THE CANCER LETTER

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Congress Signals Willingness To Break With Administration On Funding NIH

By Paul Goldberg

The House and Senate members last week demonstrated unwillingness to work within the tight limits the administration is imposing in the FY 2007 spending bill that funds NIH.

The legislators' actions are largely symbolic, but they offer a clear indication of the growing willingness on the part of Republican legislators to oppose the increasingly unpopular administration as it pushes a budget that heavily favors defense and Iraq war spending.

The Senate March 16 passed a budget resolution that would add $16

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In Brief:

Von Eschenbach Says He Will Step Down; Parkinson Named Senior VP At Biogen Idec

NCI DIRECTOR ANDREW VON ESCHENBACH said he plans to step down at NCI as a result of his nomination by **President Bush** last week to the post of FDA commissioner. "I have enjoyed my time at NCI more than I could have possibly imagined," he said in a statement March 21. "The opportunity to fly at 40,000 feet, so to speak, and witness the remarkable breadth of work done at NCI and in the entire cancer community, but, more importantly, the unmatched dedication to saving lives, has been truly gratifying." **John Niederhuber**, NCI deputy director for clinical and translational sciences, will continue as chief operating officer "until an acting director for NCI is named," von Eschenbach said. . . . **DAVID PARKINSON** was named senior vice president, oncology research and development, at **Biogen Idec**. He leaves the position of vice president, oncology development, at **Amgen Inc**. He will be based at Biogen Idec's oncology specialty unit in San Diego starting March 27. Parkinson recently served on the NCI Clinical Trials Working Group. . . . **STEPHEN TOMASOVIC** was named senior vice president for academic affairs at University of Texas M. D. Anderson Cancer Center. Over the past two years, he has led the center through the accreditation process of the Commission on Colleges of the Southern Association of Colleges and Schools. He joined the center in 1980. "SACS accreditation is a very important milestone for M. D. Anderson," Tomasovic said. "The institution has always had a significant educational mission, but now, for the first time, we are officially accredited as a degree-granting entity." The accreditation is for baccalaureate degrees awarded by

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Senate, House Members Seek More Money For Domestic Bill

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billion above the $873 billion discretionary spending limit proposed by the White House.

Of the new funds proposed in the Senate resolution, $2 billion was added to NIH, and another $5 billion to other programs funded through the Labor, HHS & Education Appropriations Subcommittee.

The amendment to increase the Labor, HHS limit was sponsored by Sens. Arlen Specter (R-Penn.) and Tom Harkin (D-Iowa), the subcommittee chairman and ranking member. The amendment, passed by a 73-27 vote, seeks to restore funding to the FY05 level. Altogether, 28 Republicans voted for the measure.

The Specter-Harkin amendment seeks to dispense "forward-funded" money, essentially borrowing from next year's tax revenues. With the amendment, $29 billion would be forward-funded in the Senate resolution.

Budget resolutions aren't binding. They establish overall levels for the spending bills prepared by each chamber of Congress. The House hasn't completed its version of the resolution. However, wrangling over spending priorities has begun.

On March 16, 23 Republican House members signed a letter to Speaker of the House Dennis Hastert (R-Ill.), asking for a 2 percent increase in non-security, non-emergency discretionary appropriations over FY 2006.

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"With the national inflation rate above 2 percent, this increase would essentially amount to level-funding of government programs," the letter stated.

The House letter was spearheaded by Reps. Nancy Johnson (R-Conn.) and Fred Upton (R-Mich.) If these 23 Republicans join the Democrats in opposing the administration's budget priorities, domestic programs could end up doing better than expected, observers say.

The administration has proposed keeping the NIH budget flat at $28.587 billion, and cutting NCI funding by $40 million. Together with last year's cut, NCI funding would drop by $72 million from fiscal 2005 (The Cancer Letter, Feb. 10).

Caveats aside, groups that lobby for NIH are starting to sound less pessimistic than they did when the President unveiled his budget proposal last month.

"NIH is a top priority for the American people, and passing [the Specter-Harkin] amendment shows that it is a top priority for the budget, as well," Bruce Bistrian, president of the Federation of American Societies for Experimental Biology, said in a statement. "Diminished support for NIH will result in lost scientific opportunities for medical breakthroughs and could needlessly prolong the suffering of millions of patients."

Jon Retzlaff, FASEB director of legislative relations, said the federation's members sent 8,400 letters to Congress over 48 hours. "When that many American scientists take time away from their labs and clinics—where they're conducting life-saving cutting-edge research—to send a message to Congress, it is time for lawmakers to listen," Retzlaff said in a statement.

Harkin said the amendment represents a change in atmosphere on Capitol Hill.

"Amidst his frenzy of new spending and tax cuts for the wealthy, the President says that somebody has got to sacrifice," Harkin said in a statement. "So his budget cuts funding for 17 of the 18 institutes at the National Institutes of Health… The passage of this amendment has sent the President a powerful message that these misguided priorities will no longer be tolerated by the American people or by Congress."

Lobbyists have been trying to obtain the list of the 23 House Republicans who signed the letter to Hastert, so far with no success. The text of the letter follows:

Dear Mr. Speaker:

As we begin the debate on the 2007 House budget resolution, we are writing to call for fairness in our budget process to ensure that our domestic priorities are met as well as our defense and homeland security priorities.

Therefore we urge a modest 2 percent increase in non-security, non-emergency discretionary appropriations over Fiscal Year 2006. With the national inflation rate above 2 percent, this increase would essentially amount to level-funding of government programs.

We would have strong reservations voting for any budget that would result in real cuts in a number of programs. It is imperative that we maintain critical federal investments in education, health care, housing, veterans' services, and key urban support programs among other areas.

In FY 2006, Congress cut these programs by 0.5 percent across-the-board. While we share he goal of reducing the deficit and restoring fiscal responsibility, it is the taxpayers at the local level in our districts who are bearing the burden of these cuts.

It is the families who we represent who will have to make up the difference, paying the federal government's share of the education, housing, and counseling services that our cities and towns provide.

To keep pace with inflation and meet our commitment to our constituents, a minimum 2 percent non-security discretionary increase in FY 2007 is essential. Failure to make such a commitment in the overall budget amount could make it difficult for members to support individual appropriations bills as they move forward.

FDA News:

ODAC Finds PFS Increase Unconvincing For Gemzar

By Paul Goldberg

The FDA Oncologic Drugs Advisory Committee decided that an increase in progression-free survival in advanced ovarian cancer patients who relapsed after six months of platinum-based therapy was insufficient to support an approval of a supplemental New Drug Application.

The committee voted 9-2 with one abstention to recommend against full approval of a combination of Gemzar (gemcitabine Hcl) and carboplatin. Gemzar is sponsored by Eli Lilly & Co., and is approved for pancreatic cancer, non-small cell lung cancer, and metastatic breast cancer. Also, the drug is widely used off-label to treat ovarian cancer.

The Gemzar-carboplatin regimen was compared in a phase III study with carboplatin alone, producing a median increase in progression-free survival of about three months, but no overall survival.

The negative recommendation indicates ODAC's unwillingness to recognize PFS as either a surrogate for survival in ovarian cancer or a patient benefit in its own right. Gynecologic cancer experts accept PFS as an endpoint for first-line and second-line ovarian cancer studies. ODAC disagreed with this consensus.

"I feel like I am on the horns of a dilemma," said Stacy Nerenstone, a senior physician, clinical professor at the University of Connecticut, and a former ODAC chairman, who served as a voting consultant on the committee. "I feel very strongly [that] this drug is active in ovarian cancer. I think this is a relatively poorly designed study."

PFS—defined as time from randomization to progressive disease or death—is a soft endpoint that doesn't eliminate the potential of investigator bias, Nerenstone said.

"In ovarian cancer it's not as clear-cut as lung cancer, it's not as clear-cut as other cancers," she said. "PFS may not be the correct surrogate for survival. I have a hard time approving this with full approval… My urging to the drug company would be to come back. Let us approve it as a single agent, let the doctors figure out how to use it, and let the cooperative groups figure it out. But this setting itself is very disappointing, so I will say no."

Another no vote was cast by patient representative Martha Solonche, an ovarian cancer survivor.

"As a patient representative, I can't get over the fact that there is no survival benefit," Solonche said. "I find it hard to believe that we are going to consider a drug that has no survival benefit. The drug is already available to those physicians and those patients who think that this is a good drug for them.

"But for us to give the FDA imprimatur for this particular combination as the second-line treatment, I think we are talking about a drug that hasn't earned it yet. I think it's time that FDA raise the bar on what is a satisfactory drug rather than lower it for me-too drugs that we tend to see," she said.

The company presented a phase III study conducted by AGO-OVAR, a European cooperative group that specializes in gynecological malignancies.

The study, which was conducted without an investigational new drug license from FDA, enrolled 356 patients with advanced ovarian cancer that had relapsed after six months. The trial was conducted entirely outside the U.S.

Patients were randomized to receive either Gemzar with carboplatin or carboplatin alone. The study was powered for PFS as a primary endpoint. Overall survival

was a secondary endpoint.

According to FDA analysis, the Gemzar-carboplatin combination improved PFS (HR 0.72, p=0.0038, median 8.6 months for Gemzar-carboplatin vs. 5.8 months for carboplatin alone).

There was no apparent effect on survival (HR 0.98, p=0.898). However, this finding could have been confounded by crossover from the carboplatin to Gemzar-carboplatin.

The combination regimen was associated with higher anemia, neutropenia and thrombocytopenia. However, the Gemzar combination produced less neurotoxicity than the taxane-platinum combinations that patients in the U.S. would likely have received as first-line therapy.

Independently assessed response rates were 46.3 percent for Gemzar-carboplatin and 35.6 percent for carboplatin alone.

The agency brought the application to ODAC to find out whether PFS without a demonstrated survival advantage, and with toxicity, is sufficient basis for approving a supplemental New Drug Application.

Two years ago, the Third Ovarian Cancer Consensus Conference recognized PFS as an acceptable endpoint for studies in first-line and second-line ovarian cancer. The statement of the consensus conference, which represented the views of 13 leading ovarian cancer study groups, reads:

—"Although [overall survival] is an important end point, progression-free survival may be the preferred primary end point for trials assessing the impact of first-line therapy because of the confounding effect of the post-recurrence/progression therapy on OS. When PFS is the primary end point, measures should be taken to protect the validity of analysis of OS."

—"Post-recurrence/progression trials: The choice of the primary end point needs to be fully justified with appropriate power calculations. Symptom control/quality of life (for early relapse) and OS (for late relapse) may be the preferred primary end points, although PFS should still be used in the assessment of new treatments. Whatever the primary end point, the ability of the study design to detect important differences in survival should be formally addressed."

The results of the consensus conference are posted at http://ctep.cancer.gov/resources/gcig/bibliography.html.

Robert Ozols, an expert in ovarian cancer and senior vice president, medical science division, at Fox Chase Cancer Center who was involved in the company's presentation at ODAC, said he was surprised the agency chose to consult the committee on Gemzar and even more surprised by the outcome.

"I thought the issue was so straightforward that they could have approved this administratively," said Ozols, who has served on ODAC and was involved in development of the 2004 consensus statement on ovarian cancer. "This is what companies are supposed to do. Everybody realizes it's an active drug, so they went to get approval for a second indication on the basis of a randomized trial, which met its endpoint."

The Gemzar combination has a compelling toxicity profile for patients who had relapsed after treatment with taxane and platinum. "Many patients who are treated with paclitaxel-carbo have a problem with residual neuropathy, so you don't really want to give that combination again because of the neuropathy," he said. "And in that patient, Gem-carbo is a good alternative. Doctors will still be able to do that, but it makes it more difficult for patients to get reimbursed, and that's an extra hurdle that's not necessary."

The view that PFS should be accepted as an endpoint is widely accepted among physicians who treat ovarian cancer, Ozols said. "We all agree that PFS should be an endpoint," he said. "It is a measure of intrinsic clinical benefit for a patient not to have the disease progress, because it keeps them off chemotherapy for a longer period of time. I was surprised that the patient advocate didn't feel that she wanted to support anything that didn't improve survival. That's a high bar, and most of the drugs approved in ovarian cancer have been on the basis of response rate alone."

The issue of PFS as an endpoint in ovarian cancer will be revisited at a workshop that will be co-sponsored by the American Society of Clinical Oncology, the American Association for Cancer Research, and FDA late next month.

"I am going to be participating in that workshop, and we are going to be discussing the pros and cons of PFS as an endpoint," Ozols said. "Most of us already have agreed that it is a good endpoint."

Ozols said he hopes FDA would think hard before taking this recommendation from the committee. "I would like for FDA to go back to Lilly and see if they can figure out what they can do to fix it," he said. "I am not sure it's fixable, but I think it would be nice for them to see if there is something that they can do."

The situation is particularly surprising, because the agency last year instructed the German company Bayer to stop the trial of the kidney cancer drug Nexavar (sorafenib) prior to obtaining survival data because progression-free survival had reached statistical

significance (The Cancer Letter, Feb. 24).

FDA doesn't always follow the recommendations of its advisory committees. In oncology, the agency chose not to take the committee's unanimous recommendation to approve the colon cancer drug UFT (The Cancer Letter, July 21, 2000).

Oncology Reimbursement:

Bill Provides 2% Surcharge For Office-Based Oncologists

By Paul Goldberg

Sen. Arlen Specter (R-Penn.) sponsored the Senate version of a bill that would offer a 2-percent surcharge to Medicare payments to office-based oncologists and boost funding of a cancer care "demonstration project" run by the Centers for Medicare and Medicaid Services.

Specter's bill, S. 2340, is the counterpart of the Community Cancer Care Preservation Act of 2005 (H.R. 4098), introduced by Rep. Jim Ramstad (R-Minn). The bills are advanced by the Community Oncology Alliance.

Both bills seek a 2-percent surcharge over the "average sales price" charged by office-based oncologists. The bill states: "In establishing the physician fee schedule… in order to take into account overhead and related expenses, the Secretary shall provide for an additional payment in an amount equal to 2 percent of the [ASP] for the drug administered."

The American Society of Clinical Oncology doesn't support the Specter-Ramstad bill, and is instead seeking a "technical correction" to laws that govern Medicare payments for oncology drugs.

Under existing system, the prices of some drugs at times exceed Medicare reimbursement, placing them out of reach for oncologists. In such situations, Centers for Medicare and Medicaid Services has the authority to increase reimbursement rates by as much as 15 percent.

Legislation ASCO is preparing to propose would give CMS the authority to make whatever price corrections are needed, sources said.

Also, the society seeks to move reimbursement in oncology in the direction of payment for services, and away from the system where oncologists have been underpaid for the professional services while making up the deficit on the spread between the amount paid for drugs and the amount of Medicare reimbursement.

"ASCO is working to advance proposals that would ensure fair and adequate payment for chemotherapy drugs at the time the service is provided," the society said in a statement. "ASCO's proposal would allow for adjustments when drugs are not available to practices."

The society said it supports legislation that "fairly reimburses physicians for the work that goes into providing and managing patients on complex chemotherapy regimens, including the important work of treatment planning and management of toxicities."

The Specter-Ramstad measure would adjust ASP-based reimbursement quarterly rather than every six months, as required by existing regulations and would bring back the $300 million-a-year demonstration project operated last year by the Centers for Medicare and Medicaid Services in order to measure the side effects of chemotherapy.

CMS is currently operating a different demonstration project, which pays oncologists to report whether they comply with the practice guidelines of the National Comprehensive Cancer Network. The new demonstration project has the budget of $150 million (The Cancer Letter, Nov. 4, 2005).

"I am introducing legislation to provide community oncologists with the tools to withstand the CMS reforms brought forth under the Medicare Prescription Drug and Modernization Act," Specter said, introducing the bill Feb. 28. "The bill's $1.7 billion price tag, over the next 5 years, is a relatively small cost in the face of the vast reductions in CMS's reimbursement to oncologists."

The bills are posted at http://thomas.loc.gov.

NCI Programs:

Prindiville To Direct NCI's New Clinical Trials Center

NCI has filled several staff positions in the new Coordinating Center for Clinical Trials, which will manage the implimentation of the Clinical Trials Working Group recommendations.

Sheila Prindiville will serve as CCCT director, joining program directors Deborah Jaffe, LeeAnn Jensen, and Ray Petryshyn.

Prindiville received an M.D. from Northwestern University and M.P.H. from Johns Hopkins University. She joined NCI as a program director in the Community Clinical Oncology Program. In 1996, she moved to the University of Colorado Health Sciences Center. She returned to NCI in 2002 to direct the Clinical Cancer Genetics Program at the National Naval Medical Center Breast Care Center and serve as a clinical investigator in NCI's Clinical Genetics Branch.

In Brief:

AACR To Honor Lansing; Kim To Receive SSO Award

(Continued from page 1)

the School of Health Sciences at M. D. Anderson and for master's and doctorate degrees from the Graduate School of Biomedical Sciences, which the institution jointly awards with The University of Texas Health Science Center at Houston. . . . **PETER DOLAN**, CEO of Bristol-Myers Squibb, was elected chairman of the Pharmaceutical Research and Manufacturers of America (PhRMA) at the trade association's annual meeting. Also elected were Amgen CEO and President **Kevin Sharer** as PhRMA board's chairman-elect and Pfizer Vice Chairman **Karen Katen** as PhRMA board's treasurer. . . . **DAVID BOYER** was appointed FDA assistant commissioner for legislation by **Andrew von Eschenbach**, acting FDA commissioner. Boyer will manage FDA's Office of Legislation. He replaces **Patrick Ronan**, who serves as the agency's chief of staff. Boyer has held senior positions at the Department of Health and Human Services. He was director of federal government relations for the Biotechnology Industry Organization. . . . **SHERRY LANSING** will receive the American Association for Cancer Research 2006 Public Service Award and will give the keynote address at the Third Annual President's Circle Celebration April 2 during the association's annual meeting in Washington, D.C. Lansing is a trustee of the AACR Foundation, and founder and chairman of The Sherry Lansing Foundation. She was recently appointed to the Independent Citizen's Oversight Committee, which directs California's stem cell research program. The President's Circle is comprised of contributors of $500 or more to the AACR Foundation. . . . **PAULA KIM** will receive the 2006 James Ewing Layman Award at the 59th annual cancer symposium of the Society of Surgical Oncology on March 25. She was co-founder, president, and CEO of the Pancreatic Cancer Action Network from 1999 to 2004. In 2005, Kim founded the Translating Research Across Communities Network. . . . **KERRI KAPLAN** was named executive director of The Lustgarten Foundation for Pancreatic Cancer Research, said **Robert Vizza**, foundation president. She succeeds **Enes Carnesecca**. She was executive director of the Long Island Chapter of The Leukemia and Lymphoma Society. . . . **UNIVERSITY OF SOUTH ALABAMA** received a $22 million gift to support its newly renamed Mitchell Cancer Institute and used the occasion to kicked off a $75 million comprehensive fund-raising campaign. The $22 million gift comes from **Abraham Mitchell**, **Mayer Mitchell**, and **Arlene Mitchell**. Mayer Mitchell has been a board member of the university for more than 31 years. The $40 million building under construction will be ready late next year to house the institute, which is seeing patients and conducting research in a temporary location. . . . **VANDERBILT-INGRAM Cancer Center** received a $1.5 million award from the Susan G. Komen Breast Cancer Foundation for two studies targeting women at high risk for developing breast cancer and examining molecular markers in the blood that could indicate increased risk for the disease. The first study will look at the protein level in blood samples from 200 African-American and Caucasian women at high risk and 200 at low risk for developing breast cancer. Serum proteomic profiles will be compared between the two groups, said **William Blot**, professor of medicine and project coordinator. **Julie Means-Powell**, medical oncologist who specializes in breast cancer and serves as principal investigator on the proteomics study, will work with **Pierre Massion,** pulmonologist and critical care specialist. The second study will examine demographic, lifestyle, medical and genetic profiles for obesity among African-American and Caucasian women. Blood samples from 1,000 African-American and 1,000 Caucasian women will be examined to identify biomarkers related to obesity. **Charles Mathews**, assistant professor of medicine, is the principal investigator on the energy balance study. The two studies will draw on data collected from participants in the NCI-funded Southern Community Cohort Study, a study of disease disparities conducted by Vanderbilt with Meharry Medical College and International Epidemiology Institute. . . . **JAMES BROWN CANCER CENTER** raised more than $46.5 million in 18 months in its "Finding Answers to Cancer" campaign, said **James Ramsey**, president of the University of Louisville. Studies early in the campaign identified funding needs at the center to be in the range of $80 million. "We will continue to seek contributions right up to our original campaign end date of 2008," Ramsey said. The money raised has brought top cancer experts to Louisville through the creation of seven new endowed chairs and four endowed professorships, said **Donald Miller**, center director. The money also has gone to prevention, screening, and education about early cancer detection. The next steps will include establishing a center for clinical trials, Miller said. . . . **RAYMOND W. HOUDE**, a developer of the field of clinical pharmacology of opioid analgesics, died March 8. He was head of the Analgesic Studies Section and then chief of the Pain Service of Memorial Sloan-Kettering Cancer

Center. Houde developed the tools to measure subjective responses including pain and pan relief that are now routinely used in adult and pediatric pain patients. He was a member of the Department of Pharmacology at Weill Medical College of Cornell University. He was a founding member of the International Association for the Study of Pain, the American Pain Society, and the Eastern Pain Association. . . . **CORRECTION**: **Theresa Larivee** was appointed chief financial officer of Fox Chase Cancer Center, not CEO as reported in the March 3 issue of The Cancer Letter.

Funding Opportunities:

RFA Available

RFA-CA-07-014: Cancer Genome Characterization Centers. Letters of Intent Receipt Date: April 12. Application Receipt Dates: May 12.

NCI is soliciting U24 award applications for participation in a collaborative network of Cancer Genome Characterization Centers. The RFA is a component of The Cancer Genome Atlas Pilot Project, an effort to understand the molecular basis of cancer through the application of high throughput genome analysis technologies that interrogate the entire genomes of human cancer biospecimens. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-014.html.

Inquiries: Daniela Gerhard, 301-451-8027; gerhardd@mail.nih.gov.

Program Announcements

PA-06-231: Developmental Biology and Regeneration of the Liver. R01 applications are invited on liver development and regeneration to define the molecular and cellular mechanisms underlying the processes in health and disease and to apply the findings to developing therapies for liver disease. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-231.html.

Inquiries: For NCI--John Cole III, Division of Cancer Biology, 301-496-1718; jc121b@nih.gov. Asad Umar, Division of Cancer Prevention, 301-594-7671; au9q@nih.gov.

PA-06-232: Developmental Biology and Regeneration of the Liver. R21 applications invited as above. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-232.html.

PA-06-224: Information Technologies and the Internet in Health Services and Intervention Delivery. R21 applications invited to study the impact of health information technology on health interventions and services. Studies related to the impact of technology on the delivery of health-related information as well as health-related clinical interventions are encouraged. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-224.html.

Inquiries: Audie Atienza, 301-402-8426; atienzaa@mail.nih.gov.

PA-06-225: Information Technologies and the Internet in Health Services and Intervention Delivery. R03 applications invited. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-225.html.

PA-06-226: Information Technologies and the Internet in Health Services and Intervention Delivery. R01 applications invited. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-226.html.

PAR-06-223: Exploratory Collaborations with National Centers for Biomedical Computing. Letters of Intent Receipt Date: April 19; Dec. 19; April 19, 2007; Dec. 19. Application Receipt Dates: May 17; Jan. 17; May 17; Jan.17, 2008. The PAR, which supports exploratory biomedical informatics and computational biology research, is for R21 collaborative projects with the recently-formed NIH Roadmap for Medical Research National Centers for Biomedical Computing. The NIH NCBCs are partnerships, bringing together three types of scientists: 1) computational scientists 2) biomedical computational scientists and 3) experimental and clinical biomedical and behavioral researchers. The announcement uses the mechanism. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-223.html.

Inquiries: For NCI--Jennifer Couch, 301-435-5226; couchj@mail.nih.gov.

PAR-06-220: NCI Mentored Career Development Award to Promote Diversity. NCI Comprehensive Minority Biomedical Branch invites K01 career development award applications for recipients of an NIH Research Supplement to Promote Diversity Award, any Ruth L. Kirschstein National Research Service Award—individual F31/F32 or institutional T32, or mentored within any research grant equivalent to an NIH peer-reviewed research grant, e.g., ACS research grant. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-220.html.

Inquiries: Belinda Locke; 301-496-7344; lockeb@mail.nih.gov.

PAR-06-221: NCI Mentored Clinical Scientist Award to Promote Diversity. K08 applications invited for specialized study for individuals shown to be underrepresented in health-related science with health professional doctoral degrees in a career in laboratory or field-based cancer research--not patient-oriented research. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-221.html.

PAR-06-222: Mentored Patient-Oriented Research Award to Promote Diversity. Mentored Patient-Oriented Research K23 applications invited. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-222.html.

PA-06-198: Characterization, Behavior and Plasticity of Pluripotent Stem Cells. Application Receipt Dates: June 1 and Oct. 1; Feb. 1 and June 1, 2007. The PA encourages R21 applications to study the fundamental properties of all classes of human and non-human stem cells,

and to confirm, extend, and compare the behavior of stem cells that are derived from different sources and ages or exposed to different regimes in vitro and in vivo or derived from tumors. Of high priority are studies to develop methods for identifying, isolating and characterizing specific precursor populations at intermediate stages of differentiation into neurons and glia, and their relationship to tumor-generating cells. Projects that address comparisons between different classes of human stem cells and between human and non-human stem cells would also be directly relevant to the PA. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-198.html.

Inquiries: Neeraja Sathyamoorthy 301-435-1878; ns61r@nih.gov.

PAR-06-213: **Clinical Trials: Oral Complications of Cancer Therapy**. NIDCR and NCI invite R21 applications for clinical research directed at reducing the incidence and severity of oral complications from cancer therapies. The goal is to stimulate the submission of pilot data grants for phase III trials targeted to the prevention and management of lesions and symptoms, which occur in the oral cavity as a result of cancer therapies. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-213.html.

Inquiries: Bruce Pihlstrom, Center for Clinical Research, NIDCR, 301-594-4830; pihlstrb@mail.nih.gov.

PAR-06-171: Endoscopic Clinical Research In Pancreatic And Biliary Diseases. NIDDK and the NCI Division of Cancer Prevention encourage R03 applications for clinical and epidemiological research into the role of Endoscopic Retrograde Cholangiopancreatography and other endoscopic and imaging techniques. The goal of the small grants program is to provide flexibility for initiating preliminary, short-term studies, thus allowing new ideas to be investigated in a more expeditious manner without requirements for preliminary data. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-171.html.

Inquiries: For NCI--William Anderson, 301-594-7672; wa31i@nih.gov.

PA-06-233: Research on Social Work Practice and Concepts in Health. The Office of Behavioral and Social Sciences Research solicits R03 applications to develop empirical research on social work practice, concepts, and theory as these relate to the NIH public health goal of improving health outcomes for persons with medical and behavioral disorders and conditions. Full text: http://grants.nih.gov/grants/guide/pa-files/PA-06-233.html.

Inquiries: For NCI--Suzanne Heurtin-Roberts, 301-594-6655; sheurtin@mail.nih.gov.

PA-06-234: Research on Social Work Practice and Concepts in Health. R21 applications invited. Full text: http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=03-10-2006.

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