

THE

CANCER LETTER

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Vol. 30 No. 1
Jan. 2, 2004

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Price \$315 Per Year

Cooperative Group Chairmen Reject NCI Specimen Bank Contract Proposal

The chairmen of the NCI clinical trials cooperative groups unanimously rejected the Institute's proposal to use contracts to fund the groups' specimen banks.

The proposal to move to contract funding was consistent with a recently published plan for the Institute to centralize control over tissue resources as part of creating the National Biospecimen Network.

At a meeting Dec. 12, the chairmen of the NCI-funded cooperative groups rejected NCI's promises of more generous and stable funding through the contract mechanism and said that only cooperative agreements should be used to support the groups' tissue banks.

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In Brief:

NCI's Kaplan Named Associate Director, UK National Cancer Research Network

RICHARD KAPLAN, chief of the NCI Clinical Investigations Branch in the Cancer Therapy Evaluation Program since 2001, has accepted a position as associate director of the National Cancer Research Network in the UK, a program established two years ago with funding by the government and the National Health Service to expand randomized cancer clinical trials. He also will be appointed professor of clinical cancer studies at University of Leeds, where the NCRN Coordinating Center is based. He will spend part of each week in London, with responsibilities at Cancer Research UK, the largest charity cancer research funder in Britain. Kaplan plans to wind down his work at NCI overseeing the clinical trials cooperative groups over the next six months. **Jeffrey Abrams** will serve as acting branch chief. Kaplan, a Pittsburgh native, received a B.A. from University of Pittsburgh in 1966, and an M.D. from University of Miami School of Medicine in 1970. After medical internship at Miami, he served as an NCI clinical associate from 1971-73. He served residencies in internal medicine and oncology at University of Miami, and in 1975 was appointed assistant professor of medicine and oncology at Miami's Comprehensive Cancer Center, directed by the late **C. Gordon Zubrod**, the key architect of the cancer clinical trials system when he worked at NCI from the 1950s through the early 1970s. Kaplan joined NCI again in 1979 as a senior investigator in the Baltimore Cancer Research Program of the Division of Cancer Treatment. He has held faculty positions at the University of Maryland, and in 1992 became a senior investigator in the CIB. In the UK, the NCRN, under director **Peter**

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Executive Committee Sides With Groups, BSA Concurs

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Several group chairmen said that they would prefer to face the hardship of inadequate NCI funding over accepting the contract mechanism, which could mean erosion of the groups' control over their intellectual property.

"The tissue banks are not stand-alone structures," Richard Schilsky, chairman of the Cancer and Leukemia Group B, said at the meeting. "They integrate with our sites, our scientists, our pathologists, our statistical centers, and so on. All of those things are funded by the cooperative agreement mechanism.

"We have a lot of concern about taking [the banks] out of that system, with a funding mechanism that changes the relationship between the groups and NCI."

Originally, top NCI officials attempted to bypass the group chairmen in an effort to move to contract funding for the tissue banks. However, last November, when the plan was presented for peer review, the Board of Scientific Advisors directed the Institute to consult the groups (**The Cancer Letter**, Nov. 21, 2003).

The NBN proposal was developed behind closed doors by the National Dialogue on Cancer, a non-governmental group, which is directed by a board that includes two NCI officials: Director Andrew von Eschenbach and Anna Barker, deputy director for

strategic scientific initiatives. The development of the NBN proposal was largely funded by NCI (**The Cancer Letter**, Dec. 12, 2003).

On Dec. 16--four days after the chairmen spoke--the contract funding proposal was sent to the NCI Executive Committee, which had previously approved it. This time, the Executive Committee reversed its position, siding with the groups. In another step in this extraordinary chain of events, on Dec. 22, a subcommittee of the BSA concurred with the group chairmen and the Executive Committee.

With this process apparently concluded, the Institute plans to move quickly to develop the solicitation for applications to the U24 research resource cooperative agreement mechanism, officials said.

"We look forward to collaborative interactions with the cooperative group investigators to ensure a state-of-the art resource well-positioned for 21st century cancer research," said Ellen Feigal, acting director of the Division of Cancer Treatment and Diagnosis.

Contract Proposal "Raised Specters"

While some NCI staff members who spoke at the Dec. 12 meeting gave the contract proposal a hard sell, others seemed more willing to defer to the preferences of the group chairmen.

Opening discussion of the proposal, Richard Kaplan, head of the Cancer Investigations Branch, said the division's goal was to find a way to support the specimen banks.

"These specimens and the clinical data that go with them are almost the most valuable, long-term resource in the whole cooperative group system," Kaplan said. "The primary goal is to make sure these things thrive. We have been frustrated, as you have been, with the uncertainty of funding level for a long time. The origin of this effort was, No. 1, to try to stabilize funding. Whether it ends up with contracts or cooperative agreements, we will live with anything.

"The terms are likely to be similar, but the term 'contract' has raised all sorts of specters," Kaplan said. Late in fiscal 2003, the groups received a \$4 million supplement to their base funding of about \$269 million to help support the banks.

Responding, group chairmen left nothing to interpretation. CALGB's Schilsky, chairman of the group chairmen's committee, read a brief statement on behalf of the groups, which was followed by separate statements from his colleagues, and—finally--a vote.

Though NCI staff didn't request a vote on the proposal, the group chairmen moved that a vote be



Member,
Newsletter and Electronic
Publishers Association
www.cancerletter.com

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taken, using this as yet another demonstration of their unanimity.

“We are very appreciative of everyone’s efforts to assure stable funding for the banks,” Schilsky said at the meeting. “These are probably the most valuable specimens in the world for cancer research, and assuring they are appropriately managed is critical to our whole scientific enterprise.

“Our general assessment is that the contract mechanism is not an appropriate mechanism for these banks, even though we agree with the need for support.”

Sheila Taube, director of the Cancer Diagnosis Program, who presented the proposal to the group chairmen, said the relationship between NCI and the groups “will be the same, and it will not isolate the banks from the rest of the activities, because this can be written into the contract in terms in the same way as having a separate grant for the banks.”

Under the NCI proposal for a non-R&D contract, the groups would retain ownership of specimens and data, and the government would have no right to anything not specified in the contract. A steering committee—the Banking Committee—consisting of NCI staff and cooperative group investigators would develop policies with milestones for implementation, including “coordination of activities, researcher application and review processes, utilization of banked specimens and data, common data structures for banking, best practices for collection and storage of specimens, meeting the needs of emerging technologies, and information to be reported to the NCI,” the proposal stated.

“We understand that the terms may be identical, but we understand that, although you say that this will not change the relationship between the NCI and the groups, it has to change the relationship, because the federal regulations specify that contracts are managed differently than cooperative agreements, so it will be different, no matter what,” Schilsky said.

Contracts are “cumbersome,” and cooperative agreements have worked well for the groups, said Charles Coltman, chairman of the Southwest Oncology Group. “Cooperative agreements are collaborative efforts between the funding agency and the grantee,” he said. “I think there is collaboration between NCI and recipients of cooperative agreements. Cooperative agreements are what we have developed faith in, and I don’t think any of the cooperative group chairs are prepared to go with a contract mechanism, particularly when dealing with the treasure of the group system.”

DCTD Director Feigal said the banks could be

funded either with grants or contracts. “We thought there was an advantage for the groups with contracts,” because funding would be more predictable, and not subject to administrative cuts each year, she said.

“I don’t want us to get bogged down in the mechanism, because, frankly, we can do this with a cooperative agreement or a contract mechanism,” Feigal said. “We thought there might be advantages to investigators to these contracts, but we can go either way.”

Richard Hartman, of the NCI contracts office, said contracts are neither difficult nor cumbersome to put in place.

“We’re not your father’s contracting office,” Hartman said, borrowing a General Motors sales pitch. “We try very hard to make our contracts much more flexible and easier. We can be very flexible in how we write a contract.”

Coltman refused to buy. “Contracts are directed by the contracting organization,” he said. “If you are telling me that is not the case anymore, then I’ll be stunned. On the other hand, if it doesn’t make any difference whether it’s a contract or a cooperative agreement, then it’s simple enough.”

“In Broad Agency Announcements, we don’t even tell you what we want,” Harman countered. “We ask you what can you give us. So there is a lot of flexibility there that we have not used in prior years.”

“There has been a moving target here, and I’m still very unclear on where the truth really lies,” Schilsky said. “In the concept proposal that was presented to the BSA, there was the following language: ‘provided contract funding for the banking efforts will allow the [Research Contracts Branch] to ensure that these changes accelerate and the groups adhere to the agreements among the banks.’ That’s an example of the language that has been put forward.

“Subsequent to that, we got another set of language put forward in an earlier draft of the contract terms that Sheila [Taube] just described, and that language says that, what’s being proposed is a non-R&D contract,” Schilsky said. “‘The service that will be provided to the government under this particular proposed contract...’ We pushed back on that, and we got what Sheila just described. So, where is the truth here?”

TAUBE: “I think that’s unfair, because when I talked to you on the phone, you raised that issue, and I indicated that that was wording that had been developed in contracting to make a distinction between the deliverables that had been discussed at the Board of Scientific Advisors meeting and the fact that that is



not what this contract would be about. It would not be about specific deliverables of studies, or specimens, or data. Because of our discussion and your sensitivity about the word ‘service,’ I went back and discussed with contracting whether that was a word that was required—absolutely not—and the wording was changed to make it quite clear that what we are talking about is making awards to fund the organization and the whole banking program. I think it’s unfair to raise that specter at this time.”

SCHILSKY: “I think it’s important to illustrate the evolution of this process.”

TAUBE: “Sure, there is always an evolution in discussion, but there is no difference between what’s in there about allowing RCB to ensure what we talked about in these draft terms. We are talking about precisely the same thing. Policies will be established and milestones will be set up, and that will be done by the Banking Committee itself, and Banking Committee representatives from each group will have to be in consultation with leaders of each group. We can do that under either mechanism, and we can enforce the milestones. We can even build into terms of award for cooperative agreements that the funding will stop if milestones are not met, and the Board of Scientific Advisors has, in fact, recommended that connotation, so there really is no difference here. It was a choice of words as we were trying to get something on paper.”

FEIGAL: “It’s important to make clear that the Banking Committee which consists of investigators will make the decisions about how the banks will work. NCI is facilitating the coordination of that interaction. There may be certain sensitivities to different words, so let’s not use those words. Let’s not get bogged down with the legalistic aspects here.”

SAMUEL WELLS, chairman of the American College of Surgeons Oncology Group: “I think it’s important not to lose sight of the big picture here. This is a fantastic opportunity. I think a best-faith effort has been put forth, and we are not far apart on this. Could we consider putting some of the group chairs together with CTEP to come up with something. Are we talking about a giant step here?”

NORMAN WOLMARK, chairman of the National Surgical Adjuvant Breast & Bowel Project: “I think there is much trepidation and mistrust that exists towards the contract mechanism. It may be anachronistic on our part, and it may not be the contract mechanism of a decade ago, but the gradient that has to be overcome is so enormous that I think the point is very well taken that we don’t want the joust between contract versus

cooperative agreement to obscure the very real and laudable and noble endpoint that this endeavor is intending to achieve. Rather than going down that path, let’s just agree we are going to do it through the cooperative agreement and let’s put it in place and do it. I was really quite struck by the level of resistance that there was to the contract mechanism. I don’t think any amount of language, legalese or otherwise, is going to allay the concerns that exist. It may not be rational, it may not be logical, but that’s the way it is.”

TAUBE: “You do understand, though, that funding, then-- you may not have funding in the same time frame.”

COLTMAN: “There are all sorts of threats and coercions, but we’ve heard—”

TAUBE: “It’s not a threat. It’s not a coercion. It’s a fact.”

COLTMAN: “--from everyone at NCI that it makes no difference.”

TAUBE: “That’s correct.”

KAPLAN: “It makes no difference in terms. It may make a difference in terms of the speed in which it can be put in place. Who knows if it makes any difference in the long run in terms of the stability of funding.”

COLTMAN: “I don’t have the answer to that, but speed and contract, in my view, is an oxymoron.”

FEIGAL: “All I can say is, there is a simple review process, but whatever the perceptions are, whether they are based on facts or based on past history, we hear what your concerns are, and there may be differences in timing because the review is different. We hear your concerns, and that’s what we will bring forward, that you prefer the cooperative agreement mechanism.”

Role of Specimen Banking Committee

Gregory Reaman, chairman of the Children’s Oncology Group, said he didn’t like the concept of the Banking Committee making decisions for all the groups. “This resource is an integral part of our scientific agenda; it’s not something that we use in addition to clinical trials, it’s what leads us to clinical trials,” he said.

“There may be a range of options,” Feigal said. “We are not putting it into concrete right now. We listed a variety of topics that we wanted the banking committee to consider. Some of them, there may be opportunities to do things in more standardized ways. Other times there may be more unique circumstances where you want to have a range of way in which you conduct your business.”

“I have problems with the concept of a Banking Committee making those decisions for a group,”



Reaman said.

"It's very likely that the Banking Committee, when it is establishing policies, will probably establish different policies for trials and specimens that come from a single cooperative group's research versus policies for specimens that come from an intergroup or collaborative trial," Kaplan said.

"You will decide who participates on the committee, and presumably on an ad hoc basis depending on the topic to be discussed, you could bring in other types of expertise," Feigal said.

"I think that we will push very hard, no matter how we fund this, to have some kind of clear coordination, some kind of processes that are not opaque as they are now, that are somewhat less complex than they are now for getting access to the specimens," Taube said. "We want to see that these specimens are used for good studies."

"I hope you are not inferring that the use of specimens now is not for good studies?" Coltman said.

"No, I think the use of specimens is for good studies," Taube said. "On the other hand, I think that the use of specimens has not been optimal in terms of the size and the scope of the studies in which they have been used, and there are lots of specimens around that haven't been used at all that could be used, and I think we need to get a handle on this, with the groups together to talk about how best to do this."

"But I think the main point that we want to stress is that the composition of the committee is up to the individual groups," Feigal said. "Part of the challenge is to get 10 different groups to work together on these various issues. It's going to be a challenge."

Unanimous Vote

Jan Buckner, chairman of the North Central Cancer Treatment Group, said the funding mechanism determines the "fundamental relationship" between the cooperative groups and NCI.

"We feel it is extremely important in the public interest, for the quality of the science, that [the banks] are integrated and that there is bi-directional decision-making," Buckner said. "There is strong sentiment that those principles will be most likely to be carried out if we do it the right way right from the start if that is set up as a cooperative agreement, rather than a contract, because of the trust in the bi-directional discussion that goes on, rather than the perception of a contract that is unidirectional.

"I have not been at this very long, but I can tell

you that there have been very few topics that have come up in which there is really unanimous support on the part of the chairs," Buckner said. "It does speak to the importance of the issue of the strength of the sentiment of the group chairs to get it done the right way from the start."

Philip DiSaia, chairman of the Gynecologic Oncology Group, moved that the chairmen recommend the cooperative agreement.

"I think we heard you," Feigal said.

"Maybe we should vote on it anyway," Schilsky said.

NCI Programs: **NCI Requests \$6.2 Billion In FY05 Bypass Budget**

In a professional judgment budget for fiscal year 2005, NCI requests \$6.2 billion, an increase of \$1.4 billion over the fiscal 2004 President's budget request.

The Congressionally-mandated document is also known as NCI's "bypass budget," because it was originally intended to bypass NIH and HHS review and go directly to the White House.

The document breaks out the funding request into four parts: a "core" budget that would merely continue the Institute's current activities; an increase that would fund additional work in priority areas; an increase to fund research infrastructure and clinical trials; and an increase for communications and bioinformatics.

"This document highlights our recent progress in cancer research and outlines our Action Plan and the resource requirements to maximize progress, as we reach toward our Challenge Goal to eliminate the suffering and death due to cancer by 2015," NCI Director Andrew von Eschenbach wrote in his Dec. 16 online "Director's Update" column on the NCI Web site

"We are experiencing exponential growth in our knowledge of cancer--growth fueled by historically high levels of funding, scientific expertise, sound infrastructure, and enabling technologies," he wrote. "Now, with a sharp focus on our goal and a wise application of continued budgetary support, we can harness advances in discovery and development research to deliver interventions for preventing cancer; detecting it early; and slowing, stopping, or reversing its progression to a lethal phenotype."

Under the bypass budget for 2005, about \$330 million of the requested increase would allow NCI to continue its current funding commitments, Institute Director Andrew von Eschenbach said.



An additional \$472 million would be used for new or expanded work in nine research priorities, constituting NCI's "Action Plan." These include: Genes and the Environment; Signatures of the Cancer Cell and Its Microenvironment; Molecular Targets of Prevention, Diagnosis, and Treatment; Cancer Imaging and Molecular Sensing; Research on Tobacco and Tobacco-Related Cancers; Optimizing Energy Balance to Reduce the Cancer Burden; Improving the Quality of Cancer Care; Reducing Cancer-Related Health Disparities; and Cancer Survivorship: Optimizing Health and Quality of Life after Cancer.

An increase of \$555 million would allow for additional support for investigator-initiated research, cancer centers, networks, and consortia, and clinical trials.

An increase of \$84 million would expand bioinformatics and communications tools and approaches.

"We realize that not all of the proposed resources suggested in this year's Bypass Budget will be available to us, and we have made a commitment to do as much as possible to leverage resources through partnerships, integration of projects, and resource sharing," von Eschenbach wrote. "In these times of leaner budgets, it will take the entire cancer community working together to achieve our vision for the future.

"In January 2004, I plan to convene a retreat of the members of NCI's Advisory Boards to review and discuss future program funding in an effort to determine how best to apply our resources so that we may achieve our goal of eliminating the suffering and death due to cancer by 2015."

The document, "The Nation's Investment in Cancer Research: A Plan and Budget Proposal for Fiscal Year 2005," is available at www.cancer.gov.

Obituary:

Michale Keeling, Vet Sciences Chairman, M.D. Anderson

Michale Keeling, chairman of the Department of Veterinary Sciences at Science Park and professor of comparative medicine at The University of Texas M. D. Anderson Cancer Center, died Dec. 21 after a car accident near his home in Elgin. He was 61 years old.

Keeling, a member of the M. D. Anderson faculty for nearly 30 years, was the only full-time administrative director of the Veterinary Sciences Department, near Bastrop. The facility houses chimpanzees, rhesus monkeys, sheep, cattle, swine, chickens and rodents,

and has an international reputation for innovation in breeding and managing many species vital to biomedical research.

"Mike Keeling was both a superb veterinarian and a fine scientist," said John Mendelsohn, president of M. D. Anderson Cancer Center. "He arrived in Bastrop when M. D. Anderson had only the bare essentials of a veterinary program and built it into a world-class center for veterinary resources that are vital to biomedical research. He was a gifted administrator who was devoted to his profession and to M. D. Anderson. We all mourn his death."

Under Keeling, the Department of Veterinary Sciences at Science Park became one of only a handful of institutions participating in the National Chimpanzee Breeding and Research Program. Keeling developed a program at the Bastrop facility for housing, breeding and re-socializing chimpanzees that had been used in federal biotechnology research programs. In 2000, the facility was awarded a five-year grant for more than \$19 million from NIH.

Funding Opportunities:

International Leadership Awards In Geriatrics

Nominations Due Date: July 2, 2004

Brookdale Institute on Aging invites nominations for leadership awards in geriatrics and gerontology, with \$100,000 awards to be presented in Spring 2005. The selection criteria will include lifetime achievement contributions, along with leadership and excellence in the field of aging. The geriatrics category will include biomedical sciences, and the gerontology category will include the social, behavioral and/or humanities fields.

Inquiries: Krista Richards, The Brookdale Institute on Aging, 950 Third Ave., 19th Floor, New York, NY 10022; phone 212- 308-7355; fax 212-750-0132; e-mail KR@brookdalefoundation.org.

Program Announcements

PA-04-034: Exploratory Grants for Behavioral Research in Cancer Control

NCI Division of Cancer Control and Population Sciences invites applications for a two-year award. The PA intends to stimulate approaches to primary and secondary cancer prevention, prevention of cancer-associated morbidity, quality of life, communication and health promotion behavioral research through a program of exploratory investigator-initiated R21 grants. In



addition, the PA encourages ideas and methodologies in the target area and to provide support for the collection of pilot data to be used as the basis for later R01s. The PA will use the NIH exploratory/development R21 award mechanism. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-04-034.html>.

Inquiries: Sabra Woolley, Health Promotion Research Branch, Division of Cancer Control and Population Sciences, NCI, 6130 Executive Blvd., EPN Rm 4078, MSC 7335, Bethesda, MD 20892-7335, Rockville, MD 20852 (for express/courier service), phone 301-435-4589; fax 301-480-2087; e-mail sw215x@nih.gov.

PA-04-033: Diet Composition and Energy Balance

The PA invites research applications investigating the role of diet composition in energy balance, including studies in both animals and humans. Both short and longer-term studies would be encouraged, ranging from basic studies investigating the impact of micro- or macronutrient composition on appetite, metabolism, and energy expenditure through clinical studies evaluating the efficacy of diets differing in micro- or macronutrient composition, absorption, dietary variety, or energy density for weight loss or weight maintenance. The PA will use the NIH R01 and R21 award mechanisms. The PA is available at <http://grants1.nih.gov/grants/guide/pa-files/PA-04-033.html>.

Inquiries: For NCI--John Milner, Nutritional Science Research Group, Division of Cancer Prevention, NCI, 6130 Executive Blvd., Suite 3164, Rockville, MD 20892, phone 301-496-0118; fax 301-480-3925; e-mail jm524n@nih.gov.

RFAs Available

RFA-CA-05-00: Innovative Technologies for Molecular Analysis of Cancer

NCI invites applications for research projects that develop cancer relevant technologies. Technology encompasses methods and tools that enable research, including, but not limited to, instrumentation, techniques, and devices. Technology is distinct from resources such as databases, reagents, and tissue repositories. Technologies solicited include, but are not necessary limited to, those that are suitable for the detection of alterations and instabilities of genomic DNA; measurement of the expression of genes and gene products, including proteins; analysis and detection of gene and/or cellular products, including post-translational modification and function of proteins; identification and characterization

of exogenous infectious agents in cancer; and assaying the function of major signal transduction networks involved in cancer. Developing technologies would include those that will support molecular analysis in vitro, in situ, or in vivo in discovery processes as well as in pre-clinical models and clinical research. The RFA will use either R21 or R33 funding mechanisms. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-05-002.html>.

Inquiries: Gregory Downing, Office of Technology and Industrial Relations, NCI, Bldg., 31, Rm 10A52, Bethesda, MD 20892, phone 301-496-1550; fax 301-496-7807; e-mail downingg@mail.nih.gov.

RFA-CA-05-003: Inclusion of Application of Emerging Technologies for Cancer Research

NCI invites applications to evaluate emerging technologies that are ready for application to clinical or biological questions in cancer research. Projects should be designed to demonstrate that the technology is robust and yields reproducible measurements. Projects should also be designed to gather preliminary data for the technology in a future project(s) with a clinical or biological focus. The initiative is part of a broader technology development program within NCI that emphasizes the link between development and delivery. The RFA will use NIH R21/R33 Phased Innovation Award and the R33 Exploratory/Developmental Phase II award mechanisms. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-05-003.html>.

Inquiries: See preceding RFA.

RFA-CA-05-004: Innovations in Cancer Sample Preparation

Letter of Intent Receipt Dates: Jan. 16, May 17, Sept. 17.

Application Receipt Dates: Feb. 17, June 17, Oct. 18.

NCI invites applications for research projects involving the development and significant enhancement or adaptation of sample preparation methodologies and technologies, the development of assays to assess sample quality, and studies designed to elucidate the criteria by which to judge sample quality. The outcome will be products and methods designed to optimize sample utility. Samples may originate from residual material not necessary for patient care or from cell lines, model organisms, or other sources relevant to cancer research. The RFA will support methods to assess sample quality and studies that elucidate the



criteria needed to judge sample quality under different conditions. The RFA will also support the development of technologies to make these assessments, such as the development of sample reference materials that can be used to calibrate the effectiveness of new fixatives or new detection methodologies. The RFA will use NIH Exploratory/Developmental Research Grant R21, Exploratory/Developmental Phase II R33, and the Phased Innovation Award R21/R33 mechanisms. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-05-004.html>.

Inquiries: See preceding RFA.

In Brief:

Forman Is Medical Director, Karmanos Cancer Foundation

(Continued from page 1)

Selby, has more than doubled the number of accruals to oncology trials and is coordinating 21 Clinical Studies Groups that develop trial proposals. "NCRN now needs to develop and manage its trials portfolio, coordinate priorities with major sources of funding, promote productive links with industry, and facilitate the integration of correlative objectives into more of the new trials, and these are going to be among my areas of responsibility," Kaplan wrote in an email announcing his move last month. . . . **JEFFREY FORMAN** has been appointed medical director of the Barbara Ann Karmanos Cancer Foundation. Forman has been associated with the Karmanos Cancer Institute since 1993. He leads the Prostate Multidisciplinary Team and serves as medical director of the Lawrence and Idell Weisberg Cancer Treatment Center. Forman also is a professor in the Department of Radiation Oncology at Wayne State University. . . . **LARRY COPELAND**, an expert in gynecologic malignancies at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute-Comprehensive Cancer Center, has received the Distinguished Alumnus Award from the M. D. Anderson Alumni and Faculty Association. The award is presented annually to a physician or scientist trained at M. D. Anderson for career achievement. Copeland is the William Greenville Pace III and Joann Norris Collins-Pace Chair for Cancer Research at Ohio State and chairman of the Division of Gynecologic Oncology in the College of Medicine and Public Health's Department of Obstetrics and Gynecology. He is also a member of the OSU Comprehensive Cancer Center Experimental Therapeutics Program. . . . **NATIONAL HUMAN Genome Research Institute** announced the

first draft version of the chimp genome sequence has been assembled. The sequence of the chimpanzee, Pan troglodytes, was assembled by NHGRI-funded teams led by **Eric Lander**, at The Eli & Edythe L. Broad Institute of MIT and Harvard University; and **Richard Wilson**, at the Genome Sequencing Center, Washington University School of Medicine. The data, which is based on four-fold sequence coverage of the chimp genome, have been deposited into the NIH-run, public database, GenBank, www.ncbi.nih.gov/Genbank. The research teams are comparing the chimp and human genome sequences and plan to publish results of their analysis in the next several months. . . . **UNIVERSITY OF PITTSBURGH Medical Center and Uniontown Hospitals** are collaborating on a regional cancer center for radiation oncology in Uniontown. The project will upgrade and renovate the existing Fayette Regional Cancer Center, which be renamed the Robert E. Eberly Pavilion, in recognition of a \$1.65 million contribution to support the renovations and expansion. . . . **BELINDA SETO** has been named deputy director of National Institute of Biomedical Imaging and Bioengineering, effective immediately. Seto was acting deputy director for extramural research at NIH. . . . **UNIVERSITY OF NEBRASKA Medical Center** has added two faculty members to its Eppley Cancer Center. **Jean Grem**, head of the Gastrointestinal Malignancies Section at NCI, was named director of the Gastrointestinal Oncology Program and the Oncology Drug Development Program, Oncology/Hematology Section of the Department of Internal Medicine at UNMC. **Gloria Borgstahl-Kramer**, a crystallographer with the University of Toledo Department of Chemistry, joins the center as associate professor. . . . **FOX CHASE Cancer Center** Basic Science Division has appointed two associate members. **Zimei Bu** was a research chemist at the National Institute of Standards and Technology and **Young Park** was a research associate in the Department of Biochemistry at the Weill Medical College, Cornell University. Also at Fox Chase, **Sharyn Shill** was appointed administrative director for radiation oncology and technology management. Shill will continue to oversee the administrative activities of radiation oncology, including technology acquisition and the development of technology-related research agreements. She also has an expanded role in strategic technology planning, implementation and management within radiation oncology and diagnostic imaging. Shill will support **Alan Pollack**, chairman of the Department of Radiation Oncology, and **Rosaleen Parsons**, chairman of the Department of Diagnostic Imaging.



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