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White House Proposes Flat NIH Budget, \$40 Million Cut For NCI In Fiscal Year 2007

By Paul Goldberg

The President's budget proposal submitted to Congress earlier this week would keep NIH funding flat at \$28.587 billion and cut NCI's budget by \$40 million, to \$4.754 billion next year.

After this proposed cut—the single largest at NIH—the institute's budget will have dropped by \$72 million from fiscal 2005 to 2007. The succession of cuts appears to illustrate the decline in NCI's importance to the administration. Also, for the first time in its history, the institute is run by a director who splits his time between top jobs at the institute and FDA.

Critics on both sides of the aisle slammed the White House for the \$2.77 trillion budget proposal for fiscal 2007, which was delivered to Capitol Hill
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Cuts And Earmarks Threaten To Derail 2015 Goal, NCI Director Says; "We Are In Difficult Times"

By Kirsten Boyd Goldberg

NCI will have to be "strategic" in its use of funds, Institute Director Andrew von Eschenbach said to an advisory board the day after President George W. Bush proposed an additional \$40 million cut to the institute's budget.

"We are in difficult times," von Eschenbach acknowledged in remarks to the National Cancer Advisory Board on Feb. 7.

The White House proposed a budget of \$4.753 billion for NCI, a reduction of \$39.747 million, or 0.8 percent, from the FY 2006 appropriation of \$4.793 billion.

NCI's current budget is \$32 million lower than last year's appropriation and the NCI payline for R01 grants is at the 11th percentile, down from the 20th percentile in 2004. If the President's FY 2007 budget request is enacted, the payline would drop even lower.

"We are in an era of economic reality in which increases in funds for discretionary spending are, in fact, strained," von Eschenbach said. "We have to be strategic about how we go about using the resources that we have, and leverage those resources in an effort to continue to make certain that we maintain the momentum."

NCI's goal to "eliminate suffering and death due to cancer by 2015," which von Eschenbach introduced four years ago, was "based on the idea of a business plan that would enable us to continue to have increasing
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NCI R01 Payline Likely To Drop Below Current 11th Percentile

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Feb. 6. The proposal overwhelmingly favors military and security expenditures over healthcare, research, and education.

The budget includes increases for only two administrative units at NIH, and since the overall funding level remains flat, these increases amount to taxation of the NIH institutes and centers.

The office of the NIH director is slated to get a \$140 million increase, a 21 percent leap that would give the director a budget of \$668 million. Most of the money comes from increases in science planning programs and biodefense activities.

The budget proposal allocates \$443 million to the NIH Roadmap for Medical Research, giving this planning activity a \$113 million (34 percent) boost over fiscal 2006. Nearly all of this increase—\$111 million—will go to the NIH director's discretionary fund. The institutes and centers will be required to devote \$332 million in their budgets to support the roadmap.

The office of the NIH director similarly benefits from increased spending on bio-defense. Now, the director's office oversees a \$50 million "advanced development fund" that deals with biological warfare. Under the budget proposal, these programs would swell to \$160 million.

The National Institute of Allergy and Infectious Diseases is another winner in the redistribution of NIH

funds. The institute will receive a \$12 million raise.

With a proposed budget of \$4.395 billion, NIAID would end up only \$359 million behind NCI. During the current year, the gap is at \$411 million.

The budget proposal nearly doubles the funding for NIAID research on influenza from \$18 million to \$35 million. Altogether, NIH spends \$199 million on influenza research.

Meanwhile, the number of research project grants at NIH would shrink by 656, to 37,671. "This reduction is due primarily to a large number of non-competing grants that have been initiated during the NIH doubling years coming to completion in 2006," the budget document states.

The budget proposal is posted at <http://officeofbudget.od.nih.gov>

NCI R01 Paylines Among Lowest at NIH

The paylines for investigator-initiated research are slipping throughout NIH.

The success rate for all research project grants has dipped from 22.3 percent in fiscal 2005 to 19.5 percent during the current year.

At NCI, the downward pressure may be stronger than at most institutes as Director Andrew von Eschenbach continues to set aside funds for a dramatic expansion of research in novel areas that include proteomics and nanotechnology.

The payline for investigator-initiated R01 grants funded by the institute has been dropping precipitously from the 20th percentile in 2004 to 16th percentile in 2005, to 11th percentile during the current year (The Cancer Letter, March 25, 2005). The drop in appropriations for NCI in FY 2007 would likely result in another setback for R01s.

The size of NCI grants is dropping, too, as competing grants funded during the current year are being cut by 29 percent from the level approved by peer review (The Cancer Letter, Feb. 3).

Under the President's budget proposal, NCI funding for research grants would decline by 1.8 percent overall, from about \$2.95 billion this year to \$2.89 billion in FY 2007. Funding for non-competing grants would fall by 1.3 percent, while support for competing grants would decline by 6.2 percent. Funding for cancer centers and SPORE grants would drop by 0.5 percent, from the current \$449 million to \$446 million. Research and development contracts would increase by 1.2 percent, from \$326 million to \$330 million. Cancer prevention and control funding would fall by 0.5 percent, from \$519 million to \$517 million.



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

Though not all NIH institutes publish statistics on grant funding in a uniform manner, NCI's current R01 payline of 11 percent appears to be one of the lowest, if not the lowest, at NIH.

—At the National Heart Lung and Blood Institute, the R01 payline is at 14 percent. R01s by new investigators are funded at 19 percent. Though NCI gives special consideration to new investigators, the payline for these grants hasn't been published.

—At the National Institute of Allergy and Infectious Diseases, the R01 payline was at 14 percent, and new investigators were funded at the 16th percentile.

—The National Institute of Mental Health funded all R01s through the 10th percentile, and half of those between 10th and 20th percentile.

The paylines and other grant information are posted at <http://grants.nih.gov/grants/financial/index.htm>.

Budget Proposal Criticized by Both Parties

Sen. Arlen Specter (R-Penn.) described the President's budget proposal as "harmful to our country," and pledged to oppose it.

"The proposed budget, if adopted, would fund the National Institutes of Health and Head Start at FY'06 levels, reduced by inflation, and less funding for critical programs like those administered by the Centers for Disease Control," said Specter, chairman of the Labor, HHS and Appropriations Subcommittee. "I have already notified my colleagues, including leadership, that I will not support any budget resolution that does not provide adequate funding for domestic discretionary programs with special emphasis for my subcommittee on Labor, Health and Human Services, and Education," Specter said in a statement.

The Federation of American Societies for Experimental Biology urged scientists and Congress "to express their disappointment and outrage" over NIH funding. "We are leaving ourselves vulnerable to emerging threats like avian flu, and failing to prepare ourselves for the needs of our aging population," FASEB President Bruce Bistrian said in a statement. "It's as if we can see the tide rising, we've already bought the tools to build the floodgate, and are just letting ourselves be engulfed."

Grassley To Bush: Name Full-Time FDA Chief

The budget proposal gives FDA a \$50 million increase over the current year and authorizes the agency to receive additional \$21 million in user fees paid by the regulated industries.

Commenting on the budget in an FDA press release, acting commissioner von Eschenbach, who also serves as NCI director, said the request "supports the President and Secretary Mike Leavitt's priorities."

"It is fiscally responsible and it strengthens the FDA's vital mission of advancing medical and other health-promoting products while protecting the public from such persistent and emerging risks as food borne illnesses, chronic diseases, pandemic flu, and bioterrorism," von Eschenbach said in a statement.

The agency would spend \$30.5 million on preparation for a possible pandemic of flu, developing viral reference strains that manufacturers require to produce influenza vaccines, accelerating of manufacturing capability to produce and deliver sufficient quantities of safe and effective vaccines and working with international public health groups on recognizing and responding to pandemic threats.

Another \$5.9 million would be spent on the Critical Path for Personalized Medicine Initiative, a project that the agency says is "designed to make personalized medicine a reality and to translate discoveries in medical science into safe and effective new medical treatments."

Food Defense would get \$19.8 million, medical product safety \$6.4 million, and cost of living increases would add up to \$20.3 million.

The proposal doesn't address the backlog of 800 applications at the FDA Office of Generic Drugs, which has been flat-funded for the past two years as its workload increased by a third, said Kathleen Jaeger, CEO of the Generic Pharmaceutical Association.

The resulting backlog, which benefits innovator pharmaceutical companies, was described in The Washington Post earlier this week: <http://www.washingtonpost.com/wp-dyn/content/article/2006/02/03/AR2006020302598.html>.

"The administration should realize that the return on investment from increased OGD accountability and de minimus funding, even in the amount of \$15 million, would pay substantial and long-lasting dividends for all Americans," Jaeger said in a statement. "It's outrageous to learn that one of OGD's two FY 2007 performance goals is to reduce the approval time for generic drugs by a mere two weeks for the top 25 percent of generic applications. And it's even more outrageous that FDA projects an increase in the median review time to 17.5 months for all other generic applications. Sadly, FDA believes that streamlining the review process is the answer. Yet, FDA fails to realize that over the years, OGD and the generic industry have worked successfully

on collaborative efforts to streamline the approval process for generic drugs. We have reached a saturation point on administrative efficiency.”

Meanwhile, last week, Sen. Chuck Grassley (R-Iowa) sent a letter to the White House urging the administration to name a permanent FDA commissioner.

“The FDA serves an important mission: to ensure that drugs, biologics, and other products consumed by the American public are safe and effective,” Grassley wrote in a letter Feb. 3. “To achieve this mission, the Agency needs and deserves a full-time, permanent Commissioner with the authority to address the cultural, structural, and scientific challenges that have plagued the agency. As has been overwhelmingly evident in the past few years, there are too many concerns and questionable practices that would require anything less.”

This is Grassley’s second letter on the subject. The first was written in September (The Cancer Letter, Sept. 30).

In another cut that’s likely to affect cancer programs, CDC is expected to lose \$179 million, of which \$128 million would be taken out of construction projects. With this 2.1 percent cut from the current year’s level, CDC’s budget would fall to \$5.8 billion.

CDC plays a key role in C-Change, a coalition put together by the American Cancer Society in order to reshape cancer politics. Headed by former president George H. W. Bush, C-Change catapulted von Eschenbach to the director’s job at NCI.

The Health Resources and Services Administration would sustain an even deeper cut than CDC. The agency’s funds would drop by 4.8 percent, to \$6.31 billion.

“It is fiscally and ethically irresponsible to weaken our nation’s efforts to protect men, women and children from chronic diseases and illnesses and other emergencies,” said Georges Benjamin, executive director of the American Public Health Association. “We call on Congress to choose its priorities wisely and to protect the health of all Americans.”

Capitol Hill observers expect fierce fighting over the administration’s proposal to cut \$36 billion from Medicare and \$5 billion from Medicaid over five years. Under current estimates, Medicare would expand by 7.8 percent over ten years, and the administration’s goal is to slow this expansion to 7.5 percent.

The administration would increase premiums paid by some beneficiaries, and reduce reimbursement to health care providers.

“Without congressional intervention, Medicare

payments to physicians will be slashed 26 percent over the next six years, while at the same time practice costs increase at least 15 percent,” J. Edward Hill, president of the American Medical Association, said in a statement. “Physicians cannot sustain these deep reimbursement cuts without being forced to make difficult practice changes.

“We implore Congress to follow the advice of its own Medicare advisory commission, and replace the current flawed physician payment update system with one based on practice cost increases. Until the physician payment problem is permanently resolved, seniors’ access to care will be repeatedly placed in jeopardy.”

NCI Budget:

Scientific Excellence Is “No. 1” Criteria For Funds, Director Says

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resources specifically directed to the NCI,” the NCI director said.

In addition to sustaining a cut, NCI would have to pay new “taps” from NIH. The budget request for the institute includes earmarks of \$7.8 million for the NIH initiative on “Genes, Environment and Health” and \$1.8 million for the NIH “Pathway to Independence” training awards.

NCI officials have worked over the past few years to “redeploy” funds from projects that have ended or are no longer deemed strategic, von Eschenbach said. About \$25 million will be used to fund initiatives that span NCI divisions, including bioinformatics, advanced imaging, and lung cancer studies.

“We will always put scientific excellence as the critical, most important, number-one criteria in making judgments with regard to those fiscal decisions,” von Eschenbach said. “The scientific peer review process, and scientific priority and excellence of that [grant] application, will always be first and foremost in that decision process.”

Nonetheless, other considerations can trump merit, von Eschenbach said. “In addition to scientific excellence, we must also put those decisions in the context of strategic priority,” he said. One such priority is to support young scientists, he said.

Despite the bleak funding outlook, the NCI Executive Committee last month developed a list of top priorities, said John Niederhuber, chief operating officer. These were: bioinformatics, nanotechnology, the Cancer Genome Atlas, implementing the recommendations of the

Clinical Trials Working Group, a proteomics initiative, biorepositories and biospecimens, and, when available in about a year, implementing recommendations of the Translational Research Working Group.

At a Jan. 10 “retreat” of the NCAB, the Board of Scientific Advisors, the Board of Scientific Counselors, the President’s Cancer Panel, and the Director’s Consumer Liaison Group—a meeting that was closed to the public—von Eschenbach took an informal “survey” of participants about funding options, Niederhuber said.

The participants “overwhelmingly” said the highest priorities should be: 1) first-time investigators, 2) maintain the R01 payline, and 3) maintain the number of grants funded.

The participants agreed that “paylines for R01 grants at the 10th percentile are not tenable in the long term,” said NCAB member Franklyn Prendergast, director of the Mayo Clinic Comprehensive Cancer Center. Also, he said, the group felt that mandatory allocations to the NIH Roadmap initiatives “need to be prudently tempered.”

“The Destination”

Von Eschenbach is on administrative leave from NCI to serve as acting FDA commissioner, but he continues to give presentations as the institute director. The NCAB meeting represented the fourth anniversary of his appointment by President Bush.

“Four years ago, we put NCI upon a new trajectory,” von Eschenbach said. “We focused our efforts on a particular destination that we believe we could achieve as early as the year 2015.”

Von Eschenbach acknowledged that “a lot of concerns” have been raised about the goal. “But, what I have witnessed... is that, although we may continue to struggle with the date as to whether it is to be accomplished in 2015, or 2014, or 2016, what is increasingly apparent is no one is questioning the ultimate outcome, the destination,” he said.

Directors of the NCI-designated cancer centers have told von Eschenbach that the 2015 goal was ill-defined and misleading and started the process of defining what one center director described as an “honest” plan (The Cancer Letter, Nov. 23, 2005).

Last spring, in Senate testimony, von Eschenbach said NCI could achieve the 2015 goal earlier, by 2010, with an additional \$3 billion over five years. Last summer, von Eschenbach submitted a written plan to Senate appropriators that raised the estimated cost to \$4.2 billion over five years to “narrow the gap between

2015 and 2010.”

The “2010 plan” made clear for the first time that von Eschenbach’s goal is based on dramatic improvements in cancer “survival,” and specifically, five-year survival, which at present stands at about 65 percent. That means 65 percent of persons diagnosed with cancer five years ago are still living. Improvements in five-year survival could represent earlier detection, not necessarily improvements in mortality. For most common cancers, there has been no relationship between improvements in five-year survival and improvements in cancer mortality, researchers say (The Cancer Letter, July 29, 2005).

“We can begin to embrace the idea that we have it within our grasp to be able to preempt the process of cancer in such a way that we can prevent more cancers from ever developing, we can detect them much earlier and much more effectively and precisely so that we can more easily and safely eliminate them, or that we can modulate and control the behavior of cancer in such a way that people live with and don’t die from it,” von Eschenbach said to the NCAB.

“That destination is increasingly being... not just adopted and supported within the cancer community, but most importantly... is being more widely accepted outside of the cancer community,” he said.

Last month, von Eschenbach took a trip to Florida, where he endorsed Rep. E. Clay Shaw Jr. (R-Fla.), a lung cancer survivor and a supporter of the 2015 goal who is campaigning for reelection in November. Von Eschenbach took part in a two-day “cancer awareness tour” of Shaw’s district, and said that the Congressman’s “leadership” in Washington would enable the institute to reach its goal (The Cancer Letter, Feb. 3, 2006).

“A Very Tough Time”

NCAB Chairman Daniel Von Hoff, director of the Translational Drug Development Division of the Translational Genomics Research Institute in Phoenix, Ariz., said that over the past month, he and other board members had received “more calls or emails than anyone can remember” from NCI grantees with concerns about funding.

“This has been a very tough time,” Von Hoff said at the NCAB meeting. “I think that one thing that comes out as we are trying to do better in making the case for increasing the budget is that there are no clear priorities.”

However, the NCI director’s remarks were “very clear,” Von Hoff said. “Science comes first.” NCI should send a note to every investigator that “there is a plan,

there are priorities,” he said.

“There are so many good things” NCI could support, Von Hoff said. “But if you say ‘science first’—that’s a principle. Then if people [ask why] you are pursuing nanotechnology, it’s [because it is] based on merit. You are not just going that way because it’s the new word. If somebody says, ‘My SPORE [grant] didn’t make it.’ Then you say, ‘Well, what was the priority score?’ Science comes first, and leverage is a good principle, and there are priorities. The citizens aren’t hearing that.”

NCI has three main planning documents: a strategic plan, the annual Bypass budget request, and an annual report, von Eschenbach said. “We do have priorities that we are focusing on,” he said.

NCAB member Jean deKernion, chairman of urology at University of California, Los Angeles, noted that the proposed 0.8 percent budget cut doesn’t account for annual cost-of-living increases. “So, I think we are really at about a 3.8 or 4 percent deficit,” he said.

Von Eschenbach nodded affirmative.

AACR To Open Washington Office

The American Association for Cancer Research, a professional society that has supported von Eschenbach and his 2015 goal, plans to play a bigger role in public policy and communication, Peter Jones, association president and director of the Norris Comprehensive Cancer Center at University of Southern California, said to the NCAB.

AACR expects to open a government relations office in Washington later this year, he said. The group also plans to update its survey, conducted three years ago, that found that a majority of Americans support increased funding for cancer research.

“The AACR is in a good position to start thinking about this, and we have talked about getting members of our board to write opinion articles for newspapers,” Jones said.

“Whenever AACR has taken a bigger role in policy, it has been very effective,” said Anna Barker, NCI deputy director for advanced technologies and strategic partnerships, and a former AACR activist. “Now is the time for the scientific community to start weighing in on these issues.”

NCAB member Eric Lander, director of the Broad Institute of MIT and Harvard, argued for more aggressive action. “It’s past the time to start [lobbying],” he said.

“Writing op-eds is a lovely thing to do, but it’s not going to reverse things,” Lander said. “It is time to do

something more, to have ads on television that would say, ‘We’re cutting the cancer budget by 3 or 4 percent in real terms, yet 75 percent of Americans want to see more research on cancer.’ This is not a partisan issue. Cancer affects everybody.”

Additional surveys are unnecessary, Lander said. “The answer is going to look a lot like the answer a few years ago,” he said.

“You have data. It’s really time to act.”

***Cancer Statistics:* U.S. Cancer Mortality Down By 369 Deaths In 2003**

By Paul Goldberg

Cancer mortality in the US decreased slightly in 2003, the American Cancer Society reported in its annual publication, Cancer Facts & Figures.

The decrease is small: 369 deaths. However, this is the first drop in the absolute number of deaths ever to be reported, the society said. Compilation of nationwide cancer mortality statistics began in 1930.

The drop was measured by the National Center for Health Statistics between 2002 and 2003. The center reported 557,271 deaths in 2002 and 556,902 the following year.

The death rate from all cancers combined and calculated per 100,000 people has been dropping in the US since 1991, even as the absolute number of deaths continued to increase. Now, despite the aging of the population, the number of deaths has dropped, too.

The ACS publication projects the trends through 2006, and society’s officials attribute the change to advances in prevention, detection and treatment of cancer.

“The drop in the actual number of cancer deaths in 2003 and in our own projections for 2006 mark a remarkable turn in our decades-long fight to eliminate cancer as a major health threat,” the society’s CEO John Seffrin said in a statement. “For years, we’ve proudly pointed to dropping cancer death rates even as a growing and aging population meant more actual deaths. Now, for the first time, the advances we’ve made in prevention, early detection, and treatment are outpacing even the population factors that in some ways obscured that success.”

The 56-page report includes the society’s screening and nutritional guidelines as well as estimates of cancer incidence and mortality by sex, cancer site and state. The ACS report is available at www.cancer.org/docroot/stt/stt_0.asp.

In Brief:

GSK R&D Chairman Yamada Accepts Gates Foundation Job

TADATAKA YAMADA was named executive director of the Bill & Melinda Gates Foundation Global Health Program. Yamada, chairman of research and development at GlaxoSmithKline, will oversee the \$5.7 billion global health grant portfolio of the foundation, said CEO **Patty Stonesifer**. Yamada replaces **Richard Klausner**, who left the foundation at the end of 2005. Prior to GSK, Yamada held several senior positions at SmithKline Beecham over five years, including chairman of research and development. He was previously chairman of the Department of Internal Medicine at the University of Michigan Medical School, where he is still adjunct professor of internal medicine.

Funding Opportunities:

RFAs, PA Available

RFA-CA-07-006: Innovative Technologies for Molecular Analysis of Cancer. Letters of Intent Receipt Date: Feb. 8; April 26; Aug. 28. Application Submission Date: Feb. 22; May 26; Sept. 26. NCI invites small business to develop cancer-relevant molecular analysis technologies. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-006.html>. Inquiries: Gregory Downing, 301-496-1550; downingg@mail.nih.gov.

RFA-CA-07-007: Innovative Technologies for Molecular Analysis of Cancer. The FOA will utilize the STTR R41/R42 grant mechanisms for phase I, phase II, and Fast-Track applications. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-007.html>.

RFA-CA-07-008: Application of Emerging Technologies for Cancer Research. The FOA will utilize the SBIR R43/R44 grant mechanisms for phase I, phase II, and Fast-Track applications R43/R44. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-008.html>.

RFA-CA-07-009 Application of Emerging Technologies for Cancer Research. The FOA will utilize the SBIR R41/R42 grant mechanisms for phase I, phase II, and Fast-Track applications. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-009.html>.

RFA-CA-07-010: Innovations in Cancer Sample Preparation. The FOA will utilize the SBIR R43/R44 grant mechanisms for phase I, phase II, and Fast-Track applications. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-0010.html>.

RFA-CA-07-011: Innovations in Cancer Sample Preparation. The FOA will utilize the STTR R41/R42 grant mechanisms for phase I, phase II, and Fast-Track applications. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-0011.html>.

RFA-CA-07-012: Clinical Proteomic Technology Assessment for Cancer. Letters of Intent Receipt Date: March 21. Application Receipt Dates: April 21. NCI invites applications for participation in a collaborative network of up to five Clinical Proteomic Technology Assessment for Cancer teams. The RFA is available at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-07-012.html>. Inquiries: Gregory Downing, 301-496-1550; downingg@mail.nih.gov.

RFA-CA-06-014: Tumor Microenvironment Network. Letters of Intent Receipt Date: April 10. Application Receipt Dates: May 10. NCI invites cooperative agreement and NIH intramural applications from groups of investigators interested in becoming components of the NCI TMEN. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-014.html>. Inquiries: Suresh Mohla, 301-435-1878; mohlas@mail.nih.gov.

RFA-CA-06-015: Exploratory Grants for Increasing the Utilization and Impact of the National Cancer Institute's Cancer Information Service. Letters of Intent Receipt Date: March 20. Application Receipt Date: April 19. NCI invites applications to promote research that explores effective messages, channels, outreach, promotional strategies, and/or other interventions that increase the utilization and impact of the existing cancer information resources such as the NCI Cancer Information Service by underserved populations. The RFA is available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-015.html>. Inquiries: Linda Squiers, 301-594-9075; squiersl@mail.nih.gov or Bradford Hesse, 301-594-9904 hessieb@mail.nih.gov.

PA-06-133: NIH Pathway to Independence Award. The PI initiative facilitates receiving an R01 award earlier in a research career and assists investigators in securing a stable research position during the critical transition stage of their career. NIH-supported independent investigators with be supported up to five years consisting of two phases: the first will be 1-2 years of mentored support for highly promising, postdoctoral research scientists. This phase will be followed by up to 3 years of independent support contingent on securing an independent research position. The funding opportunity will use the new combination K99/R00 funding mechanism. The PA is available at <http://grants.nih.gov/grants/guide/pa-files/PA-06-133.html>. Inquiries: for NCI, David Eckstein, 301-496-8580; eckstein@mail.nih.gov.

NOT-DA-06-008: Request for Information: Nomination of Knockout Mice for Deposition in Public Repositories. Response Due: Feb. 17. NIH Knockout Mouse Project working group is initiating a program to deposit as many existing knockout mice as possible in public repositories. NIH Institutes supporting the project request assistance from investigators in nominating mouse lines that are most valuable to their research interests. Because of the limitation in funds, it is important that those mice deemed to be of highest priority to the research community are repatriated first. The notice is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-DA-06-008.html>. Inquiries KOMP3@mail.nih.gov with the subject line Gene Inventory.



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