THE CANCER LETTER

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Center Grants To Allow Staff Investigator Salary; Benchmark Funding Level Lowered

By Kirsten Boyd Goldberg

New guidelines for Cancer Center Support Grants will enable centers to apply for salary support for clinical investigators who don't receive grants, opt out of site visits under certain situations, and receive a sixth year of funding when an application is ranked "outstanding."

That's the good news. Not as good news: The guidelines, approved by the National Cancer Advisory Board last month, establish a lower "benchmark" funding amount for the CCSGs.

The cancer center grant is based on a percentage of the total NCI research

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In Brief:

Axel, Buck Win Medicine Nobel, Chemistry Prize Goes To Three For Ubiquitin Pathway

NOBEL PRIZES: Richard Axel, a Howard Hughes Medical Institute investigator at Columbia University, and **Linda Buck**, of the Fred Hutchinson Cancer Research Center, were awarded the 2004 Nobel Prize in Physiology or Medicine for their discovery of a large gene family that give rise to olfactory receptors. **Irwin Rose**, a researcher in the University of California, Irvine, College of Medicine, and **Aaron Ciechanover** and **Avram Hershko**, of the Israel Institute of Technology, will receive the Nobel Prize in Chemistry for their discovery of the major pathway through which cellular building blocks called ubiquitin proteins are regulated by degradation. Cancer and some neurodegenerative diseases are thought to be related to disruptions in this pathway. . . . **ASSOCIATION OF AMERICAN CANCER INSTITUTES** elected three new members to its Board of Directors. Their three-year terms will begin at the AACI annual meeting Oct. 24-26, in Chicago. The directors-elect are **Kenneth Cowan**, director, UNMC/Eppley Cancer Center; **Judith Gasson**, director, Jonsson Comprehensive Cancer Center at UCLA; and **George Weiner**, director, Holden Comprehensive Cancer Center at University of Iowa. Also, **Stuart Schreiber** will receive the Distinguished Scientist Award, **Ellen Sigal** will receive the Public Service Award, and a Special Recognition Award will be presented to **Edwin Mirand**. Schreiber is the Morris Loeb Professor and chairman of the Department of Chemistry and Chemical Biology at Harvard University and a Howard Hughes Medical Institute investigator. He also is a founding member of the Broad Institute. Sigal is founder and chairman of Friends of Cancer Research. Mirand, who served as secretary-treasurer of AACI for many years, is emeritus vice

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CCSGs: "Reality Ratio Is .15," NCI's Antman Tells NCAB

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awarded to the center's investigators. For 14 years, the CCSG guidelines said the award should be capped at about 20 percent of a center's NCI research funds. In reality, the Cancer Centers Program hasn't been able to support that level of funding.

Under the new guidelines, the benchmark is 15 percent. Centers aren't guaranteed the full amount. NCI will use a sliding scale to award more money to centers that have better priority scores.

On the other hand, the 15 percent target is not a budget cap. Centers that make a strong case could exceed that amount, according to the guidelines document.

The budget change reflects NCI's current fiscal reality and funding practices, said Karen Antman, NCI deputy director for translational and clinical sciences. "To tell people to ask for a ratio of .20 when our budget can only support .15 is irresponsible," Antman said to the NCAB at its Sept. 14 meeting. "The reality ratio is .15."

The new guidelines also make clear that in years of very tight budgets, NCI's funding plan will "spread the impact over the entire program," possibly resulting in smaller-than-expected budgets for non-competing as well as competing grants.

NCI used a sliding scale to fund competing centers last year. The centers ranked "outstanding" received full funding recommended by peer review. Each percentage point in the score worse than "outstanding" resulted in a budget cut of half a percent (**The Cancer Letter**, Jan. 16).

Last year, NCI awarded $233 million in CCSGs to the centers. The awards pay for shared resources among investigators at 61 NCI-designated cancer centers. The grants ranged from $730,000 a year to Wayne State University to $10 million a year to a consortium center formed by Dana-Farber Cancer Institute, Harvard University, and Massachusetts General Hospital.

The guidelines were revised in response to recommendations in a February 2003 report by the P30-P50 Working Group, a panel of extramural advisors appointed by NCI. The guidelines would go into effect after NIH approval. The document is available at http://www3.cancer.gov/cancercenters/centersadmin.html.

"Limited" Site Visit Option

Under the new guidelines, centers may request a "limited" site visit under specific circumstances.

A full site visit involves a team of reviewers spending up to eight hours at the center, listening to presentations and asking questions.

A limited site visit will include NCI staff, an administrative reviewer, and several investigators with clinical trials expertise. This smaller group will visit a center four to six weeks before the parent committee meeting to evaluate the administration, regulatory, and financial performance of the center. Then, the parent committee will submit questions and the center will have the opportunity to respond. At the parent committee meeting, the center director and administrator may give a 10-minute presentation and answer questions.

Centers may request the limited site visit if they are already funded, have the same director as at the previous review, are requesting a budget increase of less than 10 percent, and have no other significant change.

Following are other modifications to the CCSG guidelines:

Shorter document: The guidelines have been completely rewritten and reformatted, reducing a 109-page, single-spaced document to 43 pages. Instructions for preparing each section of the grant application appear with the narrative for that section, reducing duplicative language.

Staff investigators: Center members who are "clearly important contributors to the programmatic or translational activities of the center" may receive salary from the staff investigator budget.

Sixth year: Centers ranked by review as

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"outstanding" now have a possibility of winning a sixth year of funding. NCI will make that decision after two years of funding, and centers cannot request it in the competitive renewal application.

Research base: The list of funding agencies with acceptable peer-review processes is updated. Centers that can't meet the $4 million minimum of NCI-funded research can include grants and research contracts from other NIH institutes, the National Science Foundation, the American Cancer Society, and other organizations that comply with NCI Referral Guidelines.

Institutional commitment: A new requirement is a letter signed by an appropriate institutional official documenting specifics of institutional commitment to the cancer center.

Consortia: Special instructions regarding partnerships, consortium centers, affiliations and collaborations were added.

Specialized resources: The document discusses more specifically some specialized shared resources such as informatics, dissemination and imaging.

Templates: The guidelines include templates of tables for reporting information on shared resources and clinical trials.

Comprehensiveness: The procedures for the second stage review of comprehensiveness have been changed.

More institutions are becoming interested in competing for cancer center grants, NCI Director Andrew von Eschenbach said to the NCAB. "We now see a queing up of centers-to-be," he said.

Centers that are building programs to compete for the NCI designation include the Winship Cancer Center at Emory University, the University of Kansas, and the Nevada Cancer Institute, von Eschenbach said.

"We see significant pressures on our budget in the future," he said. "We have to be prepared for success."

Cancer Centers: "Black Holes"

In his "Director's Report" to the NCAB, von Eschenbach said he enjoys visiting cancer centers whenever he has the opportunity.

"I continue to benefit from my visits out into the community, especially to the cancer centers," he said. "I wish I could devote my entire director's report to give to you a snapshot of the unbelievable initiatives and activities that are occurring within those cancer institutes and what power that brings to the entire enterprise."

Then, the NCI director made this observation about cancer centers. "I have said often, and I continue to, going forward: Our cancer centers are black holes," von Eschenbach said.

"They have become enormous gravitational forces," he continued. "They are drawing to them intellectual capital. They are drawing to them unbelievable opportunities in the way of collaboration."

In his remarks, von Eschenbach described a recent visit to a cancer center.

"I visited the Vanderbilt just two weeks ago," he said. "A relationship with the cancer center has been built with their mass spectrometer center to do proteomics for cancer. It doesn't even end there. The 28 mass specs that they have now, working effectively with the cancer center on that unbelievable research project, are now being linked to the most sophisticated, the most powerful computational opportunities at Oak Ridge. When you see that federal laboratory and that mass spec center focusing on the research programs of the cancer center, you recognize what an unbelievable opportunity that presents.

"You recognize that that's just one small story of just that cancer institute," he said. "We have many other cancer centers. Multiply that by all the rest."

* * *

NCI, the National Institute of Diabetes and Digestive and Kidney Diseases, and National Heart, Lung, and Blood Institute have formed the Trans-Institute Angiogenesis Research program.

The program was the result of discussions with the Juvenile Diabetes Research Foundation.

The program will "further expand not only our angiogenesis portfolio, but … will basically benefit a whole host of diseases," von Eschenbach said.

"This concept of being cancer-focused and cancer-led, but not cancer-centric and not cancer-isolated is a principle that will continue to drive all of our activities and our relationships," von Eschenbach said. "We believe that we have great opportunity to use our resources, expand and further develop in the area of technology development… or many of the other programs like our clinical trials infrastructure, but we see that we must build on the tremendous strengths and opportunities that we have, while at the same time, doing that in a way that's collaborative and cooperative."

NCAB Chairman John Niederhuber, of the University of Wisconsin, complemented von Eschenbach on his work to increase collaboration with other organizations. "I think this is one of the powerful aspects of your tenure here," Niederhuber said. "You have really led the NCI in a unique way. Those who know you would say not unexpectedly. I think we ought to

work hard to get that message gently out to the cancer community at large so that there is more awareness of the leadership that NCI is providing at NIH and throughout the different agencies of government. I think it's a very important message, a powerful message, of how we are working to expand those involved in doing cancer-related research."

VON ESCHENBACH: "I appreciate your comments, but I have to say that I don't believe that this is particularly something that I'm responsible for. What we are all appreciating is that … our society has recognized that over the past 30 years, the investment we have made in the cancer program and in NCI, the appropriations and the authorizations that were provided to NCI by the National Cancer Act of 1971, has led us to a point that is truly transformational. And, literally, the infrastructure that exists in cancer doesn't exist in other places. We have 60 NCI-designated cancer centers. … Cancer is the disease Americans fear the most. We have no choice but to lead."

* * *

NCI has released an "Annual Progress Report" on cancer research.

"This is intended to be a document to complement the Bypass budget document, which will be revised this year, to be a much more forward planning and financial document than a progress review document," von Eschenbach said.

The annual report is available at http://www.cancer.gov/aboutnci.

* * *

NCI closed out its fiscal 2004 budget on Sept. 30, fully obligating $4.7 billion, a 3.9 percent increase, or $178 million, over the previous year.

Taking out taps from HHS, NIH, and previous grant commitments, "the actual amount of dollars available was less than the previous year," von Eschenbach said. "We have been working through the process of redeployment of dollars, and the staff has been successful this year to direct new dollars to enterprise activities while, at the same time, meeting our commitments to our portfolio balance.

"We committed to maintain the R01 payline of the 20th percentile, and we will meet that commitment," von Eschenbach said. "We will see more grants this year, more investigators funded than ever before, and we will see more new first-time applicants to the cancer research program than ever before."

The overall research project grant success rate was 24 percent.

Currently, NCI is operating under a continuing resolution passed by Congress that holds funding to the FY04 level.

* * *

The NCAB approved seven new grants totaling $12 million over the next five years for NCI's Transdisciplinary Tobacco Use Research Center initiative, which awarded grants to seven centers in 1999.

NCI, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism will fund the new investment.

The new group of centers and principal investigators includes: Brown University and the Miriam Hospital, Raymond Niaura; University of Wisconsin, Timothy Baker; Roswell Park Cancer Institute, K. Michael Cummings; University of Minnesota, Dorothy Hatsukami; University of Southern California, C. Anderson Johnson; University of Pennsylvania, Caryn Lerman; and Yale University, Stephanie O'Malley.

FDA News:

Search Begins For Director Of New Oncology Office

FDA has begun a national search for director of the new Office of Oncology Drug Products.

According to an announcement that has appeared in several medical journals, the agency is looking for physicians with five to 10 years experience and will pay between $100,231 and $130,308.

Candidates may be eligible for Physician Special Pay with total salary compensation up to $174,500 based on experience, qualifications and medical specialty, the announcement states.

The text of the announcement follows:

The Director, Office of Oncology Drug Products will have overall responsibility for regulatory oversight of product development for cancer treatment and prevention, including drugs and biological products, as well as their evaluation for marketing approval.

The Director will also have oversight of hematologic agents, radiation protection agents, medical imaging and radiographic products used in the diagnosis, monitoring, and treatment of cancer and other diseases.

In addition, the incumbent will oversee a cross-cutting FDA Oncology Program, including an Agency-wide Oncology Coordinating Committee to ensure proactive and coordinated policies and approaches to the development of products to treat and prevent cancer.

A critical aspect of the Director's responsibility will be to develop and maintain professional liaison with other government agencies regarding policies related to cancer (e.g., NCI) and other professional and consumer stakeholders.

This position offers the opportunity to provide scientific and regulatory guidance at all phases of oncology drug development, from clinical trial design to evaluation of clinical trial data submitted for product approval.

The Oncology Director will provide leadership and guidance through a subordinate staff of Division Directors. The position involves working with the pharmaceutical industry, individual investigators, other government agencies, and academia. The position also offers opportunities to work on a variety of initiatives including development of risk management programs and guidance documents for oncology drug development.

Basic Qualifications: Applicants must have a M.D. or O.M.D. degree from an accredited medical school in the U.S. or Canada. Graduates of foreign medical schools must be certified by the ECFMG. Please submit a copy of your permanent ECFMG certification. Candidates for Civil Service or U.S. Commissioned Corps must be U.S. citizens.

Experience in the management of professionals in a highly complex environment and strong interpersonal skills with an emphasis on building consensus. Postgraduate medical training in medical oncology/hematology and clinical practice experience in the diagnosis and treatment of cancer is highly desirable.

For more information, contact the OND/Program Management Team: Employment@CDER.FDA.GOV. Submit CV by November 15, 2004 with cover letter indicating you are applying to Source Code # 0012-0ND to:

U.S. Food and Drug Administration Center for Drug Evaluation and Research Office of New Drugs Attn: Program Management Team 5515 Security Lane Rockwall 2, Room 1039, HFD-022 Rockville, MD 20852.

NIH Programs:

NIH Funds First National SNP Genotyping Center At Broad

The National Center for Research Resources said it will fund the first national center for high-throughput genotyping dedicated solely to large-scale single nucleotide polymorphism analysis at the Eli and Edythe L. Broad Institute of MIT and Harvard University.

A five-year cooperative agreement will provide over $14 million for a resource to allow large-scale studies of genetic variation in humans and animals to advance disease gene identification.

Research on genetic variation is aimed at improving the diagnosis and treatment of numerous diseases that may have significant genetic components such as Type 1 diabetes, schizophrenia, and some types of cancer. The goal is to identify specific genetic markers, or genotypes, that are associated with particular diseases or responses to drug therapies.

"The tremendous potential of genetic research makes it critical that we develop this central resource so investigators around the country can access high capacity genotyping with the additional benefits of economies of scale, quality assurance and data sharing," said NCRR Division for Clinical Research Resources Director Anthony Hayward. "The demand for genotyping will grow exponentially as investigators prioritize potential targets for treatment and as members of afflicted families try to better estimate their risk for a particular condition."

The most common type of variation in the human genome is the single nucleotide polymorphism, or SNP. A SNP is a single DNA base pair, or unit of DNA, the sequence of which can vary from individual to individual. It is estimated that there are at least 10 million SNPs in the human population, although no two individuals will vary at every such position. Scientists have found that certain SNP combinations are associated with predisposition to particular diseases or adverse drug reactions.

The new center will offer tools to aid in the selection, discovery, and analysis of SNPs by providing broad access to flexible, accurate, and affordable genotyping and sequencing. Integrated computational tools will help researchers manage large, well-characterized collections of patient data and design experiments using secure informatics tools for sample management.

An integrated SNP selection tool will be provided to automate queries and create SNP panels. A secure, Web-based environment will provide access to a database linked to an in-house DNA repository and all samples will be coded to assure subject confidentiality. Results will be accessible to the investigators through a secure database integrated with a suite of data management and analytic tools for analysis of correlations among variants and with disease phenotypes.

Because investigators use different technologies based on the scales and configurations needed, a menu of services will be offered using three different technology platforms. When fully operational, the center will be able to process from 200 million to as many as billions of genotypes per year, depending on the technology platform used and the needs of outside users.

The cost for genotyping will be on the order of pennies per genotype, varying according to the technology platform used. Two decades ago, the cost was $10 per genotype, and prices are expected to drop further as technology improves. A portion of the center's annual budget will be used to partially support compelling genotyping research projects, to be selected

by a steering committee.

The first genotyping studies within the NCRR-funded Broad Institute genotyping center will be performed in early 2005. Researchers interested in access to the center or applying for subsidized genotyping should contact the Broad Institute at ncrr_gc@broad.mit.edu or refer to www.broad.mit.edu, which will contain details on the application process later this fall.

Stacey Gabriel, the new center's principal investigator and director, currently oversees the Broad's Genetic Analysis platform where she manages all of the genotyping, SNP discovery, and production activities related to human genetics. She also serves as scientific director of Broad Institute's portion of the International HapMap Project, a collaborative public project designed to advance genetic research and its application to disease gene discovery by determining patterns of genetic variation throughout the human genome (www.hapmap.org).

"We are thrilled that the NCRR has selected the Broad Institute for this important responsibility," said Eric Lander, founding director of the Broad Institute. "Human genetics is undergoing an extraordinary transformation, which is leading to the ability to take a comprehensive view of all human genetic variation and its association with disease. The National Genotyping Center at the Broad will make this capability accessible to many biomedical researchers and thereby have a direct impact on the understanding of disease."

Funding Opportunities:

RFAs Available

RFA-CA-05-020: Planning Grant for Minority Institution/Cancer Center Collaboration

Letters of Intent Receipt Date: Nov. 17

Application Receipt Dates: Dec. 17

NCI invites planning grant applications (P20s) to help researchers and faculty at Minority-Serving Institutions (MSIs) in collaboration with the researchers and faculty of NCI-designated Cancer Centers (or other institutions with highly-organized, integrated research efforts focused on cancer) plan and implement focused collaborations in cancer research, cancer research training, or cancer education. The sole intent of this planning grant is to provide support for cancer projects and programs for a limited duration of time to perform feasibility studies and obtain preliminary data that will lead to the submission of specific competitive grant applications traditionally supported by the NCI and others.

NCI intends to commit approximately $2.5 million total costs in FY 05 to fund up to six (three pairs) 3-year and six (three pairs) 4-year new grants in response to this RFA.

Applications will only be accepted from MSIs [e.g., Historically Black Colleges and Universities, Hispanic-Serving Institutions and Tribal Institutions (e.g., Colleges)] in the U.S. or in territories under U.S. jurisdiction, and from institutions that are NCI-designated Cancer Centers (or groups of centers) that wish to develop comprehensive partnerships. Full text of the RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-020.html.

Inquiries: Sanya Springfield, NCI Office of Centers, Training, and Resources, phone 301-496-7344, email springfs@mail.nih.gov.

RFA-RM-04-022: National Centers for Biomedical Computing

Letters of Intent Receipt Date: Dec. 20

Application Receipt Dates: Jan. 24

NIH under the Roadmap initiative invites applications for specialized centers in the area of biomedical computing. The U54 cooperative agreement mechanism will be used to create the NIH National Centers for Biomedical Computing. These Centers, in conjunction with individual investigator awards, will create a networked national effort to build the computational infrastructure for biomedical computing in the nation, the National Program of Excellence in Biomedical Computing. The NIH NCBC will be devoted to all facets of biomedical computing, from basic research in computational science to providing the tools and resources that biomedical and behavioral researchers need to do their work. In addition to carrying out fundamental research, it is expected that the NIH NCBC will play a major role in educating and training researchers to engage in biomedical computing.

In this second competition for the NCBC, the NIH intends to commit $12-14 million in FY 2005 to fund three new Centers. There will be a Technical Assistance Workshop on Oct. 28. An applicant may request a project period of up to five years and a budget for direct costs up to $2.6 million in year 1, and may not exceed $2.7 million in subsequent years. Full text of the RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-04-022.html.

Inquiries: John Whitmarsh or Peter Lyster, Center for Bioinformatics and Computational Biology, NIGMS, phone 301-451-6446, email: whitmarj@nigms.nih.gov or lysterp@nigms.nih.gov.

RFA-RM-05-008: Regional Translational Research Center Planning Grants

Letters of Intent Receipt Date: Dec. 1

Application Receipt Dates: Jan. 19

This RFA invites applications for planning grants submitted by self-assembled groups of institutions to conceptualize and design Regional Translational Research Centers to foster more efficient and robust translational research. Once operational, RTRCs will provide a broad menu of clinical research expertise, services, and core technologies to multiple institutions within a region. The goal: to enhance the bi-directional—bench to bedside and bedside to bench—

communication that characterizes translational research. Planning grants to organize the content, administration, and governance of three center models may be submitted: 1) a regional center to provide clinical research services that may include data/statistical/bioinformatics support, assistance with regulatory issues and communication with IRBs, recruitment cores, pilot project support, and specialized staff; 2) a core technology center to offer *only* core technologies on a regional or national scale to aid the study of disease pathogenesis or early-phase clinical interventional studies; and 3) an expanded center, a hybrid of the first two models, to provide regional clinical research services *plus* core technologies on a regional or national scale.

The NIH Roadmap is providing $3 million for this initiative. Individual planning grant awards may be up to $150,000 in total costs for 1 year. Full text of the RFA is available at http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-05-008.html.

Inquiries: Anthony Hayward, director, Division for Clinical Research Resources, National Center for Research Resources, phone 301-435-0791, email: haywarda@mail.nih.gov.

Program Announcements

PA-04-161: Manufacturing Processes Of Medical, Dental, And Biological Technologies (SBIR/STTR)

Application Receipt Dates: April 1, Aug. 1, Dec. 1

NIH, CDC, and FDA encourage research related to advanced processing in the manufacture of biomedical products and the implementation of new technologies in medical care. New methods, procedures, measures, and controls are needed for manufacturing a broad range of technologies and products with unsurpassed quality and to lower manufacturing costs for existing and/or new processes. Full text of the PA is available at http://grants.nih.gov/grants/guide/pa-files/PA-04-161.html.

Inquiries: For NCI--Greg Downing, NCI Office of Technology and Industrial Relations, phone 301-496-1550, email downing@mail.nih.gov.

PAR-04-159: Small Grants Program for Cancer Epidemiology

Application Receipt Dates: November 21, 2005; March 20, 2006; July 20, 2006; November 20, 2006; March 20, 2007; July 20, 2007; November 20, 2007; March 20, 2008; July 21, 2008; November 21, 2008

The PAR, using the R03 mechanism, is a reissuance of the current Small Grants Program for Cancer Epidemiology, PAR-03-010, which focuses on etiologic cancer research and provides support for pilot projects, testing of new techniques, secondary analyses of existing data, and development of innovative projects that could provide a basis for more extended research.

The total budget may not exceed $100,000 in direct costs for the entire project. The direct costs in any one year must not exceed $50,000. The total project period may not exceed 2 years. Full text of the PAR is available at http://grants.nih.gov/grants/guide/pa-files/PAR-04-159.html.

Inquiries: Mukesh Verma, NCI Division of Cancer Control and Population Sciences, phone 301-594-7344, email vermam@mail.nih.gov.

Other Funding Notices

NOT-CA-04-031: Specialized Programs of Research Excellence in Human Cancer for the Year 2004

NCI is informing applicants of a correction in the budget cap. The published PAR incorrectly mentioned exclusion of third party direct cost and facilities and administrative cost from the budget cap of $1.75 million. The correction is as follows:

Mechanism of Support: NCI policy for SPORE grants establishes the following limits to the requested budgets: new or competing renewal P50 SPORE applications may request a maximum annual direct cost of up to $1.75 million and maximum annual total cost of $2.75 million. The facilities and administrative costs related to subcontracts to other institutions or organizations are included in the total cost cap of $2.75 million, but not in the direct cost cap of $1.75 million. Applications can exceed these caps in subsequent years as a result of standard cost-of-living increases or special supplements approved by NCI. A SPORE grant application may be submitted for up to 5 years of funding.

Inquiries: Rashmi Srivastava, (for Breast Cancer SPOREs); Jane Fountain, (for Myeloma, Genitourinary Cancer, and Gynecological Cancer SPOREs), Office of Centers, Training, and Resources, Organ Systems Branch, NCI, phone 301-496-8528.

NOT-CA-04-015: Notice of Limited Competition Request for Application: Academic Public Private Partnership Program Center Grant

NCI is requesting applications from the current awardees of the Academic Public Private Partnership Program planning grants. The initiative will the formation of new partnerships or significant expansions of existing partnerships among academia, industry, non-profit institutions, and government entities.

The partnerships will conduct novel cancer therapeutic, prevention, diagnostic, and imaging intervention-directed research focused on underserved malignancies. The goal of the research will be to speed the translation of newly discovered cancer interventions to clinical trials.

In 2004, NCI began a two-step application process with the funding of fourteen 1-year planning grants. Awardees will utilize the planning grant to study the feasibility of developing the pharmaceutical/non-profit/academic interaction necessary to establish and support a partnership, hold a meeting of potential partners, and select research projects for the AP4 Center.

Inquiries: Jill Johnson, NCI, Developmental Therapeutics Program, DCTD, phone 301-496-8720; fax 301-402-0831; e-mail johnsoji@mail.nih.gov.

In Brief:

Louise Grochow To Leave NCI; RPCI Wins Seven DoD Grants

(Continued from page 1)

president for educational affairs at Roswell Park Cancer Institute. . . . **LOUISE GROCHOW**, chief of the NCI Investigational Drug Branch since 1999, plans to join AstraZeneca as global product medical director for emerging oncology products. Grochow came to NCI after 20 years at Johns Hopkins University School of Medicine. **Anthony Murgo**, a medical oncologist and hematologist, was named IDB acting chief. He came to NCI in 1996 from the FDA Division of Oncology Drug Products. . . . **ROSWELL PARK** Cancer Institute researchers received seven grants worth more than $3.1 million from the Department of Defense Prostate Cancer Research Program. The grant recipients were **Allan Gao, Irwin Gelman, Donald Trump, Yan Dong, Yuri Ionov, Dominic Smiraglia**, and **Barbara Foster**. . . . **SUSAN MAYNE**, professor of epidemiology public health at Yale University School of Medicine and director of the Cancer Prevention and Control Research Program at Yale Cancer Center, was selected to serve a five-year term on the NCI Board of Scientific Counselors. The BSC evaluates the quality and performance of NCI scientists and research programs and provides advice to the scientific director. . . . **DAVID HUNTER**, the Vincent L. Gregory Professor of Cancer Prevention at Harvard School of Public Health, was appointed an NCI Eminent Scholar in the intramural research program. Working with investigators in the Division of Cancer Epidemiology and Genetics and the Center for Cancer Research, Hunter will help develop strategies to apply emerging genomic and molecular technologies, including whole genome scans, to large-scale population studies designed to uncover common low-penetrant genes that predispose to cancer. The work will take place at the NCI Core Genotyping Facility. Other NCI Eminent Scholars include **Michael Sporn**, of Dartmouth Medical School, and **Mauro Ferrari**, of Ohio State University. . . . **NCI OUTSTANDING MENTORS**: NCI fellows, student, and trainees annually select Outstanding Mentors who have shown support for training the next generation of scientists. This year's Outstanding Mentors are **Daniel McVicar, Joost Oppenheim**, and **Stuart Rudikoff**. Mentors of Merit are **Shine Chang, Wong-Ho Chow, Adam Glick, Nancy Jenkins, Neal Copeland, Ilona Linnoila, Alan Perantoni, Paul Randazzo,** and **Michael Smith**.

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