THE CANCER LETTER

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NIH To Fund Fewer Grants This Year, But Reduce Cuts To Individual Awards

By Kirsten Boyd Goldberg

NIH officials are trying a different way of dealing with a research budget that hasn't kept up with inflation:

Not funding as many grants.

That would seem to be a simple idea, but it hasn't been the Institutes' response during the era of flat appropriations since fiscal 2004. NIH has increased the number of grants funded, but cut the dollar amounts for each award every year.

"We came to the conclusion that we need to stop decreasing the amount of dollars in everyone's grant," NCI Director John Niederhuber said earlier this week to his advisory boards. "We do 'downward negotiation' at the beginning, and then we come back the next year and say, 'Not only do you

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FDA News:

President's Budget Request For FDA Strikes Line Item For Agency's Critical Path Initiative

By Paul Goldberg

The President's budget proposal gives FDA a 5.7 percent increase over its current budget. However, the budget authority rose only by 2.9 percent, and most of the increase comes from user fees paid by the industry.

With the increase, which amounts to $129.7 million, the agency would receive nearly $2.4 billion, of which $1.77 billion comes from budget authority and $628 million from user fees.

The proposal eliminates the line item for Commissioner Andrew von Eschenbach's signature program, Critical Path, which the agency listed among its "major initiatives" in fiscal 2007. Though Critical Path had a modest $6.7 million budget, it has been the central element of the agency's public relations and an embodiment of von Eschenbach's vision of molecular medicine.

First created by former FDA Commissioner Mark McClellan, the program focused on the agency's role in improving the process of drug development. Ultimately, this was boiled down to adaptive clinical trial design and validation of biomarkers in oncology and other areas of medicine (The Cancer Letter, July 14, 2006).

Last year, Congress passed a law establishing a private, non-profit entity called the Reagan-Udall Foundation, which was created to work with FDA on issues identified through the Critical Path program. Also, the agency

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NCI To Give 1% Increase To Non-Competing Grants

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get no [cost of living] increase, but we are going to decrease the base award as well.'"

The funding cuts resulted in investigators having to drop projects and personnel in the middle of a four- or five-year grant, Niederhuber said to the NCI Clinical Trials Advisory Committee Feb. 4.

"We were getting to the point where the grants weren't meaningful," he said.

Earlier this year, NIH institute directors protested further cuts in new and non-competing grants, Niederhuber said to the National Cancer Advisory Board at its Feb. 5 meeting. As a result, NIH is reducing the number of grants to be awarded and giving the institutes greater flexibility in managing non-competing grants, he said.

NIH plans to award 9,711 competing research project grants (RPGs) in FY08, a 5.3 percent reduction from the 10,323 awarded in FY07. The Institutes have a budget of $28.9 billion, up $133 million, or less than half a percent, from last year. Of that, NCI receives $4.8 billion, an increase of $7 million, or 0.16 percent, from last year.

NCI Grant Funding Policies

Niederhuber said NCI's grant funding policies for FY08 include:

—A 1 percent inflationary increase for non-competing grants. "You can look at that as being 2 percent short of what it should be," he said. "We should be giving them a 3 percent increase. You can look at it another way, we are only giving them a 2 percent decrease by giving them a 1 percent increase."

—A 2 percent decrease for non-modular grants.

—No cuts to modular non-competing grants. The modular grants usually seek a specific amount of about $250,000. "We are trying to keep those modular grants whole," Niederhuber said. "That's about 60 percent of our portfolio."

—Type 2 (competing continuing grants) will receive a 3 percent increase.

—Type 2 modular grants recommended for seven modules or fewer will receive a 5 percent increase.

—Type 1 (new competing grants) will be cut by about 17 percent. "On average, the past couple of years, we have been reducing grants in the competing process by about 24 percent," Niederhuber said. "So that's a significant decrease."

As a result of the new policies, NCI will fund 1,283 RPGs in FY08, compared to 1,312 last year. The average cost of competing RPGs will increase 3 percent over last year's level.

The payline for NCI R01s is at the 12th percentile. For new investigators in the "star R01" program, the payline will be at the 19th percentile. For large R01s (over $700,000), the payline will be at the 14th percentile for the first and second rounds. P01s are selected on a case-by-case basis.

In addition to reducing the number of grants funded, NCI will impose 3-percent reductions across each division, office, and center. Also, accrual to Community Clinical Oncology Program trials will be reduced by almost 800 patients.

On the positive side, several programs will see a partial restoration of cuts. That includes the Cancer Centers Program ($7.855 million), Special Programs of Research Excellence ($3.588 million), and cooperative groups and CCOPs ($8.504 million).

Niederhuber provided some examples of programs that will be downsized or eliminated:

—In the Office of Centers, Training, and Resources, the Integrating Aging and Cancer Research program, co-funded with the National Institute on Aging, will not have its $4 million to $5 million in funding renewed.

—Also in OCTR, the Supplements for Imaging Response Assessment Teams in Cancer Centers, $2 million, will not be renewed.

—In the Division of Cancer Control and

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Population Sciences, FY08 will be the final year of the Transdisciplinary Tobacco Use Research Centers, funded at $7.2 million. NCI will contribute $2 million to $4 million a year to the National Institute on Drug Abuse, which will continue the TTURC program.

—Also in DCCPS, funding for the Long Term Cancer Survivors Research RFA will be reduced by $1.7 million.

—In the Division of Cancer Prevention, CCOP cancer treatment trial accrual will drop to 6,100 patients, down from 6,402 last year and 7,948 the previous year. CCOP cancer prevention and control trial accrual will drop to 4,500 from 4,994 last year and 5,211 the previous year.

—In the Division of Cancer Treatment and Diagnosis, the CTEP Interdisciplinary Research Teams for Molecular Target Assessment were eliminated in FY07 for a savings of $1.4 million.

—The Cancer Imaging Program's Development of Contract Imaging Drugs and Enhancers was eliminated in FY07 for a savings of $1.6 million.

—The Cancer Diagnosis Program has eliminated or not funded breast and prostate cancer tissue resources.

FY09 President's Budget Request

In his final budget request released earlier this week, President Bush recommended a $4 million increase for NCI, or 0.1 percent, over the FY08 appropriation.

"I think the reality for NIH is a pretty flat budget for the next four to six years," Niederhuber said to the CTAC. "We are simply going to have to learn how to work with that. Our strategic objectives still haven't changed. We get up every day and come to work to try to understand the causes and mechanisms of these diseases."

The White House requested $29.3 billion for NIH, identical to the current year's appropriation, which included a $196 million transfer to the Global AIDS Fund.

The budget request was immediately criticized by the Federation of American Societies for Experimental Biology.

"Our continued progress in medicine and advances in health are dependent upon our investment in basic research. If this proposal moves forward, it would represent the sixth year of essentially flat-funding for NIH," said Robert Palazzo, FASEB president. "Although President Bush has given lip-service to supporting the search for treatment for diseases like cancer, Alzheimer's, and pandemic influenza, this budget again reveals his failure to uphold that commitment. This is an injustice to the patients and their families suffering from conditions for which research funded by NIH is their only hope."

FASEB will move forward with making the case for research funding to Congress, Palazzo said. "History has taught us that it is the champions of science in Congress, those who stand up and prioritize the needs of the American people, who can effectively sustain our commitment to research," he said.

SPORE Program Moves To DCTD

The SPORE program, which has resided in the Organ Systems Branch within the Office of Centers, Training, and Resources, has moved to the Division of Cancer Treatment and Diagnosis, Niederhuber said.

Organ Systems Branch chief Jorge Gomez has taken a new position with the Fogarty International Center at NIH to develop stronger ties in cancer prevention and treatment with healthcare professionals in Central and South American countries.

"It's a great opportunity for [Gomez] to utilize his skills and have a new challenge in his career, and it gives us an opportunity to look at the SPORE program and to bring the program a little more into the fabric of NCI," Niederhuber said to the CTAC.

Reviews of the SPORE program have noted that it "sat too far out by itself" from the rest of NCI, Niederhuber said. Niederhuber and DCTD Director James Doroshow are leading the SPORE program while recruitment for a new leader for the program continues.

Niederhuber said he regularly participates in a conference call with the SPORE PI Executive Committee, and that has improved communication within the program.

NCAB member Bruce Chabner said he thought the move of the SPORE program to DCTD was a good idea and that the program should be better integrated within NCI.

The Cancer Centers Program will remain in the NCI Director's office. There are tentative plans to incorporate OCTR's training programs into divisions that relate specifically to research areas where the training is taking place, NCI sources said.

Lynn Matrisian, chairman of the Department of Cancer Biology at Vanderbilt-Ingram Cancer Center, has joined NCI on a part-time basis for the next two years to help implement the recommendations of the Translational Research Working Group. She was co-chairman of the TRWG. She will hand over her duties

as department chairman to Harold Moses, director-emertus of the cancer center, according to a Vanderbilt press release.

"I'm excited about this opportunity to have an impact on the way NCI funds and supports important cancer research," Matrisian said in a statement. "Translational research transforms scientific discoveries arising from the laboratory, clinic, or population into clinical applications. Our task is to streamline, improve and accelerate translational research within the NCI. If we do that well, cancer patients will be the beneficiaries of that effort."

NCI Programs:

NCI Needs $6 Billion Budget To Accelerate Progress, Report To President Says

By Kirsten Boyd Goldberg

NCI needs a $6 billion annual budget to take advantage of scientific opportunities and accelerate progress in cancer research, according to the institute's annual report to the President and Congress.

The report, "The Nation's Investment in Cancer Research," mandated by the National Cancer Act of 1971 and often called the NCI "bypass budget," is intended to directly inform the President of opportunities for making rapid progress in the National Cancer Program.

For fiscal year 2009, NCI's proposed budget to sustain its current level of activities is $5.2 billion, while the proposal to accelerate progress is $6 billion.

NCI's FY 2007 appropriation was $4.8 billion.

"Any report of this kind being delivered in 2008 cannot escape some difficult facts, namely that we have been operating under a flat budget for the last four years," NCI Director John Niederhuber said in a statement earlier this week. "And because of the continued brisk pace of biomedical inflation, the chief result has been a 12 percent reduction in NCI's purchasing power over that same period.

"This lost purchasing power has had serious consequences," he wrote. "They include extramural laboratories cutting back on postdoctoral fellows, fewer resources with which to conduct needed clinical trials and fewer patients in already funded trials, and scaling back important programs and foregoing the launch of new programs, to cite just a few examples. And one particularly concerning repercussion of such problems is the serious impact on promising young investigators, many of whom have been choosing alternate career paths.

"While progress will continue in all important areas of cancer research, it is clear that the pace of our progress is closely aligned with our available resources and, therefore, will be significantly slowed," Niederhuber wrote.

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

FDA News:

Loss Of Critical Path Line Item Surprises FDA-Watchers

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has provided funding to the Critical Path Institute of Tuscon, Arz., and Rockville, Md., to help implement the program.

William Hubbard, a former deputy commissioner of FDA, who is the spokesman for the Alliance for a Stronger FDA, said he was disappointed by the disappearance of Critical Path from the FDA budget.

"The administration just refused to fund anything new," Hubbard said to The Cancer Letter. "They gave FDA a partial inflation catch-up, and then they relied on user fees to fund everything else. I think Congress is going to look at this budget. I sincerely hope that Critical Path may be one of the things they will care about."

Even if the agency finds the money to keep Critical Path alive, the loss of the line item constitutes a major setback, the program's supporters say. The program has been specifically mentioned in the budget over the past three years.

Critical Path's focus on validation of biomarkers demonstrated just how daunting such approaches to drug development can be. Since the commonly used word "validation" implied specific criteria for demonstrating the relationship between biomarkers and disease, FDA abandoned that term, and started using a less specific term "qualification."

Nonetheless, goals identified through Critical Path have been a prominent element in FDA's collaboration with NCI. This collaboration has resulted in a clinical trial of fluoro-2-deoxy-D-glucose and positron emission tomography scan as a biomarker in non-Hodgkins lymphoma. The question was addressed as an add-on to an ongoing trial, CALGB 50303, which is posted at http://www.cancer.gov/search/ResultsClinicalTrialsAdvanced.aspx?protocolsearchid=4172458.

Development of standards for adaptive clinical trial designs has been less controversial. "Lack of funding for the FDA's Critical Path Initiative is a disaster for drug development generally and for oncology drug development in particular," said Donald Berry, chairman

of the Department of Biostatistics at M.D. Anderson Cancer Center and a proponent of adaptive designs. "Under Janet Woodcock [FDA Deputy Commissioner and Chief Medical Officer] the CPI has been making great strides in helping companies design clinical trials that are simultaneously more efficient and more accurate.

"The 75 percent failure rate of phase III cancer drug trials is an embarrassment to us all," Berry said. "And as we move into the biomarker era with targeted agents and many more treatment options, we need a wholly new paradigm for drug approvals. The CPI was playing a key role in moving us into this new world. I hope and believe that Drs. Woodcock and von Eschenbach will ensure that the substance and spirit of the CPI will continue at the FDA, even without a specific line item."

Scott Gottlieb, resident fellow at the American Enterprise Institute and former FDA deputy commissioner for medical and scientific affairs, said that the loss of funding and a line item "represents a failure on the part of the Department and the Administration to recognize that making fundamental scientific improvements to how medicines are developed can have a big public health payoff."

"People have failed to see FDA as a vehicle that can promote public health goals in the same way, say, that they view NIH, and so I think as a result, in political circles, funding FDA has not been seen as a priority or as politically fashionable," Gottlieb said to The Cancer Letter. "Critical Path, which represents, in my view, some of the most practical payoff from regulatory improvement when it comes to public health improvement, has as a result, been given short shrift.

"The issue here isn't as much the dollar figure for what Critical Path might have received, but that it was established as a line item at all in last years budget," Gottlieb said. "Getting something established as a line item takes a lot of political work and now that it has been stripped out, that's a significant setback. It will take a lot of work to get it back in. It would have been far better if they had simply left it in as a line item but allocated it only a small amount of money. That said, FDA will be able to plod along with the program by finding resources from other venues, but the fact that this program hasn't been recognized for its potential value to consumers is disappointing."

FDA officials didn't respond to The Cancer Letter's questions about Critical Path. In a statement, von Eschenbach said that the President's budget proposal meets the agency's needs. "This budget enables us to continue development of the staff and programs necessary to safeguard the food we eat and improve the safety and development of drugs, vaccines, devices, and other medical products," von Eschenbach said.

Though the FDA budget seems generous when compared with proposed spending levels for other medical research and health programs, it falls far short of recent recommendations by agency's advisors, who warn that FDA is unable to "meet its current or emerging regulatory responsibilities."

In recent Congressional testimony, FDA's Science Board said the agency needs a doubling of its funding and a 50 percent increase in its workforce over the next two years (The Cancer Letter, Feb. 1). Responding to the budget proposal, the leadership of the House Committee on Energy and Commerce asked a subcommittee of the Science Board to review the President's budget.

The Alliance for a Stronger FDA said that FDA's appropriated budget for FY 2009 should be at $2.1 billion, which will provide resources for it to start to rebuild its infrastructure and to fund its programs to assure the safety of foods and cosmetics and the safety and efficacy of drugs and medical devices. If the user fees remain unchanged, the budget proposed by the alliance would be at $2.728 billion.

The President's budget proposal would allow the agency to increase its staff by 526 full time equivalent positions, the agency said. The agency is launching an initiative on "medical product safety and development," which would be funded with $17.4 million in budgetary funds and $79 million in user fees. Also, the agency plans to save $8.9 million through "management efficiencies."

The money would be used to "improve the safety of human and animal drugs, blood, human tissues, and medical devices, including imported products," the agency said.

"Three independent reviews, including the FDA's own Science Board, have determined the FDA is in critical need of significant new resources," said Hubbard, of the Alliance for a Stronger FDA.

"The amount in the administration's proposed budget is not only inadequate, it is barely half of what FDA needs just to keep pace with inflation," Hubbard said in a statement. "The FDA's ability to fulfill its mission could be in serious jeopardy if additional increases aren't enacted. This proposed budget would likely force the agency into further staff decreases, at a time when it is urgent to increase staff."

Don Kennedy, former FDA commissioner and editor-in-chief of the journal Science, said that "FDA

can't improve its science, prepare for the future, or protect American consumers without significant additional resources."

"The administration and Congress are starting now on the FDA's FY 2009 budget and must fix this critical problem," Kennedy said in a statement.

Rep. John Dingell (D-Mich.), chairman of the House Committee on Energy and Commerce, said the increase is inadequate.

Last week, the Energy and Commerce Subcommittee on Oversight and Investigations held a hearing where members of the FDA Science Board presented a report that found FDA to be unable to fulfill its regulatory functions.

"As we heard in last week's hearing, the FDA's mission is now at risk, which means the health and safety of the American people is also at risk," Dingell said in a statement.

Separately, Dingell and chairmen of three Energy and Commerce subcommittees asked Gail Cassell, chairman of the Science Board Subcommittee on Science and Technology, to assess whether the budget proposal would provide the resources needed to correct the problems listed in the report.

"We further request that the subcommittee provide the specific funding levels necessary to address the findings of your Science Board and enable the agency to fulfill its vitally important public health mission," the House members said in a letter dated Feb. 4.

Though the subcommittee of the Science Board was disbanded after submitting its report, the House members requested that Cassell "convene any available members from the subcommittee to consider this request on an informal basis," states the letter signed by Dingell, as well as Henry Waxman (D-Calif.), chairman of the Committee on Oversight and Government Reform, Bart Stupak (D-Mich.), chairman of the Energy and Commerce Subcommittee on Oversight and Investigations, and Frank Pallone (D-N.J.), chairman of the Energy and Commerce Subcommittee on Health.

Earlier this week, Dingell praised the agency for abandoning its plan to close its field laboratories.

"FDA's ill-conceived plan to take resources out of the field and concentrate them in Washington was a bad idea from the start," Dingell said. "I am pleased that FDA listened to it the recommendations of it employees and, finally, to the serious concerns my Congressional colleagues and I have repeatedly expressed. At a time when ensuring the safety of our food and drug supply seems increasingly difficult for FDA, closing field labs and eliminating the positions of skilled and dedicated employees makes no sense.

"It's a shame that Congress had to pass legislation to make this misguided strategy unlawful," Dingell said. "Though it's encouraging that the field offices will remain open, concerns that FDA does not have the capacity necessary to fulfill its mission and comply with current regulations persist. Without question, our vigorous oversight of FDA activities will continue."

The agency's budget documents are posted at http://www.fda.gov/oc/oms/ofm/budget/documentation.htm.

Professional Societies:

UICC Begins Campaign Against Second-Hand Smoke

The International Union Against Cancer (UICC) launched a global initiative to protect children from second-hand smoke.

According to the World Health Organization, almost half of the world's children—or 700 million—regularly breathe air polluted by tobacco smoke.

"Prevention is the most effective and cost-effective way to respond to the rapid rise we see in cancer cases and deaths worldwide," said Franco Cavalli, president of UICC. "This is the first principle of UICC's work in global cancer control and the reason behind 'Today's children, tomorrow's world,' our five-year cancer prevention campaign focusing on children and their parents. Tobacco is a clear case in point. We know there is no safe level of exposure to tobacco smoke."

The initiative, called "I love my smoke-free childhood," includes these messages for parents:

—Avoid smoking at home or in a car.

—Caution children to stay away from secondhand smoke and places that allow smoking.

—Teach children there is no safe level of secondhand smoke.

—Do not smoke while pregnant or near someone who is pregnant.

—Use a smoke-free daycare center.

—If you are a smoker, ask your doctor what you can do to stop.

—Become a role model for your child: do not smoke.

UICC released a report, "Protecting our children from second-hand smoke," available at www.uicc.org.

UICC announced a competition to design a universal "smoke free" sign for homes and cars. Individuals and creative agencies may apply. The winning artwork will be announced on May 5 and awarded US$5,000. For further details contact divino@uicc.org.

In the Cancer Centers:

Peter Shields Named Deputy At Lombardi Cancer Center

LOMBARDI COMPREHENSIVE CANCER CENTER made four appointments. **Peter Shields** was named deputy director. Shields, whose research is gene-environment interactions for cancer risk, with a strong emphasis on tobacco-related harm and also separately on breast cancer, has been associate director for population sciences and leader of the Cancer Genetics and Epidemiology Program for the past seven years. **Jeanne Mandelblatt** was named associate director for Population Sciences. Mandelblatt, a cancer control scientist who has worked for more than a decade in health services, health outcomes, cancer epidemiology, and cancer and aging research, has led the Cancer Control Program since 1999. **Christopher Loffredo** was named program leader of Cancer Genetics and Epidemiology. He is known for his work in cancer epidemiology and birth defects. **Marc Schwartz**, a genetic testing, cancer risk assessment scientist, will lead the Cancer Control Program. . . . **OHIO STATE UNIVERSITY** received a $10 million gift from Abercrombie & Fitch, the Ohio-based retailer, for the creation of two endowed funds: the Abercrombie & Fitch Women's Oncology Center Endowment Fund and the Abercrombie & Fitch Fund in Inflammatory Bowel Disease. The funds will support research and patient care initiatives in inflammatory bowel/digestive diseases at The Ohio State University Medical Center and in women's oncology at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and will split funding evenly between the two areas. The $5 million gift directed toward the Digestive Disease Center will be placed in permanent endowments for a chair in Inflammatory Bowel Disease/Digestive Disease and another to support faculty recruitment and research. The $5 million gift to the women's health initiative will be placed in a current use fund and a permanent endowment to support research and program expansion and treatment of women's malignancies in cancer, said **E. Gordon Gee**, president of the university. . . . **WILLIAM CARROLL** was named director of the NYU Cancer Institute after a brief tenure as acting director. Carroll is director of NYUMC's Stephen D. Hassenfeld Children's Center for Cancer and Blood Disorders and chairman of the Children's Oncology Group's ALL Committee. Carroll said he is working to expand the culture of collaboration at the NYU Cancer Institute to increase access to novel treatment protocols. The institute now groups NYU physicians into a dozen disease management groups to determine the best management for individual patients. A primary focus of these groups is to develop novel clinical protocols. . . . **NEW YORK-PRESBYTERIAN** Hospital and Weill Cornell Medical Center are collaborating to establish a cancer center. The center will be led by **Andrew Dannenberg**, the Henry R. Erle, M.D.–Roberts Family Professor of Medicine at Weill Cornell Medical College and gastroenterologist at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. The cancer program plans to improve its infrastructrure with additional lab space and shared resources, Dannenberg said. "In conjunction with the center, we have committed 10 new positions to recruit cancer biologists," said **David Hajjar**, senior executive vice dean and executive vice provost of Weill Cornell Medical College and dean of the Graduate School of Medical Sciences. . . . **MURALLI BEERAM** has joined the staff of South Texas Oncology and Hematology. Beeram, who treats all solid tumors but is especially focused on breast cancer, malignant melanoma and clinical trials of anticancer agents, was medical director of the breast cancer clinic at University of Texas Health Science Center and Cancer Therapy and Research Center. . . . **ZHI-WEI LI** was named principal scientist of the Cure Myeloma Project for the Institute for Myeloma and Bone Cancer Research, an independent, non-profit cancer research institute. Li was assistant professor of research at the Moffitt Cancer Center. The Cure Myeloma Project, a multi-year scientific research initiative, looks at genetic markers of myeloma and how proteins move when targeted, said **James Berenson**, director of the institute.

Obituary:

ARNOLD MITTELMAN, emeritus professor of surgery at Roswell Park Cancer Institute and the University of Buffalo, died Feb. 3 in Wilmington, De. He was 83.

Mittelman joined RPCI in 1961 as associate cancer research surgeon, later becoming assistant director of the General Clinical Research Center; and then chief of the Colorectal Service, Department of Surgical Oncology. He also was research associate professor of surgery at the University at Buffalo.

Mittelman conducted the first clinical trials of photodynamic therapy, pioneered by Thomas Dougherty, which led to the use of PDT worldwide for several types of cancers. He was a leader on many national cooperative groups including the Eastern Cooperative Oncology Group, where he was chairman of both the

Surgical Committee and the Lung Committee; the Gastrointestinal Study Group; National Prostatic Cancer Group; and the Phase I Study Group. He was one of only two clinicians who served as a program leader on the first RPCI Cancer Center Support Grant.

He helped found RPCI's Jurassic Society to help keep retired faculty involved with the institute. The name was a tongue-in-cheek reference to the institute's senior "dinosaurs." Originally a social group, the society evolved to sponsor an annual lecture series on a wide range of topics in the field of cancer.

"Arnie was one of the leaders here at Roswell Park for many years, and truly one of the smartest and thoughtful cancer doctors I have had the privilege to know," said Stephen Edge, chairman of breast surgery at RPCI. "Arnie and his wife, Edith, were the original translational researchers."

Mittelman's wife, Edith Sproul, was professor emerita of pathology at the University at Buffalo at the time of her death in 1999. She had collaborated with George Papanicolau at Cornell University Medical School in developing the Pap smear. They are survived by two daughters and several grandchildren.

In Brief:

NIH Director's Advisory Group Names Five New Members

NIH ADVISORY COMMITTEE to the Director selected five new members, who join 15 members of the council. **Mary Beckerle**, the Ralph E. and Willia T. Main Presidential Endowed Chair in Cancer Research and executive director of Huntsman Cancer Institute at the University of Utah; **Colleen Conway-Welch**, professor and dean of Vanderbilt University School of Nursing; **Walter Isaacson**, president and CEO of the Aspen Institute; **Thomas Kelly**, director of Sloan-Kettering Institute, Memorial Sloan-Kettering Cancer Center; and **Keith Yamamoto**, professor of cellular and molecular pharmacology and executive vice dean of the School of Medicine at the University of California, San Francisco. . . . **CARL DIEFFENBACK** was appointed director of the Division of AIDS of the National Institute of Allergy and Infectious Diseases. Dieffenback has been acting director of DAIDS since January, and had been acting principal deputy director of the division since July 2006. He joined NIAID in 1992 as chief of the Developmental Therapeutics Branch. His research interests have included host-virus interactions. . . . **BILL & MELINDA GATES** Foundation formed the Global Health Program Advisory panel. The panel joins the Global Development and United States Program advisory panels, providing counsel to the program areas of the foundation. Members will work directly with **Tachi Yamada**, president, Global Health Program, on strategies and evaluate results, but will not be involved in funding decisions of the foundation. GHP advisory panel members include: **Harold Varmus**, president and CEO of Memorial Sloan-Kettering Cancer Center and former director of NIH; **John Bell**, Regius professor of medicine at the University of Oxford and chairman of the Office for Strategic Coordination of Health Research for the U.K. National Health Service and the Medical Research Council; **Jay Naidoo**, chairman of the Global Alliance for Improved Nutrition and chairman of the Development Bank of Southern Africa and former South African minister of reconstruction and development; **Joy Phumaphi**, vice president of the Human Development Network at the World Bank and former minister of health of Botswana; **Sujatha Rao**, director general, National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India; and **Daniel Vasella**, chairman and CEO of Novartis AG.

Funding Opportunities:

RFA-TW-08-004: Revision Awards to Support AIDS-related Malignancies Research Training to Currently Funded AIDS International Training and Research Program Awards. D43. Letters of Intent Receipt Date: Feb. 29. Application Receipt Date: March 31. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-TW-08-004.html. Inquiries: Geraldina Dominguez, 301-496-3204; domingug@mail.nih.gov.

PA-08-083: The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery. R01. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-08-083.html. Inquiries: Vickie Shavers, 301-594-1725; shaversv@mail.nih.gov.

PA-08-084: The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery. R21. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-08-084.html

PA-08-085: The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery. R03. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-08-085.html.

RFP N02-RC-81005-74: Enzyme-Linked Immunoassays of Soluble Receptors, Antibodies and Immunoglobulin. Response Due date: March 4. Full text: http://www.fbodaily.com/archive/2008/01-January/20-Jan-2008/FBO-01488413.htm. Inquiries: Odessa Henderson, 301-435-3812; oh4o@nih.gov.

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