THE CANCER LETTER

Vol. 33 No. 34
Sept. 21, 2007

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

NCI Plans 3 Percent Across-The-Board Cut To Pool Funds For High Priorities In FY08

By Kirsten Boyd Goldberg

NCI officials are planning a 3 percent across-the-board budget cut for the fiscal year that begins Oct. 1.

The budget cut will create a "pool" of funds that will be reallocated to high-priority programs, NCI Director John Niederhuber said to the National Cancer Advisory Board at the board's meeting Sept. 17.

With the flattening of Congressional appropriations to NCI since 2003, the institute's budget, currently at $4.8 billion, hasn't kept pace with inflation. Niederhuber and his predecessor, Andrew von Eschenbach, have used across-the-board cuts for the past several years to reallocate funding.

NCI executives will meet in a series of retreats this fall to examine their programs, with a particular emphasis on infrastructure, Niederhuber said. "We

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In the Cancer Centers:

UT Board Approves $293 Million Expansion At M. D. Anderson To Add 300 Inpatient Beds

The University of Texas System Board of Regents approved expansion plans for M. D. Anderson Cancer Center to add nine floors atop its 12-story Albert B. and Margaret M. Alkek Hospital, built only eight years ago.

With the construction of eight new inpatient floors, M. D. Anderson will add space to accommodate more than 300 additional inpatient and Post Anesthesia Care Unit patient beds, pharmacy facilities, and nursing pods. A mechanical floor will be built and renovations will be made to the top floor of the present hospital and areas in another adjacent building.

The board approved funding for the project, expected to cost about $293 million, with $224 million coming from revenue bonds and the remaining $69 million from local hospital revenues.

Currently, the Alkek Hospital is 755,764 total square feet; the expansion would add 478,000 square feet. Another 200,000 square feet will be renovated and upgraded. When the expansion and renovation are completed, M. D. Anderson will house 867 beds that will meet projected inpatient growth through 2020.

Currently, the cancer center has 513 beds, with 261 inpatient and ICU beds in Alkek Hospital and 252 inpatient beds in the Lutheran Pavilion.

The addition addresses a steadily increasing patient demand for clinical services, said **Thomas Burke**, executive vice president and physician in chief. In the last nine years, the total number of patients served has increased by 75

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NCI Director: Investigators Are Feeling Budget Pressure

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will now start a series of meetings this September and October that will deal with the infrastructure of NCI, where we will look at each office and budget, and dollars we need to accomplish the support, looking to take some dollars from the infrastructure," he said.

As in years past, the institute will begin the fiscal year operating on a continuing resolution, a stop-gap measure that provides flat funding, since Congress hasn't completed appropriations bills for NIH.

The President's budget proposal for NCI is nearly 1.7 percent lower than the institute's FY 2007 appropriation.

The House passed an appropriations bill that would provide $4.87 billion to NCI, an increase of $73 million, or 1.5 percent (The Cancer Letter, July 20). The Senate Appropriations Committee has approved $4.91 billion, an increase of $113 million, or 2.3 percent (The Cancer Letter, July 6). As of this writing, the Senate had not yet approved the bill.

"There is a lot of debate on the Hill in terms of pressure from the White House about discretionary spending," Niederhuber said to the NCAB. "I suspect if a negotiated bill went forward for signature as a Labor-HHS-Education bill, there is a good chance the President would veto that bill with these kinds of increases. There is some rumor on the Hill that there will be efforts in the Senate to tie this bill to other bills such as defense to create an omnibus bill that would not be as easy to veto."

The House and Senate appropriations bills include several provisions that would affect grant funding, Niederhuber said. NIH would be required to increase the number of funded grants, lift the two-year freeze on the average cost of new grants, and increase efforts in training young scientists.

"It's all right to set a higher target, but remember, if you are not increasing the amount of dollars going into each one of those targeted grants, you have a real problem in the laboratory itself," Niederhuber said. "I think that message isn't being told as clearly on the Hill as it needs to be."

Lifting the freeze on the average cost of grants "would give us more flexibility, and I think that's a positive," he said.

"There is certainly strong language to support training the next generation, and, hopefully, there will be resources to support investing in this young population."

Also, the House bill would allocate $495 million to the NIH Common Fund, an increase of $12 million, while the Senate bill would provide $531 million, an increase of $48 million.

Year-End Budget Summary

NCI will exceed its grant funding targets set by NIH for the 2007 fiscal year ending Sept. 30, Niederhuber said. However, that came at a price. Continuing awards were cut by about 2.9 percent on average.

"I remind everyone that that pressure on individual investigators in their laboratories shouldn't be overlooked," Niederhuber said. "We often talk about numbers—numbers of applications, numbers of grantees being funded—and we hit targets Congress would like us to hit, and NIH responds to. You can't overlook the fact that the laboratories are down an investigator or two, maybe down a specific aim or two on their grants, and they are feeling the pressure of these reductions, or lack of inflation added to their applications each year, and to the inflation that impacts their labs in terms of salary increases and other costs for supplies."

Also, there was a cap on new grants and competing renewals, of about $324,00. "Many of us would say that's a pretty significant cap in terms of amount of money available to do the things we need to do today to satisfy the goals of the individual grants," he said.

For FY07, NCI will fund over 1,300 competing research project grants, exceeding the NIH-recommended target.

THE CANCER LETTER

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Subscription $365 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.
Founded Dec. 21, 1973, by Jerry D. Boyd.

Research project grants were funded at the 15th percentile. Including grants funded as "exceptions," that brings the total RPG success rate up to about the 20th percentile.

Star R01s, for first-time applicants, were funded at the 21st percentile; 213 grants will be funded, exceeding the target of 205 grants.

"This weekend, we reached above that, picking out exception applicants and exceptional scientific opportunities, where both program staff and I felt these were good people to invest in," Niederhuber said. "Even up in the 30th percentile on occasion, reaching above the payline to find good candidates. So, I felt pretty good by Saturday afternoon that, once again this year, we really looked hard for the best of our scientists that are beginning their careers."

The Specialized Programs of Research Excellence, the clinical trials cooperative groups, and training grants "have been essentially flat with 2006," Niederhuber said.

"I remind you that when we talk about the cooperative groups and clinical research being flat with '06, between 2002 and 2006, we took about a $16.5 million reduction in the investment in cooperative group or clinical trials research, and that translates obviously into fewer patients going on trial, fewer phase III trials being initiated, and certainly perhaps as many as 60 phase II trials.

"So these are significant hits," Niederhuber said. "Even though we hit numbers and targets, there is pain in between those targets and numbers that sometimes go unrecognized."

NCI funded two new cancer centers in FY07; the program is now up to 63 centers.

Niederhuber said he is concerned about several "challenges" that NCI and cancer researchers face:

—Inflation and grant cuts: "I have already repeatedly mentioned this morning the pressure on investigators of inflation and mandated cuts to each award. That's a very real pressure and we need to articulate that loudly so that it's well understood."

—Poor success rates for first-time applicants: "I am very concerned about the success rate of the first application from a new investigator. It's only about 5 or 6 percent. To me, that says we have a problem. I think there are steps that we could take to ensure that a young person starting an assistant professorship at an institution has institutional support, that has an opportunity to draw on senior faculty with experience in research and writing applications for research. I don't think across the board that we are serving these young people as well as we could in terms of getting them prepared for this first application."

—Peer review: "When I travel to other institution and meet with investigations, one of the things that I hear over and over again is a great deal of concern in the community about peer review. One investigator told me, 'You know I looked at the sheet that comes with the pink sheets that says here are the investigators that were drawn to participate in this study section. I don't know a single name.' That's a problem. I don't have a specific answer for how to fix this, but I can tell you, we need to think about innovative ways to address this issue of getting us back to where we have respected peer review."

—Preparing NCI and the research community for a transformation in the conduct of science: "I think the conduct of science will be dramatically different 10 years from now, maybe even five years from now. I don't think it will look like it does now. I don't think we will do the same kind of science that we are used to doing; I don't think we will do it in the same way. We are already seeing that trend toward more groups working together, more teams of scientists coming together. I think that's driven a lot by technology but it's also driven by the kinds of opportunities and questions that we have to be researching. We, I don't believe, are prepared in how to fund this in new ways. We are still operating on a 50-year-old system, both within our institution and here at NIH. I think it's a huge problem for us in attracting the brightest young people. We are not getting the brightest people to be interested in physics, mathematics, and the biological sciences. I think we in the scientific community, in senior leadership positions, need to think about this seriously and see what we can do to possibly change that."

In Congress:

Congress Passes FDA Bill Reauthorizing User Fee Act

By Paul Goldberg

With no time to spare, Congress ended wrangling over the bill that allows FDA to collect user fees from the industry.

The compromise bill that reauthorizes the Prescription Drug User Fee Act passed by a 405-7 vote in the House Sept. 19 and by unanimous consent by the Senate Sept 20.

Agency officials had said that without legislation, its work would have largely ground to a halt. Commissioner Andrew von Eschenbach said that on Sept. 21, "reduction

in force" notices would have gone out to as many as 2,000 employees whose salaries are paid through fees collected from prescription drug and medical device industries.

Washington insiders will likely need several weeks to go through the 422-page piece of legislation, which the President is expected to sign into law.

However, all sides appear to have obtained at least some of what they wanted, and both the Pharmaceutical Research and Manufacturers of America and the Consumers Union issued statements of support for the legislation.

The bill allows FDA to boost its user fees revenues by $87.4 million to $392.8 million in fiscal 2008, a 22 percent increase over the current year.

The following provisions of the bill are likely to affect oncology:

Post-Market Safety Procedures. The legislation gives HHS authority to require post-approval studies, including clinical trials of drugs "on the basis of scientific data deemed appropriate by the Secretary."

Trials could be required to answer the following questions:

—"To assess a known serious risk related to the use of the drug involved.

—"To assess signals of serious risk related to the use of the drug, and

—"To identify an unexpected serious risk when available data indicates the potential for a serious risk."

Under the bill, FDA can require companies to submit "Risk Evaluation and Mitigation Strategies" to ensure that a drug's benefits outweigh its risks. Also, the agency has the authority to fine sponsors who run afoul of post-market safety procedures.

The agency will be able to impose penalties of up to $250,000 per violation and up to $1 million for a series of related violations that could be adjudicated in a single proceeding. Moreover, HHS will be able to fine sponsors up to additional $10 million.

Conflict of Interest Waivers. The agency will face limits on the number of waivers it would be able to issue to its advisors. In an earlier version, the House bill limited the number of waivers to one per session of any advisory committee.

The compromise bill requires the agency to calculate the aggregate number of waivers granted this year, then decrease that number by 5 percent per year between 2008 and 2012. Disclosure of waivers would have to be made public at least 15 days before an advisory committee meeting.

Clinical Trials Database Becomes Mandatory. Sponsors of all clinical trials involving drugs, biologics, and devices would be required to provide trial registry information. "Preliminary studies" would be excluded from the requirement, a summary document states.

"One of the biggest consumer victories in this legislation is that it will be harder for drug companies to fudge or hide the results of their clinical trials," Bill Vaughan, a policy analyst with Consumers Union, said in a statement. "Volunteers serve as human guinea pigs in these drug studies, so the results must be made public so researchers, doctors and the volunteers can know if these drugs are truly helpful or harmful."

Sponsors of trials of approved products, too, would be required to post results in the database.

The bill obligates HHS to put together rules for potential inclusion of additional data in the databases. The rulemaking would consider whether trial results for unapproved drugs should be posted in the database as well.

Sponsors who fail to comply with this requirement would face monetary penalties.

Product Liability Suits In State Courts. The compromise bill omits the Senate bill provision that would have pre-empted the filing of product liability suits in state courts.

The "preemption" clause, had it remained, would have further shielded the industry from suits claiming wrongful death and injury.

While Consumers Union and lobbyists for trial lawyers were pleased with the change, many pro-industry observers were disappointed.

"The key issue is whether state courts should second-guess FDA scientific decisions that are based on an exhaustive review of clinical data and the proposed drug labeling," Scott Gottlieb, a former FDA deputy commissioner wrote in The Wall Street Journal Sept. 19. "This usually comes up when drug companies are alleged to have failed to warn consumers about emerging drug safety issues, which comprise the vast majority of product liability cases."

Pediatric Exclusivity. HHS would continue to grant six-month exclusivity to sponsors who conduct pediatric studies.

However, the department would have a greater leeway in waiving the requirement. In cases where HHS requires pediatric tests, it would have to "certify whether the Foundation for the Institute of Health has sufficient funding to initiate and fund all of the studies required," a summary document states.

Funding For Critical Path. Critical Path, an

agency initiative that has focused on the use of surrogate endpoints and novel trial designs, would now be funded through a public-private partnership called the Reagan-Udall Foundation.

Direct-to-Consumer Advertising. Ad campaigns aimed at consumers have been used to create markets for several top-selling oncology products. Now, such campaigns would be subject to a voluntary review procedure that would be funded through user fees.

The program would help "ensure that benefits and risks are clearly and accurately communicated," said Billy Tauzin, president and CEO of Pharmaceutical Research and Manufacturers of America, which supports the bill's current form. "It also will create strong incentives for companies to submit such advertisements to the agency before airing them."

The document is posted at http://energycommerce.house.gov/FDA%20Amendments/CONF_AGREEMENT_003_xml%20(2).pdf.

Obituary:

Martin Abeloff, 65, Director, Kimmel Center At Hopkins

Martin Abeloff, 65, chief oncologist and director of the Johns Hopkins Kimmel Cancer Center for the past 15 years, died Sept. 14 of leukemia.

Abeloff is remembered by colleagues and friends for his humility, wry sense of humor, and devotion to his patients, students, and the collaborative spirit he nurtured at Hopkins, where he spent most of his career.

"Marty was that iconic Hopkins physician, scientist, educator, leader and good citizen rolled into one," said Edward Miller, dean of Johns Hopkins Medicine. "He was there for his patients, his residents and fellows, his colleagues, and at so many challenging times, the institution he graced for so long."

Abeloff also devoted time to advising NIH and NCI, as well as professional societies. He served as president of the American Society of Clinical Oncology in 1990-91, and chairman of the FDA Oncologic Drugs Advisory Committee. He also was chairman of the NCI Board of Scientific Counselors, Clinical Science.

"Marty was one of my closest friends," NCI Director John Niederhuber said to the National Cancer Advisory Board at its Sept. 17 meeting. "He was extremely wise and extremely generous. He was the best listener I have ever known. I learned a tremendous amount from Marty. I can't tell you how much I'm going to miss him."

Abeloff "volunteered seemingly countless hours to serve on boards and committees that advise the NCI on its research directions," Niederhuber and NIH Director Elias Zerhouni said in a joint statement. "As an academic colleague for many years, Marty was a supporter, a wise counselor, and always a consummate professional and gentleman. His death is just one more reason we rededicate ourselves daily to the same goals that Marty shared: trying to solve the mysteries of cancer so that future generations won't have to suffer unnecessarily."

During his 15-year tenure as center director, Abeloff doubled the size of the center's faculty and increased research funding sixfold since 1992.

Under his direction, the cancer complex at Hopkins expanded to include nearly 1 million square feet of treatment and research space. In the center's Harry and Jeanette Weinberg Building, Abeloff established the Art of Healing program, which includes a performing arts series and a collection of more than 100 works of art by Maryland and other nationally known artists. He also was instrumental in bringing the largest single gift to Hopkins, the $150 million donation from philanthropist and fashion entrepreneur Sidney Kimmel, for whom the cancer center is now named.

Abeloff recently credited the cancer center's growth to the faculty and staff, counting himself "lucky" to work among individuals whose intellect and values made coming to work "an absolute joy."

"He was the ultimate role model," said Stephen Baylin, deputy director of the cancer center. "What he didn't know, he took the time to learn. And with a combination of qualities best summarized as wisdom, he helped transform both the treatment of cancer and the way that Johns Hopkins delivers that care."

Abeloff received his medical degree from Hopkins in 1966. After residency and fellowship training in Boston's Beth Israel Hospital and Tufts-New England Medical Center, he returned to Hopkins for an oncology fellowship. He joined the Hopkins oncology faculty in 1972, focusing on lung and breast cancer research, then heading the medical oncology department before directing the cancer center.

Abeloff was born in Shenandoah, Pa. He is survived by his wife, Diane; daughters Elisa Abeloff and her husband, George Landau, and Jennifer Abeloff and her husband, Howard Wasserman; three grandchildren; and his sister and brother-in-law, Marilyn and Morrell Fox.

Statements of tribute to Abeloff are posted at http://www.hopkinskimmelcancercenter.org/kpr/abelofftribute.cfm.

Cancer Panel Urges Shift To Prevention To Reduce Lifestyle-Related Cancer Risks

To reduce lifestyle-related cancers, the President's Cancer Panel called for more effective policy, community programs, and healthier behavior choices, as described in its annual report to the President.

The report cites the accelerating increase in obesity among adults and children, the mounting evidence linking obesity to higher risk for numerous cancers, and the lack of recent progress in reducing tobacco use and secondhand smoke exposure. Cancer and other disease-related morbidity, mortality, health care costs, and productivity losses associated with unhealthy lifestyle behaviors are escalating at an alarming rate.

"If we as a society want to see a significant drop in the number of lives lost to cancer, it is up to each of us to make it happen," said LaSalle Leffall, Jr., chairman of the panel. "It will require elected officials and policymakers to change policies that are not promoting healthy lifestyles; a coordinated health care community that supports education and prevention messages for cancer and other diseases; media, city planners, and educators—those outside the traditional cancer research and health care delivery realms—to recognize their role in fostering healthy lifestyles; and individuals to assume personal responsibility for practicing healthy habits."

The report outlined strategies needed to protect the public health: create the political will; significantly change the culture; coordinate more unified efforts among disease-focused public and non-governmental agencies; and shift the health care emphases toward disease prevention.

The panel concludes that:

—Government and institutions have an obligation to protect the public health.

—The health care community must coordinate and integrate education and prevention messages related to obesity, diet and nutrition, physical activity, tobacco use, and environmental tobacco smoke exposure with educational efforts related to other diseases that have common risk factors in order to leverage available resources and simplify and harmonize risk reduction messages.

—Individuals, to the best of their ability, must seek out information about the risks of poor diet, inactivity, tobacco use, and secondhand smoke exposure and make personal choices to protect their health and that of their families.

Recommendations regarding obesity include:

—Adopt policies and provide funding to improve the built environment to encourage physical activity with walker-friendly communities and safe public spaces.

—Coordinate U.S. agricultural subsidy and public health policy for diet and nutrition to improve the food supply and help ensure access to affordable, healthy food. Structure farm supports to encourage more fruits and vegetables and less corn syrup, and restructure regulations for food choices allowed by the Women, Infants, and Children Program, Head Start, and school lunch programs.

—Regulate and monitor food advertising in media targeting children.

Select recommendations regarding tobacco include:

—Ratification and implementation of the international Framework Convention for Tobacco Control. Key provisions include comprehensive bans on tobacco advertising, promotion, and sponsorship, and larger and stronger warning labels on products.

—Authorize and sufficiently fund FDA to strictly regulate tobacco products and product marketing.

—Increase the federal excise tax on tobacco products.

—Strengthen anti-tobacco efforts at the state and local levels.

The panel also called for additional research to be conducted in the following areas of study: Behavior change in individuals and populations; health services research to evaluate workplace wellness programs and tobacco prevention and cessation interventions; mechanisms of food addiction and possible parallels to tobacco and/or drug additions.

The report is available at http://pcp.cancer.gov. Copies may be ordered by writing to pcp-r@mail.nih.gov or President's Cancer Panel, 6116 Executive Boulevard, Suite 212, Rockville, MD 20892.

In the Cancer Centers:

M. D. Anderson Sees Steadily Increasing Patient Demand

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percent—45,465 patients came to the cancer center in 1997, and 79,496 patients came in 2006. In just the last five years, the total number of patients treated at M. D. Anderson has grown has grown 37 percent.

Hospital admissions increased 14 percent in five years, from 18,604 admissions in 2001 to 21,221 in 2006. The number of hospital patient days increased 15 percent, from 135,298 days in 2001 to 155,551 days

in 2006. The number of surgery hours has increased 21 percent from 42,128 hours in 2001 to 50,917 hours in 2006.

"Since 2001, M. D, Anderson has balanced unprecedented growth with limited space to increase the number of patient beds and operating suite," said Burke. "The expansion of Alkek Hospital and the adjoining areas will accommodate the additional patient demand we project for the coming decades."

Under the expansion plan, four patient floors will be constructed initially with additional space for pharmacy, nursing support, and PACU. The construction of the first four floors of the expansion is expected to begin later this year; completion is scheduled for 2013.

The other four inpatient floors will be built as shell space along with a mechanical floor. Two of the four floors are expected to be built out in 2014, while the remaining two floors are projected to be completed in 2016.

Renovations will be done on the current top floor of Alkek to prepare the building for expansion and to reinforce the infrastructure of the floor's protected environment, a unit with special air filtering systems for patients with compromised immune systems who are undergoing bone marrow and stem cell transplants. Also, two floors of the adjacent Lutheran Pavilion will be vacated to provide horizontal expansion for surgery and diagnostic imaging.

Opened in 1999, the Alkek Hospital currently houses 261 inpatient beds as well as operating rooms, radiation treatment facilities, the medical and surgical intensive care units, diagnostic imaging services and the Children's Cancer Hospital's inpatient unit.

* * *

NORTHWESTERN UNIVERSITY Feinberg School of Medicine received a $21 million grant from the NIH Roadmap for Medical Research for the Oncofertility Consortium. The consortium is a national research, clinical, and education program in fertility problems women may face as a result of cancer treatment. The program is headed by **Teresa Woodruff**, the Thomas J. Watkins Professor of Obstetrics and Gynecology and chief of the newly created fertility preservation division. She coined the term "oncofertility" to define the discipline in which cancer treatment and fertility health intersect. The consortium is comprised of researchers from Northwestern and the University of California, San Diego; University of Pennsylvania; University of Missouri-Columbia; and Oregon Health and Science University. Research will include the scientific, medical, psychological, legal, and ethical issues surrounding infertility and cancer. The funding also will support research to preserve fertility for women and teenage girls. . . . **NATIONAL HUMAN GENOME** Research Institute has awarded grants expected to total $30 million to establish one new Center of Excellence in Genomic Science at the Dana-Farber Cancer Institute and continue its support of the center at Stanford University. The new center at DFCI will receive $16 million and the center at Stanford University will receive $14 million. The Stanford center is led by **David Kingsley**. The DFCI center is led by **Marc Vidal**.

Professional Societies:

Bailes Named Chairman Of ASCO Foundation

JOSEPH BAILES was named chairman of the board of directors of The ASCO Foundation, which works with the American Society of Clinical Oncology to raise and distribute funds for programs that improve cancer care.

Bailes served as the ASCO interim executive vice president and chief executive officer in 2005-06. He served on the ASCO board in the mid-1990s, and was president of ASCO from 1999-2000. For 10 years, he was chairman of the society's Clinical Practice Committee.

Advocacy:

Stovall Plans To Step Down As NCCS President In 2008

ELLEN STOVALL, president and CEO of the National Coalition for Cancer Survivorship, said she plans to step down as head of the organization by the end of 2008.

Stovall, who has led NCCS since 1992, said she was announcing her plans now in order to give the NCCS Board of Directors time to search for a new chief executive and ensure a smooth transition.

"Ellen Stovall has made many significant contributions to cancer survivorship over the years, benefiting millions of Americans living with and beyond cancer," said **Robert Sachs**, chairman of the NCCS board. "Finding a successor with her passion, expertise and bountiful talent promises to be very challenging. Leaders with Ellen's ability to formulate policy and translate it into action are extremely rare."

Stovall said she will continue to be actively involved in cancer survivorship issues as a policy consultant to NCCS. "Having served more than 15

years as NCCS's chief executive, I am deeply grateful for the privilege the board has given me to apply what I've learned about cancer advocacy, cancer survivorship, and cancer care to advance a patient-centered policy agenda," Stovall said. "Although I will be turning over the leadership reins of this very special organization, I intend to remain actively involved in NCCS and lend my energies wherever a cancer survivor's voice is needed on issues related to quality cancer care."

Sachs said that the board has formed a search committee, led by former NCCS Chairman **Catherine Harvey**, and retained Isaacson Miller, an executive search firm specializing in nonprofit organizations, to conduct a nationwide search for a successor.

A 35-year three-time cancer survivor, Stovall was vice president of the NCCS board from 1990-92, before being appointed president. During the debates over healthcare reform in the early 1990s, Stovall brought together eight cancer advocacy organizations to work to assure that healthcare reform proposals before Congress included language that would require Medicare to cover the routine patient care costs associated with cancer clinical trials. Over the last 15 years, the group has evolved into the Cancer Leadership Council—an independent forum of 33 national organizations representing most of the country's leading cancer research, treatment, support, and advocacy organizations.

Under Stovall's leadership, NCCS advocated for a separate department at NCI devoted to survivorship research, and in 1996, the institute formed the Office of Cancer Survivorship.

In 1998, NCCS convened THE MARCH—Coming Together to Conquer Cancer, which attracted more than 200,000 people to Washington, D.C., with a million participants in events nationwide. Within days of this unprecedented outpouring of cancer survivors, caregivers, families, and friends, Congress voted its largest ever increase in funding for NIH and NCI.

Since 1996, Stovall has served on the National Cancer Policy Board and in forums convened by the Institute of Medicine of the National Academy of Sciences.

Funding Opportunities:

NIH LOAN REPAYMENT Program campaign, Strength in Numbers, is renewing its commitment to qualified postdoctoral scientists seeking careers in biomedical and behavioral research. The program funds up to $35,000 annually in loan repayment. From Sept. 1 to Dec. 1, NIH will accept applications for loan repayments of up to $35,000 annually of the qualified educational debt of health professionals pursuing careers in one of the five LRPs offered by NIH: clinical research, clinical research for individuals from disadvantaged backgrounds, contraception and infertility research, health disparities research, and pediatric research. To qualify, applicants must possess a doctoral-level degree, devote 50 percent or more of their time to research funded by a nonprofit organization or government entity, and have educational loan debt equal to or exceeding 20 percent of their institutional base salary. Applicants must also be U.S. citizens or permanent residents. Applications Completion Deadline: Dec. 1, 8 p.m. EST. Inquiries: www.lrp.nih.gov.

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RFA-HG-07-016: Near-Term Technology Development for Genome Sequencing. R01. Letters of Intent Receipt Date: Oct. 9. Application Submission/Receipt Date: Nov. 9. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-016.html. Inquiries: Jeffery Schloss, 301-496-7531; schlossj@exchange.nih.gov.

RFA-HG-07-017: Near-Term Technology Development for Genome Sequencing. R21. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-017.html.

RFA-HG-07-018: Near-Term Technology Development for Genome Sequencing. SBIR R43/R44. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-018.html.

RFA-HG-07-019: Near-Term Technology Development for Genome Sequencing. SBIR R41/42. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-019.html.

RFA-HG-07-020: Revolutionary Genome Sequencing Technologies-The $1000 Genome. R01. Letters of Intent Receipt Date: Oct. 9. Application Submission/Receipt Date: Nov. 9. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-020.html. Inquiries: Jeffery Schloss, 301-496-7531; schlossj@exchange.nih.gov.

RFA-HG-07-021: Revolutionary Genome Sequencing Technologies-The $1000 Genome. R21. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-021.html.

RFA-HG-07-022: Revolutionary Genome Sequencing Technologies-The $1000 Genome. SBIR R43/R44. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-022.html.

RFA-HG-07-023: Revolutionary Genome Sequencing Technologies-The $1000 Genome. SBIR R41/R42. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-HG-07-023.html.

NOT-OD-07-081: Notice of Release of the NIH/CDC Small Business Innovation Research Contract Solicitation (PHS 2008-1). Contract Proposal Receipt Date: Nov. 5. Full text: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-081.html. Inquiries: Mary Landi-O'Leary, 301-435-3807, ml186r@nih.gov.

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