craig Jordan, Ph.D., DSc - Northwestern University Medical School, Chicago, Illinois
"Studies on the Estrogen Receptor in Breast Cancer" - 20 Years as a Target for Therapy and Prevention
(The William L. McGuire Memorial Lecture)

Edison Liu, M.D. - University of North Carolina School of Medicine, Chapel Hill, North Carolina
Tyrosine Kinases in Breast Cancer: Biologic Importance and Therapeutic Implications

Monica Morrow, M.D. - Northwestern University Medical School, Chicago, Illinois
When Can Stereotactic Core Biopsy Replace Excisional Biopsy?

Thursday, December 8, 1994

LUNCH/MINI-SYMPOSIUM
New Strategies for Therapy of Breast Cancer
Speakers: Kenneth Culver, Adriam Harris, Allen Oliff, Drew Pardoll, Philip Thorpe
Exclusive Support by Rhone-Poulenc Rorer

DINNER/MINI-SYMPOSIUM
Signal Transduction and Cell Cycle Progression
Speakers: Tim Hunt, Wen-Hwa Lee, Ben Margolis, John Park, Greg Plowman

SCIENTISTS IN TRANSLATIONAL RESEARCH FOR CANCER TREATMENT AT THE SAMSUNG MEDICAL CENTER IN KOREA

There is an ambitious program of translational research in cancer to be established at the Samsung Medical Center in Seoul, Korea. Emphasis will be placed on the clinical implementation of new and promising treatment leads, taking advantage of basic science discoveries. However the preclinical and basic investigations are also expected to be performed as needed to support and facilitate gene therapy, immunotherapy, biotherapy and bone marrow transplantation. There are separate basic and clinical science research laboratories at the Center expected to have mutual collaboration with this oncology laboratory. Qualified candidates are expected to hold Ph.D. degree or equivalent. Areas to be covered include:

1. Molecular Biology/Signal Transduction as well as Gene Therapy
2. Biochemistry/Antioxidant-Free Radicals, L-Ascorbic Acid, and Analytical Capability such as HPLC
3. Immunology/Cytokines and Cellular Immunology
4. Cell Biology/Cell Culture and Animal Tumor Work

Please reply with CV and three references to:

Chan H. Park, M.D., Ph.D., Professor and Chief Division of Oncology-Hematology, Department of Internal Medicine Texas Tech University Health Science Center 3501 4th Street, Lubbock, TX 79430 (Phone: 806-743-3135, Fax: 806-743-3176)
or Personnel Department, Samsung Medical Center 50 Ilwon Dong, Kangnam Ku, Seoul, Korea (Phone: 3410-3070, Fax: 3410-3159)

FACULTY/RESEARCH POSITION RADIATION BIOLOGY

Mayo Foundation for Medical Education and Research invites applications for a full-time career scientist position at the level of Assistant, Associate or Professor with joint appointments in the Division of Radiation Oncology and the Department of Biochemistry and Molecular Biology. Candidates should have an outstanding, independent research program in molecular and biochemical aspects of radiation biology/oncology. An attractive package of salary, benefits, and research support will be provided.

Please send a curriculum vitae and a statement of research interests and goals to:

Paul J. Leibson, M.D., Ph.D. 301 Guggenheim Building Mayo Clinic Rochester, MN 55905 Mayo Foundation is an affirmative action and equal opportunity educator and employer.
Translational Research in Cancer: New Opportunities for Progress

Supported by a Generous Grant from the National Institute of Environmental Health Sciences

November 29 - December 4, 1994
The Grove Park Inn, Asheville, North Carolina

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SCIENTIFIC PROGRAM

Keynote Address
Webster K. Cavenee / La Jolla, CA

Hematopoietic Malignancies - Biology
Max D. Cooper / Birmingham, AL
Edward A. Clark / Seattle, WA
Bice Petersil / Philadelphia, PA
Drew M. Pardoll / Baltimore, MD

Hematopoietic Malignancies - Molecular Biology
Carlo M. Croce / Philadelphia, PA
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Hematopoietic Malignancies - Treatment
Albert B. Delisseroth / Houston, TX
Neal A. Flomenberg / Milwaukee, WI
Lee M. Nadler / Boston, MA
Bruce D. Cheson / Bethesda, MD
John C. Reed / La Jolla, CA
Claire D. Bloomfield / Buffalo, NY

Cytogenetics of Solid Malignancies/ Sarcomas/Brain Tumors
Felix Mittelman / Lund, Sweden
Frederic G. Barr / Philadelphia, PA
Mark A. Israel / San Francisco, CA
Mark Noble / London, England

Prostate Cancer and Ovarian Cancer
John T. Isaacs / Baltimore, MD
Donald S. Coffey / Baltimore, MD
Thomas C. Hamilton / Philadelphia, PA
Robert F. Ozols / Philadelphia, PA

Lung Cancer
John D. Minna / Dallas, TX
Susan L. Naylor / San Antonio, TX
Paul A. Bunn, Jr. / Denver, CO

Breast Cancer
Marc E. Lippman / Washington, DC
Ira Pastan / Bethesda, MD
Karl Erik Hellstrom / Seattle, WA
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Lance A. Lotta / Bethesda, MD
Jackson B. Gibbs / West Point, PA
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Colorectal Cancer
Raymond L. White / Salt Lake City, UT
Richard Fishe / Burlington, VT
Richard Kolodner / Boston, MA
Glenn Steele, Jr. / Boston, MA

Applicants are encouraged to submit abstracts for poster presentation.

Information and Application Forms
American Association for Cancer Research
Public Ledger Building, Suite 816
150 South Independence Mall West
Philadelphia, PA 19106-3483
215-440-9300 215-440-9313 (FAX)

Application Deadline: August 22, 1994
Progress against cancer and hope for the 1.2 million Americans who will be diagnosed with cancer this year depend on the adoption of the Health Research Fund as a component of any health care reform legislation. We must speak up now.

Our past investment in biomedical research represents a phenomenal success story. Federal funding has been pivotal in advancing cancer research since the United States officially embraced a National Cancer Program in 1971. The steady support of the National Cancer Institute (NCI) and the National Institutes of Health (NIH) is now leading us to the brink of new and powerful strategies for our understanding of cancer etiology, as well as improved diagnostic procedures, treatment, and prevention of cancer. The explosion in new knowledge has already had a significant impact on the control of cancer and other life-threatening diseases.

The benefits of cancer research are real, both in terms of saving lives and money. By strengthening this vigorous program of biomedical and cancer research, we can accelerate our progress towards our goal of conquering cancer. As we stand on the brink of further discoveries, federal support must not falter. Yet, deficit reduction efforts in the United States have caused a freeze in all domestic spending. This is extremely serious for the entire biomedical research community since it will cause a downward spiral in funding. At a time of our greatest research opportunities, an already dismal outlook for biomedical research funding will worsen. An increasing number of new and competing grants that are deemed outstanding by peer reviewers will not be funded or renewed. In this context, it is appalling to realize that NIH funding is little more than 1% of national health expenditures. Sadly, pending health care reform legislation in the United States is generally silent on the crucial value of biomedical research in controlling the cost of this country’s health care.

In response to the funding crisis for biomedical research, Senators Tom Harkin (D-IA) and Mark O. Hatfield (R-OR) (cover, top row, from left), joined by three Members of the House of Representatives, Representatives William J. Coyne (D-PA), Bill Richardson (D-NM), and Fred Upton (R-MI) (cover, bottom row, from left), have sponsored a bold initiative to address the problem of dwindling federal support for health research. The Health Research Fund amendment to health care reform legislation would set aside 1% of health insurance premiums for NIH research. A trigger mechanism would ensure that these funds would supplement and not replace regular appropriations. The American Association for Cancer Research was among the first to endorse this legislative proposal, and now more than 240 other scientific and lay organizations support the measure.

The Health Research Fund deserves the strong support of every cancer researcher and all those who are concerned about capitalizing on the promise that research holds for disease control. We are indebted to Senators Harkin and Hatfield and Representatives Coyne, Richardson, and Upton for their leadership and vision in working to ensure that the vitality of biomedical research is not diminished in the process of health care reform.

Unfortunately, the voices of these champions in Congress may go unheeded unless each of us in the scientific community does our part to send a strong and unified message in support of the Health Research Fund. Now, it is up to us to make this vision for research heard. One of our greatest allies and this country’s most effective spokesperson for biomedical and cancer research, the late Mary Lasker, once said, “If you think research is expensive, try disease.” We believe, as she did, in the value of biomedical research. We can no longer remain silent on the declining support for the NIH and the NCI.

The Health Research Fund is imperative for continued progress against cancer. This legislation will either be adopted or rejected by the U.S. Congress in the next few weeks. We exhort you to respond immediately by calling or writing to your Congressman and Senators in support of the Health Research Fund.

Edward Bresnick
President, AACR