1998 GERTRUDE B. ELION CANCER RESEARCH AWARD

Supported by an Educational Grant from
Glaxo Wellcome Oncology

This Award was established in honor of Nobel Laureate Dr. Gertrude B. Elion, Scientist Emeritus at Glaxo Wellcome Co. and Past President and Honorary Member of the AACR.

The Gertrude B. Elion Cancer Research Award is a one-year, $30,000 grant for a scientist in the U.S. or Canada engaged in meritorious basic, clinical, or translational research in cancer etiology, diagnosis, treatment, or prevention at the level of Assistant Professor (not yet tenured).

The AACR will reimburse the Awardee for travel to the 1998 Annual Meeting in New Orleans, L.A., where Dr. Elion will personally present this Award.

Eligibility
Candidates must have completed postdoctoral studies or clinical fellowships not later than July 1 of the Award year, and ordinarily not more than five years earlier. Tenured faculty in academia, federal government employees, and employees of private industry are not eligible for this award. A Candidate need not be a member of the AACR at the time of application, but must be nominated by a Member of the AACR. Associate Members may not be nominators.

Selection Process/Application Deadline
Applications are evaluated by a Committee consisting of AACR Members who are experts in basic, clinical, and translational cancer research. Complete applications must be submitted by December 15, 1997, to be considered for the 1998 Award.

For Further Information/Application Forms
AMERICAN ASSOCIATION FOR CANCER RESEARCH
Public Ledger Building, Suite 826
150 South Independence Mall West
Philadelphia, PA 19106-3483
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The annual dues of active members of the AACR are $175, $55 of which may be applied toward a subscription to Cancer Epidemiology, Biomarkers & Prevention. Corresponding members of the Association will be charged an appropriate fee to offset periodicals postage costs. Payment of dues and changes of address of members of the Association should be sent promptly to Margaret Foti, Executive Director, AACR, Public Ledger Bldg., Suite 826, 150 South Independence Mall West, Philadelphia, PA 19106-3483; Telephone: (215) 440-9300; FAX: (215) 440-9313.

Submission of Manuscripts
Cancer Epidemiology, Biomarkers & Prevention publishes original research on cancer causation and prevention in humans, linking three previously unintegrated disciplines: epidemiology, biomarkers, and prevention. Topics include descriptive, analytical, biochemical, and molecular epidemiology; the use of biomarkers to study the neoplastic and preneoplastic processes in humans; chemoprevention and other types of prevention trials; and the role of behavioral factors in cancer etiology and prevention. Manuscripts that address individual subjects in any of the three disciplines are welcome as well as manuscripts with an interdisciplinary approach. All submissions undergo peer review. Papers should be sent to: Cancer Epidemiology, Biomarkers & Prevention, AACR Publications Department, Public Ledger Building, Suite 826, 150 South Independence Mall West, Philadelphia, PA 19106-3483. See Instructions for Authors (page i of this issue) for further information concerning submissions.

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Cancer Epidemiologist

(Genetics)

Vancouver, British Columbia, Canada

The British Columbia Cancer Agency, a comprehensive province-wide cancer treatment and research organization, has an opening for a Cancer Epidemiologist specializing in genetic studies. This scientific position will be equivalent to the university assistant or associate professor level.

The successful applicant will generate independent and original research in the epidemiology of hereditary cancer. In addition, as part of an interdisciplinary team, he/she will cooperate with tumour groups and members of the Provincial Hereditary Cancer Program in developing a comprehensive strategy for treatment and research on familial cancer.

The successful applicant should have a PhD in epidemiology or genetics and should have five years of experience in conduct of cancer genetics studies such as the investigation of prevalence and penetrance of cancer susceptibility genes, or studies of gene-environment interaction in cancer etiology. Evidence of independent research capability as shown by previous peer-reviewed grant support and publications is an asset.

A highly competitive salary and benefits package is offered. While Canadian Immigration regulations accord preference to Canadian citizens and permanent residents of Canada, all qualified applicants are encouraged to apply.

Applicants should send a letter addressing their qualifications, as well as a curriculum vitae and list of references before November 30, 1997, to: Richard P. Gallagher, Head, Cancer Control Research Program, BC Cancer Agency, 600 West 10th Avenue, Vancouver, BC, Canada V5Z 4E6. Fax (604) 877-1868.
AACR SPECIAL CONFERENCE IN CANCER RESEARCH

Angiogenesis and Cancer

January 24-28, 1998
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Orlando, FL

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CONFERENCE PROGRAM

Keynote Address
Nicole Le Douarin / Nogent sur Marne, France

Blood Vessels and Development
Patricia D'Amore / Boston, MA
Donald E. Ingber / Boston, MA
Jeffrey M. Isner / Boston, MA

Mechanisms of Vasculogenesis and Angiogenesis
Werner Risau / Bad Nauheim, Germany
Peter Carmeliet / Leuven, Belgium
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VEGF and VEGF Receptors
Karl K. Alitalo / Helsinki, Finland
Harold F. Dvorak / Boston, MA
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Angiopoietin and TIE Receptors
George D. Yancopoulos / Tarrytown, NY
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Rakesh K. Jain / Boston, MA
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Luisa Iruei-Ante / Boston, MA
Noel Bouck / Chicago, IL
David A. Cheresh / La Jolla, CA

Clinical Applications
Noel Weidner / San Francisco, CA
Judah Folkman / Boston, MA

Additional Speakers to be Announced

Application Deadline: October 13, 1997

Information and Application Forms:
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Philadelphia, PA 19106-3483
215-440-9300  215-440-9313 (FAX)
E-mail: aacr@aacr.org
Website: http://www.aacr.org
NEW - AACR-ITO EN, Ltd. Young Investigator Awards for Asian Scientists
This program will be inaugurated in 1998. Sponsored by ITO EN, Ltd., these awards are for medical and graduate students, physicians-in-training, and postdoctoral fellows who are presenters of highly rated abstracts and who will be traveling to the Annual Meeting from Asia. Application for these awards is made on the Abstract Submission Form.

- Corporate- and AACR-sponsored Young Investigator Awards are offered in support of travel to the AACR Annual Meeting by scientists-in-training (as described above) who are presenters of abstracts that have been highly rated by the Program Committee. The AACR-sponsored awards include the third AACR Gerald B. Grindey Memorial Young Investigator Award for a young scientist submitting an abstract in the field of preclinical science. Apply as described above.

Please note that the submission of an abstract by the deadline is absolutely required to be considered for the awards described above.

- AACR Minority Scholar Awards are offered to the Annual Meeting and AACR Special Conferences through the Comprehensive Minority Biomedical Program of the National Cancer Institute (NCI). Those eligible for these awards are graduate and medical students, physicians-in-training, and postdoctoral students from minority groups considered underrepresented in cancer research by the NCI, i.e., African Americans, Hispanic Americans, Native Americans, Native Pacific Islanders, and Alaskan Americans. Application deadline: December 1, 1997. Please call the AACR for an application form.

- Women In Cancer Research sponsors the WICR Brigid G. Leventhal Scholar Awards for graduate and medical students, physicians-in-training, and postdoctoral fellows who have submitted an abstract as presenting author for the AACR Annual Meeting. Application deadline: November 28, 1997. Call the AACR for application information.

- Young Investigator Awards are also available for a limited number of young scientists attending each of the AACR's Special Conferences. For details, consult the conference brochure for each meeting, available on request from the AACR office.

Young scientists may also wish to obtain information about other relevant AACR programs including Associate Membership, research fellowships, the Employment Register, Mentorship Program for young minority investigators, and educational programs at the Annual Meeting and throughout the year. For more information, please contact:

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Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential have not been conducted with polymyxin B sulfate or trimethoprim. Mutagenesis: Trimethoprim was demonstrated to be non-mutagenic in the Ames assay. In studies at two laboratories, no chromosomal damage was detected in cultured Chinese hamster ovary cells at concentrations approximately 500 times human plasma levels after oral administration; at concentrations approximately 10000 times human plasma levels after oral administration in these same cells a low level of chromosomal damage was induced at one of the laboratories. Studies to evaluate mutagenic potential have not been conducted with polymyxin B sulfate. Impairment of Fertility: Polymyxin B sulfate has been reported to impair the motility of equine sperm, but its effects on male or female fertility are unknown. No adverse effects on fertility or general reproductive performance were observed in rats given trimethoprim in oral dosages as high as 70 mg/kg/day for males and 14 mg/kg/day for females. Pregnancy: Teratogenic Effects: Pregnancy Category C. Animal reproduction studies have not been conducted with polymyxin B sulfate. It is not known whether polymyxin B sulfate can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Trimethoprim has been shown to be teratogenic in the rat when given in oral doses 40 times the human dose. In some rabbit studies, the overall increase in fetal loss (dead and resorbed and malformed conceptuses) was associated with oral doses 6 times the human therapeutic dose. While there are no large well-controlled studies on the use of trimethoprim in pregnant women, Brummitt and Pursell, in a retrospective study, reported the outcome of 186 pregnancies during which the mother received either placebo or oral trimethoprim in combination with sulfamethoxazole. The incidence of congenital abnormalities was 4.5% (3 of 66) in those who received placebo and 3.3% (4 of 120) in those receiving trimethoprim and sulfamethoxazole. There were no abnormalities in the 10 children whose mothers had received oral trimethoprim and sulfamethoxazole at the time of conception or shortly thereafter. Because trimethoprim may interfere with folic acid metabolism, trimethoprim should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Nonteratogenic Effects: The oral administration of trimethoprim to rats at a dose of 70 mg/kg/day commencing with the last third of gestation and continuing through parturition and lactation caused no deleterious effects on gestation or pup growth and survival. Pediatric Use: Safety and effectiveness in children below the age of 2 months have not been established (see WARNINGS). ADVERSE REACTIONS: The most frequent adverse reaction to Polytrim® Ophthalmic Solution is local irritation consisting of transient burning or stinging, itching or increased redness on instillation. These reactions occur in less than 4 of 100 patients treated. Polytrim® has a low incidence of hypersensitivity reactions (less than 2 of 100 patients treated) consisting of lid edema, itching, increased redness, tearing and/or circumocular rash. Although sensitivity reactions to trimethoprim are rare, an isolated incident of photosensitivity was reported in a patient who received the drug orally.

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