THE CANCER LETTER

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NCI Hits Grant Targets, But Labs Feel The Pain Of Budget Cuts, Director Says

By Kirsten Boyd Goldberg

NCI ended fiscal 2007 hitting the target set by NIH to fund 1,312 research project grants, but at the expense of providing robust support to individual investigators, Institute Director John Niederhuber said.

Overall, NCI's payline was at the 15th percentile and the success rate was 20 percent of all applications submitted, Niederhuber said to the NCI Board of Scientific Advisors at its Nov. 15 meeting. NCI funded 215 applications from new investigators, bringing the success rate in the "Star R01" program up to the 21st percentile.

"Yes, we meet these target numbers that are set for us, but I remind everyone that this isn't the true reflection of the pain that exists," Niederhuber

(Continued to page 2)

In the Cancer Centers:

Keck Foundation Funds $1.8 Million Grant To Calif. Institutions For Melanoma Research

W.M. KECK FOUNDATION funded a $1.8 million grant to four California institutions—Jonsson Comprehensive Cancer Center, California Institute for Technology, Children's Hospital Los Angeles, and University of Southern California—for melanoma research. The project brings together experts in basic science, tumor immunology, molecular imaging, embryonic stem cell biology, gene medicine, and clinical research to bolster the immune system through genetic engineering and observe, using positron emission tomography, as the immune system recognizes, attacks and kills the cancer. The process would work like a mini stem cell transplant. "Something like this has never been done before," said **James Economou**, deputy director of the Jonsson Cancer Center and principal investigator. "If we're successful, this can change the way we care for some cancer patients." . . . **M. D. ANDERSON** Cancer Center and GlaxoSmithKline completed master agreements on a five-year non-exclusive strategic alliance to develop therapeutic, diagnostic and imaging products of mutual interest in cancer research, said **Edward Yeh**, of the Department of Cardiology, and **Robert Bast**, vice president for translational research. The alliance would focus on integrated preclinical and clinical programs for disease intervention addressing questions in the lab and translating findings to the clinic and back to the lab. M. D. Anderson and GlaxoSmithKline have appointed a joint alliance team to oversee interactions for a series of focused initiatives that include mutual

(Continued to page 7)

What's Not Being Done: Labs, Trialists Scale Back Research

(Continued from page 1)

said. "If [Congress] were to look at an individual's laboratory, they would see a grant instrument that is 30 to 40 percent below what it should be to do the job.

"They would find a laboratory that is down a post-doctoral fellow," Niederhuber said. "They would find a laboratory that is down a technician. They would almost certainly find a laboratory that is down one or two graduate students."

Grant budgets are cut from the time they are submitted to NCI, causing the investigators to have to scale back their initial plans, Niederhuber said. "The real issue is that each of those grants is doing a specific aim, or two specific aims, less than what was intended by the lab and the investigators when the lab began the application process," he said. "That is what is missing from the story. So it looks good on paper in terms of the numbers, but it doesn't look good when you go to the individual laboratories."

Also, NCI was only able to provide flat funding for clinical trials. "Our cooperative groups are down thousands of patients we aren't putting on trials," Niederhuber said. "We are down 30 or 40 clinical trials that we aren't even starting, because we don't have the resources on the clinical research side to do the work that we need to do."

The cancer centers program added two new centers, Baylor College of Medicine and Stanford University, while the Specialized Programs of Research Excellence remained flat.

"We would like to add more [cancer centers]," Niederhuber said. "We feel there is more capacity out there, more excellent places that should increase our network. There is much more to do. We are doing it all, but we are doing it with fewer dollars and at a slower rate. That's the message that needs to be told."

Fiscal 2008 Budget Remains Uncertain

President George W. Bush last week vetoed the spending bill for the Departments of Labor, HHS and Education, and the House failed to override the veto.

Bush vetoed the $606 billion bill Nov. 13, because the discretionary spending proposal was $9.8 billion above the level he had proposed. On Nov. 16, an effort to override the veto failed by two votes.

This is likely to mean that NIH would be funded via an omnibus bill, possibly at the current year's level, Capitol Hill sources said.

"How all this ends is anybody's guess at this point, but without the President showing some willingness to compromise, it is difficult to imagine how we avoid a year-long continuing resolution, where agencies FY2008 budgets would be funded at their FY2007 funding levels," Jon Retzlaff, director of legislative relations at the Federation of American Societies for Experimental Biology.

The Democrats are currently wrapping all outstanding spending bills, which together added $22 billion to the President's proposal, into a single omnibus bill that would "split the difference" and come up at $11 billion over the President's proposal. However, the White House has indicated that it would be unwilling to negotiate.

"It is difficult to imagine that Democrats would agree to split the difference on the Labor-HHS bill because the President's initial budget proposal actually recommended an overall cut of $3.7 billion from FY2007 levels," Retzlaff said. "If Democrats split the difference on the Labor-HHS bill, and thereby reduced its overall increase from $10 billion to $5 billion, it would result in a less than one percent increase for every program funded through the Labor-HHS bill. In fact, Chairman Obey pointed out that under such a split-the-difference scenario within the Labor-HHS bill, NIH would be cut by $700 million from the proposed $1.1 billion increase."

Congress approved a $128 million increase, or 2.67 percent, for NCI's current $4.8 billion budget. The measurement of inflation in biomedical research is about

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3.7 percent. It would take a $177.5 million increase to keep NCI even with inflation, Niederhuber said at the BSA meeting. Since 2004, NCI has lost 12 percent of its purchasing power.

"We continue to try to plan for 2008, but as you are aware, we're not sure where [the budget] will be," Niederhuber said. "If we continue to have a flat budget, we will continue to lose purchasing power.

"We will be on a continuing resolution well into February, most likely," Niederhuber said. "Some people feel that when this shakes out, there will be a 2 percent increase for NIH. I am not as optimistic."

"In 2008, if the President's budget [request] is the target, we will have returned to the original trajectory as if the NIH doubling never took place," said BSA Chairman Robert Young, chancellor of Fox Chase Cancer Center. "That is another way of measuring the impact on the extramural community."

Over 80 percent of the NCI budget is already committed at the beginning of the year, and NIH and HHS taps remove a large part of any increase, Niederhuber said. Under its current budget scenario, NCI plans to use about $15 million in new funding and impose a 3 percent across-the-board increase to current programs in order to create a pool of about $70 million for new initiatives and to expand or restore funding to specific programs.

* * *

The House of Representatives Nov. 13 passed a resolution to declare lung cancer a "public health priority" and to take steps to reduce lung cancer mortality rate by at least half by 2015. The Senate passed a similar resolution in August.

The resolutions—H. Res. 335 and S. Res. 87—were passed by voice vote. They are important primarily because they show the legislative priorities of proponents of CT screening for early stage lung cancer.

The House resolution expresses support for "efforts to develop a broad-based lung cancer screening and disease management program among members of the Armed Forces and veterans."

The Senate resolution is more specific. It calls on the departments of Defense and Veterans Affairs to develop a "broad-based lung cancer screening and disease management program among members of the Armed Forces and veterans, and to develop technologically advanced diagnostic programs for the early detection of lung cancer," a "lung cancer screening demonstration programs under the direction of the Centers for Medicare and Medicaid Services," and appointment of a "lung cancer director within the Centers for Disease Control and Prevention with authority to improve lung cancer surveillance and screening programs.

The Senate document appears to endorse screening through the International Early Lung Cancer Action Program. The document calls for "expansion of existing multi-institutional, population-based screening programs incorporating state-of-the-art image processing, centralized review, clinical management, and tobacco cessation protocols."

Both the House and Senate versions of the resolution call for implementation of the August 2001 report of the NCI Lung Cancer Progress Review Group, which said that funding for lung cancer research was "far below the levels characterized for other common malignancies and far out of proportion to its massive health impact."

The House resolution was introduced by Rep. Lois Capps (D-Calif.) and cosponsored by Ed Whitfield (R-Ky.), and Donna Christensen (D-V.I.).

The Senate resolution was introduced by Sen. Chuck Hagel (R-Neb.), and cosponsored by Hillary Clinton (D-N.Y.), Sam Brownback (R-Kan.), Dianne Feinstein (D-Calif.), and Sherrod Brown (D-Ohio)

The resolutions are non-binding.

—Paul Goldberg contributed to this report.

NCI Programs:

RFAs Planned For Systems Genetics, Tumor Stem Cells

By Kirsten Boyd Goldberg

Advisors to NCI approved the institute's plan to form two new grant programs in emerging areas of cancer research: systems genetics and tumor stem cells.

The NCI Board of Scientific Advisors voted overwhelmingly in favor of both programs at its meeting Nov. 15. The programs would encourage multiple principal investigators and collaboration among several disciplines. In another unusual feature, the new grants would be managed by staff from more than one NCI division.

NCI's Division of Cancer Biology and Division of Cancer Control and Population Sciences plans to provide $3 million a year for five years to fund about six grants for systems genetics research to explore human cancer susceptibility and resistance. The board approved the RFA concept unanimously with two abstentions.

Three NCI divisions—DCB, the Division of Cancer Prevention and the Division of Cancer Treatment and Diagnosis—proposed to set aside $2.25 million

a year for five years to fund seven to nine grants for research on tumor stem cells. The board approved the RFA concept on a vote of 16-1.

Excerpts from the concept statements follow:

Collaborative Comparative Systems Genetics of Cancer (R01). Concept for a new RFA, first year set-aside $3 million, five to six awards for five years, estimated total cost $15 million. Program director: C. Marks, Division of Cancer Biology.

Through this RFA, the Divisions of Cancer Biology and Cancer Control and Population Sciences propose to encourage collaborative research among scientists with expertise in human genetics, molecular and genetic epidemiology, systems biology, network engineering, physiology, statistical and computational methods, and model organism genetics to explore human cancer susceptibility and resistance. This collaborative approach is needed to unravel the heterogeneity of human cancer, as evidenced by population studies and clinical presentation. Each of these research specialties brings an important perspective to the challenges.

With advice from the NCI-Mouse Models of Human Cancers Consortium, Division of Cancer Control and Population Sciences staff, and their funded investigators, the Division of Cancer Biology has sponsored three workshops since 2001 on the subject of uniting human genetics, statistical and mathematical modeling, data modeling, systems biology, and experimental genetics of mice and other model organisms to increase our understanding of human cancer susceptibility. These meetings brought together researchers experienced in the methods of systems biology, in various aspects of human genetics and statistical science, in computational science, and in model organism genetics. The goal for these workshops was to describe the current state of systems biology as an approach to understand susceptibility and resistance to cancer. The new collaborative research paradigm that materialized from the meetings merges genetic variation with an enhanced systems biology approach—systems genetics—to explain how intact organisms develop, function normally, and exhibit diseases.

At the end of the workshops, the participants recommended that NCI should encourage and support collaborations among members of the research communities represented at the meetings and others with relevant expertise to apply technology-intensive systems biology to understand the mechanisms by which human genetic variation produces the heterogeneity of human cancers as well as individual phenotypes.

Systems genetics is an evolving discipline at the intersection of biological and physical sciences that combines observational, experimental, and computational approaches to monitor, record, and blend information from humans and model organisms.

Objectives and scope: The goal of the research to be supported by this RFA is to develop and apply comparative systems genetics approaches to understand the molecular mechanisms that underlie human cancer susceptibility, and promote and sustain the heterogeneity of human cancers. This emerging store of information is expected to improve diagnosis, treatment, and prevention. This RFA requires collaborations among those with expertise in human genetics research, statistical genetics, computational biology, computer science, systems biology, and model organism genetics. The collaborators will be encouraged to use the multiple principal investigator option; if they choose to use this mechanism, the applicants must submit a leadership plan that is consistent with the guidelines for this mechanism.

Examples of research topics for investigation may include, but are not limited to comparative system genetics approaches using data from two or more new or existing model systems, one of which must be human, to:

—Characterize the genetic networks that produce the variable manifestations of a specific human cancer.

—Integrate available GWAS and model organism genetic data into a testable, system-level model of a specific human cancer.

—Determine mechanisms of gene by environment interactions in a specific human cancer.

—Evaluate data models that incorporate genetic and environmental factors to refine phenotypes that enable sub-categorization of a specific human cancer.

—Develop and test data models that account for the interaction of genotype and environment in governing phenotypic responses to the environment that may be related to human cancer.

—Determine the influence of genetic variation on systems level responses to environmental factors relevant to cancer in humans.

This RFA will use the R01 mechanism. Because of the international nature of the human and model organism genetics research communities and relevant resources, applicants from non-U.S. institutions may respond to this RFA.

The divisions request that NCI commit up to a total of $3 million total costs per year to fund five or six new R01 grants. Applicants may request a project period of up to five years and an annual budget of $400,000 in direct costs and not more than $600,000 in total costs. The anticipated award date is Sept. 30, 2008.

Tumor Stem Cells: Basic Research, Prevention, and Therapy. Concept for a new RFA, first year set-aside $2.25 million, seven to nine awards, estimate total cost $11.25 million. Program director: R. Allan Mufson, Division of Cancer Biology.

The goal of this RFA is to support interdisciplinary research efforts to achieve the rapid translation of an understanding of the biology of tumor stem cells to the development of effective therapy. Although the concept of a tumor stem cell has been postulated for a long time, only in the last decade has the existence of rare populations of self-renewing cells been demonstrated within many liquid and solid tumors. These cells may be responsible for driving tumor growth and metastasis through asymmetric cell division.

Based on recommendations from [workshops], scientific staff from the Division of Cancer Biology, Division of Cancer Prevention, and the Division of Cancer Treatment and Diagnosis began an active collaboration to design an RFA to stimulate basic and translational research on tumor stem cells in areas that are currently under-represented in the NCI extramural grant portfolio.

The purpose of this concept is to establish an RFA to stimulate collaborative research programs of basic and translational researchers focused on important areas of tumor stem cell biology. To promote such collaborative research, the RFA will require use of the newly established co-PI mechanism to stimulate the submission of cross disciplinary research applications, which are necessary to the development of this area. It is expected that one of the co-PIs of an award will provide expertise in the biology of tumor stem cells while the other will provide expertise on translational development. To maintain and encourage the interdisciplinary nature of the research and its translational implications, DCB, DCP, DCTD will provide collaborative management of the awards, and evaluation of the progress achieved by the grants awarded in response to the proposed RFA.

Among the research questions that could be addressed:

—Are tumor stem cells a general property of all tumors or are they relevant only to specific tumor types?

—Are tumor stem cells responsible for tumor metastasis to appropriate niches at sites distant from the primary tumor?

—Is the normal stem cell epigenome different from the tumor stem cell epigenome?

—What are the characteristics of the tumor stem cell niche?

—Can methods be developed for reliable in vitro maintenance of tumor stem cells?

—Are there human tumor stem cell markers that might be applied to early diagnosis, prognosis, or for monitoring the progress of tumor therapy protocols?

—Can novel in vivo animal models be developed for preventing tumor progression by targeting tumor stem cells?

—Can small molecules or immunological reagents be developed to detect or target differentially expressed or altered molecules between normal and tumor stem cells that might be useful to therapy or imaging?

—Are there specific secreted products that are associated with tumor stem cells?

—Can in vitro assays for tumor stem cell function be developed to supplement existing in vivo functional assays?

—Are tumor stem cells transformed from normal stem cells or a result of alterations inmore differentiated progenitor cells?

—Does the stem cell niche or secreted niche products play a role in regulation of asymmetric cell division or the regulation of genetic or epigenetic mechanisms associated with such division?

Although these research areas are of importance, applications in all areas related to tumor stem cell research with translational impact will be encouraged. Research resulting from grants awarded in response to this RFA should produce data with direct application to translation into clinical oncology including prevention, diagnosis, and therapy of malignant disease.

Cancer Policy:
Providers Urged To Address Patients' Psychological Needs

Oncology care providers should pay much greater attention to their patients' psychological distress and other social problems, a report by a committee of the Institute of Medicine said.

Cancer care that focuses solely on eradicating tumors without addressing the patient's general well-being can increase patients' suffering, may compromise their ability to follow through on treatment, and falls short of achieving quality care, the report said.

The report proposes a new standard of care under which all oncology care providers would systematically screen patients for distress and other problems; connect patients with health care or service providers who have resources to tackle these issues and coordinate care with these professionals; and periodically re-evaluate patients to determine if any changes in care are needed.

To achieve this standard, the report recommends an evidence-based model for ensuring that psychosocial health services are an integral part of cancer care and provides strategies for implementing this model in settings with varying levels of resources. The plan outlined in the report could apply to the care of other serious chronic illnesses as well, noted the authoring committee.

"Killing cancer cells is important, but it's not enough to ensure that the adverse effects of patients' therapies don't undermine their gains," said committee chairman Nancy Adler, vice chairman of the department of psychiatry, and director, Center for Health and Community, University of California, San Francisco. "This report provides an action plan for overcoming the barriers to psychosocial health services that patients need to be as healthy and whole as possible during and after cancer treatment."

Many of the services and resources already exist, often at no cost to patients, but oncology providers are not proactively identifying patients' needs and helping them find and use these resources, the committee said. Because many of these services are free or are

reimbursable through health insurance providers and programs, the creation of new benefits or payment mechanisms would not be necessary for the most part, the report said.

"These findings bring to light what millions of cancer survivors and their families already know too well," said Ellen Stovall, president & CEO of the National Coalition for Cancer Survivorship. "Cancer changes your life in multiple ways, and quality care for cancer requires a coordinated and integrated model of care that not only treats the underlying cancer, but pays attention to how a person experiences cancer psychologically, socially, economically, and spiritually."

Cancer patients' psychosocial needs range from information about their therapies and the potential physical side effects, to treatment for depression, stress, or other mental and emotional conditions; assistance with daily activities that they can no longer perform independently; and assistance with transportation, prosthetics, medications, and other supplies they cannot afford or to which they do not have ready access. The report lists multiple resources of free services and information available to cancer patients and their families.

The committee acknowledged that currently there are not enough psychosocial services and resources to meet the needs of all patients and that cancer care providers can only partially resolve some problems, such as lack of health insurance or poverty. However, this should not preclude attempts to remedy as many psychosocial problems as possible.

Because individual clinical practices vary by their setting and patient population as well as by available resources, they will also vary in how they implement the proposed standard of care. The report offers examples of how some large and small practices deliver this care successfully and suggests ways that even providers with limited resources could do so.

"Many cancer care providers may be surprised at the array of psychosocial health services available nationwide at no cost to patients," said committee member Patricia Ganz, director, cancer prevention and control research, Jonsson Comprehensive Cancer Center, University of California, Los Angeles. "Our report also provides practical guidance to providers about how they can design their practices to better address their patients' needs."

The policies and practices of many health insurance purchasers and payers support the delivery of psychosocial health care, but they are not delivering this care uniformly, the committee concluded. Not all insurance plans fully use available mechanisms to compensate providers for assessments and interventions to develop tailored care plans, help patients manage their illnesses, and coordinate their care with other providers.

Group purchasers—Medicare, Medicaid, and employers—and health insurance plans should assess how psychosocial care is addressed in their agreements with each other and with health care providers and determine the adequacy of payment rates, the report said. They may find, for example, that interventions are currently covered in their payment and reimbursement mechanisms. However, mechanisms may need to be developed for reimbursing higher-than-average levels of care coordination.

Multiple organizations could significantly influence cancer care providers' adherence to the proposed standard of care. NCI could include requirements for addressing psychosocial health needs in its protocols, standards, and programs, the report said.

Standard-setting organizations such as the National Comprehensive Cancer Network and the American College of Surgeons' Commission on Cancer could incorporate the report's recommended standard and its components into their own standards.

The study was sponsored by NIH. The report, "Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs," is available at www.nap.edu.

NCI News:

NCI Honors Four Scientists For Roles In HIV Research

NCI CENTER FOR CANCER RESEARCH honored four scientists who played pioneering roles in the institute's HIV/AIDS research: **Robert Gallo**, **Samuel Broder**, **Robert Yarchoan**, and **Hiroaki "Mitch" Mitsuya**.

Gallo, former chief of the NCI Laboratory of Tumor Cell Biology, and his team discovered the first human retroviruses, HTLV-1 and -2, and laid the groundwork for the co-discovery of HIV in 1984. Gallo's lab also led the development of a blood test for HIV.

Broder, Mitsuya, and Yarchoan led the initial development and clinical trials of the first effective treatments for HIV, including AZT, a drug originally developed to treat cancer that they found could inhibit HIV replication. The three also led the development of two other anti-HIV drugs, didanosine (ddI) and

zalcitabine (ddC), which, with AZT, were the first FDA-approved treatments for AIDS and which continue to be the cornerstone of the highly active antiretroviral therapy regimen that has transformed HIV infection into a chronic disease. Broder later served as NCI director for six years.

NCI also established a new Center of Excellence in HIV/AIDS & Cancer Virology. The mission of the center is "to facilitate and rapidly communicate advances in the discovery, development, and delivery of antiviral and immunologic approaches for the prevention and treatment of HIV infection, AIDS-related malignancies and cancer-associated viral diseases."

The center has a website at http://ccr.nci.nih.gov/initiatives/CEHIV/ where open positions and funding initiatives are posted.

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"PATIENT-CENTERED COMMUNICATION in Cancer Care: Promoting Healing and Reducing Suffering," is a new NCI monograph that lays the foundation for research on patient-centered communication in oncology.

The monograph is available at http://outcomes.cancer.gov/areas/pcc/communication/monograph.html.

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SHANNON BELL has been named director of the NCI Office of Advocacy Relations, previously known as the Office of Liaison Activities. Bell served as deputy director of the NCI Office of Workforce Development. NCI Director **John Niederhuber** moved OAR into the immediate Office of the Director and appointed Special Assistant **Anne Lubenow** as his liaison with individuals and organizations who advocate on behalf of cancer research. Further information about OAR is available at http://advocacy.cancer.gov.

In the Cancer Centers:

M.D. Anderson, GSK Agree On Strategic Alliance

(Continued from page 1)

basic science, clinical research and education. In addition to the basic science and clinical aspects of the agreement, the collaboration also calls for a new M. D. Anderson fellowship. Projected to start this fall, the GlaxoSmithKline Translational Research Fellowship is a two-year program for basic scientists, selected by representatives from M. D. Anderson and GlaxoSmithKline. The fellows will have basic science and clinical mentors within both organizations and will participate in clinical rotations and didactic coursework in addition to laboratory research. . . . **JEFFERSON MEDICAL** College of Thomas Jefferson University and Jefferson's Kimmel Cancer Center received funding from the Margaret Q. Landenberger Research Foundation of Palm Beach for the Margaret Q. Landenberger Professorship in Breast Cancer Research. **Michael Lisanti**, professor of cancer biology, was selected as the first Landenberger professor. . . . **YALE-NEW HAVEN** Hospital and Yale University announced a naming gift from **Joel Smilow**, 1954 Yale College alumnus and former CEO and president of Playtex Products Inc., to support a 14-story comprehensive patient care facility under construction. The new building will be known as the Smilow Cancer Hospital. . . . **STEPHEN FRYE**, former head of discovery medicinal chemistry at GlaxoSmithKline, will lead the new Center for Integrative Chemical Biology and Drug Discovery at University of North Carolina at Chapel Hill. The center is an initiative of the UNC School of Pharmacy, the Lineberger Comprehensive Cancer Center, the UNC School of Medicine, and the Department of Chemistry. Frye is research professor in the School of Pharmacy and member of the cancer center. He is co-inventor of Avodart, a GSK drug used to shrink an enlarged prostate gland that is also under study for prevention of prostate cancer. His recruitment is the first for the University Cancer Research Fund at UNC-Chapel Hill School of Medicine Lineberger Comprehensive Cancer Center. The fund was created by the North Carolina General Assembly and signed into law in July. . . . **MICHAEL PHELPS** received the 2007 Massry Prize from the Meira and Shaul G. Massry Foundation for inventing the positron emission tomography scanner in 1974 with his postdoctoral fellow at the time, **Edward Hoffman**. Phelps is the Norton Simon Professor, chairman of pharmacology, and director of the Institute for Molecular Medicine and the Crump Institute for Molecular Imaging at University of California, Los Angeles. . . . **ROSWELL PARK** Cancer Institute has opened the Lion's Den Interactive Playroom for pediatric and teen cancer patients. The project is lead by **Pat LaFontaine**, of the NHL Hockey Hall of Fame, and corporations including DuPont and the Buffalo Sabres Foundation. The activity room is part of a reconstruction project that has created a single outpatient/inpatient Pediatric Center to improve services for families, said **Martin Brecher**, the Waldemar J. Kaminski Chair of Pediatric Oncology at Roswell Park. Funds also were raised through community events, and local and national corporate grants and in-kind gifts. . . . **JOHNS HOPKINS**

KIMMEL Cancer Center postgraduate student **Ian Cheong** is the grand prize winner of the 2007 Collegiate Inventors Competition hosted by the National Inventors Hall of Fame. Cheong won for a combination approach to kill cancer using bacteria and drug-filled molecular capsules. Along with the award, he will receive a $25,000 cash prize and $15,000 will go to his adviser, cancer researcher **Bert Vogelstein**, professor and co-director of the Ludwig Center at Johns Hopkins and investigator at the Howard Hughes Medical Institute. Sponsors of the competition are the U.S. Patent and Trademark Office and the Abbott Fund. . . . **THOMAS JEFFERSON** University Hospital Jefferson Center for Pancreatic, Biliary and Related Cancers has opened to diagnose and treat pancreatic cancer and other diseases of the pancreas, bile ducts, liver, stomach and other related upper abdominal organs using a multidisciplinary approach, said **Charles Yeo**, the Samuel D. Gross Professor and chairman of surgery and co-director of the center. The center works with radiologists and gastroenterologists at the Jefferson Kimmel Cancer Center to provide chemotherapy and radiation therapy, and research into the molecular mechanisms that underlie the disease process, he said. The center co-directors are **Donald Mitchell**, radiology; **Agnes Witkiewicz**, pathology; **Thomas Kowalski**, medicine; and **Jonathan Brody**, surgery. . . . **RAMANA DAVULURI** was named associate director and director of computational biology and will hold an endowed professorship in the new Center for Systems and Computational Biology at Wistar Institute. The center is slated to open in early 2008. Davuluri, who will join Wistar in the spring, also will serve as scientific director of the Wistar Cancer Center Bioinformatics Shared Facility. Currently, he is associate professor and head of the Bioinformatics Consulting Unit in the Human Cancer Genetics Program at the Ohio State University Comprehensive Cancer Center. . . . **PERSONALIZED MOLECULAR DIAGNOSTICS** Initiative is being funded by two Arizona-based philanthropic organizations that have committed $45 million to the project. The goal of the partnership is to create a new model for improving health care that includes bringing together scientists, clinicians, engineers, statisticians, insurers and regulators to make health care more targeted and affordable. Under the Partnership for Personalized Medicine, The Virginia G. Piper Charitable Trust has committed $35 million and the Flinn Foundation has granted $10 million to bring together a wide range of resources to advance a global personalized medicine initiative. The cornerstone of the partnership is the creation of the Virginia G. Piper Center for Personalized Diagnostics that draws upon two of the bioscience entities in the state, TGen and the Biodesign Institute at ASU, each of which will contribute laboratory space. The Piper Center will utilize bioinformatics and high-performance computing expertise at both institutions, existing nanotechnology and imaging expertise at the Biodesign Institute, and supercomputing resources through the ASU Ira A. Fulton School of Engineering. Additionally, an industrial scale, high-throughput proteomics production facility will be established that taps expertise at both TGen and the Biodesign Institute at ASU in robotics, protein analysis and computing. **Lee Hartwell**, 2001 Nobel laureate and director of Fred Hutchinson Cancer Research Center, will lead the project. Hartwell will serve as chairman of the partnership executive committee, which includes **George Poste**, director of the Biodesign Institute at Arizona State University, and **Jeffrey Trent**, president and scientific director of the Translational Genomics Research Institute.

Funding Opportunities:

NIH Pioneer, Innovator Awards

Pioneer Awards application period: Dec. 16 to Jan. 16. New Innovator Award application period: March 3 to 31.

NIH seeks applications for the 2008 NIH Director's Pioneer and the New Innovator Awards. Both programs support creative scientists who take innovative and often unconventional approaches to challenges in biomedical or behavioral research. The programs, part of the NIH Roadmap for Medical Research, complement other NIH efforts to fund innovative research and support scientists in the early stages of their independent research careers.

Pioneer Awards, open to scientists at any career stage, provide $2.5 million in direct costs over five years. Application instructions: http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-013.html.

New Innovator Awards, reserved for new investigators who have not received an NIH regular research R01 or similar grant, provide $1.5 million in direct costs over five years. Application instructions: http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-014.html. Inquiries: http://nihroadmap.nih.gov/pioneer and http://grants.nih.gov/grants/new_investigators/innovator_award.

NCI RFA Available

RFA-CA-08-004: Centers of Excellence in Cancer Communication Research II. P50. Letters of Intent Receipt Date: Jan. 22. Application Receipt Date: Feb. 22. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-CA-08-004.html. Inquiries: Bradford Hesse, 301-594-9904; hesseb@mail.nih.gov.

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