

NCI Plans \$175 Million In Program Cuts To Cover Deficit, Fund New Initiatives

By Kirsten Boyd Goldberg

NCI officials plan to cut \$175 million from existing programs in fiscal 2007 to cover a likely \$36 million decrease in appropriations and to provide \$139 million for budget transfers, mandatory salary increases, and set-asides for new initiatives and emergencies.

The budget cuts would allow NCI to create a \$52 million fund for new initiatives, and a \$25-million "director's reserve," an emergency fund, NCI Director John Niederhuber said.

Congress hasn't passed NCI's FY07 appropriation, but was expected to approve a second stopgap spending measure this week. The institute is operating on the expectation of receiving the amount included in the
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In the Cancer Centers:

Leyland-Jones Named Winship Director; Simons To Lead Prostate Cancer Foundation

BRIAN LEYLAND-JONES was appointed associate vice president and director of Emory University's Winship Cancer Institute, effective Jan. 1. He is the Minda de Gunzberg Chair in Oncology and professor of medicine at McGill University. From 1990 to 2000, he served as founding chairman of oncology and director of the McGill University Comprehensive Cancer Centre. Leyland-Jones succeeds **Jonathan Simons**, who stepped down earlier this year. Simons was recently named chief executive officer and president of the Prostate Cancer Foundation, succeeding **Leslie Michelson**. **Michael Milken** is the founder and chairman of the PCF, based in Santa Monica, Calif. Winship announced other faculty appointments. **Lawrence Davis**, professor and chairman, Department of Radiation Oncology, was appointed a Fellow in the American Society for Therapeutic Radiology and Oncology. **Peter Johnstone**, professor of radiation oncology and hematology and oncology and director of the Survivorship Program, assumed the presidency of the Society for Integrative Oncology. . . . **ROSWELL PARK CANCER INSTITUTE** has begun the Stacey Scott Lung Cancer Registry with 11 partner centers, co-directed by **Gregory Loewen**, pulmonologist; **Alex Adjei**, senior vice president of clinical research and chairman of the Department of Medicine; and **Mary Reid**, research scientist, Department of Epidemiology. The partner centers are University of Colorado Cancer Center; BC Cancer Agency, Vancouver; Academic Hospital Vrije Universiteit, Amsterdam;
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NCI Combing Through Budget "Line By Line" To Make Cuts

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President's budget request, \$4.753 billion, a decrease of \$36.4 million from NCI's FY06 obligations.

NCI's budget planning also assumes that NIH and the Department of Health and Human Services will extract their annual transfers, which could amount to about \$34 million. Mandated salary increases and increases for rents and utilities will take another \$17 million out of the budget. Also, NCI expects to give \$9.6 million to fund two new trans-NIH initiatives.

Those taps, along with Niederhuber's reserve fund, would leave NCI with a deficit of \$122.6 million, a 2.6 percent decrease from last year's budget.

"We have been working very hard to address this red line," Niederhuber said to the NCI Board of Scientific Advisors at its Nov. 2 meeting.

"We have been looking very carefully at each and every program in each division, and within the office of the director, to see where we can take dollars out of those activities where there are scientific programs that could be phased out," Niederhuber said. "That's not easy, because many of these—almost all of them—are out-year commitments, so we have to begin in '07 to gradually phase out things that we will stop doing three years or four years from now. We are being very careful about what we start, and looking at what we can stop."

Some grantees have been notified that their

budgets will be cut, and NCI officials have told the clinical trials cooperative groups and the Community Clinical Oncology Programs to slow their accrual of patients to clinical trials and expect budget cuts of up to 10 percent (The Cancer Letter, May 12 and Oct. 27). NCI eliminated one grant program, the Academic Public Private Partnership Program (The Cancer Letter, April 21).

Earlier this year, the chairmen of the BSA and the two Boards of Scientific Counselors offered to take part in a comprehensive review of NCI programs as the institute makes budget cuts (The Cancer Letter, March 31). Niederhuber hasn't taken them up on the offer. The NCI Executive Committee has been reviewing the institute's programs, he said.

BSA Chairman Robert Young, president of Fox Chase Cancer Center, said he wanted more information on budget cuts. "Could you drill down a little bit on this \$175 million that you have found by searching through the interstices of the NCI, inside and out, to give us an idea of whether there are programs actually being eliminated, and if so, what are those, and whether or not you are using just across-the-board cuts to accomplish that goal?" he asked Niederhuber.

"We set percentage targets, which is about the only way one can do," Niederhuber replied. "We asked each of the divisions to look within their program and make cuts that come out to a particular target."

Each division has gone through its portfolio in detail, Niederhuber said. "Now we are doing the hard part, in terms of working on that target number," he said. "There are some programs that have been stopped. There are some programs that we would like to do, but haven't determined that we can do. There are some programs that we have significantly reduced.

"At some point in time, I would be willing to share that, but I think it's premature to share that now, because we are still wrestling with some of those [decisions]," Niederhuber said.

The Executive Committee will be prioritizing projects using the same "rigorous process" that it used over the past fiscal year, Niederhuber said. "What we did last year was much like a study section," he said. "We actually gave [projects] a score."

Robert Croyle, director of the Division of Cancer Control and Population Sciences, said the budget-cutting process has been "painful and excruciating," but better than making across-the-board reductions.

"The key element of the process is that the entire Executive Committee sits around the table, we pull out the spreadsheets, and we go through line by line by line,



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Founded Dec. 21, 1973, by Jerry D. Boyd.

at a substantial level of detail,” Croyle said. “We learned that it’s easier to trim something a little bit than to stop something.... For a couple of years, we were doing across-the-board cuts, and the group decided last year that we wanted to have it more selective... and make sure that we cut enough so that there was money left to do new things. That’s the philosophy.

“We’re not done yet,” Croyle said. “We have gone through a couple of waves of this process, and are working down a list.... This will play out over the next couple of months and then John will be in a better position to be able to come back and give you details about it.”

The doubling of the NIH budget from 1999-2003 caused universities to expand their research capacity, and, as a result, the demand for grants is higher, Niederhuber said. NCI expects to receive 7,000 grant applications in 2007. However, the flat budgets since 2003 have caused NIH to lose 8.3 percent in purchasing power since 2004.

“As the budget has flattened out, we are seeing new space and faculty coming on line exactly when we do not have the resources to meet that new demand,” Niederhuber said.

Young said the budget cuts threaten to undo the gains made during the doubling. “It’s clear from your presentation that we’ve got a 6 percent reduction in SPOR grants and a 10 percent reduction in cooperative groups, and over 200 less R01 grants than we had in 2004, and since 2003, we aren’t even keeping up with inflation,” he said.

“Having built this wonderful infrastructure, we are now in the process of dismantling it.”

“NCI Myths and Facts”

On a slide titled “NCI Myths and Facts,” Niederhuber listed some NCI grant funding statistics:

—1,280 competing RPGs in 2006 (down from 1,492 in 2004).

—5,172 total RPGs in 2006 (up from 5,070 in 2004).

—\$324,000 average [dollar amount] per competing grant in 2006 (down from \$346,000 in 2003).

—7 percent of the competing pool went to RFAs in 2006 (down from 9 percent in 2004).

—5,679 individual investigators supported in 2006 (up from 5,636 in 2004).

—\$42.8 million to Roadmap in 2006 (up from \$16.2 million in 2004).

—\$60 million in flexible dollars (down from \$108 million in 2005).

What NCI Wants: \$5.799 Billion

In its annual professional judgment budget for fiscal 2008, NCI seeks \$5.799 billion, about \$1 billion more than its current appropriation.

The National Cancer Act of 1971 requires the institute to prepare an annual budget proposal outlining opportunities for scientific investment. The plan is known as the “bypass budget” because the Act requires the document to be submitted directly to the White House, skipping over NIH and the Department of Health and Human Services.

The document is sent to members of Congress and serves as a public relations tool and a planning document. Only twice has NCI received an appropriation that matched the bypass request, in 1976 and in 1984.

The amount requested for FY08 is about \$90 million less than NCI’s FY07 bypass budget request, continuing the institute’s trend over the past three years to reduce the amount sought. In FY05, NCI’s bypass budget requested \$6.2 billion.

This year, the document doesn’t mention former director Andrew von Eschenbach’s goal to “eliminate the suffering and death due to cancer by 2015,” which was plastered in large letters across the inside cover of the FY07 document.

“In this era of essentially flat budgets, NCI’s leadership team is carefully planning and optimally investing our research dollars,” NCI Director John Niederhuber wrote in the introduction. “That means we must aggressively address NCI’s strategic objectives, honor our commitment to a base of ongoing research, and fund critical new initiatives. At the same time, we must support the training and mentored research of new investigators, who will enhance our country’s scientific capacity for years to come.”

The document requests an increase of \$282.9 million over the FY07 President’s budget request of \$4.69 billion to maintain NCI’s current level of operations and provide minimal growth. With a total of \$4.979 billion, NCI could fund research project grants at committed levels, maintain the success rate for competing grants, provide a small increase for cancer centers, and give other mechanisms cost-of-living adjustments. It also would include funds to make repairs to the NCI-Frederick Research and Development Center.

The budget document proposes that with an additional \$820 million over the current-services request, NCI could:

—Increase the success rate for research project grants (\$277 million).

- Expand cancer center research (\$77 million).
- Link science and technology (\$170 million).
- Integrate science through interdisciplinary teams (\$196 million).
- Increase support for cancer clinical trials (\$100 million).

“In our judgment, the proposed budget will enable NCI to ensure outcomes from currently funded research, fund key strategic new initiatives, and provide training support to draw the best minds to a field vital to our nation’s health and economy,” Niederhuber wrote. “Ultimately, we recognize our responsibility to the American people is to deliver return on investment. We hope this document will serve as an important guide to the President and Congress, as we strive to reduce the burden of cancer.”

“The Nation’s Investment in Cancer Research,” is available at <http://plan.cancer.gov>.

New Appointments To BSA

Niederhuber made the following appointments to the Board of Scientific Advisors:

Paul Allen, the Robert L. Kroc Professor of Pathology and Immunology, Washington University School of Medicine.

Todd Golub, cancer program director, Broad Institute of MIT and Harvard University.

Leland Hartwell, president and director, Fred Hutchinson Cancer Research Center.

Robert Schreiber, the Alumni Endowed Professor of Pathology and Immunology, Washington University School of Medicine.

Jean Wang, professor of medicine, University of California San Diego.

Robert Weinberg, member and professor, Whitehead Institute for Biomedical Research.

James Willson, director, Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center.

NCI Programs:

New Grant Programs Approved In Breast And Lung Cancer

By Kirsten Boyd Goldberg

Advisors to NCI approved the institute’s plan to set aside \$14.5 million over the next three to five years for two new grant programs in breast and lung cancer research.

The NCI Board of Scientific Advisors unanimously approved concept statements for the new programs at

its Nov. 2 meeting.

The institute plans to use \$4.5 million in funding from the Breast Cancer Stamp to support research on the biology of breast pre-malignancy. Two to three R01 grants would be funded.

In the second program, NCI would use \$10 million over five years to fund grants for research on the role of inflammation in causing lung cancer, particularly in nonsmokers.

Excerpts from the concept statements for the programs follow:

The Biology of Breast Pre-Malignancy. Concept for a new RFA, two to three R01s, first-year set-aside \$4.5 million, three years. Program director: Cheryl Marks, Division of Cancer Biology.

The NCI Executive Committee considered options for the use of current Breast Cancer Stamp funds and decided to institute a trans-NCI program in breast cancer pre-malignancy that would encompass research areas of all the NCI divisions, including prevention, etiology, biology, diagnosis, and molecular epidemiology. The intent of this RFA, which is a component of the Trans-NCI Program on Breast Pre-Malignancies, is to assemble multidisciplinary research teams to characterize the genetic, molecular, cellular or functional biology of pre-malignant states in human breast cancer, in contrast to high-risk normal breast tissues and the earliest identifiable breast cancer lesions.

Where possible, applicants should take advantage of existing and well-annotated collections of normal, high-risk normal, and breast pre-cancer specimens, the population cohorts from which they were derived, and the related clinical, epidemiologic, and population data. Applicants may apply to these resources new and established imaging approaches for cell or tissue preparations, biochemical, proteomic, genomic, and genetic approaches, and quantitative modeling to discover what may be very subtle variations in the genomes, metabolism, and function of normal and high-risk normal human breast tissue and pre-malignant lesions. The resulting compendium of cellular, genetic, metabolic, genomic, molecular, and functional differences will be useful to distinguish among clinically important types of human breast pre-cancers.

Areas of investigation may include, but are not limited to:

- Characterizing the genetic, genomic, molecular, cellular, structural, or functional differences among normal, high-risk normal, and pre-cancerous human breast tissues.

- Defining the functions and contributions of epithelial and stromal cell types to the characteristics of normal and high-risk normal human breast tissues and pre-cancerous lesions.

- Isolating stem cells for the epithelial and stromal cell types that comprise normal breast tissue, and assessing their role as cells-of-origin for different types of pre-cancers.

—Using new cell culture or transplantation techniques to identify from among pre-cancer lesions those lesions with the ability to progress.

—Applying functional or other imaging approaches to human cells or organotypic cultures or explants of human tissues in small animals to distinguish normal and high-risk normal breast tissue and pre-cancerous lesions.

—Discovering subtle metabolic or physiologic or structural differences that differentiate among subtypes of histologically defined classes of pre-cancers.

Applicant groups are expected to make all data that they develop through this RFA publicly available. The plans for data sharing must include a statement that data will be deposited in an appropriate database maintained by the NCI Center for Bioinformatics, if a suitable database exists. Grantees will be expected to make data public within six months of publication of results or within a year of data generation, whichever comes first.

Applicants may request a project period of up to three years and an annual budget of approximately \$450,000 in direct costs and not more than \$650,000 in total costs. Although the RFA will be released by the Division of Cancer Biology, the individual awards will be managed by NCI staff in the division most aligned with the focus of the research.

Lung Cancer and Inflammation. Concept for a new RFA, unknown number of R01 grants, first-year set-aside \$2 million, five years, estimated total cost \$10 million. Program director: Allan Mufson, Division of Cancer Biology.

This concept was part of the Lung Cancer Integration Implementation Plan that was approved by the NCI Executive Committee in July 2005 and selected by the NCI director for implementation. Current research suggests that pro-inflammatory conditions, particularly those related to chronic pulmonary irritation, contribute to the development of lung cancer. The occurrence of lung cancer in non-smokers may be strongly correlated with pulmonary inflammation.

The purpose of this initiative is to invite investigator-initiated grant applications for studies elucidating the role of the microenvironment and inflammation in lung carcinogenesis, as well as studies of their influence on the cell of origin and putative lung tumor stem cells. The range of activities supported by this RFA could include animal models and cell culture models investigating potential mechanisms involved in the pathogenesis of lung cancer, as well as studies incorporating the analysis of human tissues to define the critical factors leading to lung carcinogenesis.

Applicants are also encouraged to interact with and take advantage of the resources available through NCI-supported research infrastructures such as the Mouse Models of Human Cancer Consortium, the Early Detection Research Network, and the Specialized Programs of Research Excellence.

Examples of the types of investigations that would be appropriate for funding could include, but are not limited to:

—What are the cytokines and small molecules present in

the lung tissue microenvironment during chronic inflammation that directly contribute to lung carcinogenesis?

—What intracellular mechanisms may be triggered by inflammatory cytokines, arachidonic acid metabolites, nitric oxide, or oxidative stress, which contribute to cell transformation in the lung epithelium?

—What are the critical inflammatory steps required to produce an irreversible cellular commitment to lung tumor formation?

—How does inflammation alter the lung stem cell niche to foster the expansion or alter the differentiation of transformed lung stem cells?

—Can more differentiated cells in the lung become lung tumor stem cells, and how does an inflammatory microenvironment facilitate this transition?

These research areas are merely illustrative of areas of interest and should not be considered inclusive. Investigators are encouraged to submit any original proposals relevant to the areas of research interest discussed.

The total project period may not exceed five years. Because the nature and scope of the research proposed may vary, it is anticipated that the duration and sizes of awards will also vary.

Professional Societies: **Braun Named Director Of The ASCO Foundation**

Susan Braun was named executive director of The ASCO Foundation, the 501(c)(3) charitable organization that supports the programs and services of the American Society of Clinical Oncology.

“We are thrilled to have Ms. Braun at the helm of The ASCO Foundation,” said Allen Lichter, executive vice president and CEO of ASCO. “As the former head of one of the country’s leading breast cancer patient advocacy organizations, the Susan G. Komen Breast Cancer Foundation, we could not have imagined a more ideally suited candidate for this position. Ms. Braun’s extensive fundraising experience will be a tremendous asset to the Foundation’s continued growth and success.”

Braun served as President and CEO of the Komen Foundation from 1996 to 2005. During that time, the organization’s gross revenues grew from \$21 million at the end of 1995 to over \$200 million in 2005. Prior to joining the Komen Foundation, Braun worked in the Oncology/Immunology Division at Bristol Myers-Squibb, where she was involved in patient advocacy, strategic planning, public policy, and health care economics and finance.

Most recently, Braun served as president and CEO of CURE Media Group, which publishes CURE

magazine. Braun is also a founding member of both the Breast Health Global Initiative and the World Society for Breast Health, and has served on several ASCO committees including the Health Services Research and International Committees.

“Ms. Braun brings a unique blend of cancer-specific, non-profit, and corporate experience to The ASCO Foundation,” said Paul Bunn, chairman of The ASCO Foundation Board of Directors. “This experience will be instrumental in leading our efforts, as the foundation is the cornerstone from which we can support the professional growth of young oncologists, advance patient care through clinical research, and disseminate information about cancer and cancer treatment to patients and their families.”

Braun received a bachelor’s degree in English and sociology from George Mason University and a master’s degree in health sciences from the University of Maryland. She also completed the graduate program in international marketing at the University of Muenster in Muenster, Germany.

In the Cancer Centers:

Hawaii Recruits Carbone; Ludwig Gives \$120 Million

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Fox Chase Cancer Center; Mayo Clinic; New York University Medical Center; Abramson Cancer Center of University of Pennsylvania; Ohio State University Medical Center; Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University; and University of Chicago Cancer Research Center. NCI staff will serve in an advisory role. . . . **CANCER RESEARCH CENTER OF HAWAII** appointments and awards: **Michele Carbone** was named professor and associate director for basic sciences. Carbone, who received a five-year \$8.3 million P01 grant from NCI for mesothelioma research, was director of thoracic oncology at Cardinal Bernardin Cancer Center at Loyola University. **Alan McClelland** was named associate director for scientific administration. He was vice president for discovery research at Hawaii Biotech Corp. Center Director **Carl-Wilhelm Vogel** received a \$7.7 million, three-year grant from the Department of Defense to support a partnership with Tripler Army Medical Center for basic and clinical research and clinical care. . . . **LUDWIG INSTITUTE** has given \$120 million, with further distributions from the Ludwig Fund over the next six years, to ensure that each of its Ludwig Centers receive annual research funds of \$2 million in perpetuity. The centers and their

directors are: Ludwig Center at Dana-Farber/Harvard, **George Demetri**; Ludwig Center at Johns Hopkins, **Kenneth Kinzler** and **Bert Vogelstein**; Ludwig Center at Memorial Sloan-Kettering, **James Allison**; Ludwig Center at MIT, **Robert Weinberg**; Ludwig Center at Stanford University, **Irving Weissman**; Ludwig Center at University of Chicago with **Geoffrey Greene**, director. . . . **FOX CHASE CANCER CENTER** has added AtlantiCare Regional Medical Center of southeastern New Jersey as an affiliate. The affiliation provides ARMC with access to Fox Chase programs for higher risk cancers. . . . **GREGORY ENDERS** joined the medical oncology department at Fox Chase Cancer Center as attending gastroenterologist. Enders was assistant professor of medicine, University of Pennsylvania School of Medicine. . . . **REBECCA CLINE**, senior scientist, communication and behavioral oncology, Karmanos Cancer Institute, and associate professor of family medicine at Wayne State University, received the Distinguished Career Award from the Public Health Education and Health Promotion Section of the American Public Health Association.

In Brief:

Straus Steps Down At NCCAM; Kirschstein Is Acting Director

STEPHEN STRAUS has stepped down as director of the National Center for Complementary and Alternative Medicine for health reasons. He was named a senior advisor to NIH Director **Elias Zerhouni**. Former NIH acting director **Ruth Kirschstein** was named acting director of NCCAM. She has been a senior advisor to Zerhouni. . . . **FALSE HOPE: Bone Marrow Transplantation for Breast Cancer** is the title of a new book by **Richard Rettig**, **Peter Jacobson**, **Wade Aubry**, and **Cynthia Farquhar**, that examines the conflicts surrounding a new medical procedure that didn’t require FDA review and approval. By the time studies showed that the procedure was ineffective, more than 30,000 women had received the treatment. The book explores the factors that drove clinical use—patient demand, physician enthusiasm, media reporting, litigation, economic exploitation, and legislative mandates—and draws lessons for the evaluation of other new medical procedures. Oxford University Press is offering the book for \$42.50, a 15 percent discount through December by using promotion code 25102 when ordering from www.oup.com/us. . . . **NATIONAL OVARIAN CANCER COALITION** added five ovarian cancer physicians to its medical advisory board: **Deborah Armstrong**, of

Johns Hopkins; **Robert Ozols**, of Fox Chase Cancer Center; **Philip DiSaia**, of University of California Irvine; **Edward Partridge**, of University of Alabama at Birmingham; **James Tate Thigpen**, of University of Mississippi. . . . **RONALD LUFF**, director of anatomic clinical trials at Quest Diagnostics, received the 2006 Papanicolaou Award from the American Society of Cytopathology for his work as chairman of the editorial committee for The Bethesda System. Luff established the first national system to standardize the terminology used in the diagnosis and treatment of cervical disease. . . . **FOGARTY INTERNATIONAL CENTER**, with NCI and the National Center on Minority Health and Health Disparities, made 10 awards for its Framework Programs in Global Health: Case Western Reserve University, Cornell University, Emory University, National Institute of Public Health (Mexico), Pavlov State Medical University (Russia), Pennsylvania State University, University of California San Diego, University of Ibadan (Nigeria), University of Southern California, and Vanderbilt University. The combined funding is about \$844,000 for the first year. FIC and its partners will provide about \$2.5 million over the next three years for these awards. . . . **AMERICAN CANCER SOCIETY** presented its Medal of Honor to four individuals: **Katie Couric**, anchor and managing editor, CBS Evening News with Katie Couric, for raising colorectal cancer awareness. **Alice and William Goodwin Jr.**, for donating three-fifths of their personal wealth to cancer research and higher education. **Mary-Claire King**, of University of Washington, for work in breast cancer genetics. **Patrick Brown**, of Stanford University, for work in the malignant process and the management of cancer. **ACS** also elected 11 officers to its board of directors: President, **Richard Wender**, of Thomas Jefferson University; chairman, **Anna Johnson-Winegar**, former deputy assistant to the U.S. Secretary of Defense; president-elect, **Elmer Huerta**, director, Cancer Preventorium at Washington Cancer Institute; chairman-elect, **Marion Morra**, of Yale School of Nursing; vice chairman, **G. Van Velsor Wolf Jr.**, senior environmental attorney, Snell & Wilmer; secretary, **Nancy Brakensiek**, of Albuquerque; secretary, **George Atkins**, of Atlanta; first vice president, **Elizabeth Fontham**, dean of the Louisiana State University School of Public Health; second vice president, **Alan Thorson**, of Creighton University and University of Nebraska; immediate past president, **Carolyn Runowicz**, director of the Neag Comprehensive Cancer Center of University of Connecticut Health Center; and immediate past chairman, **Sally Brooks**, of Palm Springs, Calif.

Funding Opportunities:

AACR-PanCAN Awards Offered

American Association for Cancer Research received a \$635,000 gift from the Pancreatic Cancer Action Network establishing the AACR-PanCAN Fellowship for Pancreatic Cancer Research. Applications Deadline: Dec. 1.

AACR Career Development Awards are open to junior faculty who, at the start of the grant term, are in the first, second, or third year of their first full-time appointment after completing post-doctoral studies. Eligible positions include instructor, acting assistant professor, research assistant professor, assistant professor, or an equivalent full-time appointment. The awards provide two-year grants of \$50,000 per year for direct research expenses. This year one of the awards, the Seena Magowitz Career Development Award, is specifically targeted to translational research.

AACR Research Fellowships are open to postdoctoral fellows and clinical research fellows at an academic facility, teaching hospital, or research institution who will be in the first, second, or third year of their postdoctoral training at the start of the fellowship term. The Samuel Stroum Fellowship will provide a one-year grant of \$35,000 to support the salary and benefits of the Fellow.

Inquiries: www.aacr.org.

Program Announcements

PAR-07-018: Understanding and Promoting Health Literacy. R21. Letters of Intent Receipt Date: April 24; Dec. 24; Aug. 22, 2008; April 24, 2009; Dec. 24, 2010. Application Submission/Receipt Date: May 24; Jan. 24, 2008; Sept. 24, 2008; May 25, 2009; Jan. 25, 2010. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-07-018.html>. Inquiries: Sabra Woolley, 301-435-4589; sabra_woolley@nih.gov.

PAR-07-019: Understanding and Promoting Health Literacy. R03. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PAR-07-019.html>.

PA-07-022: Development, Application, and Evaluation of Prediction Models for Cancer Risk and Prognosis. R21. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-07-022.html>. Inquiries: Andrew Freedman, 301-435-6819; freedmaa@mail.nih.gov.

PA-07-041: Image-Guided Cancer Interventions. STTR-R41/R42. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-07-041.html>. Inquiries: Keyvan Farahani, 301-496-9531, CIP Web site: <http://cip.cancer.gov>.

PA-07-042: Image-Guided Cancer Interventions. STTR-R43/R44. Full text: <http://www.grants.nih.gov/grants/guide/pa-files/PA-07-042.html>.

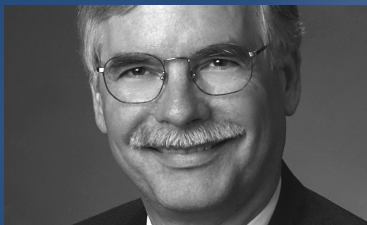


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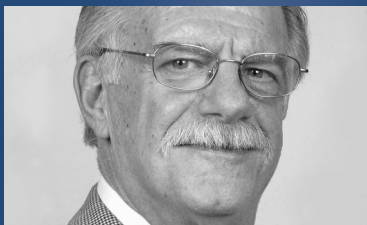
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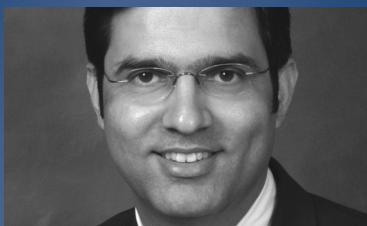
Al B. Benson III, MD
Robert H. Lurie Comprehensive
Cancer Center of Northwestern University



Robert W. Carlson, MD
Stanford Comprehensive Cancer Center



David S. Ettinger, MD
The Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins



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St. Jude Children's Research Hospital/
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- ◆ New Therapies in Breast Cancer
- ◆ New Trends in the Treatment of Chronic Myelogenous Leukemia
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- ◆ Update: Breast Cancer Guidelines
- ◆ Update: Soft Tissue Sarcoma Guidelines

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Podcasts Available

Audio files of these sessions can be downloaded to your computer or hand-held MP3 device.

- ◆ Roundtable: Cancer Care in the 21st Century – Reality and Promise
- ◆ Roundtable: Oncology Practice Today – Quality Evaluation, Coverage, and Reimbursement

NCCN Regional Guidelines Symposia

- ◆ 1st Annual NCCN Hematologic Malignancies Congress
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