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

Bill Requires NIH-Funded Researchers To Send Manuscripts To PubMed Central

By Kirsten Boyd Goldberg

A provision included in the NIH appropriations bills passed by both the House and the Senate requires NIH-funded researchers to submit their final manuscripts to a free online archive.

The language requires investigators to submit manuscripts to the National Library of Medicine's open-access PubMed Central database "upon acceptance for publication to be made publicly available no later than 12 months after the official date of publication."

Currently, NIH encourages its grantees to voluntarily submit their manuscripts to PubMed Central.

The provision still faces an uncertain future, as does the NIH

(Continued to page 2)

Drug Development:

GPC's Satraplatin Fails To Extend Survival In Hormone-Refractory Prostate Cancer

By Paul Goldberg

Earlier this summer, at a meeting of the FDA Oncologic Drugs Advisory Committee, an official of GPC Biotech AG projected that at least a year would be required for the company to obtain survival data on its prostate cancer drug Orplatna (satraplatin).

That meant that hormone-refractory prostate cancer patients would have to wait for the drug at least until July 2008, unless satraplatin received an accelerated approval based on the company's metric of progression-free survival, Marcel Rozencweig, GPC Biotech senior vice president for clinical science and drug evaluation said at the ODAC meeting July 24.

Last week, GPC Biotech announced the disappointing results of the trial: satraplatin failed to produce an improvement in survival. "This was a major setback and we have to think through very carefully how to react to it and what our next steps are," Bernd Seizinger, CEO of GPC Biotech said at an Oct. 31 conference call with financial analysts. "On a personal note, I have to say, it is not without irony that this call today is on Halloween."

The company said it was notified about the survival data on Oct. 30.

Had ODAC been swayed by Rozencweig's projection and voted for an accelerated approval, the company would have benefited. An accelerated approval allows sponsors to start marketing drugs sooner, and even if subsequent trials fail to demonstrate patient benefit, drugs approved in this

(Continued to page 4)

Conference Gives NIH $30B, Includes PubMed Requirement

(Continued from page 1)

appropriations measure, which is included in the large bill that funds the Departments of Labor, Health and Human Services, and Education.

House and Senate conferees finalized the fiscal 2008 appropriations bill Nov. 1, agreeing on a funding level of $30 billion for NIH, $100 million more than either the Senate or House bills had included. The amount would give NIH a total increase of 3.8 percent; however, it includes $200 million that goes to the Global AIDS Fund. Program funding for NIH would be $29.8 billion, a 3.1 percent increase over last year.

However, President Bush is likely to veto the bill, and Democrats don't appear to have enough votes to override the veto. Congress likely will pass a second continuing resolution to fund federal agencies after the current one expires Nov. 16.

The House version of the language on public access to manuscripts was included in the conference bill, said John Retzlaff, director of legislative relations for the Federation of American Societies for Experimental Biology.

Prior to Senate passage of the Labor-HHS bill last week, Sen. James Inhofe (R-Okla.) attempted to remove the provision, but the attempt failed.

Many non-profit scientific journals run by professional societies have put in place policies allowing the voluntary depositing of articles on NIH-funded research into PubMed Central for public release one year after the publication date.

Kathleen Case, publisher of American Association for Cancer Research journals, said the mandatory requirement "is not much of a change for us," since all content of AACR journals is free after 12 months anyway.

AACR is a "signatory" to the Washington DC Principles for Free Access to Science, a group that includes about 70 non-profit journal publishers responsible for about 25 percent of publications stemming from NIH-funded research. The signatories have agreed to make their content freely available after 12 months.

Publishers of cancer research journals that signed on to the Washington DC Principles also include the American Society of Clinical Oncology, American Cancer Society, American Society of Hematology, New England Journal of Medicine, Society of Surgical Oncology, Society of Toxicology, and Radiological Society of North America.

ASCO's Journal of Clinical Oncology has a policy similar to AACR's, giving the author permission to provide a copy of the accepted manuscript for public release on PubMed Central one year after print publication.

Science magazine allows authors to post the accepted version of the paper to a repository no sooner than six months after final publication, "provided the posting is linked back to the original Science version and includes the published paper's full reference citation."

Publishers Oppose NIH International Deals

Martin Frank, executive director of the American Physiological Society and a spokesman for the Washington DC Principles group, said that while APS and the coalition "believe in free access to literature," the organizations don't support a mandatory requirement at this time.

The major stumbling block for agreement to a mandatory requirement has been NIH's deals with international repositories, Frank said. Several countries, including the U.K., are setting up "clones" of PubMed Central.

"Our argument was, for those of us who have never allowed for cloning of our content on aggregator sites, let's see what happens on PubMed Central and then after a year, take a look at it again," Frank said. "But NIH decided their international responsibilities were more important than their responsibilities to the U.S. taxpayer."

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Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg
Editorial Assistant: Shelley Whitmore Wolfe

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The voluntary system is working well, Frank said. While NIH says that only four to five percent of authors are uploading manuscripts to PubMed Central, that's not the only way that manuscripts are entering the system, Frank said.

About 300 journals have made about half of their content freely available on PubMed Central. Elsevier, one of the largest scientific publishers, is uploading about 800 to 1,000 final manuscripts a month to PubMed Central, Frank said.

"If you add all this up, it's not four to five percent that everyone is talking about; it's actually about 20 to 25 percent," Frank said.

"The issue is, is there a need for mandatory?" Frank said. "There isn't a need for mandatory if NIH would strike a reasonable stance on deposit to international repositories. Many of the society publishers would be willing to deposit into PMC solely. The need for mandatory would be precluded if NIH was willing to work constructively with the publishers, because currently publishers are already depositing five to 10 times more content than the individual authors.

"We would prefer that before it go mandatory, we have the opportunity for hearings on the journal marketplace," Frank said.

The Association of American Publishers also opposes the mandatory requirement. "It's unfortunate that this has been inserted into a funding bill and has not gone through the usual committee process and had no hearings on whether this is warranted," said Allan Adler, vice president for legal and government affairs for AAP. "The publishing community feels this is an unnecessary intrusion of the government into the field of for-profit and not-for-profit journals."

AAP doesn't have data on what the financial impact of a mandatory rule would be on publishers, Adler said. One issue is whether foreign institutions will stop subscribing to journals if they can get access within a year, he said.

"NIH claims the public needs quicker access to this material, even though these articles aren't written for the general public," Adler said. "Nobody prevents newspapers or other sources from coverage of research. There's no urgency for putting this policy in place."

Congress has already addressed a related issue, in passing the America COMPETES Act last August, Adler said. The act includes a provision stating that federal agencies should begin a process to set guidelines for how research done by government employees should be disseminated to the public. "The principles shall also take into consideration the policies of peer-reviewed scientific journals in which federal scientists may currently publish results," the Act stated.

The act, which also reauthorized the National Science Foundation, requires the foundation too make available a public summary of research results on its Web site.

"In the last several months, Congress has taken a completely different approach on the same subject," Adler said. "For research by federal employees, they didn't set a policy, but said the agencies should set guidelines, and for NSF, they said they aren't going to interfere with the publishing community, but that they are going to make sure the citations are made publicly available."

In a "Statement of Administration Policy" memo, the White House stated its opposition to the funding bill and said that the mandatory NIH policy was among its concerns. "The Administration believes that any policy should balance the benefit of public access to taxpayer supported research against the possible impact that grant conditions could have on scientific research publishing, scientific peer review and on the United States' longstanding leadership in upholding strong standards of protection for intellectual property," the memo states.

Proponents Cheer Mandatory Policy

Supporters of the mandatory policy include libraries and the Scholarly Publishing and Academic Resources Coalition, as well as the many open-access publishers such as the Public Library of Science.

"This policy sets the stage for researchers, patients, and the general public to benefit in new and important ways from our collective investment in the critical biomedical research conducted by the NIH," Heather Joseph, executive director of SPARC, said in a press release.

The current NIH policy "has resulted in a deposit rate of less than five percent by individual investigators," according to the press release issued by the Alliance for Taxpayer Access, a coalition of patient, academic, research, and publishing organizations that supports open public access to the results of federally funded research.

"On behalf of the taxpayers, patients, researchers, students, libraries, universities, and businesses that pressed this bill forward with their support over the past two years, the ATA thanks Congress for throwing its weight behind the success of taxpayer access to taxpayer-funded research," Joseph said.

"American businesses will benefit tremendously

from improved access to NIH research," said William Kovacs, U.S. Chamber of Commerce vice president for environment, technology and regulatory affairs. "The Chamber encourages the free and timely dissemination of scientific knowledge produced by the NIH as it will improve both the public and industry's ability to become better informed on developments that impact them—and on opportunities for innovation."

"We welcome the NIH policy being made mandatory and thank Congress for backing this important step," said Gary Ward, treasurer of the American Society for Cell Biology. "Free and timely public access to scientific literature is necessary to ensure that new discoveries are made as quickly as feasible. It's the right thing to do, given that taxpayers fund this research."

HHMI Sets Its Own Mandatory Policy

Meanwhile, independently of Congressional mandate, the Howard Hughes Medical Institute is preparing for its own mandatory policy on open access to take effect Jan. 1.

Under the institute's new rule, "we expect our investigators to publish in those journals that make the contents freely available on PubMed Central or other repositories within six months," said Avice Meehan, HHMI vice president for communications and public affairs.

"There are a lot of journals that comply with this policy already, and we reached agreements with other publishers that would then bring their journals into compliance," Meehan said.

For example, in an agreement with Elsevier's journal Cell Press, HHMI will pay the publisher $1,000 for every published manuscript. In turn, Cell Press will be responsible for depositing the manuscripts and related materials for articles on which HHMI-funded investigators are the major authors.

Other Elsevier journals will receive $1,500 per manuscript. HHMI struck similar deals with the PLoS journals, Meehan said. "We agreed to supplement the budgets of our investigators who chose to publish in the PLoS journals."

HHMI is currently "talking or hopes to talk" with the major journals that publish HHMI-funded research, including Science, Nature, Wiley Blackwell, Springer, and Biomed Central, Meehan said.

"Our policy has something in it to make everybody happy and everybody unhappy," Meehan said. "We are trying to balance the principle of public access with the equally well-established policy of academic freedom, giving investigators the freedom to submit their work to any journal in their field."

HHMI has posted its policy and related resources for investigators at http://www.hhmi.org/about/research/papp.html.

Drug Development:

Sponsor Told ODAC Survival Data Expected In Late 2008

(Continued from page 1)

manner usually remain on the market.

ODAC voted unanimously against approval, urging the agency to wait for survival data (The Cancer Letter, July 27). At the committee meeting, the divergences in the company's estimated time of completion of the trial received considerable attention. The subject was important because FDA officials said that uncertainty about satraplatin would be resolved in a matter of a few months, since the company's pivotal trial was scheduled to produce survival data in late 2007.

However, GPC Biotech's Rozencweig countered that events in the trial had slowed considerably, and the data wouldn't be available until late 2008. "The notion that the analysis would be available by the end of the year is based on a statement that we made to the FDA," Rozencweig said at the ODAC meeting. "But we made this statement to the FDA based on an estimate of several weeks ago, actually back in May, based on event rate at the time.

"What we have seen recently is that it seems like the event rate is slowing down tremendously. We are down at five events per month or less. If that trend continues…, it is going to take much longer to reach 700 events…. I think it may take probably another year until we have these events, because if they go down continuously, you know, we need to have the events, we need to analyze the events, it has to be prepared. That could take about one year or more."

These remarks seem difficult to misinterpret, as is the fact that they fit neatly into GPC Biotech's effort to convince ODAC to accept the preliminary data and vote for accelerated approval based on progression-free survival.

Laurie Doyle, director of investor relations for the company's U.S. operations, acknowledged that Rozencweig's statement had caused confusion. "There was some confusion, unfortunately, about the statement he made at ODAC," Doyle said. "The 12 months didn't refer to just the availability of the data. It was more to go through the entire process and get the drug on the

market, assuming things went well."

Doyle said the company had clarified its projection at a conference call with analysts following ODAC. "I will agree with you, it was not clear, and we did hold as conference call for the investment community after the ODAC and we did clarify it then," she said. "We did make it clear that we expected the data no later than the end of January [2008]."

This wasn't the only component of the satraplatin application that required a clarification.

The drug's sponsors had received a "special protocol assessment" from FDA. However, at the ODAC meeting, FDA officials disclosed that the company had been warned about problems posed by its metric for progression-free survival, which consisted of radiographic progression, pain, analgesic consumption, ECOG performance status, weight loss, skeletal events, and clinical events related to prostate cancer.

At the meeting, Richard Pazdur, director of the FDA Office of Oncology Drug Products, said that the company was urged to rely on survival data instead of the non-standard PFS metric it had developed.

"Although a special protocol assessment was submitted to the agency, the agency didn't agree with the definition of PFS and stated that the acceptability of sponsor-defined PFS endpoint would be a review issue," Pazdur said at the July 24 meeting.

The company's trial evaluated satraplatin plus prednisone versus placebo plus prednisone as a second-line treatment in 950 patients.

The trial didn't achieve the endpoint of overall survival (p=0.80, stratified log rank analysis). The median was 61.3 weeks for the satraplatin arm compared to 61.4 weeks for the control group and the hazard ratio was 0.97 (95% CI: 0.83, 1.13).

A Marketing Authorization Application with the European Medicines Agency for satraplatin was filed by the company's development partner Pharmion Corp. in June 2007. Pharmion said it plans to review the additional analyses to determine next steps for the filing.

NIH News:

Family Responsibility, Lower Confidence, Reasons Women Leave Research, Study Finds

Women scientists are not pursuing advanced research careers because of a heavier burden of family responsibility and lower confidence compared to men, according to an NIH study of its own research staff.

Although women comprise nearly half of all undergraduate, graduate. and postdoctoral scientists nationwide, after committing 10 to 15 years to scientific training, many leave academic research during the career transition to faculty or tenured positions.

At NIH, only 29 percent of the tenure-track principal investigators and 19 percent of tenured PIs—the NIH equivalent of assistant and full professors—are women. These figures have hardly changed over the last decade and mirror the disparities at most academic research institutions.

"The NIH is not alone in this problem," said NIH Director Elias Zerhouni. "There's a great brain drain occurring at research institutions across the country as women fall off the tenure track. The reasons, we found, are deep-seated and numerous. This study is a step forward in remedying the problem."

The study was conducted by the Second Task Force on the Status of NIH Intramural Women Scientists, established by Deputy Director for Intramural Research Michael Gottesman and his assistant director, Joan Schwartz, in 2003 to investigate the causes of this ongoing gap.

Over 1,300 male and female NIH postdoctoral researchers, of the 2,400 total postdocs at the NIH, responded to a survey. Most scientists, upon completing their doctoral degree, continue training as postdoctoral researchers for three to five years as a steppingstone to becoming an independent investigator. The task force found that although men and women rated themselves equally when it came to professional skill, men were significantly more confident that they could obtain a PI position and become tenured. The reported contributing factors to this disparity fall into two categories: family responsibilities and self-confidence.

The vast majority of married women have a full-time working spouse, whereas about half of married men have a spouse that works part-time or within the home. Moreover, among dual-career couples, women are more likely to make career concessions than men. Spending time with family, plans to have children, affordable child care, travel, and proximity to spouse's work place were some of the considerations that were weighed more heavily by women, whereas salary was more important to men.

"Family considerations are a major, but not the only, deterrent to pursing an academic career," said Orna Cohen-Fix, a corresponding author of the report and senior investigator at the National Institute of Diabetes and Digestive and Kidney Diseases. "An increase in the number of women postdocs who decide

to pursue an advanced research position will translate, in time, to a greater representation of women in tenured faculty positions. Our findings suggest that the loss of talented women from the research track can be reduced by mentoring and a change in the scientific culture to accommodate the needs of both women and men who wish to combine family and scientific careers."

Because women are more affected by family responsibilities, help during the transition from postdoc to tenured faculty—such as affordable, high-quality child care or the possibility to work more flexible hours—may encourage more women to stay in academic research, the study found.

The task force report includes several recommendations that may help increase the retention of women in the biological and medical sciences.

The task force conducted four surveys of current and former researchers at the NIH, including independent investigators and staff scientists. It is the postdoctoral portion of the study that appeared online Nov. 1 in EMBO Reports, at www.nature.com/embor.

In the Cancer Centers:

Vanderbilt's Lung SPORE Renewed For Five Years

VANDERBILT-INGRAM Cancer Center received renewed funding for its Specialized Programs of Research Excellence in lung cancer from NCI. The SPORE is led by co-principal investigators **David Carbone**, professor of medicine and cancer biology, and **David Johnson**, director of the Division of Hematology/Oncology and deputy director of Vanderbilt-Ingram. The SPORE, which was first funded in 2001, will receive $2.3 million a year for another five years and is matched by financial support from Vanderbilt University Medical Center. The funds will support five projects to target the mechanisms that cause lung cancer as well as treatment methodologies, said Johnson. . . . **NEVADA CANCER INSTITUTE** has broken ground on its second building, the Support Services building, and is planning a third building to house research activities. The complex will be 101,000-square-feet with an adjacent parking garage on 3.25 adjacent acres. It will house a 200-seat conference center, offices, clinical trials office, cancer registry, dry labs, and a medical education library. NVCI will be leasing space on the top two floors of the Special Services building from the developer American Nevada Co., with the goal of purchasing the building when funds become available. "This new building will make it possible for scientists to leave established institutions, come to Nevada and bring their teams with them," said NVCI Director **Nicholas Vogelzang**. . . . **ROBERT H. LURIE** Comprehensive Cancer Center of Northwestern University at Northwestern Memorial Hospital has moved its inpatient cancer treatment care to two specially designed floors in the new Prentice Women's Hospital. Medical oncology and hematology inpatients—along with women receiving treatment for gynecologic cancers—will continue to receive care through the Lurie Cancer Center. The new Prentice will include the Lynn Sage Comprehensive Breast Center, which now will be under one roof, making it the largest comprehensive breast center in the Midwest. . . . **WEST VIRGINIA UNIVERSITY** received a $25 million donation from **Jo and Ben Statler**, of McMurray, Penn., and Naples, Fla. A portion, $5 million, will be allocated to the Comprehensive Breast Cancer Program at the WVU Mary Babb Randolph Cancer Center for access to care and research advancements, said WVU President **Michael Garrison**. Funds will be used to purchase a mobile digital mammography unit that will travel through 15 West Virginia counties. The donation also will fund recruitment for breast cancer physicians and allow investigators protected research time. The state will provide an additional $2.5 million in matching funds for cancer research through its eminent scholars program. . . . **UNIVERSITY OF NORTH CAROLINA** at Chapel Hill said two cancer center directors, **Edward Benz Jr**. of Dana-Farber Cancer Institute and **John Mendelsohn** of M. D. Anderson Cancer Center, have agreed to serve on the University Cancer Research Fund Governance Committee. The committee directs the University Cancer Research Fund established by the North Carolina General Assembly last August to fund cancer research at the UNC Lineberger Comprehensive Cancer Center and UNC Hospitals. The fund is allocated $25 million in 2007, $40 million in 2008. and $50 million in 2009 and beyond. **Erskine Bowles** is chairman of the committee. He was White House chief of staff from 1997-98 under President **Bill Clinton**. . . . **GRIFFITH PARKS** was appointed chairman of the Department of Microbiology and Immunology of Wake Forest University Baptist Medical Center, said **William Applegate**, dean and interim president of Wake Forest University Health Sciences. Parks, who has been a faculty member in the department since 1992, is known for research in the molecular and cell biology of paramyxoviruses. He succeeds **Steven Mizel**, who served as chairman for more than 20 years. . . . **UNIVERSITY OF ARKANSAS** For Medical Sciences Myeloma Institute for Research and Therapy

received $4.5 million from a San Francisco couple to establish the Nancy and Stephen Grand Laboratory for Myeloma Proteomics. **Ricky Edmondson** will head the new laboratory, which will research the genetic profile of multiple myeloma. Located in the UAMS Arkansas Cancer Research Center, the laboratory will house mass spectrometry equipment. **John Shaughnessy Jr**., professor of medicine and director of basic research and director of the Lambert Laboratory of Myeloma Genetics at the Myeloma Institute, will lead the studies.

In Brief:

Parkinson Leaves Biogen Idec For Start-Up Nodality Inc.

DAVID PARKINSON was named president and CEO of Nodality Inc., a start-up company based in South San Francisco. Parkinson is the former senior vice president and head of oncology research and development at Biogen Idec.

Nodality is focused on patient-specific characterization of signaling networks in cancers down to the single cell level using multiparametric phospho-flow cytometry. The technology is licensed from Stanford University and the laboratory of **Garry Nolan**, scientific co-founder of Nodality.

Parkinson resigned from Biogen Idec in August. On Oct. 12, the company announced that its board of directors has authorized management to evaluate whether third parties would have an interest in acquiring the company at a price and on terms that would represent a better value for its stockholders than having the company continue to execute its strategy on a stand-alone basis." Biogen Idec has received a bid from investor **Carl Icahn**.

* * *

SHABNAM KAZMI, associate vice president of oncology marketing at Sanofi-Aventis, was named vice president for business development. Shabnam worked for Bristol-Myers Squibb and Booz-Allen & Hamilton. . . . **DEAN GESME** was named corporate medical director of Navitas Cancer Rehabilitation Centers of America Inc. Gesme is a medical oncologist in the Minneapolis/St. Paul area, past chairman of the National Coalition for Cancer Survivorship, and past chairman of the Clinical Practice Committee of the American Society of Clinical Oncology. He was oncology representative on the AMA CPT Advisory Panel dealing with physician coding and payment. Navitas provides comprehensive cancer rehabilitation services. . . . **NEAL COPELAND** was named executive director of the Institute of Molecular and Cell Biology of Singapore's A*STAR, or Agency for Science, Technology and Research. Copeland, known for research in genetics, joined IMCB as deputy director in 2006, after 20 years at NCI. He succeeds **David Lane**, now chairman of the A*STAR Biomedical Research Council. . . . **AMERICAN SOCIETY** of Cytopathology announced its 2007 election results. **Hormoz Ehya**, director of cytopathology at Fox Chase Cancer Center and adjunct professor of pathology at Jefferson Medical College, was elected vice president from 2007-2008, followed by one-year terms as president-elect from 2008-2009 and president from 2009-2010.

Funding Opportunities:

Sarcoma Foundation Offers Clinical Research Award

Sarcoma Foundation of America seeks applications for its Clinical Research Award through the ASCO Foundation. SFA and the Capon Family will fund the first ASCO Foundation Advanced Clinical Research Award in sarcoma, which would develop therapies and progress for the disease. Inquiries: www.ascofoundation.org/grants.

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NOT-OD-08-009: Delays in Grant Application Submission Due to Fires in California. Full text: http://www.grants.nih.gov/grants/guide/notice-files/NOT-OD-08-009.html.

RFA-DK-07-502: Limited Competition: Continuation of the Chronic Renal Insufficiency Cohort Study. U01. Letters of Intent Receipt Date: Nov. 14; Application Receipt Date: Dec. 11. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-DK-07-502.html. Inquiries: John Kusek, 301-594-7735; jk61x@nih.gov.

RFA-OD-07-001: NIH Partners in Research Program. R03. Letters of Intent Receipt Date: Dec. 12. Application Submission/Receipt Date: Jan. 11, 2008. Full text: http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-07-001.html. Inquiries: Alexis Bakos, 301-594-2542; bakosa@mail.nih.gov.

PAR-08-010: Continued Development and Maintenance of Software. R01. Letters of Intent Receipt Date: Nov. 17, 5:00 p.m. local time (of the applicant institution/organization). Application Submission/Receipt Date: Jan. 17; May 21; Sept. 22; Jan. 22, 2009; May 22; Sept. 22; Jan. 22, 2010; May 21; Sept. 22. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-010.html. Inquiries: Jennifer Couch, 301-435-5226; couchj@mail.nih.gov.

PA-08-012: ELSI Regular Research Program. R01. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-08-012.html. Inquiries: Carol Kasten, 301-402-8212; kastenca@mail.nih.gov.

PA-08-013: ELSI Regular Research Program. R03. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-08-013.html.

PAR-08-020: Specialized Programs of Research Excellence in Human Cancer for the Year 2008 and 2009. P50. Letters of Intent Receipt Date: Dec. 22; April 22, 2008; Aug. 22; Dec. 23; April 21, 2009; Aug. 21. Application Receipt Date: Jan. 23, 2008; May 23; Sept. 23; Jan. 23, 2009; May 22; Sept. 22. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PAR-08-020.html. Inquiries: Organ Systems Branch, 301-496-8528.

PAS-08-019: Anemia of Inflammation and of Chronic Diseases. R01. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PAS-08-019.html. Inquiries: William Merritt, 301-496-8866 or 301-435-9205; merrittw@mail.nih.gov.

RFP 20201: 1406-04-08-RP-20201-Data Capture And Management System For Cancer Clinical Research. Response due date: Nov. 11. Full text: http://www.fbodaily.com/archive/2007/11-November/01-Nov-2007/FBO-01443245.htm. Louis Gilden, 703-964-3680; louis.gilden@aqd.nbc.gov.

RFP S08054: Cancer Genome Characterization. Response due date: Nov. 27. Full text: http://www.fbodaily.com/archive/2007/10-October/27-Oct-2007/FBO-01440831.htm. Inquiries; Jeanne Lewis, 301-228-4007, lewisjk@mail.nih.gov. or Shannon Jackson, 301-228-4022, sjackson@mail.ncifcrf.gov.

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