Instructions for Authors

Cancer Epidemiology, Biomarkers & Prevention publishes original research on cancer causation and prevention in humans. The following topics are of special interest: 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.

Particular attention will be given to the identification of factors associated with various aspects of the carcinogenic process, including genetic susceptibility, host factors, infectious agents, chemical and physical carcinogens, environmental contaminants, dietary components and behavioral factors such as tobacco use and sun exposure.

Besides welcoming manuscripts that address individual subjects in any of the three disciplines, the Editors encourage the submission of manuscripts with an interdisciplinary approach.

Contents

- Original research articles
- Invited editorials
- Selected review articles
- Short communications Letters to the editor
- Meeting reports AACR and ASPO news

Editorial Policy

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. Upon acceptance, authors must transfer copyright to the American Association for Cancer Research, Inc., the publisher and copyright owner of the journal, prior to publication. Once an article is accepted for publication in Cancer Epidemiology, Biomarkers & Prevention, the information therein is embargoed from reporting by the media until the mail date of the issue in which the article appears. The Editors endorse the principles embodied in the Declaration of Helsinki and expect that all investigations involving humans will have been performed in accordance with these principles. A copy of the Declaration is available from the World Medical Association, Bôlte Postale 63, 01212, Ferney-Voltaire, Cedex, France.

Journal policy requires that authors, reviewers, and Associate Editors reveal to the Editor-in-Chief any relationships that they believe could be construed as causing a conflict of interest with regard to the manuscript submitted for review.

Manuscript Submission

Mail manuscripts to *Cancer Epidemiology, Biomarkers & Prevention*, AACR Publications Department, Public Ledger Building, Suite 826, 150 South Independence Mall West, Philadephia, PA 19106-3483. Submit four original sets (not photocopies) of illustrations along with four copies of the manuscript. Illustrations 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. FAX transmission and overnight delivery service will be used to expedite review and publication. review and publication.

Publication Fees

A page charge of \$35 per printed page will be levied on all manuscripts accepted for publication. It is understood at the time of submission that the author(s) agree to pay this charge in the event of publication. Under exceptional circumstances, when no grant or other source of support exists, the author(s) may apply to Dr. Margaret Foti. Director of Publications, AACR Publications Department (see end of page for address) at the time of submission for a waiver of the page charges. All such applications must be countersigned by an appropriate institutional official stating that no funds are available for the payment of page charges.

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 \times 11-inch paper. Dot-matrix printing is not acceptable. The format is as follows:

- 1. Title page, including title, authors, and affiliations;
- 2. A running title of fewer than 50 characters;
- Text, arranged in this order: Abstract (not more than 250 words), Introduction, Materials and Methods, Results, Discussion, Acknowledgments, References;
- Footnotes, on a page separate from the text. Designate footnotes consecutively with superscript Arabic numerals;
- Tables, on pages separate from the text, with descriptive titles and/or legends;
- Figure legends, on pages separate from the text. Define all symbols and include staining for halftones, where applicable.

References

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

Number references in the order of their first mention in the text. Cite only the number assigned to the reference. References must be doublespaced.

Sample references:

- Fontham, E. T. H., Correa, P., Wu-Williams, A., Reynolds, P., Greenberg, R. S., Buffler, P. A., Chen, V. W., Boyd, P., Alterman, T., Austin, D. F., Liff, J., and Greenberg, S. D. Lung cancer in nonsmoking women: A multicenter case-control study. Cancer Epidemiol., Biomarkers & Prev., 1: 35-43, 1991.
- Reznikoff, C. A., Swaminathan, S., and Verma, A. K. Cultured normal human uroepithelial cells: a new system for *in vitro* carcinogenesis studies. *In*: M. Webber and L. Sikeley (eds.), *In Vitro* Models for Cancer Research, pp. 63–101. Boca Raton, FL: CRC Press, 1986.

Illustrations

Provide four original sets of illustrations (whether line-cut drawings or halftones). Label each figure in pencil on the reverse side with the first author's name, figure number, and an arrow indicating top of figure. Letters and numbers on illustrations should not be smaller than 6-point or larger than 12-point type. All illustrations 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 the greatest fidelity.

Authors are encouraged to submit color figures. The expense of reproducing color photographs must be offset partially by the author. The cost of color reproduction charged to authors is \$975 per color figure. Submit color illustrations on flexible backing.

Proofs

Page proofs must be returned to the office of the American Association for Cancer Research within 24 hours of receipt. Return proofs by overnight mail. *Proofs not received by the deadline will be published without the authors' corrections*. Accepted manuscripts are regarded as final copy and should not be altered substantially in proof. Extensive alterations could cause publication delays, and authors will be charged for excessive changes in proof.

Typesetting Manuscripts from Computer Disks

Cancer Epidemiology, Biomarkers & Prevention requests the submission of disks to expedite production of accepted manuscripts. If your article is accepted for publication, you will receive instructions regarding disk submission and a form which must be completed and returned with your disk to the AACR Publications Department within 48 hours of notification of acceptance. It is the author's responsibility to ensure that the material on the disk matches the final accepted version of the

For More Information, Contact:

Publications Department, American Association for Cancer Research, Public Ledger Building, 150 South Independence Mall West, Suite 826, Philadelphia, PA 19106-3483. Telephone: (215)440-9300; FAX: (215)440-9355.

AMERICAN ASSOCIATION FOR CANCER RESEARCH



1998 RESEARCH FELLOWSHIPS

For Young Scientists at the Postdoctoral or Clinical Fellow Level

- 1998-1999 Research Fellowship in Basic Research: This Fellowship, sponsored by the AACR, will provide a two-year grant of \$30,000 per year to a young scientist in North, Central, or South America engaged in meritorious basic cancer research.
- 1998-1999 Research Fellowship in Clinical/Translational Research: This Fellowship, sponsored by Amgen, Inc., will provide a two-year grant of \$30,000 per year to a young scientist in North, Central, or South America engaged in meritorious clinical or translational cancer research.
- 1998-1999 Research Fellowship in Clinical Research: This Fellowship, sponsored by Bristol-Myers Squibb Oncology, will provide a two-year grant of \$30,000 per year to a young scientist in North, Central, or South America engaged in meritorious clinical cancer research.
- 1998-1999 Research Fellowship in Prevention Research: This Fellowship, sponsored by the Cancer Research Foundation of America, will provide a two-year grant of \$30,000 per year to a young scientist in North, Central, or South America engaged in meritorious cancer prevention research.
- 1998 Research Fellowships in Basic Research: Two Fellowships, sponsored by The Sidney Kimmel Foundation for Cancer Research and Hoechst Marion Roussel, will each provide a one-year grant of \$30,000 to a young scientist in North, Central, or South America engaged in meritorious basic cancer research.

Eligibility/Selection Process

Candidates must have completed the M.D., Ph.D., or other doctoral degree. Candidates must currently be a postdoctoral or clinical research fellow and must have been a fellow for at least two years but not more than five years prior to the year of the award. Academic faculty holding the rank of assistant professor or higher, graduate or medical students, medical residents, permanent government employees, employees of private industry, and individuals who will receive fellowships from similar programs during the award year are not eligible. A candidate need not be a member of the AACR at the time of application, but he or she must be nominated by an AACR Member, and non-members must submit an acceptable application for membership with the fellowship application. Associate Members may not be nominators. Applications will receive careful scientific evaluation by a prestigious, multidisciplinary Committee consisting of AACR Members who are experts in basic, clinical, and translational cancer research. Applications must be submitted in complete form by January 15, 1998.

For Further Information/Application Forms AMERICAN ASSOCIATION FOR CANCER RESEARCH

AMERICAN ASSOCIATION FOR CANCER RESEARCH
Public Ledger Building, Suite 826

150 South Independence Mall West Philadelphia, PA 19106-3483

Telephone: (215) 440-9300 • FAX: (215) 440-9372

E-mail: horst@aacr.org

89th Annual Meeting



American Association

for Cancer Research

March 28 – April 1, 1998

New Orleans, Louisiana

An Exciting Multidisciplinary Program for Laboratory and Clinical Cancer Researchers

In This Booklet:

- Abstract Submission Forms and Instructions
- Preliminary Program Information
- Information on Awards for Young Basic and Clinical Investigators
- AACR Membership Application Forms

AMERICAN ASSOCIATION FOR CANCER RESEARCH 89TH ANNUAL MEETING



Frank J. Rauscher III, Program Committee Chairperson

Ernest N. Morial Convention Center, New Orleans, LA March 28-April 1, 1998

Preliminary List of Topics for Symposia and Meet-the-Expert Sunrise Sessions

Inherited Cancer Susceptibility Syndromes: Genetics, Genes, and Function

Emerging Concepts in Individual Cancer Susceptibility

Tobacco and Lung Carcinogenesis: Genetics, Biology, and Etiology

Organ-Site Specific Tumorigenesis: Basic Science and Clinical Aspects of

Breast and Ovarian Cancer

Prostate Cancer

Gastrointestinal Cancer

Hematologic Malignancies

Tumor Physiology: Tumor-Stromal, Cell-Cell, and

Microenvironment Interactions

An Integrated Approach to Angiogenesis: Inducers and Inhibitors from the Bench to the Bedside

Wnt Signalling Pathways in Human Tumorigenesis: APC/Beta Catenin/TCF-LEF

Cell Death Signalling Pathways: Caspase Cascades and Effectors/Initiators of Apoptosis

The bcl-2 Family: Regulation and Effectors

Transcriptional Regulation of the Neoplastic Phenotype

Developmental Biology-based Approaches to Tumorigenesis: Genetic Control of Pattern Formation and Organogenesis

Reconstruction of Human Tumorigenesis and Progression: Cancer Genetics in Model Organisms

New Concepts in Genome Damage in Cancer: Initiation and Progression

Molecular Determinants of Cellular and Tumor Responses to Radiation

New Mechanisms of Action of Viral and Cellular Oncogenes

Tumor Virology: Molecular Biology and Etiology

Genetic Approaches to Diagnosis: The Impact of Molecular Medicine on Early Detection and Diagnosis

The Molecular Basis of Immune Recognition: Basic Concepts with Therapeutic Implications

Advances in Cancer Vaccine Development

Successes in Oncogene-Based Drug Targeting: Selectivity and Specificity?

Molecular Diversity-based Approaches to Anticancer Drug Design New Concepts in Antimetabolites: Basic Science and Clinical Trials

Restoring Drug Sensitivity to Tumors: New Concepts from Tumor Biology and Physiology

Progress in Cancer Gene Therapy: New Concepts/Targets and Clinical Trial Reports

Molecular Targets and Endpoints for Chemoprevention

The Latest in Telomere and Telomerase Function: Proof of Principle?

Histone (De) Acetylation and Chromatin Remodeling

DNA Repair

Advances in Drug Resistance: Basic and Clinical

Growth Factor Signaling

Antisense in Clinical Trials

Nuclear Transports

Integrin Signaling

Metalloproteinases

Radiation Sensitization

Myelodysplastic Syndrome

Cytokine Signaling

Cell Cycle Control

Leukemia and Solid Tumor Translocations

COX-2 Inhibitors

Nuclear Hormone Receptors

Chemoprevention Clinical Trials

Gene Transfer to Hematopoietic Progenitors

IL-12: Biological and Clinical Developments

Immunotherapy and Costimulatory Molecules

B-Cell Lymphomas

Emerging Issues in Molecular Epidemiology

Immunostimulatory Sequences

Mechanisms of p53 Action

IGF-1 and Cancer

Topoisomerases

Brain Tumors

Vascular Permeability

Animal Models for Chemoprevention Issues

Invasion and Metastasis

Carbohydrates and Cancer

Genome Project Update

Fidelity of DNA Replication

Psychosocial Aspects of Genetic Diagnosis

Melanoma

Taxanes, Epibotulins, and Tubulins

Antibody Therapy

Combination of Chemotherapy/Biotherapy

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Be sure to fill out and return the acknowledgment card included with these instructions.



Dear Colleague:

On behalf of the President, Dr. Donald S. Coffey, and the 1998 Program Committee, it is my distinct pleasure to have this opportunity to introduce, highlight, and enthusiastically endorse our plans for the 89th Annual Meeting of the AACR in New Orleans, March 28-April 1, 1998.

I strongly urge you to submit an abstract of your most recent research and to participate in this most important function of the AACR's mission. As Chairperson of the Program Committee for the meeting, I have endeavored to assemble an outstanding scientific program which will deliver a comprehensive, state-of-the-art synthesis of the current progress, opportunities, and problems occurring in both basic and clinical aspects of cancer research. Our overriding goal has been to create a truly multidisciplinary program which will appeal to cancer researchers in all areas of expertise, spanning basic, translational and clinical research. As the war on cancer approaches the millennium, the constant crossfertilization of ideas and approaches utilized by investigators from diverse scientific disciplines will continue to catalyze our successes in this war. The AACR Annual Meeting has been and will continue to be the most important international gathering for stimulating and fostering these interactions. With the help of an outstanding Program Committee (see the inside back cover of this booklet), as detailed below, we have made a special effort this year to make your participation in the meeting both easier and more rewarding scientifically.

Our goals in designing and planning this meeting have been strongly influenced by the recognition that, recently, some of the most significant progress in cancer research has resulted from breakthroughs in very specialized and often narrow areas of the field as well as discoveries made possible by new collaborations across previously unrelated disciplines. In this climate, when scientific boundaries are changing and new research directions are emerging, attendance at the AACR Annual Meeting has become more important than ever. As always, the Annual Meeting offers the latest findings in your particular area of expertise. In addition, it offers unparalleled opportunities to hear and meet the researchers in other subdisciplines of the field who are making discoveries that will lead to your next advances. In short, the AACR Annual Meeting is a unique opportunity to explore every aspect of basic, clinical, and translational cancer research and to obtain the information and form the collaborations that are essential for both your current and future investigations.

To make it even easier for you to tap into this wealth of information and expertise, we have thoroughly revised the abstract submission categories. Please take the time to read through the expanded list of categories on Pages 8-10

before selecting a designation for your abstract; we think you will agree that they are more current and comprehensive. Furthermore, we expect this revision to improve the meeting in several important ways:

- Selection of an abstract category will be easier for those who, in the past, have been uncertain about the best category for their work or about the suitability of the AACR meeting for their presentations.
- The categories are presented in an order that we feel better reflects the actual problem of cancer, the path of recent progress in the field, and the likely synergies across subdisciplines. In choosing your specific abstract subclassification, you can more easily identify the appropriate major category (e.g., Molecular Biology, Clinical Investigations, Immunology) in which your work belongs.
- Abstracts are more likely to be reviewed and scheduled by the appropriate section of the Program Committee.
 We anticipate that the result will be more coherent and stimulating sessions of proffered papers.

Our goal in this First Announcement is to present this expanded abstract category list and to disseminate the necessary abstract forms to the scientific community as soon as possible. In about a month you will receive a Second Announcement that will again contain complete abstract submission information, but which will also contain

- preliminary information on the opening plenary session, symposia, "meet-the- expert" sunrise sessions, and controversy sessions.
- the advance registration form
- information on travel to and hotel accommodations in New Orleans
- · employment register forms
- other important information on the meeting

The Program Committee recently completed an intensive meeting at which it selected topics for the major sessions of invited speakers. I am very excited about the sessions that are currently in development, and I urge you to look for the list in the Second Announcement and also to check the AACR Website periodically (http://www.aacr.org) for updates.

It is a privilege to serve you as Program Committee Chairperson at this exciting time in cancer research. Please join me in making the 89th Annual Meeting of the AACR the most important in the Association's history.

Very truly yours,

F. J. Paracker III

Frank J. Rauscher III, Ph.D. Program Chairperson

Membership Card and below the member's name in the AACR Directory of Members. The SPONSOR must sign the abstract form

- 4. A member or nonmember may be listed as a coauthor on more than one abstract, provided that each abstract has a different member SPONSOR.
- 5. The SPONSOR is obligated to ascertain that all authors are aware of the content of the abstract. Sponsorship of an abstract implies support for the data and the interpretations contained therein.

Please do not submit applications for active or corresponding membership along with your abstracts.

COMPLIANCE WITH THESE REGULATIONS IS THE RESPONSIBILITY OF THE SPONSOR. Adherence to these rules will be verified. Violations will result in the rejection and return of the abstract to the SPONSOR without consideration by the Program Committee.

ABSTRACT SUBMISSION FEE

A fee of US\$40 will be assessed for each abstract submitted for consideration by the Program Committee. This fee offsets some of the costs of processing the abstract. Each abstract must be accompanied by a check for US\$40 payable to the American Association for Cancer Research, Inc. - OR - authorization must be provided to charge this fee to a credit card that is accepted by AACR (see Item 8 on the abstract form). All checks must be drawn on a United States bank. Please list the PRESENTER's name on the check. NOTE: Purchase orders will not be accepted.

In cases of the voluntary withdrawal of an abstract by the author, the return of the abstract because of violation of abstract regulations, or the rejection of the abstract for presentation, the submission fee will not be refunded.

INSTRUCTIONS FOR PREPARATION AND SUBMISSION OF ABSTRACTS

Each submitted abstract must carry the name, AACR Member Number, and signature of the SPONSOR on the appropriate lines of the abstract form. Each AACR member may sponsor only one abstract.

CONTENT OF ABSTRACTS

Authors who submit an abstract of a paper confirm that they have not previously published these data, that they have not previously presented them at a national scientific meeting, and that they are not planning to present or publish them prior to the dates of the AACR Annual Meeting.

Members of the Program Committee will evaluate the scientific quality of the submitted abstract on the basis of the following criteria: novelty of the research, significance of the findings, and clarity. Authors should be particularly cognizant of the importance of setting forth the objectives and hypotheses of the study in a clear, succinct manner and of summarizing the new, unpublished results. If the abstract is poorly written such that the Program Committee cannot determine its novelty and importance, the paper will not be accepted for presentation at the annual meeting.

- 1. Abstracts must describe in a succinct manner the purposes and results of the research so that the quality, originality, and comprehensiveness of the work can be evaluated by the Program Committee. Each abstract should contain: (a) an introductory sentence indicating the purposes of the study; (b) a brief description of pertinent experimental procedures; (c) a summary of the new, unpublished data; and (d) a statement of the conclusions. Authors must accept sole responsibility for the statements in their abstracts. Abstracts should be carefully proofread to avoid errors in the published literature.
- 2. Titles should be indicative of the content of the abstract. All words necessary to identify the subject matter should be included in the title to facilitate electronic retrieval (CD-ROM or online searches). Avoid nonstandard abbreviations in abstract titles.
- 3. Abbreviations may be used in the body of an abstract if they are defined at their first mention in the text. Complex therapeutic regimens must be identified.
- 4. NOTE: The AACR is committed to the advancement of cancer research and the cure of cancer through the facilitation of communication and dissemination of knowledge among scientists

and others dedicated to the cancer problem. Therefore, the AACR requires strict compliance with the following regulations: When biological or chemical data pertaining to chemical entities are presented, the chemical structure, method of preparation, and patent or reference numbers must be provided. If for any reason this information cannot be presented at the meeting, the abstract on this work should not be submitted for consideration.

5. Because of administrative and time constraints, supplementary data submitted along with the abstract cannot be transmitted to the Program Committee for review.

GENERAL INSTRUCTIONS FOR SUBMISSION OF ABSTRACTS

The AACR will not accept abstracts for the 1998 Annual Meeting via Internet submission or by fax or e-mail delivery.

Abstracts must be submitted on the official 1998 AACR abstract form. Two abstract forms are enclosed. Please pass one on to a colleague if you do not need it for your own use. The blank form may also be photocopied for use by others. Additional abstract forms may be obtained by calling or by writing to the AACR Office. The blank form is also available as a PDF document that can be downloaded and printed from the AACR Website: http://www.aacr.org/meeting.htm. Instructions for completing the abstract form are given on the following pages.

To facilitate typesetting, authors are requested to send a floppy disk containing the abstract along with the required copies of the official abstract form. A list of acceptable word processing packages and detailed instructions for submitting the floppy disk are given on the following pages. The disk file must match the accompanying paper version of the abstract. If we discover any discrepancy, the paper copy will be considered the final version. If we cannot open or use your disk, or if you cannot supply a disk, we will typeset the abstract from the paper copy.

The accuracy of the submitted abstract is the responsibility of the authors. Every effort will be made to reproduce the abstract exactly as submitted on the abstract form. Errors made on your submitted abstract are therefore likely to appear in print. Careful preparation and proofreading prior to submission are essential. NOTE: AACR does not assume responsibility for errors in conversion of customized software, newly released software, or special characters.

A Temporary Abstract Number will be assigned to your abstract when it arrives at the AACR Office. This number will be listed on the card that is returned to you acknowledging receipt of your abstract. Please reference the Temporary Abstract Number in all subsequent communications with the AACR Office.

ABSTRACT FORM

The official abstract form must be completely filled out and signed in accordance with the instructions. Three (3) photocopies of the completed form must also be submitted. In addition to typing the abstract within the box according to the instructions given below, please provide the information and signatures requested on the abstract form and accompanying materials as follows. (NOTE: The numbered headings below correspond to the numbers on the abstract form.)

- 1. Category and Subclassification. Choose ONLY ONE category and subclassification. Indicate the category and subclassification in which your paper belongs by typing the appropriate five-character code in the blocks provided. A list of codes for the categories and subclassifications appears on Pages 8-10 of this booklet. The list is also available at the AACR Website. These designations will serve as a guide to the Program Committee in the grouping of abstracts but will not necessarily be the actual titles of scientific sessions to be held at the annual meeting.
- 2. Sponsor of the Abstract. Type the AACR member number, name, address, telephone and FAX numbers, and e-mail address of the member using his or her membership privilege to SPONSOR the abstract. (Member numbers can be found on an individual's membership card and in the AACR *Directory of Members*.) The SPONSOR, who must be a member of the AACR in good standing through 1997, may SPONSOR only one abstract. (See Page 3 for Sponsorship Regulations.)
- Sponsor Signature. The SPONSOR must sign the form in the space provided to indicate support for the data and interpretations contained in the abstract.
- 4. Associate Members Only. If an associate member is the SPONSOR AND PRESENTER of the abstract, he or she must ask an active or corresponding member in good standing or an emeritus or honorary member to sign Line 4 of the form as an ENDORSEMENT of the work. Type the name and member number of the ENDORSING member on the appropriate lines.
- 5. Eligibility for Young Investigator Awards for American and International Scientists.

A. The AACR is very grateful to the growing number of sponsors who help several hundred young investigators attend the annual meeting each year. Starting in 1998, ITO EN, Ltd. is underwriting a major enhancement of the AACR's program of travel grants for both American and International Scientists, *i.e.*, an expanded number of awards for young investigators from Asia. ITO EN has already made a commitment to continue its very generous support of this new program through 2002.

Submission of an abstract by the deadline of October 28 is an absolute prerequisite for receipt of any AACR travel award. Qualified scientists from all countries are therefore encouraged to submit abstracts and to indicate their eligibility for these awards by observing the following instructions: Indicate whether the PRESENTER of the abstract is a medical student, graduate student, physician in training, or postdoctoral fellow from an academic or governmental organization. PRESENTERS who meet these requirements and who are first authors on abstracts given high ratings by the Program Committee for scientific merit may be candidates for a young investigator award. If a PRESENTER is eligible based on the above criteria and is under consideration, a letter confirming his or her status, submitted on the official letterhead of the PRESENTER's institution and signed by the registrar, dean, or department head of that institution, will be requested at a later date.

B. Minority Scholar Awards in Cancer Research are available if the PRESENTER meets the above-mentioned criteria and is African American, Hispanic, American Indian, Native Alaskan, or Native Pacific Islander. Through a generous grant provided by the Comprehensive Minority Biomedical Program of the National Cancer Institute, funds are available to encourage participation in the annual meeting by minority groups which have been traditionally underrepresented in cancer and biomedical research. Eligible scientists are young, full-time predoctoral (graduate or medical) students, postdoctoral fellows, and physicians in training who are either engaged in cancer research, or who have training that could lead to contributions in this field. Only citizens of the United States and Canada or scientists who are permanent residents in those countries may receive one of these awards.

Although preference will be shown to authors of abstracts that have been accepted for presentation at the 1998 AACR Annual Meeting, this is not a requirement for the award. Awardees will be selected on the basis of their qualifications, references from mentors, and an estimation of the potential professional benefit to the awardees. An advisory committee consisting of members of the AACR carefully reviews submitted applications and letters of reference. The award will consist of partial support for the registration, travel, and subsistence expenses incurred in connection with attendance at the annual meeting.

Persons checking this box will receive an application form which must be completed and returned to the AACR by December 1, 1997. Applicants will be chosen from both minority institutions and the larger bodies of universities, colleges, and research institutes. If accepted, applicants are expected to attend at least three full days of scientific sessions at the annual meeting and participate in all planned activities for the awardees. They are also required to submit a report commenting on the scientific sessions they attended at the annual meeting and the Minority Scholar Program.

- 6. Presenter of Abstract. Type the name, AACR member number (if applicable), address, telephone and FAX numbers, and email address of the PRESENTER of the paper in the space provided. The PRESENTER must be one of the authors of the abstract. It is generally expected that the first author of an abstract will be its PRESENTER.
- 7. Presenter Signature. The PRESENTER of the paper must sign the form in the space provided to acknowledge that the Copyright Transfer/Conflict of Interest Disclosure Form has been completed, and to give the AACR permission to arrange for audiotape recording and the subsequent sale of audiotape cassettes of the papers delivered orally at the 1998 AACR Annual Meeting. Your advance permission for taping in the event that your paper is among those to be recorded is appreciated.
- 8. Payment of US\$40 Abstract Submission Fee. Please indicate your method of payment. Remember to list the name of the PRESENTER on your enclosed check. If you want the Abstract Submission Fee (US\$40) to be billed to your credit card, please fill in the necessary information and sign in the space provided. Purchase orders cannot be accepted.

Please check all the information you have entered for correctness and adherence to AACR submission rules. Infractions of sponsorship regulations will result in the rejection and return of the abstract to the SPONSOR without consideration by the Program Committee. Infractions of format, including forms submitted without the required signatures, will result in an additional fee of US\$40, which will be billed to the SPONSOR.

FORMAT OF ABSTRACTS

Abstracts will be reproduced for publication either by typesetting from the paper copy of the abstract form or, if possible, by using the floppy disk provided by the author (see below for instructions on supplying a floppy disk). We will not accept disks that are unaccompanied by the required paper copies of the official abstract form. The disk file must match the accompanying paper version of the abstract. If we discover any discrepancy, the paper copy will be considered the final version.

The accuracy of the submitted abstract is the responsibility of the authors. Every effort will be made to reproduce the abstract exactly as submitted on the abstract form. Errors made on your submitted abstract are therefore likely to appear in print. Careful preparation and proofreading are essential prior to submission. NOTE: AACR does not assume responsibility for errors in conversion of customized software, newly released software, or special characters.

Only abstracts submitted on the official 1998 abstract form will be considered by the Program Committee. Before typing the abstract on the form, read all instructions and examine the sample abstract thoroughly. Prepare your abstract in accordance with the approved format shown in the sample abstract (Page 12). Please note in particular the following regulations concerning format:

Dimensions: The entire abstract, including text, title, authors, and affiliations, must fit within the box provided on the abstract form. The dimensions of the box are 5 inches (12.5 cm) wide x 4 inches (10 cm) high. Do not reduce the abstract mechanically to fit into the box. Type the abstract single spaced.

Type: Abstracts may be printed using laser or ink-jet printers with type no smaller than 10-point. Abstracts may also be prepared using typewriters or daisy-wheel printers with a sharp black ribbon and a printing element no smaller than 12-pitch (elite). Do not use dot matrix printers. Symbols and special characters should not be created graphically. Instead, use the character set provided in your word processor. Any symbols that must be drawn by hand should be drawn with black ink.

Title: Use boldface type for the title if possible. The first line of the title should be flush with the left margin of the abstract box. Capitalize only the first letter of the first word; type the rest in lower case except where lower case is incorrect, e.g., "DNA." Avoid nonstandard abbreviations in the title. (See Cancer Research Instructions for Authors, Vol. 57: 186-192, 1997, for a list of standard abbreviations.) Type a period at the end of the title.

Authors' Names: Type the authors' names as a group. For each author, type surname first followed by given name and initials. Omit academic degrees. Do not use footnote numbers or symbols after the authors' names to refer to their individual affiliations. See next paragraph.

Affiliations: List affiliations as a group at the end of the list of authors' names. For each affiliation, type the name of the institution, city, state in abbreviated form, zip code, and country. We prefer that you do not key the affiliation of each author to his/her name. However, if you are obligated to do so, do not use footnote numbers or symbols after an author's name to refer to his/her affiliation. Instead, put the author's initials in parentheses at the end of his/her affiliation.

Text: Begin the text on a separate line after the affiliations, flush with the left margin of the abstract box. Type the text single spaced in one paragraph. Nonstandard abbreviations are permitted in the text of the abstract if they appear in parentheses immediately after the term being abbreviated at the first usage of that term in the text. TABLES, CHARTS, ILLUSTRATIONS, HALFTONES, AND COLOR PHOTOGRAPHS ARE NOT ACCEPTABLE AS PART OF YOUR ABSTRACT AND SHOULD NOT BE SUBMITTED.

SUBMITTING A COPY OF THE ABSTRACT ON FLOPPY DISK

To facilitate typesetting, authors are requested to send a floppy disk containing the abstract along with the required copies of the official abstract form.

SUBMIT ONLY ONE ABSTRACT PER DISK!

Only one abstract per disk will be handled as a submission; any others on that disk will be ignored.

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		DI 4 05	Di 1 (1	MD2 oc	Consider a desired live in the
BL	CELL AND TUMOR BIOLOGY	BL4-05 BL4-06	Blood flow and microcirculation Vascular, lymphatic, and interstitial	MB3-06	Guanine nucleotide binding proteins and effectors
BL1	Cell Growth Signaling Pathways:		transport	MB3-07	Mitogenic signaling kinase cascades
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BL1-01	Growth factors: structure and function	DI (00	therapy	MB3-09	New oncogenes
BL1-02	Receptors: structure and function	BL4-08	Vascular structural reorganization	MB3-10	New oncogene networks
BL1-03	Signaling: membrane to nucleus	BL4-09	Other	MB3-11	Other
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BL1-05	Physiology/organismal homeostasis	MB	MOLECULAR BIOLOGY		Regulation
BL1-06	Cell-matrix interactions	MB1	Cancer Genetics I: New Loci and	MB4-01	Cancer genome anatomy: comparative
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BL1-08	Cell-cell interactions: communication/			MB4-02	New methods in tumor microdissection/
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BL1-09	Cell-cell adhesion receptors	MD1.01	of loci and cloning	MB4-03	DNA methylation and maintenance
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BL1-12	Cell and tissue kinetics/physiology	MB1-04	Familial cancer and linkage studies	MB4-05	Imprinting and allele-specific expression
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BL1-14	Animal models of tissue host-tumor	MB1-06	Expression cloning strategies	MB4-07	Telomeres and telomerase
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BL2-02	Genetic and developmental controls	MB1-10	Chromosomal translocations:		Transcriptional Control of the
BL2-03	Receptor coupled signaling to apoptosis		genomic aspects) (D5 0)	Cancer Phenotype
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DL2-0)	ICE proteases/caspases: cascades/ substrates		progression	MD5 02	biochemistry/enzymology
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n	and synthetic	(0-CG16)	molecules	MB6-11	
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CG	CARCINOGENESIS	PR1	Preclinical Prevention Studies:	CL4-03	Biodistribution/availability
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	Risk Assessment	I K1-01	Animal/transgenic models in promotion and prevention	CL4-06	Other
	Biomarkers of exposure to carcinogens	PR1-02		CIC	M 11: 1 10: 1 10 1
	Environmental carcinogenesis	11(1-02	Biological and biochemical mechanisms in prevention	CL5	Modality-based Clinical Research
CG1-03	Carcinogenesis in fish models	PR1-03	Biomarkers and intervention studies	CL5-01	Cell-based therapeutics
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	Toxicology and carcinogenesis	PR1-06	Cellular models in prevention research	CL5-05	Mechanism-based combination
CG1-08		PR1-07	Chemoprevention	CL)-U)	
	GSH/GST	PR1-08	Diet, nutrition, and cancer	CI S AC	chemotherapy
CG1-10	Other	PR1-09	Genetic influences on diet and cancer	CL5-06	Multimodality therapy
CG2	Molecular Carcinogenesis:	PR1-10	Genetic susceptibility and prevention	CL5-07	Adjuvant chemotherapy
_	Metabolism, DNA Lesions,	PR1-11	Hormones and chemoprevention	CL5-08	Clinical reversal of multidrug resistance
	Mutagenesis, and Repair	PR1-12	Modulators of arachidonic acid	CL5-09	Transplantation: bone marrow and
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002 01	function: enzymatic bioactivation	PR1-13	Other	CL5-10 CL5-11	Alternative medicine research
CG2-02	Biochemistry of DNA repair		· · · · · · · · · · · · · · · · · · ·		Other
	DNA adducts: identification and	PR2	Clinical Prevention Studies	CL6	Molecular Biology/Oncology in the
	conformational effects	PR2-01	Biomarkers and intervention studies		Clinic
CG2-04	DNA adducts: repair and sequence	PR2-02	Chemoprevention trials	CL6-01	Advances in genome scanning relevant
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CG2-09	Mutational spectrum of carcinogens	PR2-07	Prevention studies in high-risk	CL6-05	Molecular markers of metastasis and
			populations		progression
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CG2-11	Other			CL6-06	and prognosis
CG2-11 CG3	Other Promotion and Progression	PR2-08	CLINICAL RESEARCH	CL6-06 CL6-07	ŭ
CG2-11 CG3 CG3-01	Other Promotion and Progression Cellular transformation	CL	CLINICAL RESEARCH		and prognosis
CG2-11 CG3 CG3-01 CG3-02	Other Promotion and Progression Cellular transformation Growth factors in progression	CL ₁	CLINICAL RESEARCH Phase I Clinical Trials		and prognosis Tumor staging: correlation of clinical
CG2-11 CG3 CG3-01 CG3-02 CG3-03	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions	CL1 CL1-01	CLINICAL RESEARCH	CL6-07 CL6-08	and prognosis Tumor staging: correlation of clinical and molecular markers Other
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction	CL ₁	CLINICAL RESEARCH Phase I Clinical Trials	CL6-07	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression	CL1 CL1-01	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials	CL6-07 CL6-08 CL7	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer
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CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other	CL1 CL1-01 CL2 CL2-01	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies	CL6-07 CL6-08 CL7 CL7-01	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression	CL1 CL1-01 CL2 CL2-01 CL2-02	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03 CL2-04	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care
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CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 EP EP1 EP1-01	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 EP EP1 EP1-01 EP1-02	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors	CL1 CL1-01 CL2 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04	Other Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology	CL CL1-01 CL2-02 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-09	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk	CL CL1-01 CL2-02 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-09	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-10 CL2-11	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Signal Transduction
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-10 CL2-11 CL2-12	CLINICAL RESEARCH Phase I Clinical Trials Phase II Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-10 CL2-11 CL2-11	CLINICAL RESEARCH Phase I Clinical Trials Phase II Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors Growth factors and cell surface receptors
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06 EP1-07	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-09 CL2-10 CL2-11 CL2-12	CLINICAL RESEARCH Phase I Clinical Trials Phase II Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Turnor Biology/Translational	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors Growth factors and cell surface receptor Developmental control of hormone
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06 EP1-07	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-09 CL2-10 CL2-11 CL2-12 CL2-13 CL3	CLINICAL RESEARCH Phase I Clinical Trials Phase II Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics)	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01 EN1-02 EN1-03	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors Growth factors and cell surface receptor Developmental control of hormone receptors
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-07 EP1-08	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-10 CL2-11 CL2-12 CL2-13 CL3-01	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors Growth factors and cell surface receptor Developmental control of hormone receptors Hormonal control of cell growth and
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-07 EP1-08 EP1-08	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes Preneoplastic lesions	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-10 CL2-11 CL2-12 CL2-13 CL3-01 CL3-02	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies Brain/central nervous system cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-02 EN1-03 EN1-04	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Sign Transduction Cytokines and receptors Growth factors and cell surface receptor Developmental control of hormone receptors Hormonal control of cell growth and death
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1-01 EP1-02 EP1-03 EP1-04 EP1-07 EP1-08 EP1-08	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes Preneoplastic lesions Methodology, computer modeling, and	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-10 CL2-11 CL2-12 CL2-13 CL3-01 CL3-02 CL3-03	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies Brain/central nervous system cancers Breast cancer	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01 EN1-02 EN1-03 EN1-04 EN1-05	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Signary Transduction Cytokines and receptors Growth factors and cell surface receptors Developmental control of hormone receptors Hormonal control of cell growth and death Hormone action and inhibitors
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CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06 EP1-07 EP1-08 EP1-08	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes Preneoplastic lesions Methodology, computer modeling, and	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-10 CL2-11 CL2-11 CL2-12 CL3-03 CL3-01 CL3-02 CL3-03 CL3-04 CL3-05	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01 EN1-02 EN1-03 EN1-04 EN1-05	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Signal Transduction Cytokines and receptors Growth factors and cell surface receptors Developmental control of hormone receptors Hormonal control of cell growth and death Hormone action and inhibitors Hormone receptor networks: signal
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-07 EP1-08 EP1-08 EP1-09 EP1-10	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes Preneoplastic lesions Methodology, computer modeling, and biostatistics Other	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-11 CL2-11 CL2-12 CL2-13 CL3-01 CL3-02 CL3-03 CL3-04 CL3-05 CL3-06 CL3-06 CL3-06 CL3-06 CL3-07	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-02 EN1-03 EN1-04 EN1-05 EN1-06 EN1-07	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Signal Transduction Cytokines and receptors Growth factors and cell surface receptor Developmental control of hormone receptors Hormonal control of cell growth and death Hormone action and inhibitors Hormone receptor networks: signal transduction
CG2-11 CG3 CG3-01 CG3-02 CG3-03 CG3-04 CG3-05 CG3-06 EP EP1 EP1-01 EP1-02 EP1-03 EP1-04 EP1-05 EP1-06 EP1-07 EP1-08 EP1-09 EP1-10	Promotion and Progression Cellular transformation Growth factors in progression Mesenchymal/epithelial interactions Signal transduction Tumor promotion and progression Other EPIDEMIOLOGY Analytical Epidemiology in Populations Behavioral epidemiology Cancer in minority and medically underserved populations Diet, nutrition, and lifestyle factors Environmental and occupational etiology Radiation exposure and cancer risk Gene-environment interactions Human tumor viruses and other infectious agents in susceptible populations Genetic polymorphisms and metabolizing enzymes Preneoplastic lesions Methodology, computer modeling, and biostatistics	CL CL1 CL2-01 CL2-02 CL2-03 CL2-04 CL2-05 CL2-06 CL2-07 CL2-08 CL2-10 CL2-11 CL2-11 CL2-12 CL3-03 CL3-01 CL3-02 CL3-03 CL3-04 CL3-05	CLINICAL RESEARCH Phase I Clinical Trials Phase I Clinical Trials Phase II-III Clinical Trials AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers Leukemias and lymphomas Lung cancer Melanoma and skin cancer Ovarian and other gynecological cancers Pediatric malignancies Prostate and other genitourinary tract cancers Sarcomas Other Organ-Site Specific Studies: Preclinical Research (Tumor Biology/Translational Research/ Experimental Therapeutics) AIDS-related malignancies Brain/central nervous system cancers Breast cancer Colon and other gastrointestinal cancers Head and neck cancers	CL6-07 CL6-08 CL7 CL7-01 CL7-02 CL7-03 CL7-04 CL7-05 EN EN1 EN1-01 EN1-01 EN1-02 EN1-03 EN1-04 EN1-05 EN1-06	and prognosis Tumor staging: correlation of clinical and molecular markers Other Supportive Care and Psychosocial Aspects of Cancer Cancer information access and dissemination Pain research Palliative care Psychosocial aspects of cancer Other ENDOCRINOLOGY/ PRECLINICAL AND CLINICAL Molecular and Preclinical Endocrinology: Receptors and Signal Transduction Cytokines and receptors Growth factors and cell surface receptors Developmental control of hormone receptors Hormonal control of cell growth and death Hormone action and inhibitors Hormone receptor networks: signal

EN1-10	Preclinical studies of endocrine-related	PT1-02	Biochemical modulators of the	PT7-06	11
EN1-11	Protein-protein and co-factor interactions	PT1-03	therapeutic index Combination chemotherapy	PT7-07	and gene products as targets for therapy Protein kinases and phosphatases as
EN1-11		PT1-04	Differentiation therapy	F1/-0/	targets for therapy
EN1-13		PT1-05	Drug design: rational/empirical	PT7-08	Other
EN1-14		PT1-06	Combinatorial chemistry-based drug		
EN1-15	Thyroid hormones and receptors		design	PT8	Experimental Gene Therapy
EN1-16		PT1-07	Drug screening	PT8-01	Vector systems and targeting strategies
		PT1-08	New targets	PT8-02	Cell-type targeted vectors
EN2	Clinical Endocrinology	PT1-09	Novel drug delivery systems	PT8-03	TK-based suicide gene therapy
EN2-01	Hormonal carcinogenesis	PT1-10	Other	PT8-04	Cell-type specific expression regulation
EN2-02				PM10 05	of suicide genes
EN2-03		PT2	Mechanisms of Drug Action	PT8-05	Antisense/ribozyme decoys
EN10 0 (prognosis	PT2-01	Cell cycle mechanisms for anticancer	PT8-06	Delivery systems: nonbiological, e.g.
EN2-04	·	PTC 00	drug action	PT0 07	liposomes
ENIO 05	inhibitors	PT2-02	Cellular responses to anticancer drugs	PT8-07	Hematopoietic progenitor cell targeting
EN2-05	Neuroendocrine and other endocrine	PT2-03	Drug-mediated stimulation of cell	PT8-08	Other
	factors	PT2-04	death pathways	PT9	Topoisomerases, Other DNA-reactive
EN2-06	Endocrine-related cancers: organ sites	PT2-04	Intracellular targets Modulation of DNA repair		Agents, Tubulin Agents
EN2-06 EN2-07	Breast	PT2-06		PT9-01	DNA-reactive agents
	Ectopic hormone production	PT2-07	Oncogenic transcription factors as targets Secondary targets	PT9-02	Topoisomerases
EN2-08 EN2-09	Gynecological	PT2-08	Other	PT9-03	Tubulin agents
EN2-09 EN2-10	Prostate/genitourinary Other			PT9-04	Other
EN2-10 EN2-11		PT3	Drug Resistance I - Multidrug		
ENZ-11	Other		Resistance	RR	RADIOBIOLOGY/RADIATION
IM	IMMUNOLOGY/PRECLINICAL	PT3-01	Biochemistry of membrane metabolism		ONCOLOGY
1171			and transport		
	AND CLINICAL	PT3-02	Drug transport and metabolism	RR1	Experimental Radiobiology
IM1	Tumor Immunobiology:	PT3-03	Non-p-glycoprotein multidrug	RR1-01	ATM: structure-function
1141 1	Experimental and Preclinical		resistance	RR1-02	ATM: genomic aspects and mutations
IM1-01	Animal/transgenic models for tumor	PT3-04	P-glycoprotein structure and function	RR1-03	Cell cycle, differentiation, and
11411-01	immunology	PT3-05	Reversal of multidrug resistance		apoptosis in radiation responses
IM1-02	Antigenic modulation		(preclinical)	RR1-04	, ,
02	Cancer vaccines	PT3-06	Other	RR1-05	DNA damage, mutagenesis, and repair
IM1-03	DNA-based vaccines	PT4	Drug Resistance II	RR1-06	Experimental radiotherapeutics
IM1-04	Oncogene-directed immunotherapy/	PT4-01	Drug transport and metabolism	RR1-07	Genetic and epigenetic control of
	vaccines	PT4-02	Glutathione metabolism	DD 1 00	radiosensitivity
IM1-05	Tumor suppressor-directed	PT4-03	Natural products, synthetic drugs, and	RR1-08	Hyperthermia
	immunotherapy/vaccines		nucleotide analogs	RR1-09	Membrane targets for radiation
IM1-06	Viral immunology and vaccines	PT4-04	Novel mechanisms	RR1-10	Molecular mechanisms/radiation-
IM1-07	Immunodeficiency/immunosuppression	PT4-05	Regulation of gene expression in drug	DD: 11	induced gene expression
	(including AIDS and AIDS-related		resistance	RR1-11	Photobiology
	malignancies)	PT4-06	Reversal of drug resistance	RR1-12	Photodynamic therapy
IM1-08	Immunomodulation	PT4-07	Other	RR1-13	Predictive assays for radiation sensitivity
IM1-09	Integrins and cell adhesion molecules	PT5	Pharmacology and Preclinical	RR1-14	Oncogenes and tumor suppressor genes
IM1-10	Lymphokines, cytokines, and growth	11)		DD1 15	in radiation responses Radiation-induced biochemical
	factors	PT5-01	Toxicology	KKI-1)	alterations: conformation and function
IM1-11	Nonspecific effector mechanisms	PT5-02	Cellular pharmacology Pharmacogenetics	RR1-16	Radiation-induced transformation and
IM1-12	Specific immunomechanisms	PT5-03	Pharmacokinetics and	1441-10	carcinogenesis
IM1-13	Tumor antigens	117-03	pharmacodynamics	RR1-17	Radiation resistance
IM1-14	Other	PT5-04	Preclinical toxicology	RR1-18	Radiolabelled antibodies in diagnosis
IM2	Clinical Immunology: Biological	PT5-05	Other	14(1-10	and localization
11412				RR1-19	Radioprotectors and radiosensitizers
IM2-01	Therapy Antibodies/immunoconjugates	PT6	Therapeutic Agents I	RR1-20	Tumor oxygenation and modification
IM2-01			(Small Molecule Approaches)	RR1-21	Other
IM2-02		PT6-01	Alkylating agents		
IM2-04	Lymphokines and growth factors	PT6-02	Antifolates	RR2	Radiation Oncology, Preclinical
IM2-05	Immunodiagnosis	PT6-03	Chemopreventive therapeutic agents		and Clinical
IM2-06	Immunotherapy of human cancer	PT6-04	Ether lipids	RR2-01	Clinical radiotherapeutic studies
IM2-07	Transplantation: control of rejection	PT6-05	Farnesyl transferase inhibitors	RR2-02	Combination therapies
IM2-08	Other	PT6-06	Novel antitumor agents	RR2-03	Drug-radiation interactions
		PT6-07	Oncogene-based therapeutics: small	RR2-04	Modification of radiation sensitivity
PT	PHARMACOLOGY AND	DTC 00	molecules	DD2 05	and injury
	EXPERIMENTAL	PT6-08	Platinum complexes	RR2-05	Radiation-induced late effects - second
	THERAPEUTICS	PT6-09	Tyrosine kinase and phosphatase inhibitors	RR2-06	cancers Radiation resistance
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(See also	CLINICAL RESEARCH, Organ-Site	PT6-10	Other	RR2-07	Radiolabelled antibodies in diagnosis
	Studies: Preclinical Research (Tumor	PT7	Therapeutic Agents II	RR2-08	and localization
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PT1	Drug Discovery: Design, Screening, and Delivery	PT7-03 PT7-04	Antiviral therapy Apoptosis: therapeutic manipulation		
	Drug Discovery: Design, Screening, and Delivery Human xenograft models for drug	PT7-03	Antiviral therapy Apoptosis: therapeutic manipulation Growth factor receptors and other		
PT1	Drug Discovery: Design, Screening, and Delivery	PT7-03 PT7-04	Antiviral therapy Apoptosis: therapeutic manipulation		

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	Signature of Presenter

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(see Pages 8-10): Type the five-character code in the blocks provided, for example,



ABSTRACT FORM

AACR Annual Meeting March 28-April 1, 1998 New Orleans, LA

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Analysis of nucleotide-binding site mutants indicates a non-efflux component in P-glycoprotein-mediated drug resistance. Schott, B., Morse, B.S., Polonskaia, M., Stein, W., Mechetner, E.B., Chen, T.L., Chisholm, R.L., and Roninson, I.B. University of Illinois at Chicago, Chicago, IL 60607, Hebrew University, Jerusalem, Israel 91904, Oncotech, Inc., Irvine, CA 92714, Northwestern University, Chicago, IL 60611.

P-glycoprotein (Pgp), a multidrug resistance efflux pump, contains two nucleotide-binding sites (NBS) responsible for its ATPase activity. We have introduced K→M substitutions at positions 433 and/or 1076 of the two NBS of the human MDR1 Pgp. Analysis of LMtk- transfectants expressing different Pgp mutants showed that simultaneous mutation of both NBS results in complete loss of the ability to confer drug resistance. Pops carrying mutations in either one of the two ABC retained about 15 Alive Pability to confer resistance to vinblastine and vincristine, but not to other Pgp-transported drugs. Single-mutant Pgps showed decreased binding of a photoactive ATP analog and complete or nearly complete loss of ATPase activity. Wild-type and single-mutant transfectants that were equally resistant to vinblastine drastically differed in their vinblastine transport. Vinblastine accumulation and efflux in single-mutant transfectants was similar to control cells rather than to wild-type Pqp transfectants. Confocal microscopy analysis of intracellular distribution of a fluorescent vinblastine derivative revealed plasma membrane staining which was specific to singlemutant transfectants. Vinblastine resistance and membrane staining in the transfectants were similarly affected by anti-Pgp monoclonal antibody UIC2. These results suggest that plasma membrane sequestration is a component of Pgp-mediated drug resistance.

Type abstract within black lines. See sample abstract.

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312-996-3486 Telephone No. 312-413-8358 FAX No.	312-413-5392 Telephone No. 312-413-3128 FAX No.
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AMERICAN ASSOCIATION FOR CANCER RESEARCH

Guidelines for Application for Active and Corresponding Membership

BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR), a scientific society of over 13,000 laboratory and clinical cancer researchers, was founded in 1907 to facilitate communication and dissemination of knowledge among scientists and others dedicated to the cancer problem; to foster research in cancer and related biomedical sciences; to encourage the presentation and discussion of new and important observations in the field; to foster public education, science education, and training; and to advance the understanding of cancer etiology, prevention, diagnosis, and treatment throughout the world.

Members of the AACR enjoy the following benefits:

 the privilege of sponsoring a proffered paper (abstract) for consideration for presentation at the AACR annual meeting;

- 2. subscriptions to the Association's high-quality journals Cancer Research, Clinical Cancer Research, Cell Growth & Differentiation, and Cancer Epidemiology, Biomarkers & Prevention at reduced member rates;
- an advance copy of the Program and Proceedings of the American
 Association for Cancer Research that contains over 4,000 abstracts of
 proffered papers presented at the annual meeting;
- 4. reduced registration rates at annual meetings;
- priority notice of small, focussed meetings in the AACR's exciting series of Special Conferences in Cancer Research;
- 6. substantially reduced registration rates for Special Conferences;
- 7. opportunities for participation in AACR meetings in North America and abroad with other scientific societies around the world;
- 8. receipt of AACR Newsletters and other important announcements;
- early notification of and reduced rates for participation in the AACR Employment Register;
- 10. an up-to-date Membership Directory of over 13,000 member researchers in the cancer field;
- the professional benefits of AACR's public education activities concerning funding for cancer research and press coverage of the latest research findings;
- 12. the opportunity to participate in three Summer Workshops that foster knowledge in the cancer field for young investigators;
- the facilitation of informal scientific exchange with leading researchers in the cancer field; and
- 14. many more ongoing benefits.

QUALIFICATIONS FOR MEMBERSHIP

Active membership in the AACR is open to investigators who live in the Americas. Individuals who have conducted two years of research resulting in peer-reviewed publications relevant to cancer, or who have made substantial contributions to cancer research in an administrative or educational capacity, are eligible. If a candidate has conducted research in an area of biomedical science related to cancer, he or she will qualify for membership. Evidence of patents relevant to cancer research may be submitted as qualifications for membership in lieu of peer-reviewed publications.

Corresponding membership is open to persons who are not residents of the Americas. The qualifications for corresponding membership are the same as those indicated above for active membership. Visiting scientists from outside the Americas who intend to return to their countries of origin by the anticipated time of election should apply for corresponding membership. All other visiting scientists should apply for active membership and transfer to corresponding status upon leaving the Americas.

Graduate and medical students, postdoctoral fellows, and physicians in training who do not yet meet the above qualifications for active or corresponding membership should apply for associate membership. Forms for associate membership are available from the AACR Office.

PROCEDURES FOR APPLICATION

There are three deadlines for the receipt of a membership application: January 1, May 1, and September 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 January 1 May 1 September 1

Notification of Candidate
March
July
November

A complete application consists of the following material:

- 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, corresponding, 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 scientific standards. —OR—The nominator may sign the application form where indicated under the heading, "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, corresponding, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter). –OR– The seconder may sign the application form where indicated under the heading, "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. As noted above, evidence of patents developed by the candidate may be submitted in lieu of one or both of the publications. If submitting patents, supply patent number and year awarded.

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:

Membership Services Department American Association for Cancer Research Public Ledger Building, Suite 826 150 S. Independence Mall West Philadelphia, PA 19106-3483 Phone: 215/440-9300 FAX: 215/440-9412

E-mail: aacr@aacr.org

RESPONSIBILITIES OF MEMBERSHIP

Candidates should be aware of the following responsibilities of membership in the AACR. Active members must pay annual dues. In 1998 annual dues for active members are \$175, \$100 of which is designated for AACR journal subscriptions. Newly elected members of the AACR who have already purchased subscriptions to Cancer Research, Clinical Cancer Research, Cell Growth & Differentiation, or Cancer Epidemiology, Biomarkers & Prevention at the higher, nonmember rates will receive reimbursement of the unused portion of those subscriptions once their first year's membership dues are paid in full.

Corresponding members are required to pay dues (\$90 in 1998) and may, if they wish, subscribe to Cancer Research, Clinical Cancer Research, Cell Growth & Differentiation, or Cancer Epidemiology, Biomarkers & Prevention at reduced member rates.

Applicants elected in March will be responsible for payment of that year's dues; applicants elected in July and November will pay dues for the following year. Applicants elected in March and July 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 November.

Margaret Foti, Ph.D. Executive Director

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

Public Ledger Building • Suite 826 • 150 S. Independence Mall West • Philadelphia, PA 19106-3483

Application for Active or Corresponding Membership

NAME OF CANDIDATE:		DATE OF BIF	TH.
IVANUE OF CANADIDATE.	LAST FIRST	M.I.	Month / Day / Year
PRESENT POSITION/TITLE:			
INSTITUTIONAL AFFILIATION:			
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(City) TELEPHONE NUMBER:	(State/Province)	(Country) FAX NUMBER:	(Postal Code)
	e the United States list country and city codes.)		
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PRIMARY FIELD OF RESEARCH			
Biochemistry and Biophysics	Biostatistics	Carcinogenesis	
Cellular Biology and Genetics	Clinical Investigations	Endocrinology	?
Epidemiology	Immunology	Molecular Biology and C	enetics
Preclinical Pharmacology and	Virology	Other:	(Please specify)
Experimental Therapeutics			
ACADEMIC DEGREES (Including	where and when granted)		
EXPERIENCE SINCE HIGHEST	DEGREE WAS GRANTED (Please list n	nost recent first)	
-			
PUBLICATIONS (Reprints of two	oeer-reviewed articles on which the candid	late appears as an author must accompany th	is application. For these two
articles list the authors, title, journal,		t submit abstracts. If submitting patents, sup	
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CANDIDATE IS APPLYING FOR	(Check one): Active Members	ship	
CANDIDATE NOMINATED BY*	·		
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STATEMENT OF SUPPORT			
	nmendation, either the nominator or the	seconder or both may complete the followin	section:
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Signature of Nominator:		Date:	
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, Corresponding, Emeritus, or Honorary members of the AACR in good standing.

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 are following a course of study or who are working in a research program relevant to cancer. Scientists in training who already have a substantial record of publications may wish to apply for active or corresponding membership which confers full benefits of membership.

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 facilitate communication and dissemination of knowledge among scientists and others dedicated to the cancer problem; to foster research in cancer and related biomedical sciences; to encourage presentation and discussion of new and important observations in the field; to foster public education, science education, and training; and to advance the understanding of cancer etiology, prevention, diagnosis, and treatment throughout the world. Associate members of the AACR enjoy the following benefits:

- the privilege of sponsoring a proffered paper (abstract) for consideration for presentation at the AACR annual meeting provided that (a) the associate member is the presenter of the paper and (b) an active, corresponding, emeritus, or honorary member in good standing of the AACR also signs the abstract of the paper in support of the work. (In this instance, the member who cosigns the abstract does not lose his or her own sponsorship privilege.);
- optional subscriptions to the Association's high-quality journals: Cancer Research, Clinical Cancer Research, Cell Growth & Differentiation, and Cancer Epidemiology, Biomarkers & Prevention at reduced member rates; beginning in 1998 associate members will be able to purchase AACR jounals for half the price of a regular member subscription;
- an advance copy of the scientific Program and (if one has been purchased by the associate member) the Proceedings of the American
 Association for Cancer Research that contains over 4,000 abstracts of
 proffered papers presented at the annual meeting:
- the privilege of registering for the annual meeting at the low associate member rate;
- the privilege of electing an Associate Member Council that organizes programs benefitting associate members and that presents their concerns to the AACR Board of Directors;
- the opportunity to stand for election to the Associate Member Council;
- 7. preferred access to the AACR Employment Register;
- priority notification of events in the AACR's series of special conferences on timely subjects in the field;
- 9. substantially reduced registration rates at special conferences;
- the receipt of AACR newsletters, meeting announcements, and an upto-date Membership Directory;
- 11. the opportunity to participate in three Summer Workshops that foster knowledge in the cancer field for young investigators; and
- 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, corresponding, emeritus, or honorary 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 nominator. In addition, the candidate should submit one copy of his or her curriculum vitae. The application 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 for one year's dues payment must accompany the application. Dues for 1997 are \$45 for associate members residing in the Americas and \$55 for residents of other countries. 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 appropriate dues payment to:

Membership Services Department American Association for Cancer Research Public Ledger Building, Suite 826 150 S. Independence Mall West Philadelphia, PA 19106-3483 Phone: 215/440-9300 Fax: 215/440-9412

Fax: 215/440-9412 Email: aacr@aacr.org

RESPONSIBILITIES OF MEMBERSHIP

Associate members must pay annual dues in an amount to be determined by the AACR Board of Directors. Dues for 1997 have been set at \$45 per year for residents of the Americas and \$55 for residents of other countries. 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 October 1997 for the forthcoming annual meeting must have paid dues for 1997. Any newly elected associate members of the AACR who have already purchased subscriptions to Cancer Research, Clinical 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 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 by 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 1997 may retain associate membership until December 31, 2001. The Board of Directors may terminate the membership of an associate member whose dues are in arrears for two years.

Margaret Foti, Ph.D. Executive Director

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

Public Ledger Building • Suite 826 • 150 S. Independence Mall West • Philadelphia, PA 19106-3483

Application for Associate Membership

NAME OF CANDIDATE:		DATE OF BII	RTH:
INSTITUTIONAL AFFILIATION:	LAST FIRST	M.I.	Month / Day / Year
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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 0	Genetics
Preclinical Pharmacology and	Virology	Other:	
Experimental Therapeutics			(Please specify)
Provide information on degree current	ly being sought and the anticipated dat	te of completion of this degree program.)	
	NCE NOT RELATED TO COURSE	WORK (Please list most recent first.) nd year of any article in a peer-reviewed journ	al on which the candidate
	acts. Continue on a separate sheet, if no		at on which the candidate
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		Research. I have read the instructions on the reve that the statements on this application are true.	rse side of this form, and I
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I recommend this candidate for Associat for this class of membership, and the stat		on for Cancer Research. To the best of my knowl	edge, the candidate is qualified
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*Nominator must be Active, Correspo	nding, Emeritus, or Honorary membe	r of the AACR in good standing.	

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AMERICAN ASSOCIATION FOR CANCER RESEARCH

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April 12 - 16, 1997 • San Diego, CA



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Antineoplastic Drugs

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Mechanisms Regulating p53 Function (Guillermina Lozano)

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Tumor Suppressor Genes

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Transcriptional Control of Proliferation, Differentiation, and Development

Chairpersons: Robert N. Eisenman, Seattle, WA; Elaine V. Fuchs, Chicago, IL The Sagamore Resort, Bolton Landing (Lake George), NY

DECEMBER 12-16, 1997

DNA Methylation, Imprinting, and the Epigenetics of Cancer

Chairpersons: Peter A. Jones, Los Angeles, CA; Stephen B. Baylin, Baltimore, MD; Timothy H. Bestor, New York, NY El Conquistador Resort and Country Club, Las Croabas, PR

JANUARY 9-13, 1998

Molecular Mechanisms of Apoptosis Regulation

Chairpersons: John C. Reed, La Jolla, CA; Vishva M. Dixit, Ann Arbor, MI Renaissance Esmeralda Resort, Indian Wells (Palm Springs), CA



Angiogenesis and Cancer

Chairpersons: Judah Folkman, Boston, MA; Michael Klagsbrun, Boston, MA Hyatt Orlando, Orlando, FL

FEBRUARY 16-21, 1998

Innovative Molecular Biology Approaches to the Prevention, Diagnosis, and Therapy of Cancer

Joint Meeting with the Japanese Cancer Association Chairpersons: Edward Bresnick, Worcester, MA; Kaoru Abe, Tokyo, Japan Maui Marriott Resort, Maui, HI

MARCH 28-APRIL 1, 1998

89th Annual Meeting

Chairperson: Frank J. Rauscher III, Philadelphia, PA Morial Convention Center, New Orleans, LA Abstract Deadline: October 28, 1997

JUNE 14-18, 1998

Proteases and Protease Inhibitors in Cancer

Co-Sponsored by the Danish Society for Pathology Chairpersons: Keld Dano, Copenhagen, Denmark; Henri Rochefort, Montpellier, France; Lynn M. Matrisian, Nashville, TN Nyborg Strand Conference Center, Fyn, Denmark



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SATURDAY, MARCH 28, 1998	
8:00 a.m1:30 p.m.	Associate Member Council Grant Writing Session
9:00 a.m8:00 p.m.	On-site Registration
10:00 a.m12:00 noon	Public Session

12:00 noon-6:30 p.m. Educational Sessions 2:00-6:00 p.m. Methods Workshops

6:30-8:00 p.m. WICR Guest Lecture and Reception

8:00-10:00 p.m. Opening Mixer

SUNDAY, MARCH 29, 1998

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7:00 a.m4:00 p.m.	On-site Registration
7:00-8:00 a.m.	Meet-the-Expert Sunrise Sessions
8:00 a.m12:15 p.m.	Opening Events:
8:00 -9:00 a.m.	Presidential Address
9:00 a.m12:00 noon	Plenary Session
12:00 noon-12:15 p.m.	Elion Award Ceremony
8:00 a.m12:00 noon	Poster Sessions
12:00 noon-5:00 p.m.	Exhibit Show Kickoff
12:15 p.m1:15 p.m.	Clowes Award Lecture
1:15-5:15 p.m.	Poster and Poster Discussion Sessions
1:30-5:00 p.m.	Minisymposia
2:15-4:45 p.m.	Symposia
5:30-6:30 p.m.	AACR-Pezcoller Foundation Award Lecture
6:30-9:00 p.m.	Minority Issues Committee Careers in Cancer Research Symposium
8:00-10:30 p.m.	Annual Reception for All Registrants

MONDAY, MARCH 30, 1998

7:00 a.m4:00 p.m.	On-site Registration
7:00-8:00 a.m.	Meet-the-Expert Sunrise Sessions
8:00-10:30 a.m.	Symposia
8:00 a.m12:00 noon	Poster and Poster Discussion Sessions
8:15-11:45 a.m.	Minisymposia
10:00 a.m4:00 p.m.	Exhibit Show
10:45 a.m12:00 noon	Controversy Sessions
12:00 noon-1:00 p.m.	AACR-Burchenal Award Lecture
1:00-2:15 p.m.	Controversy Session
1:00-5:00 p.m.	Poster and Poster Discussion Sessions
1:15-2:15 p.m.	AACR-American Cancer Society Award Lecture
1:30-5:00 p.m.	Minisymposia
2:30-5:00 p.m.	Symposia
5:15-6:30 p.m.	Annual Business Meeting of Members

On-site Registration
on-site registration
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Poster and Poster Discussion Sessions
Minisymposia
Exhibit Show
ate-Breaking Research Session
Rosenthal Foundation Award ecture
Poster and Poster Discussion Sessions
Cain Award Lecture
Minisymposia
Rhoads Award Lecture
Symposia

WEDNESDAY, APRIL 1, 1998

WEDINESDAT, AFRIC 1, 1998	
7:00 a.m2:00 p.m.	On-site Registration
7:00-8:00 a.m.	Meet-the-Expert Sunrise Sessions
7:30 a.m11:30 noon	Poster Discussion Sessions
8:00-10:30 a.m.	Symposia
8:00 a.m12:00 noon	Poster Sessions
8:15 a.m11:45 a.m.	Minisymposia
9:00 a.m12:00 noon	Exhibit Show
10:45 a.m12:00 noon	Controversy Sessions
12:00 noon-4:00 p.m.	Poster Discussion Sessions
12:15-3:45 p.m.	Minisymposia
12:30-3:00 p.m.	Symposia
4:00 p.m.	Annual Meeting Ends

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Cancer Epidemiology Biomarkers & Prevention

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