THE CANCER LETTER

Vol. 32 No. 23
June 16, 2006

Zerhouni To Scientists: "Stay Calm, Cool" About Funding—And Beware Of Myths

By Kirsten Boyd Goldberg

Biomedical scientists are unnecessarily anxious about their chances winning grant funding, partly due to several misconceptions currently circulating among researchers, NIH Director Elias Zerhouni said to an NCI advisory board earlier this week.

"You have to stay calm, cool, and understand the facts," Zerhouni said to the National Cancer Advisory Board at its June 14 meeting. "That's what we're doing across all institutes. This is not an easy situation…. There's no doubt that we still have a very large budget to sustain biomedical research, and I think the best will prevail."

Scientists have criticized the White House for proposing to keep the NIH budget flat at $28 billion for fiscal 2007. This represents a decrease, because the cost of biomedical research grows at a rate of three to five percent a year, Zerhouni acknowledged.

Under the Bush administration's proposal, NCI would take an actual

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In the Cancer Centers:

M.D. Anderson's Margaret Kripke To Retire In 2007 As EVP, Chief Academic Officer

MARGARET KRIPKE plans to retire as executive vice president and chief academic officer of the University of Texas M.D. Anderson Cancer Center, on Aug. 31, 2007. Kripke made the announcement June 1 at a meeting of the center's Research Council.

"In the year ahead, she will continue to serve in this important post with all the confidence and effectiveness that make her so respected and admired by everyone at M. D. Anderson," John Mendelsohn, the center's president, wrote in a letter to staff.

"There are few on our faculty as distinguished or accomplished as Margaret Kripke," Mendelsohn wrote. She "has a superb record of research accomplishments and service. Beyond that, she is a wise counselor and great friend to many at M. D. Anderson."

Kripke founded the Department of Immunology when she joined the center in 1983, the first woman to head an academic department at M.D. Anderson. In her current position, she leads the center's research and educational programs, including all programs related to faculty recruitment and development. "All of which have grown remarkably under her outstanding leadership over the last eight years, in size and especially in excellence,"

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Supply-Demand Explains NIH Budget "Perfect Storm"

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drop of $40 million in its $4.8 billion budget.

NIH has been hit by a "a perfect storm" of budget constraints, some caused by forces beyond its control, and others caused by the five-year doubling of its budget from 1999 to 2003, Zerhouni said in his one-hour presentation to the board.

In the past few years, the availability of domestic discretionary funds have been sapped by the federal deficit, funds for hurricane relief, homeland security, and pandemic flu, Zerhouni said. There is also a "post-doubling effect" from the five-year doubling of the NIH budget, from 1999 to 2003.

"Many policymakers feel that this is a good thing that has been accomplished and now is the time for accountability," Zerhouni said. "Expectations have been created…. Why is it that after doubling NIH budget, things are not better?"

However, looking at the NIH budgets over the past 30 years, it would appear that the institutes are in a budget cycle reminiscent of the 1980s, Zerhouni said. Some of the budget constraints that scientists are experiencing now are the result of increased research capacity at U.S. academic institutions, he said.

"Let me tell you the inside story of deans of research around the U.S. in 1999," said Zerhouni, who was the dean of research at Johns Hopkins University prior to his appointment as NIH director. "We ranked ourselves on the number of cranes on campus. So-and-so was a one-crane dean, so-and-so was a two-crane dean, so-and-so was a three-crane dean."

As the supply of NIH funding increased from 1999 to 2003, institutions responded by building infrastructure and hiring more faculty. According to a survey of members of the Association of American Medical Colleges, U.S. medical schools invested $3.2 billion in research facilities from 1990 to 1997, $5.4 billion from 1998 to 2002, and $9.5 billion from 2003 to 2007. These data don't include non-medical school campuses, such as Massachusetts Institute of Technology or University of California, Berkeley.

"This is the largest investment in research capacity at any time in our history," Zerhouni said. "It has put us in a position of absolute worldwide leadership in terms of our ability to compete for what is going to be the No. 1 economic activity in the world, health care," Zerhouni said.

The increased research capacity created greater demand for funds from NIH. From 1999 to 2003, the funding success rate per application was about 30 percent. After 2003, that began to decline, due to the increasing number of grant applications, Zerhouni said.

In 1999, NIH received about 24,000 grant applications. The number of applications increased steadily, but began to accelerate in 2002, he said.

In 2005, NIH received 43,000 applications. For 2007, NIH expects to receive 49,656 applications. "There is a lag time between the doubling and the demand for grants," he said.

"Does that meant that we have more applications per scientist?" he said. "The answer is no. We have built an enormously effective system by which we have new scientists who are applying to NIH for new research."

The number of new applicants for NIH research grants grew by about 5,300 from 1999 to 2003, and by 5,208 from 2003 to 2005. "In other words, a doubling of the scientific demand for grants in the two years following the doubling" of the budget, Zerhouni said.

"It is, in my view, terrific news, because it does mean the country has responded, and the institutions have responded to what needs to be done, and that is, respond to the rising public health demands."

NIH has lost about 7 percent of its purchasing power since 2003, due to inflation, but that's not the main reason for the "stress," Zerhouni said. "Eighty-five percent of the reason for the increased competitiveness is related to the fact that we have 70 percent more scientists applying than there used to be."

THE CANCER LETTER

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Subscription $355 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.
Founded Dec. 21, 1973, by Jerry D. Boyd.

"By the end of 2007, if the budget stays where it is today, the loss of purchasing power will be 7.3 percent," he said. "It doesn't mean we should be complacent about this, because if it continues, then it will become cumulative over time."

The "budget cycling phenomenon" is another reason for the downturn in 2006, he said. Funds used for grants in 2006 come from grants that ended four or five years ago. New funding, if any, adds some "flexibility" to the budget, he said.

"The good news is that in 2007, even with the flat budget as proposed, we will be able to increase our competing grant pool by 3 percent, just because of recirculating dollars," he said.

"If we do not see a balance between demand and supply to reflect the major investments that institutions have made on their own and states have made on their own, then the imbalance might become a more severe phenomenon," Zerhouni said.

"The bottom line is the demand for grants took off just as the NIH budget was landing," he said. "The post-doubling boom in applications is what led to this demand-supply imbalance. I think it's fair to say NIH did pretty well in '04 and '05. But in '06, we could use a little flexibility to manage the demand and supply."

There are several misconceptions about grant paylines, Zerhouni said. "The payline is really a distribution of scores," not a funding cut-off, he said. All applications within the payline get funded, but even those outside of the payline can be funded, he said.

"The success rate per application is always higher than the payline," he said. "The success rate per application understates the likelihood of any one scientist being funded."

Over the past 10 years, the success rate per application has been about 5 percent below the success rate per applicant, he said. In 2005, those numbers were 22.3 percent and 27.6 percent.

"Is that good news? I don't think it's good news," Zerhouni said. "I think it shouldn't go that low. I think the steady state should be more in the upper 20s, but it's also not 'the sky is falling.'"

Zerhouni listed other "common misconceptions" about NIH grant funding, and the data to refute them:

—"NIH is overemphasizing applied research." In fact, NIH will spend 56 percent of its budget on basic research in FY 2007, he said.

—"NIH and NCI are moving away from investigator-initiated research" to fund more grants in response to RFAs. In 1995, 91 percent of NIH grants were for unsolicited research, compared to 93 percent in 2005. The institutes have been "very cautious" about launching large trials, except in areas of emerging needs, he said. "Nanotechnology is a good example where you clearly had a need, we were really behind in the spectrum of investments across the whole government for the investments related to our mission."

—"NIH Roadmap is shifting major funds away from the grant pool." The Roadmap initiatives use 0.8 percent of NIH funding, and was begun with the involvement of "hundreds of scientists," he said.

—"Because NCI is the largest institute, it contributes the most [to the Roadmap], and it is a tax on cancer research." In fact, NCI grantees have consistently received more funds than NCI contributes to the Roadmap. In FY05, NCI contributed $30.5 million to the Roadmap, and its grantees received $42.1 million in funding for 53 out of a total of 352 Roadmap grants.

Zerhouni outlined what he called the "core strategies" of NIH "in these times of stormy weather."

1. "We need to stay true to our core mission and core values, to accelerate at the fastest pace possible, the discovery and generation of new knowledge in disease.

2. "Don't eat your seed corn, always protect your future. That means new investigators. I'm extremely passionate about the notion that in times of crisis, the most vulnerable members of the scientific capital of the country are the new, young investigators." NIH has begun new programs in response, he said.

3. "When you have a crisis, manage the key reason of the crisis, and therefore, we are going to focus on the area of demand/supply. So investigator-initiated research is where the demand has increased the most."

4. Communications. "We need to show that the NIH investment is one of the very best investments that the nation has made. We need to understand the consequences over the long run of not sustaining the investment."

Zerhouni said his vision for the future of NIH is to continue to support research that will help to "transform medicine from curative to preemptive, or what I call the four P's: predictive, personalized, preemptive, participatory."

Zerhouni's slide presentation to the NCAB is similar to one posted at http://www.nih.gov/about/director/StrategiesfortheFuture.pdf.

Patients Want New Therapies

NCAB member Kathryn Giusti, CEO and founder of the Multiple Myeloma Research Foundation, said she had the impression that scientists are increasingly

applying for several grants, rather than taking the risk of applying for just one.

Zerhouni said the average has increased only slightly. At the beginning of the doubling, investigators applied for 1.2 grants on average, while today they apply for 1.4 grants. "The competition that is occurring is real, because when you see percentile scores going down, that means many more people are funded, but they are funded under much more competitive requirements," he said. "The competition is clearly there, and we need to make sure the review system is flexible."

NIH has accelerated the review cycle for new investigators, so that they don't have to wait nine months to reapply for a grant. The wait will be four months, Zerhouni said.

"From the patient's perspective, we are thrilled at the doubling of the NIH budget, and eternally grateful to the infrastructure that was built," Giusti said. "That has advanced the care that all of us get at the cancer centers." However, patients want to see "new therapies that will extend our lives," she said. Also, industry and academia face many obstacles, such as access to patient tissue and the validation of targets, she said. "There are so many disconnects in the translational area," she said.

Zerhouni agreed. "What is really in front of us… is the complexity of biological systems, the redundancy and crosstalk, is so daunting and so great that you can't even validate targets that easily. We don't even have markers to understand systems." One strategy for dealing with the complexity is to work through public-private partnerships, he said.

NCAB member Diana Lopez, professor of microbiology and immunology at University of Miami Miller School of Medicine, said she was disturbed this year to hear of several scientists in mid-career deciding to give up research and go into private practice or administration.

"That will leave us with a lack of mentors for training the next generation," she said. "In this last [grant review] round, I heard that the number of applications are going down. So one of the most important things is the communication to our scientific community, so they don't despair."

"I agree," Zerhouni said. "You have to stay calm, cool, and understand the facts. That's what we're doing across all institutes. This is not an easy situation…. There's no doubt that we still have a very large budget to sustain biomedical research, and I think the best will prevail.

"I hear those cries and think they might be exaggerated, especially discouraging new investigators," he said. "That, to me, is the No. 1 concern I would have. You're right, the mentors are important and needed, but the mentors have an established track record, which gives them a higher chance of success than anyone else. That's why I think we need to focus on new ideas, new people, earlier.

"I think we shouldn't blink," Zerhouni said. "We should communicate and share information. I have complete confidence in our ability to get to the facts, get to a unified strategy, understand what needs to be done. We'll be fine.

"But it's a not a time to be complacent, it's a time when we need to educate everybody about the consequences of not sustaining what we've built."

NCAB Meeting Notes:

2015 Goal Not Mentioned As NCI Faces Life After Andy

By Kirsten Boyd Goldberg

Over the past three years, every meeting of the National Cancer Advisory Board was treated as an opportunity for NCI to rededicate itself to the goal to "eliminate the suffering and death due to cancer by 2015."

Skeptics who considered the goal unrealistic generally kept their mouths shut, letting institute director Andrew von Eschenbach have the floor.

At the June 14 meeting—convened four days after von Eschenbach's departure to concentrate fully on his job as acting FDA commissioner—the 2015 goal wasn't mentioned at all. It appeared that the episode was forgotten.

Acting NCI Director John Niederhuber made an effort to avoid using the out-of-favor phrase. This wasn't easy, particularly when he attempted to inform the board that cancer center directors openly revolted against von Eschenbach and drafted a report that sought to provide an "honest" alternative to his goal (The Cancer Letter, Nov. 23, 2005). The report is expected to be made public in September.

Here is how Niederhuber described this development without mentioning 2015:

"In the fall of 2005, they felt that they wanted to have greater input into some of the strategic goals and priorities that they felt would be necessary to advance towards our goals and to *make a difference in the burden of cancer in this country*," he said.

The de-2015-ization at the institute isn't complete. The NCI Web site is yet to be cleansed of now-antiquated agitprop.

* * *

NCI budget: The FY 2007 budget "is a work in progress, and hopefully, we will have a result that maybe isn't worse, and maybe is a little bit better" than the $4.75 billion President Bush proposed, Niederhuber said.

Congress isn't likely to complete the budget for FY 2007, which begins Oct. 1, until "well after" the November elections, probably in January, he said. NIH now routinely plans to work from continuing resolutions that keep the government open in the fall and winter until Congress finally approves the appropriations bills.

Grant funding: In an update on NCI funding for the final quarter of FY 2006, Niederhuber said the institute "has been hit with a mid-year increase in taps" for utility costs to NIH of nearly $4 million. The research project grant payline is running at about the 11th percentile, and 15 percent of the competing pool is being held in reserve to fund exceptions. Type 5 awards are generally 2.35 percent below the commitment of record. Specialized Programs of Research Excellence are being funded at 2 percent less than FY 2005, the budget for cancer centers is flat, and training has received a 1 percent increase from last year.

Unsolicited research and "the witch of Bethesda": Niederhuber said he has often heard from researchers that NCI's Requests for Applications and Program Announcements "are dominating the budget and taking resources from the unsolicited pool."

That hasn't been the case, he said. Over 90 percent of NCI's grants go to unsolicited research, he said.

However, Niederhuber showed a graph indicating that NCI's percentage of unsolicited research grants increased from about 93 percent in 1999 to about 98 percent in 2002, and then dropped steadily back to about 92 percent in 2005. Thus, solicited projects appear to have chipped away from unsolicited grants in the past three years. Niederhuber didn't provide the actual funding amounts.

Some NCI budget-watchers have noted that several of these large, solicited projects have been promoted and led by Anna Barker, the NCI deputy director for advanced technologies and strategic partnerships.

"Of course, Anna Barker has scars all over her body, because she's 'the terrible witch of Bethesda that created all these huge, big projects, and we know that these big projects have sapped the strength of NCI, or the R01s,'" Niederhuber said. "Ann and I have defended this on a numerous occasions, and I think all of you know the importance of NCI continuing to lead biomedical research.

"Any way you want to look at progress in biomedical research for any disease you want to look at, you can take it directly back to the investment that we've made in cancer as a model for understanding disease," Niederhuber said. "I feel we have an obligation to continue to develop the enabling technologies that will allow laboratory investigators—those that rely significantly on R01 support—to continue to be at the forefront in research in understanding not just cancer, but understanding disease as well."

The number of grant applicants applying for NCI grants has increased dramatically, which is what has led to the stress on the budget, Niederhuber said. From 1998 to 2003, the number of applicants increased by 962, from 3,289 to 4,251. From 2003 to 2005, the number of applicants increased by 799, to 5,050.

"We're seeing that impact of the building of space and recruitment of new faculty," Niederhuber said. "That's what we wanted to do with the doubling of the NIH budget, but unfortunately, the landing plan hasn't been quite what we wanted."

In 1995, NCI funded 27 percent of competing research project grant applications. That percentage rose to 35.4 percent in 1999, and then began to decline to 24.3 percent in 2005.

"Not huge changes considering the stress on the budget," Niederhuber said. "Not changes that I think would justify some of the anxiety that I hear in the community."

Niederhuber said that when he talks to young scientists, he uses a graph showing annualized growth of the NIH budget from 1971-2005, which demonstrates the budgetary increases and decreases.

"We've never had a strategic plan for support of biomedical research," he said. "We've always been up and down." During the periods of less support, "you just need to work a bit harder" to find funds, he said.

"I think what we need to do is speak with a single voice to the leadership of our country about a plan for biomedical research" that would at least keep pace with inflation, "so that we can provide for the young people of our country a vision of stability in terms of building their own careers in research," Niederhuber said.

* * *

"Fun" for patients: The Director's Consumer Liaison Group is holding a cancer advocacy "summit" at NIH June 19-20, where advocates will take tours of the campus, learn about NCI programs, and discuss best practices for advocacy.

"I think it's going to be a fun time," Niederhuber said. "Hopefully, the weather will be great and we can

get out on the campus and walk around and have a chance for the advocates to really see the NIH and the NCI campus, tours of the clinical center. We planned poster sessions and other ways to inform them about the science that's going on here on the NIH campus. I think this is going to be an especially fun time for them."

NCAB member Kathryn Giusti, founder of the Multiple Myeloma Research Foundation, who recently had a bone marrow transplant for multiple myeloma, objected to Niederhuber's use of the word "fun."

"The feeling out there right now is that it's a dismal time to be a cancer researcher, but it's an even more dismal time to be a patient," Giusti said. "What we're hearing from patients is that hope is pretty hard to find right now."

No single organization "is sending out a message that we are in a crisis right now," she said. "I feel like we are letting patients down. I don't feel like today's agenda is addressing what we need to be doing in a crisis situation…. While we can talk lightly about the DCLG and advocates coming in for fun, we shouldn't be having fun. I'm sorry, but they have leadership roles and they should take on a strong role that says, 'what can these groups be doing to make a difference when we're in a crisis of 11 percent payline.'

The MMRF has had to change its grant funding to address the tighter NCI budget, Giusti said. "We still want investigators in myeloma, and if we have to cover for NCI right now, then we are going to go out and do it. A lot of other groups could be doing the same thing, but for some reason, they just don't understand how to do it.

"We can't keep saying everything's great, we're going to map the cancer genome," Giusti said. "We should be realistic in anything we are saying…. We need to work as a team to offer solutions other than saying, 'it looks like it's going to be this budget for the next five years of 11 percent payline.' That doesn't give anybody hope."

"I couldn't have said it better than you have," Niederhuber said. "I agree with everything that you have said. I didn't mean to imply that they were coming to have fun. I think they will have the same kinds of issues…. I've tried to indicate that the reality of the discretionary budget in our county is that we are not going get a huge amount of new money from the federal government into the NCI budget…. I do think that the message that we should give is not the tin cup message, but the solution. And the solution for our country, I believe, is that no matter where we start as a base, the least we can do for the world of biomedical research with the goal of making a difference in disease, is that we grow that budget so at least it stays with BRDPI [the measure of inflation in biomedical research]."

Capitol Hill:

Committee Alleges Inadequate Oversight Of NIH Tissue Banks

By Paul Goldberg

The headline on a Congressional press release had a certain New York Post quality: NIH SCIENTIST EXPLOITED HUMAN TISSUE SAMPLES FOR PERSONAL GAIN.

The image that goes with the story is unsettling, too: an NIH scientist—Alzheimer's disease expert Trey Sunderland—taking the Fifth before the House Committee on Energy and Commerce.

Sunderland is under investigation by the Department of Justice, the HHS Office of the Inspector General, as well as NIH, government officials testified June 14.

The spectacle of having a witness decline to testify to avoid the risk of self-incrimination likely has implications for all of NIH as Congressional critics assert that the controversy that surrounds Sunderland indicates that the institutes lack uniform procedures for managing tissue samples.

"We have found a lack of a centralized database and a lack of oversight at NIH that could, and probably does, leave NIH laboratories vulnerable to the risks of theft and abuse," said Joe Barton (R-Tex.), chairman of the House Energy and Commerce Committee. "We know from previous investigations that NIH has an inventory system, but NIH tells us it has no centralized inventory system that could tell the NIH director how many vials of tissues are in freezers at a particular institute. It would really be a shame if we find out that the National Institute of Health has more control over its paper clips and trash cans than it has over its human tissue samples."

Rep. John Dingell (D-Mich.) said that "NIH lacks adequate controls for human tissue samples, human subject protection, and the scientific conduct of many of its senior employees."

"Accountability must be restored to NIH's own research programs," said Dingell, ranking member of Energy and Commerce.

Congressional investigators say that Sunderland was able to transfer tissue samples collected through the NIH intramural program to Pfizer Inc., the company that paid him nearly $600,000 between 1998 and 2004.

"Records and interviews provide reasonable grounds to believe that Dr. Sunderland personally received $285,000 in compensation from Pfizer for activities that were derived directly from his official acts in providing Pfizer access to spinal fluid samples and plasma samples (over 3,000 tubes of NIH property and linked clinical data) and that Dr. Sunderland used NIH employees and resources to provide such access," states the report by the staff of the Energy and Commerce subcommittee on oversight and investigation.

The 25-page document is posted at http://energycommerce.house.gov/

The Sunderland controversy follows the committee's investigation of conflict of interest at NIH, which has so far embroiled former NCI scientist Lance Liotta, former NCI director Richard Klausner, and dozens of scientists whose collaboration with industry raised questions of conflict of interest. The congressional investigation has led NIH to restrict such collaborations—and may weaken its case for seeking greater appropriations at a time of growing deficits and flat budgets.

The committee first learned about the tissue samples controversy from a whistle-blower, Susan Molchan, an NIH scientist who used to work for Sunderland at the National Institute of Mental Health. While at NIMH, she collected spinal fluid from Alzheimer's patients, but was told that the samples had been lost in freezer malfunctions.

In testimony June 13, Molchan, currently a researcher at the National Institute on Aging, said she was unable to get NIH officials to act on her complaints, and alerted Congressional investigators.

After committee investigators became involved, the case received attention at NIH. At the hearing, officials said the scientist's conduct was unacceptable, and that safeguards for the NIH-wide use of biospecimen are under development.

Officials also said that Sunderland, in his capacity as the branch chief, had improperly signed off on his own request to transfer samples to Pfizer, and that an inappropriate mechanism—a material transfer agreement—was used to make the transfer.

"The events are connected to research on Alzheimer's disease, specifically attempts to identify biomarkers that identify the early presence of the disease," Michael Gottesman, NIH deputy director for intramural research, said in testimony June 14. "This research is one of the most important areas of investigation regarding Alzheimer's disease and should be pursued with vigor. But the quest for biomarkers by NIH must be conducted according to federal rules pertaining to human subject protection, intellectual property, and conflicts of interest."

Since the controversy surfaced, Sunderland has been trying to leave NIH, and NIH has been amenable to his departure. According to NIH officials, the NIMH director recommended that Sunderland be fired, and the scientist has asked to retire. However, Sunderland's retirement wasn't approved by the Public Health Service Commission Corps, his attorney said.

After declining to testify before the subcommittee, Sunderland and his attorney Robert Muse apparently held a hallway chat with reporters. Muse said to the Associated Press that his client had followed NIH rules and accepted no money for providing samples. Sunderland "didn't receive a dime for providing anything to Pfizer," Muse is quoted saying. "He received fees for consulting as well as for lectures. These were known to NIH, and they were permitted under NIH rules."

Muse didn't return calls from The Cancer Letter.

In testimony, NIH officials said Sunderland's action would have been judged inappropriate even before ethics rules went into effect last fall.

"We share the committee's concerns in regard to the ethical management of human tissue samples and the development of rigorous and uniform policies to protect the public's trust and interests, while advancing science to address important public health problems," NIH said in a statement.

"NIH's position on ethics is clear: any conflict of interest resulting in an individual personally profiting from official government research activities cannot be tolerated.

"The case under consideration concerns events that began in 1998—after the NIH ethics rules concerning outside activities were relaxed—and that ended before the new rules were put in place. NIH has previously referred this case to the relevant authorities for appropriate action. "It is important to note that the specific consulting arrangements in question, had they been known to NIH, would not have been approved under the present or previous ethics regulations.

"Outside consulting connected to an NIH employee's official government duties has always been prohibited at NIH. NIH has undertaken a comprehensive review of its activities and conflict of interest policies in the last few years. As a result of that process, on Aug. 25, 2005, NIH implemented comprehensive ethics rules that make it clear what NIH scientists can and cannot do in regard to outside activities. These new rules removed any ambiguity about what is allowed or not allowed.

Here are two important points:

—"Under new NIH regulations, all NIH employees are now prohibited from engaging in outside employment with pharmaceutical companies and biotechnology companies in their private capacities.

—"Collaboration and partnership with industry can nonetheless be very valuable in scientific pursuits and NIH rules allow such activities, as long as they are undertaken through an officially approved Cooperative Research and Development Agreement."

Reports:

Tobacco Cessation Underused, Quit Rates Could Increase

Effective tobacco cessation interventions are available and could double or triple quit rates, but not enough smokers request or are being offered these interventions, an NIH panel concluded June 14.

Of the 44.5 million adult smokers in the U.S., 70 percent want to quit and 40 percent make a serious quit attempt each year, but fewer than 5 percent succeed in any given year. Nicotine is highly addictive and a major public health concern. A national, coordinated strategy for tobacco control that casts a wide net is needed to address this critical gap, the panel said.

The panel's draft statement on tobacco use prevention, cessation, and control is available at http://consensus.nih.gov.

The panel found that smoking cessation interventions/treatments such as nicotine replacement therapy, telephone quitlines, and counseling were individually effective, and even more effective in combination. The panel also concluded that there is strong evidence to support the effectiveness of economic strategies such as increasing the cost of tobacco products through taxes and reducing out-of-pocket costs for effective cessation therapies.

"It's important to recognize tobacco use as a serious, chronic health issue that requires sustained attention," said David Ransohoff, professor of medicine at the University of North Carolina at Chapel Hill and chairman of the panel. "Quitting is a struggle, but researchers have learned a lot about what works to help people quit smoking. We need to make sure that effective interventions reach the people who need them most."

The panel found that one way to increase the use of effective treatments would be to better target interventions to address health disparities, recognizing that generic treatments are not appropriate for everyone.

"To increase demand for treatments we must motivate smokers to want them, expect them, and use them," Ransohoff said.

The panel emphasized that preventing initiation to tobacco use is essential to reducing tobacco-related illness and death. Initiation to tobacco use occurs primarily during adolescence, with almost all adult daily smokers trying cigarettes before age 18. Over 20 percent of 12th graders have smoked in the prior 30 days. The panel found that programs aimed at preventing tobacco use in youth are most effective when they utilize multiple approaches such as mass media campaigns and price increases through taxes on tobacco products.

The panel concluded that smokeless tobacco products were of great concern for three reasons: 1) smokeless tobacco use is associated with numerous health risks, 2) there are limited data about the effect of smokeless tobacco on public health, and 3) new products and aggressive marketing may increase use of smokeless tobacco in the United States. The panel stressed that more research is needed to determine the overall effect of marketing and use of these products.

In addition to the material presented at the conference by speakers and the comments of conference participants, the panel considered research from the published literature and the results of a systematic review of the literature commissioned by the NIH Office of Medical Applications of Research.

The review was prepared through the Agency for Healthcare Research and Quality Evidence-based Practice Centers program, by the RTI International-University of North Carolina Evidence-based Practice Center. The EPCs develop evidence reports and technology assessments based on rigorous, comprehensive syntheses and analyses of the scientific literature, emphasizing explicit and detailed documentation of methods, rationale, and assumptions.

The evidence report on Tobacco Use: Prevention, Cessation, and Control is available at http://www.ahrq.gov/clinic/tp/tobusetp.htm.

* * *

Asbestos Exposure: Sufficient scientific evidence indicates that asbestos exposure can cause cancer of the larynx, according to a report from the Institute of Medicine of the National Academies.

There is suggestive, but ultimately insufficient evidence that asbestos exposure can cause cancers of the pharynx, stomach, colon, and rectum, the committee that wrote the report found. The evidence is inadequate to draw any conclusions about esophageal cancer and exposure to this class of minerals.

IOM undertook the study to answer questions raised by Congress about compensation for people with ailments associated with asbestos exposure. The study committee assessed the quality, limitations, and applicability of 120 epidemiological studies of asbestos exposure and cancers of the throat and digestive tract. It also considered information from about 200 experimental studies. The committee classified the evidence as either sufficient to infer a cause-and-effect relationship; suggestive but insufficient to infer a link; indeterminate; or sufficient to infer that there is no connection.

The cumulative results of more than 50 epidemiological studies provided compelling evidence that asbestos exposure is associated with an increased incidence of laryngeal cancer and that the risk increases with the intensity and duration of exposure, the committee found. Smoking alone or in combination with drinking may contribute to the accumulation of asbestos fibers in the lining of the larynx.

Some studies suggest that asbestos exposure is linked to a slightly increased risk of stomach, pharyngeal, and colorectal cancer, but in each case the cumulative results of the relevant studies were not strong enough to determine that there is a causal relationship. The committee found the evidence suggestive, but still too uncertain. In the case of esophageal cancer, there is not enough evidence to draw conclusions.

The study was sponsored by NIH at the request of Sen. Arlen Specter (R-Pa.).

The report is available at www.nap.edu.

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Vitamin Unknowns: An independent panel convened late last month by the NIH Office of Medical Applications of Research and the Office of Dietary Supplements to assess the available evidence on the safety and effectiveness of multivitamin/minerals made recommendations regarding certain specific supplements, but concluded that more rigorous scientific research is needed before strong recommendations can be made regarding MVM use to prevent chronic diseases.

The panel also identified risks associated with MVM consumption, including the potential for overconsumption of certain nutrients, with the resulting possibility of adverse effects. The panel recommended that Congress expand FDA's authority and resources to require manufacturers to disclose adverse events, to ensure quality production, and to facilitate consumer reporting of adverse events by including reporting information on dietary supplement labels.

"Half of American adults are taking MVMs and the bottom line is that we don't know for sure that they're benefiting from them. In fact, we're concerned that some people may be getting too much of certain nutrients," said J. Michael McGinnis, senior scholar with the Institute of Medicine of the National Academy of Sciences, who served as chairman of the panel.

The panel's draft statement is available at http://consensus.nih.gov.

The panel supported:

—Combined use of calcium and vitamin D supplementation for postmenopausal women to protect bone health.

—Use of anti-oxidants and zinc by non-smoking adults with early-stage, age-related macular degeneration.

—Previous recommendations by the CDC that women of childbearing age take daily folate to prevent neural tube defects in infants.

The panel found no evidence to recommend beta carotene supplements, a form of vitamin A, for the general population, and strong evidence to caution smokers against taking them. Beta-carotene was linked to an increase in lung cancer among smokers who took the vitamin regularly.

For chronic disease prevention, the panel found that the available data are insufficient to make a firm recommendation for or against their use in the general population.

Rates of MVM use are highest among those who engage in other positive health behaviors such as regular exercise and eating a healthier diet, making it difficult to determine whether the MVM alone is truly responsible for any observed improvement in health.

The panel also made several specific recommendations regarding future research, including:

—Design and conduct rigorous randomized, controlled trials of the impact of individual supplements to test their efficacy and safety in prevention of chronic disease, using well-validated measures.

—Build new MVM databases that detail the exact composition of supplements, update them on a continuous basis, and assure their constant availability to the research community

—Develop a strategy to support a better understanding of possible interactions between MVMs and prescribed or over-the-counter medications.

* * *

Cancer Survivorship: In its latest report to the White House, the President's Cancer Panel found that

advancements in the detection and treatment of cancer, as well as support for survivors with late-term effects are not happening fast enough.

The report, "Assessing Progress, Advancing Change," examines progress in adopting recommendations from the panel's 2003 report on cancer survivorship and its 2004-2005 report on translating research into improved care for people with cancer. The panel found "encouraging steps" in some areas, but little progress in others.

The Panel recognized four issues that continue to undermine the National Cancer Program: fiscal constraints that have led to decreased funds for cancer research; lack of comprehensive health care reform needed to ensure universal access to cancer care; the need for improvements in education and communication to inform the public about cancer and cancer research and to more effectively disseminate research findings to health care providers; and lack of coordination across the National Cancer Program, which slows progress and prevents optimal use of resources.

The report is available at http://pcp.cancer.gov.

In the Cancer Centers:

M.D. Anderson To Form Panels For Kripke Successor Search

(Continued from page 1)

Mendelsohn wrote. Mendelsohn plans to appoint a search committee to help find a successor, as well as "a second advisory committee of thought leaders from all faculty ranks to provide more counsel and make sure we have the job well defined and our expectations clearly set," he wrote.

Kripke is a member of the President's Cancer Panel, originally appointed by President George W. Bush in early 2003 and re-appointed to a second three-year term earlier this year. She is an internationally recognized authority in the fields of tumor immunology and photobiology, having contributed to a better understanding of the immune response against cancer and how cancer cells can evade destruction by their host. Her research demonstrated that skin cancers induced by chronic exposure to UV radiation are highly antigenic, and that the survival of these tumors in the host is due to systemic immune alterations cased by UV radiation.

Kripke received her Ph.D. in immunology from the University of California, Berkeley, and completed postdoctoral work at Ohio State University. After three years on the University of Utah faculty, she joined the NCI Frederick Cancer Research Center, where she advanced to director of the Cancer Biology Program. From Frederick, she moved to M. D. Anderson.

In 1998, she was named vice president for academic programs, and a year later, became senior vice president and chief academic officer. In 2001, she was promoted to executive vice president and chief academic officer.

* * *

INDIANA UNIVERSITY Cancer Center has received a $7.5 million gift from the Eli Lilly and Co. Foundation, the largest one-time donation from the Lilly Foundation to an institution or cause. The funds will be used to recruit nationally recognized cancer scientists to strengthen the research initiatives and progressive care available in Indiana and throughout the country, said center director **Stephen Williams**. Also, the Vera Bradley Foundation for Breast Cancer is increasing its support of cancer center with a $6.8 million gift, bringing the total commitment by the Fort Wayne, Indiana-based foundation to more than $10 million in gifts to Indiana University. The gift will support the Indiana University Breast Cancer Research Program, a multidisciplinary program that includes basic science and clinical investigators from 11 departments at Indiana University and the IU School of Medicine. Co-leaders of the program are **George Sledge**, the Ballvé Lantero Professor of Oncology and professor of medicine, and **Linda Malkas**, the Vera Bradley Professor of Oncology and professor of medicine. . . .
UNIVERSITY OF PENNSYLVANIA Health System will begin construction on a proton therapy treatment facility. To be equipped by the Ion Beam Application, S.A., of Louvain-la-Neuve, Belgium, the proton therapy center will be located adjacent to the Raymond and Ruth Perelman Center for Advanced Medicine, a $302 million structure that is being built to house Penn's outpatient cancer, cardiovascular, diagnostic, and surgical services. The UPHS Proton Therapy Treatment Center will cost about $140 million and take about three years to build. The facility will allow the Abramson Cancer Center to provide the most advanced form of radiation therapy available to cancer patients, said Ralph Muller, CEO of the University of Pennsylvania Health System. . . .
UNIVERSITY OF TEXAS M. D. Anderson Cancer Center and Tianjin Medical University Cancer Institute and Hospital, in Tianjin, China, signed an agreement to expand opportunities for collaborations in clinical, educational and translational cancer research, building upon professional relationships between physicians and scientists at both institutions that have spanned over a decade. The agreement formalizes a cooperative

framework to develop joint programs that support the institutions' shared missions of eradicating cancer worldwide through scientific discovery, advanced patient therapies, education and prevention. Representatives of the institutions participated in a signing ceremony at M. D. Anderson in Houston coinciding with the second annual M. D. Anderson Sister Institution Conference that brought together 187 researchers from 32 cancer institutions, representing 16 countries. Also in attendance was **Li Fang**, deputy consul general of the Consulate General of the People's Republic of China in Houston. Collaborations between faculty members have advanced research in cancer pain management, breast and gastrointestinal cancers, genomics, and molecular markers. The institutions plan to expand on projects in epidemiology, radiation oncology, and tissue banking, as well as translational research programs and training exchange opportunities for investigators. The agreement with Tianjin Medical University marks M. D. Anderson's fourth such relationship with a leading Chinese cancer institution. In 2003, M. D. Anderson signed agreements with Fudan University Cancer Hospital (Shanghai), Peking Union Medical College Cancer Institute and Hospital (Beijing) and Sun Yat-Sen University Cancer Center (Guangzhou). The programs involve faculty development training and fellowship exchange; research collaborations on traditional Chinese medicines, tissue banking and cancer genomics; a pilot project for patient case review by teleconference; and an annual symposium in China on clinical oncology. . . . **LAURENCE BAKER**, chairman of the Southwest Oncology Group since 2005 and professor of internal medicine and pharmacology at the University of Michigan, received the Sarcoma Foundation of America Nobility in Science Award. Baker was honored for his 34-year commitment to the advancement of scientific knowledge about sarcoma. The award was presented at the fourth annual Sarcoma Foundation of America gala dinner May 22 in New York. . . . **MICHAEL OSTROWSKI,** director of the Molecular Biology and Human Cancer Genetics Program at Ohio State University Comprehensive Cancer Center, was named chairman of the Department of Molecular Biology and Human Cancer Genetics, Ohio State University, said **Fred Sanfilippo**, senior vice president for health sciences, dean of the College of Medicine and CEO of Ohio State University Medical Center. Ostowski worked on the staff of NIH for four years as a fellow and senior staff fellow. He is principal investigator on research grants totaling more than $1.5 million, including an NCI-funded program project grant on breast cancer.

Professional Societies:

ONCOLOGY NURSING SOCIETY has begun ONSEdge, a for-profit subsidiary offering services to corporate clients in the pharmaceutical, biotech, and medical equipment/device industries, as well as the advertising and public relations agencies. Services include consulting, healthcare strategy, marketing, market research and communication. ONSEdge would provide income that would help keep dues lower, said **Len Mafrica**, executive director of ONSEdge.

Funding Opportunities:

RFA-CA-07-021: Development of Advanced Genomic Characterization Technologies. R21. Letters of Intent Receipt Date: July 24. Application Receipt Date: Aug. 24. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-021.html. Inquiries: Daniela Gerhard, 301-451-8027; gerhardd@mail.nih.gov.

RFA-CA-07-029: Development of Advanced Genomic Characterization Technologies. SBIR R43/R44. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-029.html.

RFA-CA-07-030: Development of Advanced Genomic Characterization Technologies. STTR R41/R42. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-07-030.html.

RFA-CA-06-505: Cancer Research Network. U19. Application Receipt Date: Aug. 16.

Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-06-505.html. Inquiries: Martin Brown, 301-496-5716; mb53o@nih.gov.

PAR-06-451: Quick-Trials for Novel Cancer Therapies: Exploratory Grants. R21. Application Receipt Date: Aug. 9; Dec. 9; April 9; Aug. 9; Dec. 9. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-451.html. Inquiries: Roy Wu, 301-496-8866; wur@ctep.nci.nih.gov.

PAR-06-458: Small Grants for Behavioral Research in Cancer Control. R03. Application Receipt Date: Aug. 21; Dec. 22; April 20, 2007; Aug. 22; Dec. 20; April 20, 2008; Aug. 21; Dec. 22. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-458.html. Inquiries: Veronica Chollette, 301-435-2837; vc24a@nih.gov.

PAR-06-459: Bioengineering Research Partnerships. R01. Letters of Intent Receipt Date: Aug. 20 and Dec. 20. Application Receipt Date: Sept. 20, and Jan. 22, 2007. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-459.html. Inquiries: Houston Baker, 301-594-9117; bakerhou@mail.nih.gov.

PAR-06-449: Paul Calabresi Career Development Award For Clinical Oncology. K12. Letters of Intent Receipt Date: May 1; May 1, 2008. New Application Receipt Date: June 1; June 1, 2008. Full text: http://grants.nih.gov/grants/guide/pa-files/PAR-06-449.html. Inquiries: Dorkina Myrick, 301-496-8580; myrickd@mail.nih.gov.

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