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Capitol Hill

Collins Challenged Over NCI-Funded Research Linking Tea Party With Tobacco Companies

By Paul Goldberg

NIH Director Francis Collins told a House subcommittee that he was “troubled” by a paper in which a prominent tobacco control expert, who is funded by NCI, claims to have found a relationship between tobacco companies and the Tea Party conservative movement.

The paper in question [appeared in Tobacco Control](#), a peer-reviewed journal published by British Medical Journal Group. Drawing on documents dating back to the 1980s and obtained from tobacco companies, the authors point to several instances in which the Tea Party and its predecessor organizations appear to act as proxies for tobacco interests. The paper [cites an NCI grant](#) that supports analysis of tobacco industry documents.

The paper’s senior author is Stanton Glantz, professor in the Department of Medicine at the University of California San Francisco, a member of the Helen Diller Family Comprehensive Cancer Center, and director of the Center for Tobacco Control Research and Education.

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Sequestration

Federal Budget Cuts Enacted March 1; HHS Agencies Grapple with Consequences

By Matthew Bin Han Ong

The across-the-board 5.1 percent budget cuts that went into effect March 1 slash the NIH budget by \$1.553 billion and the NCI budget by \$219 million for the remaining fiscal year, officials say.

These deep budget reductions, known as sequestration, affect the entire federal government—with no exemptions for the components of the Department of Health and Human Services.

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In Brief

Breakthrough Prize Awarded to 11 Scientists

THE BREAKTHROUGH PRIZE, dedicated to excellence in research aimed at curing intractable diseases, was launched Feb. 20. The 11 inaugural recipients of the prize, who will receive \$3 million each, are:

Cornelia Bargmann, for her work in the genetics of neural circuits and behavior, and synaptic guidepost molecules. She is the Torsten N. Wiesel Professor and head of the Lulu and Anthony Wang Laboratory of Neural

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The paper states that “rather than being a purely grassroots movement that spontaneously developed in 2009, the Tea Party has developed over time, in part through decades of work by the tobacco industry and other corporate interests. It is important for tobacco control advocates in the USA and internationally, to anticipate and counter Tea Party opposition to tobacco control policies and ensure that policymakers, the media and the public understand the longstanding connection between the tobacco industry, the Tea Party and its associated organizations.”

At a hearing of the House Labor HHS Appropriations Subcommittee March 6, Rep. Andy Harris (R-Md.), a physician who serves on the committee, challenged the appropriateness of NCI supporting what amounts to Glantz’s investigative work, as opposed to basic or clinical cancer research.

The BMJ paper “alleged that somehow the Tea Party had its origin in 1980s, with tobacco funding, which is pretty incredible, because, I mean, I’m a Tea Party guy,” Harris said. “I was there when it was established in 2009. I know the origins. I find it incredible that NIH funding is funding this... Dr. Collins, what methods does the NIH have in this kind of research takes dollars from cancer research and other important vital research—what does the NIH do to universities that waste federal tax dollars this way?”



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Collins didn’t defend either the NCI grant or the Glantz paper. Instead, the NIH director said that Glantz’s paper falls outside the objectives of NCI grants.

“I, too, am quite troubled about this particular circumstance,” Collins said. “Dr. Stanton Glantz, who is the author of that article, has been a funded grantee of the NIH’s cancer institute for 14 years and has done some very important work in tobacco control over those years, and is considered by peers to be among the best in the field. If you look carefully at the acknowledgements at the end of this particular paper, which came as a surprise to us as well, it does cite two different grants from the NCI.

There is also wording there, and maybe you can read it off to us, which says that this particular work and this particular paper was not suggested or encouraged by the NIH. It is on its own.”

NCI Director Harold Varmus did not testify at the hearing.

Glantz said he was surprised by this characterization of his work.

“I was very troubled by it,” Glantz said to The Cancer Letter. “We just published an important paper in the leading specialty journal in the field, after extensive peer review. The work is completely within the scope of the grant. It is Aim Two of the grant—to understand how the tobacco companies work to prevent effective tobacco control policies, including through the creation of third parties, which is what the Tea Party connection is.

“The grant, when it was peer reviewed got a 119, which was the second percentile. The study section specifically highlighted the importance of this kind of research to cancer control.

“I don’t understand what the problem is.”

An Echo of Tempest Past

Glantz is no ordinary researcher. He has pioneered the field of systematic analysis of tobacco industry documents.

Now, scientists all over the world sift through such documents. Altogether, the UCSF library [lists 656 peer reviewed journal papers](#) based on analysis of tobacco industry documents.

This isn’t the first time NIH has been criticized for supporting Glantz’s work.

In 1995, an article in The Washington Times quoted a spokesman for former Rep. John Porter (R-Ill.), then chair of the Labor, HHS and Education Appropriations Subcommittee, objecting to NCI funding a Glantz project of tracking campaign contributions from tobacco companies and correlating them with

pro-tobacco measures.

“NCI has gone beyond its mandate to conduct clinical and behavioral research regarding cancer,” the staff member said.

At that time, the controversy was resolved when the American Cancer Society stepped in to provide funding for the small portion of the grant that offended Porter.

The grant, which focuses on state and local policymaking, was otherwise untouched, and is now in the 19th year of being funded. (That action prompted an investigation by Glantz and [resulted in a 2009 paper](#) in the American Journal of Public Health.)

In 1995, Porter was a friend NIH could ill-afford to lose.

Now, as NIH faces 5.1 percent or \$1.553 billion in sequestration cuts, it needs friends even more than it did 17 years ago, and the prospect of upsetting an entire segment of the Republican Party would be remarkably unwelcome.

Examination of tobacco documents is research, not politics, Glantz said. It’s an assessment of the industry’s efforts to thwart tobacco control measures.

“One of the important points of this research is that in order to control cancer and heart disease and other bad things that tobacco causes, you have to reduce smoking, and in order to reduce smoking you have to understand what the tobacco companies are doing to try to prevent the implementation of effective tobacco control policies,” Glantz said.

“I think Dr. Collins should look at the paper, look at the grant, look at the summary statement and then transmit an accurate representation of the situation to the committee.”

Aim Two of Glantz’s current NCI-funded grant is to “analyze evolving tobacco industry strategies to oppose tobacco control policies at the local, state, and international level, including efforts to undermine implementation of the World Health Organization Framework Convention on Tobacco Control.”

The “significance” section of the grant also describes how such information is important to promoting health:

“The tobacco industry continues to work to influence policy making at all levels from local communities through international organizations. As it has with scientists, the industry generally works through ‘third parties,’ because of its low public credibility and the difficulty that many policy makers have embracing positions advocated openly by tobacco companies. The industry’s strategies continue to evolve as these

connections are exposed and lose their value to the tobacco companies.

“By identifying and analyzing these industry tactics, our research helps U.S. and global tobacco public health policy makers anticipate and counter industry activities, increasing the likelihood that tobacco control initiatives will succeed in protecting human health.

The NIH study section, which gave the grant the score of 119, wrote:

“This outstanding application from a stellar team of investigators focuses on a highly significant public health issue in its plan to examine the tobacco industry’s efforts to influence the conduct, interpretation and dissemination of science in order to oppose tobacco control policies.

“The investigators also plan to analyze tobacco industry marketing and advertising strategies targeting women and young adults in order to inform future efforts to develop potential counter-strategies. The investigators have been extremely productive in the prior project period and have produced around 60 publications.

“The proposed methodology is sound and based on best practices for this kind of inquiry. Indeed, the investigator has contributed significantly to the methodology, and the development and maintenance of the documents library is cutting edge. Triangulation with other sources of data, such as interviews, government records, and media coverage will be used to validate and contextualize the information.

“Procedures for key informant interviews are sufficiently described. In discussions, reviewers also noted that the resource sharing plan of the application, while not required, was an important strength. While some reviewers indicated that the specific significance and innovation of the current project phase could have been better justified, this weakness was far outweighed by the many important strengths of the application.

“Moreover, other reviewers noted that because smoking is the leading preventable cause of death in this country and the tobacco industry continues to use new strategies to oppose tobacco control policies, it advances public health for researchers to continue to examine current tobacco industry practices and policies.

“Overall, this application addresses an extremely significant public health issue, and the stellar investigators have demonstrated through their prior track record of research that they are very likely to make numerous and innovative contributions to the research literature and to public policy in this critical and sensitive area.”

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Playing Fast-and-Loose?

A transcript of the March 6 exchange between Harris and Collins follows:

HARRIS: Now Dr. Collins, I've got to ask you a couple of things here, because—and I didn't think I was going to accept it—it popped across one of my local online blogs two days ago.

It says, "NIH study claims link between the Tea Party and the tobacco industry."

Are you aware of this?

[Researchers at] UC San Francisco...alleged that somehow the Tea Party had its origin in 1980s with tobacco funding, which is pretty incredible, because, I mean, I'm a Tea Party guy. I was there when it was established in 2009. I know the origins.

I find it incredible that NIH funding is funding this. Because [one comment \[on the blog\] says](#), 'of course it has nothing to do with Chestertown and everything to do with a partisan political agenda.' I couldn't agree more.

Dr. Collins, what methods does the NIH have in this kind of research takes dollars from cancer research and other important vital research—what does the NIH do to universities that waste federal tax dollars this way?

COLLINS: I appreciate your question and I, too, am quite troubled about this particular circumstance. Dr. Stanton Glantz, who is the author of that article, has been a funded grantee of the NIH's cancer institute for 14 years, and has done some very important work in tobacco control over those years, and is considered by peers to be among the best in the field.

HARRIS: If I may just interrupt—you don't consider this among his most important work.

COLLINS: No, I don't.

HARRIS: Thank you.

COLLINS: If you look carefully at the acknowledgements at the end of this particular paper, which came as a surprise to us as well.

HARRIS: I'm looking at it.

COLLINS: It does cite two different grants from the NCI. There's also wording there, and maybe you can read it off to us, which says that this particular work and this particular paper was not suggested or encouraged by the NIH. It is on its own.

HARRIS: And that drills down exactly to my question. This was the use of federal dollars on a clearly partisan political agenda. I mean, look, we're going to come to agree—clearly partisan political agenda. What is the NIH going to do to make sure that we don't fund this research, that we fund the real medical research as we go forward in a time of constrained resources?

COLLINS: Of course, we thought we were funding a different kind of research on those grants.

HARRIS: So what is within the NIH's abilities to, shall we say, make sure that this research, or this institution, doesn't play fast and loose with taxpayers money to pay for this kind of research?

COLLINS: It's a very appropriate question and I'm struggling with it, to be honest.

HARRIS: Can you get back to me about what plans the NIH is going to have to be certain that this kind of research is not funded?

COLLINS: See, the tension here is both to recognize that this is an unfortunate outcome, but also not to put NIH in a position of basically playing the nanny over the top of everything that our grantees do, because a lot of what they do is more appropriate.

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- ADVERTISEMENT -

Sequestration

Budget Cuts Could Eliminate Up to 100,000 NIH-Funded Jobs

(Continued from page 1)

The cuts are expected to reduce the number of NIH grants, eliminate 2,000 jobs at state and local health departments because of cuts to Centers for Disease Control and Prevention, and trim over 80 programs at the Healthcare Resources and Services Administration.

Medicare and Medicaid payments to doctors, hospitals and health plans will be reduced by 2 percent beginning April 1.

Congress designed sequestration in 2011, gambling that the prospect of swallowing so bitter a pill—a \$1.2 trillion across-the-board cut over a decade—would force Congress to agree on a deficit reduction deal.

“Despite numerous statements by the president, and by leading members of Congress, and by a number of efforts by our advocates, the sequester has gone into effect as of March 1,” NCI Director Harold Varmus said to the Board of Scientific Advisors March 4. “So we are developing scenarios to absorb that decline, both at the NIH and at every institute.”

A transcript of Varmus’s remarks appears on p. 7 and the video [is available on The Cancer Letter website](#).

While NIH takes a 5.1 percent cut, NCI does slightly better, with a 4.4 percent hit relative to last year’s budget, because the current continuing resolution is above the FY2012 level for the institute.

Funding for the coming months will depend on Congress’ ability to pass appropriations measures that will carry the agencies through the end of the fiscal year, Sept. 30.

“This could be done through another continuing resolution, through a more typical appropriations bill, or through some kind of omnibus bill that bundles measures affecting many agencies,” Varmus said to the BSA.

The sequester at NIH could cost about 100,000 U.S. jobs, according to an estimate by Sen. Ben Cardin (D-Md.), speaking in a Feb. 8 town hall meeting at NIH (The Cancer Letter, [Feb. 15](#)).

A report by United for Medical Research, an umbrella group of research organizations, [found that the total number of jobs](#) supported by NIH extramural spending is estimated to be cut by more than 20,500 and that cuts will delay \$3 billion in new economic activity.

Neither NIH nor NCI is able to provide a full assessment of the impact of sequestration at this time, because of the FY2013 continuing resolution that

expires on March 27.

However, according to an operation plan [released Feb. 21](#), NIH will likely “reduce the final FY 2013 funding levels of non-competing continuation grants and expects to make fewer competing awards to allow the agency to meet the available budget allocation.”

Varmus Seeks to Protect Competitive Awards

In an email addressed to the “NCI-supported scientific community,” Varmus said reductions to programs will be necessary to maintain the number of competitive awards—new grants and renewals—at levels similar to that achieved in the past few years (over 1,000 grants, with success rates of 13 to 14 percent).

“[To] achieve this goal, we need to make reductions, modest but significant, in virtually all of our extra- and intramural programs, including non-competitive (type 5) grant renewals, cancer centers, and research contracts,” Varmus said in the email.

The text of the email follows:

As you have heard and read, the Budget Control Act (aka “sequestration”) has gone into effect as of March 1.

All components of the NIH, including the NCI, are working diligently to assess the impact of this unprecedented budget reduction on our ability to manage the current research portfolio and to continue to award new and competing grants in this fiscal year. Knowing the anxiety that we all share about these developments, I am writing to report to you on our objectives, progress, and prognostications, even though a full account is not yet possible.

First, I must emphasize that we cannot provide a definitive and detailed account of our plans for the year at this time because we are currently operating on a so-called continuing resolution that extends only through March 27.

Funding for the rest of the fiscal year (FY2013) will depend on Congress’s ability to propose and pass appropriations measures that carry us through Sept. 30. This could be done through another continuing resolution, through a more typical appropriations bill, or through some kind of omnibus bill that bundles measures affecting many agencies.

At present, our continuing resolution provides funds to the NCI for the first six months of this fiscal year (Oct. 1–March 27) at 0.62% above last year’s level for the same time period.

Under these circumstances, as in many other years that have begun with continuing resolutions, we are paying both new and continuing grants at about

90% of expected levels—a conservative measure that acknowledges our uncertainty about the rest of the year. Even in this especially difficult year, we anticipate increasing the funding level for those awards (by an amount still to be ascertained) once our funding for the full year has been determined.

As I have described in earlier messages and as is detailed on the NCI's web site (https://deaisssl.nci.nih.gov/roller/ncidea/entry/2012_funding_patterns), we continue to evaluate our applications for new and renewing grants by a careful combination of peer and programmatic review. I urge you to visit the site to see the outcomes of that process for the past two years.

One of the guiding principles in our plans for adapting to sequestration is to maintain the number of competitive awards—new grants and renewals—at levels similar to that achieved in the past few years (over 1000 grants, with success rates of 13 to 14 percent). These are, of course, fewer grants than we would like to make, and the grant sizes are often smaller than they should be.

Moreover, to achieve this goal, we need to make reductions, modest but significant, in virtually all of our extra- and intramural programs, including non-competitive (type 5) grant renewals, cancer centers, and research contracts.

In addition, we do not expect to reduce salaries, place employees on furlough, or take other drastic steps in making these adjustments. Yet in the plan we envision, we hope to protect, as best we can, the potentially most vulnerable parts of our community: fully trained scientists who are applying for their first grants, experienced investigators who are renewing their grants and maintaining their research teams, and the trainees we will need for cancer research in the future.

I intend to send you more details about plans for FY2013 once budgets for the rest of the year have been defined. But I want you to know that those of us working on your behalf at the NCI are making every effort to sustain the functionality of our research enterprise in difficult times.

Shrinking Funds, Shaky Future for Young Scientists

At a House Labor HHS Appropriations Subcommittee hearing March 5, NIH Director Francis Collins said he is concerned about the compounded consequences of sequestration, especially if it lasts for a decade.

“One that worries me the most is the impact on the young scientists who are looking at the circumstance and wondering if there’s a career path for them,” Collins

said. “Now an applicant has one chance in six of getting funded, and that will drop further as a result of the sequester.

“The average age at which someone comes to NIH with their independent grant and successfully get it, is age 42. That is not a good picture.”

Because NIH has lost about 17 or 18 percent of biomedical purchasing power over the past decade, Collins said many universities have cut back on hiring faculty members—causing many scientists to seek other positions.

“Clearly, we are at a point where there is a bit of a crisis emerging, as the ability to continue to support enough individuals, that I think would be good for our future, is not quite there anymore.

“And if you are a young person looking at the situation, I think the consequence of that is increasing anxiety about whether this is a career path that is actually going to be one you want to choose,” Collins said.

Varmus shared similar sentiments in his remarks to the BSA, emphasizing a loss in research investment and economic growth.

“The sequester slows our work across a wide variety of disciplines, at an extraordinarily promising time in research,” Varmus said. “It affects the integrity of our research teams that have built up over years, and it affects the prospects for successful careers by scientists who have often been trained by NIH money for 10-20 years or more.

“These are opportunity costs that are much to be regretted.

“The whole effort discourages talented students, now in high school or college, from entering science. It undercuts investment, which is the most important thing the government does. It undermines U.S. leadership in science, and it contributes to loss of economic stimulus at a time when still haven’t fully recovered from the recession that began in 2008.”

Sequestration’s Effects on CDC, HRSA

The 5.1 percent cut meant a reduction of \$289 million for the Centers for Disease Control and Prevention. Two-thirds of the agency’s dollars are earmarked for disease control assistance for state and local governments.

“[These entities] are already at the breaking point, which through state and local reductions, there are 45,000 fewer staff working at that level,” said CDC Director Tom Frieden at the House appropriations hearing March 5. “That means our support will be able to provide assistance to state and local entities to hire

as many as 2,000 fewer disease control experts and detectives.

“We will have less money for flu, less money for HIV, less money to protect our children through things like fluoridation, autism research, asthma prevention, and decreased ability to detect and respond to outbreaks.

“This will cut our outbreak control staff by more than \$12 million and also a decreased ability to keep us safe from global threats, because we will have to cut back on our work in other countries to find threats before they come to us,” Frieden said.

The cut will also spread across each of the Healthcare Resources and Services Administration’s 80-plus programs, policies and activities.

For instance, a rescission of about \$45 million for HRSA’s AIDS Drug Assistance Program results in a loss of services to 7,400 patients.

“Since the fall of 2011—that was sort of a high watermark—our waiting lists to get on the ADAP program across states have really peaked to about 9,300,” said HRSA Administrator Mary Wakefield at the hearing. “Just within a couple of months we’ve gotten our waiting lists down to 63 people in two states.

“And now what’s going to happen is likely we’ll see that waiting list start to expand. Local states will have to scramble, case managers will have to scramble to try and find patient-assistance programs that will be able to accommodate those patients.

“And that means that those costs will be shifted to drug manufacturing companies etc. to try and provide those pharmaceutical resources to those patients,” Wakefield said.

“That’s just one example.”

Varmus’ Remarks to the BSA

The text of Varmus’s remarks to the March 4 meeting of the BSA follows:

One piece of positive news that you’ve all fully absorbed by now is that the New Year sequester of 8.2 percent was avoided.

The negative news I’m sure has been now well-imprinted on your cerebrum—that is, despite numerous statements by the president, and by leading members of Congress, and by a number of efforts by our advocates, the sequester has gone into effect as of March 1.

This means a loss of 5.1 percent or 1.545 billion at the NIH, which is a proportion of our current continuing resolution. Since our continuing resolution is above the FY 12 level, for the NCI, this means there will be about a 4.4 percent decline, \$219 million less in 2013 than in [2012], assuming that there are no further changes over

the next several days.

So we are developing scenarios to absorb that decline, both at the NIH and at every institute.

We are being given some latitude in acting individually in institutes that have their own budgetary issues. We are, of course, aiming to minimize the damage, and we are aiming to come as close as possible, and possibly to reach the numbers of new awards that we gave last year, and the numbers of competing renewals.

The guidelines that I think many of us are using, and that we are using here at the NCI, is to share the pain across the large number of things that we do—that is, all the funding mechanisms—to try and protect our critical investments as much as we can.

Those include the new generation of scientists who are applying for grants for the first time. We are obliged to follow departmental directives. At this moment, from the Department of Health and Human Services, that means no reductions in force, no furloughs, and no pay cuts.

We are obviously obliged to pay our mandatory costs—they are not extensive, but they are appreciable—such as facilities, and other things that won’t have costs reduced, and of course obeying the law. So when we are told to spend a certain amount on small business grants, we will do that.

We hope to have our own budget spread finished by tomorrow. And as soon as we are allowed to thereafter, I will communicate directly with our grantees and contractors on a personal level as well as through the institutional exchanges that will spell out the rules under which we will be operating.

We are going to try to make the best of this.

Obviously it’s bad for cancer research. It’s bad for those who do cancer research. It’s bad for those who depend on it, and for science in general.

Let me just say a few specific things: The sequester slows our work across a wide variety of disciplines, at an extraordinarily promising time in research. It affects the integrity of our research teams that have built up over years, and it affects the prospects for successful careers by scientists who have often been trained by NIH money for 10-20 years or more. These are opportunity costs that are much to be regretted.

The whole effort discourages talented students, now in high school or college, from entering science. It undercuts investment, which is the most important thing the government does. It undermines U.S. leadership in science, and it contributes to loss of economic stimulus at a time when still haven’t fully recovered from the recession that began in 2008.

Locally at the NCI, so far, it's not easy to detail the effects of the sequester, but obviously we are being particularly careful about how we spend money, and that means meetings. This meeting is too big, too important to fail. But all of us are paying attention to the travel we undertake, the conferences we go to; anything that can be deferred, we urge our staff to defer. But the more profound effects will be appreciated only with more time.

Let me say a few words about appropriations, which in many ways is different than the sequester maneuvers. We are still on a continuing resolution for 2013. The CR is just slightly above FY12 levels for NCI. We believe there will be passage of some sort of year-long CR, or some kind of omnibus bill before the current CR expires on March 27.

There was a declaration of some kind of truce—I don't fully understand the terms of that truce—on March 1, and that there was an intention not to shut the government down. Because indeed if there is a failure to extend the CR, or build in some other kind of appropriation mechanism, the government will cease to function on that day, and mandatory furloughs will result.

I think most of us believe that the outcome for FY13 will end up being last year minus 4.4 percent. When you take in the little increase that we've had in our CR to date, and the cut that's a consequence of the sequester, that's probably where we'll end up.

Now normally at this time of the year we'd be worrying about next year, about FY14, and, indeed, there is some slow progress towards developing the appropriations scheme for FY14. There has been, after some delays, a pass back received from OMB of the secretary's request for funding HHS for FY14, and this has been responded to.

There are no appropriations hearings yet scheduled for the FY14 budget for the NIH. There's a public witness hearing on March 13 that advocates for the NIH and others will appear at.

There is a House appropriations hearing this week, [March 5], for the response of five Health and Human Services agencies to the sequester. That will be chaired by the new chairman, Rep. Jack Kingston (R) from Georgia. Among the five agencies that will testify will be the NIH, and Francis Collins will be on hand.

There was a similar hearing about the effects of sequestration held by the full Senate appropriations committee on Feb. 14.

The overall chair of that committee is Sen. Barbara Mikulski (D-Md.), and that was attended by

department heads. Unfortunately, Secretary Kathleen Sebelius was out of town, but she did provide a letter detailing the effects of the sequester, and the chairman visited the NIH and met with Francis and me, and a few others, on Feb. 20.

So responsible members of the legislature are paying attention to this, but it wasn't stopped.

NCI Grant-making Under Sequestration

Let me say a couple of things about grant-making at NCI under these current financial situations:

We have continued, as we normally do when we simply have a continuing resolution, to pay new grants and competitive renewals in a cautionary manner.

In this case, using funds from a continuing resolution that have been released by the Office of Management and Budget in amounts that correspond to what we spent last year. So we are paying most awards at 90 percent level, and we will continue to do that until we have a final determination of what we are going to spend for this entire year.

There are many rumors circulating about what fraction of our grant applications get funded. That's normally referred to as the success rate. I hear many folks saying that the success rate is only 7 percent or 9 percent. That is not so.

The success rate has been 14 percent for the last couple of years. We don't have a simple pay line anymore, as I've explained here before. A full accounting of how our R21 and R01 applications are awarded and what the success rates are like at different priority scores are fully available on the NCI website.

I urge you, if you haven't, to look at those. I don't claim that this tells you that things are great. They are not great. The grants are too few, and they are too small.

Nevertheless, there is a process that delivers a success rate that's about twofold over the success rate that's claimed by many. So I urge you to have a look at the data so you can help educate your colleagues when they tell you that NCI's success rate is only 7 percent.

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The Budget Details

BRUCE STILLMAN [BSA member and president and CEO of Cold Spring Harbor Laboratory]: I didn't hear any details on what the NCI is planning for dealing with sequestration, so you are operating under a continuing resolution, in which you're spending at least—

VARMUS: I can't tell you exactly what we are going to do, but I said, in principle, that almost every segment within the realm of law will take some reduction. Reductions will not be even across the whole of NCI, we'll be making some adjustments based on what I think the consequences would be in each of the domains.

One of the major, but not the sole goal is to try to keep the number of new grants up.

I think the greatest damage can be done by preventing somebody who deserves to get funded. Now, we do that all the time, because our success rate is only 14 percent. But I'm going to try to maintain as high of a success rate as possible.

I realize that this not is a situation that can go on forever. You can't simply reduce the size of grants forever and expect institutions, which are also suffering, to do cost-sharing and allow people to work at the usual rate.

We all recognize that inflation and the biomedical research price inflation index is not an adequate representation of the true costs of doing research—during a time when we are using new technologies that are expensive, and depending more on work with human samples and work with animal models. The cost per post-doc in a lab, as I know from my lab and you know from yours, is going up.

A steady amount of funding, or a slightly declining amount of funding per grant is ultimately obliging people to seek outside funding to complement the funding they receive from the NCI, or simply to slow down what they do—have a smaller staff, or a smaller amount of equipment.

So I know this is a problem, but I do think that, at least over the next couple of years, we should be focused on trying to maintain the opportunities that we've trained for many years. We've built research teams to succeed.

STILLMAN: I applaud that because the National Science Foundation has announced that they are just not going to give out new grants, which I think is a big mistake.

VARMUS: Yeah. The fact is, if you look at our budget and you say, what would happen if you take

away the amount of money that becomes free as a result of expiration of existing grants? The total that is returned to us from expiration of grants each year is about 10 percent of our budget, plus or minus.

Sequestration is roughly 5 percent, so that would be half the new grants. But we do have other levers to pull. We can reduce spending in other categories, and we're going to do that. I don't want the most vulnerable part of our inventory, namely new grants, to be the place where the entire blow is absorbed. That doesn't make sense.

STILLMAN: When do you anticipate there will be some clarity on the specifics?

VARMUS: Well, like I think I said, we are obliged to have a funding plan in place by tomorrow. I'm not sure when I'll be allowed to divulge that plan—it's above my pay grade, as they say.

But the department, OMB, even Building One—local jargon—have a role to say in when we can communicate these plans to the outside community.

But we will have a letter prepared and ready to go as soon as we're given the green light. But I think if you sketch this out on your own time you'll see roughly what we are going to end up doing, if you look at the guidelines I've provided.

The Next 10 Years

VARMUS: I think we have to understand that the intent of sequestration is for it to last for 10 years.

The alleviation of the deficit is intended to be possible when the rules of sequestration will remain in place for a decade.

It remains to be seen exactly what is going to happen. As you can see, there are ways to change the plans, and it will depend a lot on the economy and the proclivities of the administration and the Congress. But I think it's reasonable at this point to assume that the reduction that we are very likely to have an effect on FY13 will remain in effect for some years.

So whether that's a result of gridlock or whatever, the intention to fix the nation's economy—I think it's clear we're going to have somewhat less money to spend, and much less than we should have, and significantly less than we did have.

I think how we adjust to that is going to take some deliberation. I hope we can raise some of these more general issues at the joint [NCAB-BSA] meeting in June, when the dust has settled a bit, and we have a clearer idea of what is going to happen for the totality of FY13 and probably for FY14.

I think the most serious question for me is

whether we need to adjust the size of our research community in some way.

It's almost imperative that at the moment of sequestration we think about how we protect the system as it exists. That's very different from saying: What would you do if you were suddenly given \$4 billion or \$4.5 billion to start a cancer research institution?

Now we are going to be working with probably with \$4.8 to \$4.9 billion, as opposed to \$5.1 billion. Shrinking by a small amount is sometimes a more difficult situation in which to make the appropriate adjustments than it is if you were to start again.

But if there is some way we can compromise between those two positions and strengthen what we have, the community may end up being somewhat smaller. How do we do that without penalizing people inappropriately? How do we make the right choices?

I think that's a difficult conversation. The operational aspects to that are very difficult.

BSA Approves Reissuing RFA for Pediatric Brain Tumor Consortium

The NCI Board of Scientific Advisors March 4 approved a concept for reissuance of an RFA for the Pediatric Brain Tumor Consortium. The consortium was funded at \$2.2 million in fiscal 2012.

The consortium was established in 1999.

According to NCI, the PBTC contributions include:

Producing a large proportion of the available clinical data for use of anti-angiogenic agents for treating children with brain cancers.

Evaluating radiation potentiating agents and molecularly targeted agents in combination with radiation therapy for children with diffuse intrinsic pontine gliomas.

Incorporating state-of-the-art imaging methods into its multi-institutional clinical trials that are evaluating anti-angiogenesis agents and molecularly targeted therapies.

Evaluating molecularly targeted agents for defined brain tumor patient populations with pathway activating mutations in genes relevant to the agent (e.g., selumetinib for patients with pilocytic astrocytoma and vismodegib for patients with Sonic Hedgehog pathway activated medulloblastoma).

According to NCI, the PBTC is well positioned to utilize its neurosurgical, neuroimaging, and neuro-oncology research capabilities to take advantage

of emerging opportunities related to advances in understanding the genomic landscape of pediatric brain tumors and advances in applying immunotherapy to patients with cancer.

In the coming year, the PBTC will activate clinical trials of high priority for pediatric brain tumor research that will bring an oncolytic virus and a glioma-associated antigen peptide vaccine into the clinical research setting for children with brain cancers.

***Global Cancer Research* Research Leaders Address International Cancer Challenges**

Science Translational Medicine [published a set of recommendations](#) March 6 to enable faster progress in the international fight against cancer, supported by research and policy leaders from 15 countries.

The commentary, "Addressing the Growing International Challenge of Cancer: A Multi-national Perspective," was written by NCI Director Harold Varmus and Harpal Kumar, CEO of the charity Cancer Research UK.

The participants met at NIH in November 2012. They discussed opportunities to reduce cancer incidence and mortality, improve cancer care and increase the understanding of disease pathophysiology.

According to the participants, individual countries can augment their individual efforts in cancer research by:

- Promoting the application and expansion of existing knowledge to prevent, detect and treat cancers in many nations, and
- Seeking opportunities to foster pioneering research in laboratories and clinics on all aspects of these diseases, including cancers that take their greatest toll in the developing world.

The authors stress the following measures that would encourage best scientific practices and produce collaborations within and across national boundaries:

- Support of internet-based infrastructures and the adoption of practices that allow the open exchange of information. These include public electronic libraries that house scientific articles and books; open access journals; websites that contain reliable and accessible cancer-related information; and the means for transmitting negative as well as positive results and for storing and using full sets of research data.

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- Development of well-characterized cell- and animal-based models of cancers that can be relied upon for preclinical studies because they have been validated by internationally agreed-upon processes.

- Construction of standardized, interoperable, internationally accessible databases that house information about cancer genomes and other biological features related to cancers, incorporate clinical and epidemiological information in accord with ethical precepts, and operate under internationally accepted procedures.

- Opposition to patenting of genes or gene mutations, thereby removing obstacles to cancer research and to the design and reasonable pricing of improved means to classify and treat cancers based on genetic information.

In Brief

Winners of Inaugural \$3 Million Breakthrough Prize Announced

(Continued from page 1)

Circuits and Behavior at the Rockefeller University, and a Howard Hughes Medical Institute investigator.

David Botstein, for linkage mapping of Mendelian disease in humans using DNA polymorphisms. He is director of the Lewis-Sigler Institute for Integrative Genomics and the Anthony B. Evnin Professor of Genomics at Princeton University.

Lewis Cantley, for the discovery of PI 3-Kinase and its role in cancer metabolism. He is the Margaret and Herman Sokol Professor and director of the Cancer Center at Weill Cornell Medical College and New York-Presbyterian Hospital.

Hans Clevers, for describing the role of Wnt signaling in tissue stem cells and cancer. He is president of the Royal Netherlands Academy of Arts and Sciences and a professor of molecular genetics at the Hubrecht Institute.

Titia de Lange, for her research on telomeres, illuminating how they protect chromosome ends and their role in genome instability in cancer. She is the Leon Hess Professor, head of the Laboratory of Cell Biology and Genetics, and director of the Anderson Center for Cancer Research at the Rockefeller University.

Napoleone Ferrara, for his discoveries in the mechanisms of angiogenesis that led to therapies for cancer and eye diseases. He is a distinguished professor of pathology and senior deputy director for basic sciences at Moores Cancer Center at the University of California, San Diego.

Eric Lander, for the discovery of general principles for identifying human disease genes, and enabling their application to medicine through the creation and analysis of genetic, physical and sequence maps of the human genome. He is president and founding director of the Eli and Edythe L. Broad Institute of Harvard and MIT, a professor of biology at MIT and a professor of systems biology at Harvard Medical School.

Charles Sawyers, for his work in cancer genes and targeted therapy. He is chair of the Human Oncology and Pathogenesis Program at Memorial Sloan-Kettering Cancer Center and a Howard Hughes Medical Institute investigator.

Bert Vogelstein, for cancer genomics and tumor suppressor genes. He is director of the Ludwig Center and the Clayton Professor of Oncology and Pathology at the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center and a Howard Hughes Medical Institute Investigator.

Robert Weinberg, for his characterization of human cancer genes. Daniel K. Ludwig Professor for Cancer Research at MIT, director of the MIT/Ludwig Center for Molecular Oncology, and a member of the Whitehead Institute for Biomedical Research.

Shinya Yamanaka for his work in induced pluripotent stem cells. He is director of the Center for iPS Cell Research and Application at Kyoto University and is a senior investigator for the Gladstone Institutes in San Francisco.

The prize will be administered by the Breakthrough Prize in Life Sciences Foundation.

The founding sponsors of the prize include: Sergey Brin, co-founder of Google Inc.; Anne Wojcicki, co-founder of 23andMe, a personal genetics company; Mark Zuckerberg, the founder, chairman and CEO of Facebook Inc., and his wife, Priscilla Chan; and Yuri Milner, founder of the Mail.ru Group. They will establish five annual prizes at \$3 million each.

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Art Levinson will serve as chairman of the board of directors of the prize's foundation, while additional directors will include Wojcicki, Zuckerberg and Milner. Levinson is chairman of the board of Apple Inc. and former CEO of Genentech.

Each year's prize winners will join the selection committee for future awardees. The prize will have a transparent selection process, where anyone will be able to nominate a candidate for consideration. These recipient's award lectures, together with their supporting materials, will be made available to the public.

UNIVERSITY HOSPITALS SEIDMAN CANCER CENTER has received a \$7.5 million gift in support of the health system's \$1.5 billion Discover the Difference Campaign. Kathleen Coleman made the significant gift for the cancer center's clinical trials program.

She made previous gifts of \$3 million in honor of her late husband, Lester Coleman, a scientist and the former CEO of Lubrizol Corporation, bringing her lifetime giving to UH to \$10.5 million. He was diagnosed with advanced lung cancer at age 69 and participated in a clinical trial at Seidman Cancer Center.

In their honor, University Hospitals is establishing the Kathy and Les Coleman Clinical Trials Center at Seidman Cancer Center. The gift will support the expansion of the clinical research program and is earmarked for early stage clinical trials, new technology and research equipment as well as patient education on the importance of clinical trials participation.

Obituary

Zora Brown, 63, Patient Advocate

Zora Brown, a trustee for the American Association for Cancer Research for the Prevention and Cure of Cancer and advocate for cancer research, died March 3.

She was founder and chairperson of Cancer Awareness Program Services and the Breast Cancer Resource Committee, an organization dedicated to lowering the breast cancer mortality rate among African-Americans. She was 63.

Brown was living with stage III ovarian cancer, but she was first diagnosed with breast cancer in 1981, and then again in 1997. Her experience with cancer led

her to devote her life as an advocate for women, and for African-American women in particular, with breast and ovarian cancers.

In 2011, Brown shared her story in the AACR Cancer Progress Report. In June 2012, she testified at a U.S. Senate Cancer Coalition forum where she explained that cancer, which will strike one out of two men and one out of three women in their lifetimes, was a journey that began before she was born because of a family history and genetic predisposition.

"The AACR and cancer research community lost an amazing and gracious woman with the passing of Zora Brown. I cannot stress enough the importance of her work as an advocate for cancer research. She, along with other advocates, are the unsung heroes in fight against cancer," said AACR President Frank McCormick. "Zora's strength in battling her cancers and her passion for advocating for women with cancer were an inspiration to us all."

In 1991, President George H. W. Bush appointed her to the National Cancer Advisory Board. She served on the board until 1998. Due in part to her influence, Congress appropriated \$500,000 for breast and cervical screening for low-income, uninsured, inner-city women.

As part of the BCRC, she organized the CAPS in 1992, to institute comprehensive educational and prevention programs focusing on cancers affecting women. In 1993, she established "Rise-Sister-Rise," an all-African-American, free gathering on Saturday mornings in local venues that taught women the rules of healthy living and cancer prevention.

Brown has been recognized widely for her work in breast cancer awareness among minorities. In 1990, she was honored by Senator Fred Hollings of South Carolina, who invited her to become a board member of the Hollings Cancer Center at the Medical University of South Carolina.

In 1992, she received the Marilyn Trist Robinson Community Service Award from the Washington Association of Black Journalists. In the same year she received the Susan G. Komen Community Service Award and the Breast Cancer Award from the National Women's Health Resource Center. In 1993, she received the Gretchen Post Award and was cited by the U.S. Senate in 1995.

"She was so full of wonderful life every time we interacted. These tragically too-early losses inspire us to redouble our endeavors against cancer," said AACR Past President Elizabeth Blackburn.