THE CANCER LETTER

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NCI Advisors Approve 5-Year Center Grants In Energy Balance, Worth $75 Million

Advisors to NCI approved the Institute's proposal to set aside $75 million over the next five years to establish a centers grant mechanism to fund research in nutrition, "energetics," energy balance and physical activity, and the relationship to cancer.

The NCI Board of Scientific Advisors voted 13-9 at its meeting last month to approve the Institute's plan to fund five centers, to be called Transdisciplinary Research on Energetics and Cancer Centers, or TRECs. About $15 million would fund the selected centers starting in April 2005.

Energetics is defined as the study of the flow and transformation of

(Continued to page 2)

In Brief:

Vance, Streit, Lead ACS; Antman, Clanton Begin Work At NCI, Alexander Promoted

AMERICAN CANCER SOCIETY elected its 2003-04 national officers. **Ralph Vance**, professor of medicine, Univ. of Mississippi, was elected president. He succeeds **Mary Simmonds,** clinical professor of medicine at Penn State Univ. **Gary Streit**, president of the law firm Shuttleworth and Ingersoll, of Iowa, was voted chairman of the board. Streit replaces **David Zacks**, a partner in the law firm Kilpatrick Stockton, of Atlanta. **Mark Clanton**, of Dallas, a health care consultant, is president-elect. **Thomas Burish,** president of Washington and Lee Univ., is chairman-elect. **Sally West Brooks**, of Palm Springs, Calif., was elected vice-chairman. Elected first vice-president was **Stephen Sener,** professor of surgery at Northwestern Univ. Second vice-president is **Carolyn Runowicz**, director of the Univ. of Connecticut Cancer Center. Elected lay officers include treasurer **Anna Johnson-Winegar,** of Washington, D.C., and secretary **Marion Morra,** president of Morra Communications. . . . **NCI APPOINTMENTS: Richard Alexander** was appointed deputy director of the NCI Center for Cancer Research. He has been chief of the Surgical Metabolism Section in the Surgery Branch. **Karen Antman**, chief of the Division of Medical Oncology at Columbia Univ. and president of the American Association for Cancer Research, began working at NCI this week under an intergovernmental personnel agreement. She will be serving in the Office of the NCI Director "to fully implement many of the recommendations of the P30-P50 Working Group" on the cancer centers and SPORE programs, NCI Director **Andrew von Eschenbach** said this week. **Mark Clanton** was appointed senior policy consultant on cancer control and delivery of cancer care,

(Continued to page 8)

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New Grants Would Fund Five Energetics Research Centers

(Continued from page 1)

energy through living systems, according to the proposal, developed by staff from the Division of Cancer Control and Population Sciences, the Division of Cancer Prevention, and the Division of Cancer Biology.

HHS has set reducing obesity as a high priority of the Bush Administration. NCI officials participated in a meeting on obesity held by the National Dialogue on Cancer and attended by HHS officials earlier this year, Institute Director Andrew von Eschenbach said to the BSA at its Nov. 13 meeting.

"This initiative is to really establish a very strong foundation of scientific research in this particular area, and then also to exercise a leadership role in helping to address a much larger transformation," von Eschenbach said. "This fits as a very critical piece in the equation."

"Since the meeting was hosted though the National Dialogue, our hosts for the meeting were former President Bush and Mrs. Bush, at their home in Kennebunkport, and it's amazing who you can get to come to a meeting in that environment," von Eschenbach said. "We had the Surgeon General [Richard Carmona], Julie Gerberding, [director] of CDC, the American Heart Association, the diabetes foundations, the food industry, and on and on and on. It enabled an ability to look at the problem from a comprehensive, systems point of view, what do you need to affect within our society and our health care system, but without the scientific foundation, without the base, we will continue to wander. So this really typifies the kind of impact that the NCI can have."

BSA members who voted against the proposal expressed reservations about establishing another centers grant funding mechanism at a time of tight appropriations for NCI. Research groups could apply for the TREC through the P50 (center) grant or P20 (center planning) grant.

The BSA also approved three other RFA concepts. A concept by the DCP for reissuance of an RFA on diet, DNA methylation and other epigenetic events was not approved, but will be brought back to the board at a later date.

The excerpted text of the concept statements follow:

Transdisciplinary research on energetics and cancer centers. Concept for a new RFA, first-year set-aside $15 million, five awards for five years, total set-aside $75 million. Lead program director: Linda Nebeling, DCCPS. Affiliated staff: Rachel Ballard-Barbash, DCCPS; John Milner, DCP; and Susan McCarthy, DCB.

The intent of this initiative is to provide support for the creation of Transdisciplinary Research on Energetics and Cancer (TREC) Centers. Such centers will foster interdisciplinary, transdisciplinary studies that will enable the integration of social, behavioral and biological science into more comprehensive study designs. Such centers should have at least the three following characteristics and effectively include basic and population sciences within the initiatives proposed.

I. Focus on the major goals of 1) Enhancing our understanding of the mechanisms underlying the association between energy balance and carcinogenesis across the cancer continuum from causation. and prevention through survival, and 2) Developing effective innovative approaches with broad population impact at the social-environmental and policy level for prevention of obesity, focusing on children and critical time periods among adults where weight gain is likely to occur, such as with smoking cessation, cancer treatment, and major life transitions involving work or family.

II. Bring together diverse disciplines in creative new ways by facilitating collaborative endeavors between researchers from cancer centers, schools of public health and academic departments from diverse disciplines such as molecular biology, genetics, psychology, anthropology, urban planning, informatics, social sciences and communications.

III. Create significant new opportunities for interdisciplinary training of scientists at every stage in

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their careers in the area of energy balance and cancer. These characteristics build on lessons learned from the Transdisciplinary Tobacco Research Center Program.

Research generated by this P50/P20 mechanism could facilitate a bridging of scientific disciplines. A few examples of candidate research areas are listed.

I. Explosive growth in our understanding of genetics, molecular biology and physiology of obesity is occurring in animal models, through the use of transgenic animals and in clinical metabolic studies, through the use of randomized controlled interventions in the areas of physical activity, weight and diet to elucidate mechanisms of carcinogenesis. Similar progress is occurring in animal models of carcinogenesis. Yet these advances are not often integrated because they occur in different departments, are funded through different mechanisms, and require understanding very different physiological pathways. Research devoted to energy balance and carcinogenesis throughout the life cycle that involves researchers on obesity, exercise physiology, nutrition, genetics and molecular carcinogenesis could accelerate progress towards understanding mechanisms linking energy balance and carcinogenesis.

II. Past work has emphasized individual determinants of health behaviors, particularly in the area of weight and physical activity. Ecological models of health behavior postulate a combination of environmental, social, cultural, individual and biological influences. Research focusing on teasing apart the relative importance of these factors could profit from collaboration between faculty from departments of transportation, sociology, public health, and psychology. Research in a center might advance the development on innovative behavioral, policy, and organizational interventions to address the prevention and control of obesity among at risk groups across the life course.

III. Much recent effort has been devoted to understanding health disparities in cancer incidence and outcomes. Differences in energy balance over the life course between different race/ethnicities may provide proximate explanations for some of these disparities as well as potentially lead to further disparities in the coming decades. Collaboration between biologists, epidemiologists, and behavioral scientists are required to develop creative ways of understanding the causes and consequences of associations between race/ethnicity and energy balance related health behaviors. Such understanding has the potential to reduce health disparities.

IV. There is a pressing need for better methods of dietary, physical activity, and anthropometric assessment. Advances in psychometric and statistical methods, technologies for coding self-report and objective measures of activity, and new biological markers offer promise. However, evaluating how such advances can be utilized in assessment of diet, physical activity and body composition requires collaboration between biologists, epidemiologists, nutritionists and exercise scientists. Support for such methodological advances can be difficult to obtain and research devoted to this area could help lead development of the next generation of assessment tools that are urgently needed to clarify associations between energy balance and cancer and to evaluate efforts aimed at behavior change.

V. Communications, particularly entertainment media such as television, have been implicated in contributing to the growing epidemic of obesity in the United States, both in terms of being associated with declining physical activity and increases in energy dense eating patterns. Research centers might examine issues such as the role played by mass media in influencing diet and physical activity, in contributing to the recognition of obesity as a public health problem, and in interacting with other social and structural factors in contributing to obesity and sedentary life styles.

VI. Research integration across diverse disciplines including those related to health services, policy, economics, urban planning, informatics and communications can facilitate progress in identifying effective population level interventions in prevention of obesity at the social-environmental or policy level across diverse at risk populations.

Regardless of the specific interdisciplinary focus developed by applicants, we strongly encourage applicants to include programmatic components linking their efforts widely to the spectrum of activities involved in energy balance and carcinogenesis. For example, centers devoted to elucidating mechanisms of energy balance and carcinogenesis could form collaborative relationships with clinical research centers, modeling trials in humans and generating hypotheses about influences of interventions on new pathways, which could in turn be examined via serum samples or tissue repositories. Similarly, centers involving an emphasis on social and behavioral sciences should reach out and embrace biology to insure that their work contributes to and informs the challenge of understanding both the biological and behavioral aspects of energy balance and carcinogenesis. Finally, basic, epidemiological, and intervention research all depend on assessment of health behaviors. Coordination among centers in the use of different instruments for assessing diet, physical activity, and anthropometry could also greatly enhance the future utility of data generated at multiple centers. We do not expect collaborative projects between centers in the first round of proposals, but mention of ideas for such projects and commitment of some effort to developing such projects would be welcome. The option for renewal of this concept will be explored, based upon the results of this first initiative.

A TREC Center must provide career development opportunities for new and established investigators who wish to pursue active research careers in transdisciplinary

nutrition, physical activity, weight, and energy balance; and provide developmental funds for innovative pilot projects. An essential part of this initiative is interactions among TREC Centers. A requirement for all TREC Centers is to participate in two semi-annual meetings. Where pertinent, TREC Centers will be encouraged to use common measures that allow pooling of data. Centers are encouraged to form partnerships with industry, public health agencies, and other organizations that have strong ties to minority communities with high rates of obesity and cancer.

The following is a draft list of potential requirements for TREC centers: Strong PI who provides overall leadership; evidence of institutional commitment: a transdisciplinary theme and focus; a minimum of three research projects; shared/core resources; career development; developmental and pilot research; intra- and inter-center collaborations.

Because of the central requirement for interaction across TREC centers, this initiative also proposes a central coordinating center to facilitate the required interaction. This facilitation will include activities such as working with NCI program staff and PIs in coordination of the semiannual meetings of the TREC centers, identification of commonalities in research questions being explored across sites, the compilation of state-of the-art instruments for diet, weight and physical activity assessment in use across sites, identification of common data elements in research across sites that could be compared or combined to examine more detailed questions in specific populations, bringing together special working groups on key scientific topics, or the development of training modules in diverse disciplines, such as genetics and proteomics or advances in self report and technologies for assessment of diet and physical activity, to support transfer of knowledge across disciplines. Distinct applications will be invited for the Coordinating Center, as part of this initiative.

Applications for the P50 mechanism may request a maximum annual direct cost of $1.5 million and maximum annual total cost of $2.5 million, based upon NIH approved indirect rates in effect at the time of the award. In complying with the direct cost cap of $1.5 million, the indirect costs relate to subcontracts to other institutions or organizations will not apply toward the direct cost cap, but the dollar request may not exceed $2.5 million. Applications for the P20 mechanism may request a maximum annual direct cost of $500,000 and annual total cost of $850,000, based upon NIH approved indirect rates in effect at the time of the award. Future year increases in total direct costs are limited to three percent increase. A TREC Research Center grant application may request up to five years of funding. NCI anticipates award for five to six centers and one coordinating center. The coordinating center will be funded up to $1 million per year total cost.

Community Networks to Reduce Cancer Disparities Through Education, Research, and Training. Concept for a reissued RFA, first-year set-aside $24.2 million, 22 awards, total $126.5 million over five years. Program director: Kenneth Chu, Center to Reduce Cancer Health Disparities.

In 1989, the National Black Leadership Initiative was created to conduct cancer awareness activities in response to concerns that incidence and mortality rates for many types of cancers were higher in black Americans than in whites. In 1992, the Hispanic Leadership and the Appalachian Leadership Initiatives were added. The general finding of the Leadership Initiatives was that there was a need to conduct more research among these populations to better understand the cancer rate differences. In 1999, NCI decided to replace the National Leadership Initiatives on Cancer Awareness with the Special Populations Networks for Cancer Awareness, Research, and Training. In April 2000, the NCI funded 18 SPN cooperative agreements. These SPNs have developed community-based infrastructures that provide expertise in culturally competent cancer awareness activities in racial/ethnic minority and underserved populations, as well as in training researchers from minority/underserved populations to conduct community-based research.

Based on a peer review evaluation, the current SPN program has achieved a number of major milestones. The SPN program has conducted more than 1,000 cancer awareness activities among racial/ethnic minority and underserved populations. SPNs established more than 300 formal partnerships with community-based organizations, local cancer awareness groups, government agencies, and national health care organizations. They trained more than 2,000 community/lay health workers. Approximately 200 pilot research project applications were submitted from more than 150 minority investigators, and 96 were awarded after peer review. SPN staff have in press or published more than 110 peer-reviewed papers. Finally, the 18 SPNs have successfully leveraged their NCI SPN funds by obtaining over $20.5 million in non-CRCHD funding during the initial phases of the program, including $7 million for cancer awareness, $7.5 million for training and $6 million in research activities; this occurred when SPNs were not yet required to actively seek funding for research. These major milestones were achieved in only three-and-a-half years, representing one of the most successful racial/ethnic minority and underserved population research programs at the NCI.

As this SPN program draws to an end in 2005, the Center to Reduce Cancer Health Disparities plans to reorient its focus from special population awareness research to reducing cancer disparities among racial/ethnic minority and underserved populations. Since there is a disconnect between the research discovery/development systems and the delivery system for cancer prevention and care, there is a need to increase delivery of beneficial interventions to racial minorities and underserved groups. The redesign and re-issuance of this RFA will focus on

closing this gap in the delivery system in those communities with cancer disparities.

The Community Networks to Reduce Cancer Disparities program raises awareness activities in vulnerable populations to the new, higher level of reducing cancer disparities by conducting community-based education, training, and research among racial minorities-African Americans, Hispanics, Asians, Pacific Islanders, and Native Americans/Alaska Natives-and underserved populations-Appalachian, rural, and other underserved populations. The goals of this program are to build on community-based awareness activities by significantly improving access to and utilization of beneficial cancer interventions in target communities, thereby closing the delivery gap and reducing cancer disparities among vulnerable populations. The implementation of the Community Networks program will be in three phases:

Phase I. Develop and increase capacity building to support community education, research, and training to reduce cancer disparities (years 1-5). Within this phase, objectives of the Community Networks are to: (1.1) develop a core organizational infrastructure in the first year, including establishing and training Community Networks staff. (1.2) create partnerships with communities experiencing cancer disparities and organizations that can aid in reducing their cancer disparities. (1.3) form at least four collaborations with NCI Centers/Divisions/Offices to support other NCI efforts to reduce cancer disparities. (1.4) increase utilization of beneficial interventions to reduce disparities in the community. (1.5) Leverage Community Networks activities by obtaining non-CRCHD funding for community-based education and training activities directed at reducing cancer disparities.

Phase II. Create community-based research and training programs to reduce cancer disparities (years 2-5). Within Phase II, objectives are to: (2.1) develop cancer disparities research that focuses on the spectrum of research issues necessary to reduce cancer disparities, with emphasis on developing interventions that can be used in and by the community. (2.2) train researchers, particularly those from racial/ethnic minority and underserved populations, in community-based intervention research to reduce cancer disparities. (2.3) develop pilot projects in community-based disparities research.

Phase III. Establish credibility and sustainability of the Community Networks program (years 4-5). Within Phase III, objectives are to: (3.1) reduce cancer disparities at the local level. (3.2) Obtain funding for research proposals (such as R01, R03, and K awards) that address issues directly related to reducing cancer disparities that have been gained from pilot projects and other community-based research activities; (3.3) provide evidence-based information for reducing disparities to decision and policy makers at the local, state, and Federal levels.

Each Community Networks program that works in a single area of the country (city or community) can be funded up to $500,000/year (direct and indirect costs). Community Networks programs that work in a large or multi-state area can be funded up to $1.75 million/year (direct and indirect costs), depending on the size and scope of their proposed programs. For example, Community Networks programs with a wide regional purview, such as a large single-state or 2 to 3-state area, may be funded up to $1 million/year (direct and indirect costs), while a national program with four or more regions may be funded up to $1.75 million/year (direct and indirect costs).

Reducing barriers to symptom management and palliative care. Concept for a new RFA, first-year set-aside $5 million, total $25 million over five years, 15 awards. Program director: Ann O'Mara, Division of Cancer Prevention.

The purpose of this RFA is to provide a stimulus to the research community to conduct studies on reducing or overcoming barriers to the delivery of appropriate symptom management and palliative care to patients suffering from disease and/or treatment related sequelae. Because of the broad applicability this research across conditions, settings, and populations, this RFA will be a collaborative effort. To date, NINR, NIA, NIMH, ORWH, OBSSR and the VA have expressed interest in joining.

Research results of this RFA will: Generate knowledge on how to reduce barriers to the delivery of symptom management and palliative care. Address barriers for vulnerable, medically underserved and special populations to access and receive palliative care. Encourage research collaborations across disciplines and cancer care delivery systems (i.e. academic centers, community hospitals, HMOs, doctor practices, hospices) and public-private partnerships.

Because the nature and scope of the research proposed in response to this RFA may vary, both the R01 and R21 mechanisms will be used.

NCI Interdisciplinary Cancer Research Career Development (K25) Award for Quantitative Scientists. Concept for a new RFA, first-year set-aside $700,000, four awards, total $3.5 million over five years. Program director: Lester Gorelic, Office of the Deputy Director for Extramural Science.

This special NCI K25 initiative is to support the research career development of quantitative scientists whose science and technical skills (including, but not limited to mathematics, statistics, economics, computer science, imaging science, informatics, physics, chemistry, and engineering) have not focused primarily on questions of health and disease; skills and knowledge that can contribute significantly to cancer research. NCI-funded cancer centers are required to be the sites for this career development initiative.

An award under this RF A will provide up to five

years of supervised study and research to prepare scientists with quantitative backgrounds to become independent cancer scientists or to integrate their special backgrounds into team-oriented, interdisciplinary cancer research programs (e.g., SPOREs, P0ls). To further enhance this career track, the NCI will publish a special Guide Notice announcing that successful investigators who complete this K25 program will be eligible for the K22 transition award.

NCI Programs:

Proven Programs Help States Fight Tobacco, ASSIST Finds

States that participated in the NCI-funded American Stop Smoking Intervention Study showed a greater reduction in smoking prevalence than non-ASSIST states, according to an evaluation published in the Nov. 19 Journal of the National Cancer Institute.

States with stronger tobacco control policies and greater ability to implement tobacco control programs experienced larger reductions in smoking, according to the study.

ASSIST was the largest federally-funded demonstration project to help states develop strategies to reduce smoking. In 1991, NCI provided funds to 17 state health departments and forged a partnership with the American Cancer Society to undertake the study. The ASSIST evaluation is the most comprehensive evaluation ever conducted on a large, multi-state tobacco control study.

The goal of ASSIST was to change the social, cultural, economic and environmental factors that promote smoking by utilizing four policy strategies: promoting smoke-free environments; countering tobacco advertising and promotion; limiting youths' access to tobacco products; and raising excise taxes to increase the price of tobacco products. The interventions were developed and implemented by networks of state and local tobacco control coalitions.

ASSIST was rolled out in two phases—a two-year planning phase from 1991 to 1993 and a six-year implementation phase from 1993 to 1999. NCI provided an average of $1.14 million per state per year during the intervention years, for a total of $128 million over the eight years of the program. Other funding and support were available to the states through voluntary organizations and other non-federal sources.

"States can reduce smoking prevalence and the enormous health and economic burden of smoking if they put in place proven programs and policies," said Frances Stillman, of the Johns Hopkins Bloomberg School of Public Health, first author of the study and director of the ASSIST evaluation.

"ASSIST had a small but significant effect on smoking prevalence," said Scott Leischow, chief of the NCI Tobacco Control Research Branch. "This difference has a large effect when viewed at the population level. If all 50 states and the District of Columbia had implemented ASSIST, there would now be about 280,000 fewer smokers nationwide."

According to Federal Trade Commission reports, the tobacco industry spent approximately $47 billion nationwide to market tobacco products during the period of the ASSIST project.

Prostate, Breast Leading U.S. Cancers, Latest Report Finds

Prostate cancer is the leading cancer overall in men and breast cancer is the most common form of cancer in women, according to the latest federal report on state-specific cancer incidence rates.

The report, "U.S. Cancer Statistics: 2000 Incidence," also includes information on Asians/Pacific Islanders as well as a new section on childhood cancers.

The report marks the second time NCI and the Centers for Disease Control and Prevention, in collaboration with the North American Association of Central Cancer Registries, have combined data to produce official federal statistics on cancer incidence.

The report includes data from 41 states, six metropolitan areas, and the District of Columbia, covering 84 percent of the U.S. population, up from the coverage rate of 78 percent for the 1999 report issued last year.

"The increase in the coverage rate can be attributed to more statewide registries meeting data quality criteria for inclusion in this report," said HHS Secretary Tommy Thompson. "Our goal is to continue to provide detailed information from population-based central cancer registries to better conduct research and guide effective cancer prevention and control programs."

The report provides a basis for researchers to describe the variability in cancer incidence rates across different populations and to target certain populations for evidence-based cancer control programs. The report is available at www.cdc.gov/cancer/ and www.seer.cancer.gov/statistics.

NCI Awards $42 Million To Fund Prevention Trials Consortium

The NCI Division of Cancer Prevention awarded $42 million in contracts to six research centers to conduct early-phase cancer prevention clinical trials over the next three years.

The Cancer Prevention Clinical Trials Consortium members and principal investigators are: David Alberts, Univ. of Arizona; Frank Meyskens, Univ. of California, Irvine; Raymond Bergan, Northwestern Univ.; Charles Loprinzi, Mayo Clinic Foundation; Scott Lippman, Univ. of Texas M. D. Anderson Cancer Center; and Howard Bailey, Univ. of Wisconsin-Madison.

"Each of these institutions was selected based on its proven ability to conduct cancer prevention research," said DCP Director Peter Greenwald. "We are looking forward to this next round of work on critical early-phase trials of new agents and their biological effects."

The consortium members will design and conduct early-phase clinical trials to assess the cancer prevention potential of a variety of agents, characterize the effects of these agents on endpoints associated with cancer development and correlate these effects with clinical endpoints, and develop scientific insights into the mechanisms of cancer prevention by assessing the clinical effects of these candidate agents, and by testing novel markers that may be used to determine response to the agents.

Each consortium member will collaborate with a network of institutions to conduct these studies and to recruit study participants. The consortium members will design and implement numerous studies on agents that may play a role in preventing cancer. Among these agents are likely to be COX inhibitors, statins, tea polyphenols, and soy isoflavones.

Funding Opportunities:

RFA Available

RFA-CA-04-013: Integrative Cancer Biology Programs

Letter of Intent Receipt Date: Feb. 13, 2004

Application Receipt Date: April 13, 2004

The initiative promotes the analysis of cancer as a complex biological system, by supporting the development of reliably predictive in silico or computational models of cancer initiation and progression that can lead to improved cancer interventions. The thrust of the program will be the integration of experimental and computational approaches towards the understanding of cancer biology. The initiative will encourage the emergence of integrative cancer biology as a distinct field. NCI interests related to this initiative include analysis of genome-scale data sets, understanding signal-transduction networks that maintain and promote the malignant process, and the performance of computationally-based modeling of critical cancer-related cell processes such as proliferation, migration, apoptosis, transcription and differentiation. NCI is also interested in understanding the cellular and molecular interactions within the cancer microenvironment that facilitate tumor development and progression.

The RFA will use NIH Specialized Center Grant P50 and Exploratory Grant P20 award mechanisms. The RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-04-013.html.

Inquiries: Dan Gallahan, chief, Structural Biology and Molecular Applications Branch, NCI Division of Cancer Biology, phone 301-435-5226; fax 301-480-2854; e-mail dg13w@nih.gov.

Program Announcements

PAR-04-020: Small Grants for Behavioral Research in Cancer Control

Application Receipt Date: April 20, Aug. 20, Dec. 22, 2004; April 20, Aug. 22, 2005; Dec. 20, 2005.

NCI Division of Cancer Control and Population Sciences invites behavioral research applications in cancer control. The Small Grants Program aids the growth of a nationwide cohort of scientists with a high level of research expertise in behavioral cancer control research. Small grants are short-term awards that fund pilot projects, development and testing of new methodologies, secondary data analyses, or innovative studies that provide a basis for more extended research. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PAR-04-020.html.

Inquiries: Veronica Chollette, DCCPS, phone 301-435-2837; e-mail vc24a@nih.gov

PA-03-170: Health Promotion Among Racial and Ethnic Minority Males

The initiative seeks to: 1)enhance understanding of the factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) solicit applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and their subpopulations age 21 and older. The PA is available at http://grants1.nih.gov/grants/guide/pa-files/PA-03-170.html.

Inquiries: Kaytura Aaron, Agency for Healthcare Research and Quality, phone 301-427-1395; fax 301-427-1562; e-mail kfaaron@ahrq.gov

In Brief:

Edward Sausville To Direct Clinical Research At Maryland

(Continued from page 1)

working in von Eschenbach's office. Clanton, a former executive with Blue Cross Blue Shield of Texas, is president-elect of the American Cancer Society, and served as first vice president of the society last year. He is a member of the National Dialogue on Cancer. "From the perspective of the entire delivery continuum, looking at issues that range from outcomes research to the problem of disparities, we are looking forward to Mark's leadership in helping to drive many of the trans-NCI initiatives," von Eschenbach said. . . . **NCI DEPARTURES: Edward Sausville**, associate director for the Developmental Therapeutics Program in the Division of Cancer Treatment and Diagnosis since 1994, accepted the position of associate director for clinical research at the Univ. of Maryland Greenebaum Cancer Center, effective in May. He will be responsible for expanding and coordinating clinical research, enhancing collaborations between clinical and laboratory researchers, and fostering bidirectional translational research. **Brian Kimes**, who plans to retire in February as director of the NCI Office of Centers, Training and Resources, accepted a Steuben glass trophy and a standing ovation from the National Cancer Advisory Board on Dec. 2. Center directors "appreciated all the support you gave us, including visiting some irascible deans and bringing them into line," said NCAB Chairman **John Niederhuber**, of Univ. of Wisconsin-Madison. . . . **ALAN TOMKINSON** accepted the position of associate director for basic research at Univ. of Maryland Greenebaum Cancer Center. He held a similar position at the San Antonio Cancer Institute. . . . **SOUTHERN COMMUNITY** Cohort Study, a health study of African-Americans, received a $1 million gift from Caterpillar Inc. The study is a collaboration among Vanderbilt-Ingram Cancer Center, Meharry Medical College, International Epidemiology Institute, and community health centers. . . . **UNIV. OF KANSAS,** Kansas Cancer Institute, received a $15 million gift to establish the William R. Jewell, M.D., Distinguished Kansas Masonic Professorship from the Kansas Masonic Foundation. The gift enables recruitment of a director for KCI, an associate director for clinical trials, and at least six basic and clinical scientists, said **Barbara Atkinson**, dean of the KU School of Medicine.

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