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Randomized Trial Finds Supplement Use Didn't Prevent Prostate Cancer After 5 Years

By Kirsten Boyd Goldberg

The Southwest Oncology Group is telling more than 35,000 men participating in a large prostate cancer prevention trial to stop taking the dietary supplements selenium and vitamin E, because no benefit for their use has been shown after a median follow-up of five and a half years.

The independent Data and Safety Monitoring Committee for the trial met on Sept. 15 to review study data and found that selenium and vitamin E, taken alone or together for an average of five years, did not prevent prostate cancer. The committee also calculated that it was unlikely the supplements would ever produce a 25 percent reduction in prostate cancer, as the study was designed to show.

The independent review of data from the NCI-funded Selenium and

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In the Cancer Centers:

Vanderbilt Receives SPORE Grant Renewal; Wash U. Wins Grant For Communications

VANDERBILT-INGRAM Cancer Center received a $12 million, five-year renewal from NCI of its Specialized Programs of Research Excellence in Breast Cancer, said **Carlos Arteaga**, professor of medicine and cancer biology and director of the Vanderbilt-Ingram Breast Cancer Research Program. The SPORE includes four initiatives focused on mechanisms of resistance to anti-estrogen therapy in hormone receptor-positive breast cancer, use of the p63/p73 signaling axis as a target for treatment of triple negative or basal-type breast cancer, investigation of cellular mechanisms of bone quality in patients with metastatic breast cancer, and determination of genetic predictors of progression to invasive breast cancer in patients with premalignant breast disease. The program brings together 15 co-investigators from seven departments. All three of the Vanderbilt-Ingram SPORE grants in breast, lung and GI cancer have now been renewed by NCI, said **Jennifer Pietenpol**, director of Vanderbilt-Ingram and a Breast Cancer SPORE researcher. . . **WASHINGTON UNIVERSITY** Brown School of Social Work Health Communications Research Laboratory received a five-year, $8.6 million NCI grant for three studies to test communication strategies for prevention, early detection and treatment of cancer in low-income populations. The grant establishes the HCRL as one of only five Centers of Excellence in Cancer Communication Research nationwide, said **Matthew Kreuter**, principal

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SELECT Follow-Up Continues; Results Called "Disappointing"

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Vitamin E Cancer Prevention Trial (SELECT) also showed two negative trends: a small increase in the number of prostate cancer cases among the participants taking only vitamin E and a small increase in the number of cases of adult onset diabetes in men taking only selenium. Neither trend was statistically significant.

SELECT participants are receiving letters explaining the review and telling them to stop taking their study supplements. The study will continue to monitor the health of participants for about three years to determine the long-term effects of the supplements. The study also will complete a biorepository of blood samples that will be used in molecular analyses.

During the follow-up, the participants will continue to be blinded about which supplement or placebo they received, to avoid unintentional bias and potentially false conclusions. However, if a participant asks, he will be told which supplement, if any, he received.

"SELECT was always designed as a study that would answer more than a single question about prostate cancer," said Eric Klein, a study co-chair for SELECT, and a physician at the Cleveland Clinic. "As we continue to monitor the health of these 35,000 men, this information may help us understand why two nutrients that showed strong initial evidence to be able to prevent prostate cancer did not do so."

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SELECT was designed to substantiate earlier findings from studies in which prostate cancer was not the primary outcome. A 1998 study of 29,133 male smokers in Finland who took vitamin E to prevent lung cancer showed 32 percent fewer prostate cancers in men who took the supplement. A 1996 study of 1,312 men and women with skin cancer who took selenium for prevention of the disease showed that men who took the supplement had 52 percent fewer prostate cancers than men who did not take the supplement.

Based on these and other findings, in 2001, men were recruited to participate in SELECT. They were randomly assigned to take one of four sets of supplements or placebos, with more than 8,000 men in each group. One group took both selenium and vitamin E; one took selenium and a vitamin E placebo; one took vitamin E and a selenium placebo; and the final group received placebos of both supplements. Trial accrual was completed in 2004.

"This is not what we were expecting," said Lori Minasian, NCI program director for the SELECT trial and chief of the Community Oncology and Prevention Trials Research Group in the Division of Cancer Prevention. "It's disappointing, because everybody was hoping that something relatively simple could be an effective means to prevent prostate cancer.

"What we can show, based on SELECT right now, is that taking 400 International Units of vitamin E or 200 micrograms of selenium will not prevent prostate cancer," Minasian said. "This is why we need to continue to do large randomized controlled trials.

"When large observational studies report their findings, they report associations," Minasian said. "Frequently the public doesn't understand the difference between association and causation. Randomized controlled trials are designed to answer the causation question, as best as we understand it."

The study also took extensive steps to assure that the supplements given in the study contained active, pharmaceutical-grade ingredients. Selenium and vitamin E available in stores is of variable quality and composition, since dietary supplements aren't regulated by FDA.

"We have heard many criticisms in the past about abundant epidemiology studies that show benefit, and then the randomized controlled trials come out negative," Minasian said. "Yet, the randomized controlled trials are very important, because when somebody hears that vitamin E is good to prevent prostate cancer, they don't increase their food content of vitamin E, they buy vitamin E and take it. And that's what we do, we replicate

that behavior in a randomized controlled trial."

Purveyors of dietary supplements are questioning the composition of the supplements used in the study. Cypress Systems Inc., of Fresno, Calif., issued a press release Oct. 29 arguing that the selenium the company produces for its product called SelenoExcell contains "high-selenium yeast," while the selenium used in the trial was selenomethionine.

"Clearly we believe that the SELECT trial should have included the standardized high-selenium yeast, which has been found effective in reducing cancer risk in animal studies and human clinical trials," said Paul Willis, CEO and president of Cypress Systems. The press released cited several laboratory and epidemiology studies, which are posted on the company's website.

In 2003, while SELECT was recruiting men, a different SWOG-sponsored study reported that the drug finasteride reduced the incidence of prostate cancer by 25 percent. SELECT participants were informed and allowed to take finasteride. Finasteride has not yet been approved by FDA for prostate cancer prevention.

"Finding methods to prevent and treat prostate cancer remains a priority for the NCI, and with the aid of new molecular diagnostic tools and applications, we hope to continue to make headway in reducing deaths and new cases of this disease," said NCI Director John Niederhuber. "The science of cancer prevention is also leading toward individualized, molecular prevention, in which we will calculate risk and design preventive steps based on an individual's genome."

NCI awarded SWOG $114 million for SELECT between 1999 to 2008. The trial also received $4.5 million from the National Center for Complementary and Alternative Medicine. An NCI-funded substudy is looking at the effects of the supplements on men who developed colon polyps.

The National Heart, Lung and Blood Institute provided more than $3 million for the Respiratory Ancillary Study, to understand whether supplements being studied in SELECT impact the loss of lung function experienced with aging, which is higher in smokers. This study closed to accrual in 2007.

The National Institute of Aging provided almost $7 million for the Prevention of Alzheimer's Disease with Vitamin E and Selenium trial. This trial is evaluating whether the supplements can help prevent memory loss and dementia.

The National Eye Institute provided almost $2 million for the SELECT Eye Endpoints Study to find out whether the supplements prevent age-related macular degeneration and cataracts.

NCI's budget difficulties played no part in the decision to end the intervention, Minasian said. "This decision was made purely on a scientific and ethical basis," she said. "You don't want to expose the participants to the agent if there's no potential benefit. SWOG and NCI are committed to additional follow-up."

SELECT investigators will submit the analysis for publication in a peer-reviewed medical journal.

"The SELECT trial owes a tremendous debt to our volunteers, the thousands of men who offered their time and enthusiastic participation, all in the interest of a future when prostate cancer can be prevented," said SWOG Chairman Laurence Baker.

An NCI fact sheet on SELECT is posted at http://www.cancer.gov/newscenter/pressreleases/SELECTQandA.

NIH News:

Panel Calls For Large RCTs Of Hepatitis B Therapies

A panel convened by NIH strongly recommended that the institutes support large randomized trials of therapies for hepatitis B, including placebo-controlled trials, testing single drug and combination therapies' effects on liver failure, cancer, and death.

The Consensus Development Panel, in a statement released Oct. 22, also proposed representative prospective cohort studies to define the natural history of hepatitis B to optimize management across diverse patient subgroups. This would also help decide which patients are most in need of immediate therapy and which could be carefully followed without drug therapy.

Management of hepatitis B is a challenge for physicians and patients due to an incomplete understanding of the disease course, complex treatment indications, and the lack of large studies focusing on important health outcomes. To examine these issues, NIH convened an independent, impartial panel to weigh the available evidence on the management of hepatitis B.

While more than 95 percent of U.S. children are routinely vaccinated for hepatitis B, the vaccine does not protect individuals already infected with the virus. In unprotected individuals, acute infection with the hepatitis B virus is usually resolved by the body's immune system and does not cause long-term problems. The transition from acute to chronic infection appears to occur when the immune system does not effectively destroy and clear virus-infected cells. Chronic HBV

infection is a major cause of cirrhosis and hepatocellular carcinoma.

There are seven antiviral therapies approved by FDA for use in fighting chronic hepatitis B infection including interferons and nucleos(t)ides.

"We know that these therapies have positive effects on indicators such as viral load, but further controlled trials are needed to substantiate that these agents prevent disease progression to liver failure, cancer, or death," said panel chairman Michael Sorrell, professor of medicine at the University of Nebraska Medical Center.

The panel said it is encouraged by the National Institute of Diabetes and Digestive and Kidney Disorders' plans to launch the Hepatitis B Clinical Research Network to promote translational research on this challenging condition. It is anticipated that the recommendations in the consensus statement will inform the consortium's research agenda.

The panel identified elevated hepatitis B DNA blood levels and elevated levels of ALT (alanine aminotransferase, a liver enzyme) as the most important indicators for progression to cirrhosis and liver cancer (hepatocellular carcinoma). Older age, male sex, family history of liver cancer, coinfection with hepatitis C or HIV, and elevated blood levels of hepatitis B DNA were also found to be key predictors.

The panel recommends routine hepatitis B screening for newly arrived immigrants from countries where hepatitis B prevalence is greater than two percent. These practices are intended to facilitate access to care for infected individuals and their families and to provide valuable data on disease prevalence, not to exclude immigrants in any way.

The panel recommends therapy for certain patients, including those with acute liver failure and complications from cirrhosis. However, immediate therapy is not indicated for patients with inactive forms of the disease.

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

The 12-member conference panel included experts in the fields of hepatology and liver transplantation, gastroenterology, public health and epidemiology, infectious diseases, pathology, oncology, family practice, internal medicine, biostatistics, and a public representative.

In addition to the material presented at the conference by speakers and the input from conference participants provided during discussion periods, the panel considered research from the published literature and the results of a systematic review of the literature. The systematic review was prepared through the Agency for Healthcare Research and Quality Evidence-based Practice Centers program, by the Minnesota Evidence-based Practice Center. The evidence report on management of hepatitis B is available at http://www.ahrq.gov/clinic/tp/hepbtp.htm.

American Cancer Society:

ACS Awards $54 Million For 116 Research Grants

The American Cancer Society has awarded 116 national research and training grants totaling more than $54 million in the first of two grant cycles for 2009.

The grants are the first under a new realignment that created six major program areas in research and training. All of the grants go into effect Jan. 1.

"These grants reflect the best and brightest ideas in cancer research," said Elmer Huerta, ACS national volunteer president. "The American Cancer Society's Research and Training Program has invested over $3.3 billion in cancer research, much of it focusing on the work of promising new investigators, since its inception in 1946. During this time, we have funded 42 researchers, primarily early in their careers, who have gone on to receive the Nobel Prize. We fully expect that the ideas and innovations arising from these new grants will continue that legacy."

Below are some highlights of the newly awarded grants:

American Cancer Society Research Professors

—Patrick Moore and Yuan Chang, University of Pittsburgh, will use powerful technology, some of which was invented in their joint laboratory, to search for newly identified viruses and related human tumors, including the aggressive skin cancer merkel cell carcinoma, Karposi's sarcoma, and Epstein-Barr virus.

—Wafik El-Deiry, University of Pennsylvania, will focus on improving colon cancer and liver cancer patient survival through a better understanding of drug resistance during therapy, hoping to identify a combination drug therapy that prevents cancer cells from becoming drug resistant.

Molecular Genetics and Biochemistry of Cancer

—Kevin Fiala, Harvard University, will research DNA repair pathways that are capable of effectively preventing cancer formation after DNA has been mutated because of chemicals in the environment.

Cancer Cell Biology and Metastasis

—Jana Lewis, Vanderbilt University, proposes to develop drugs targeting a specific component of a signaling pathway thought to be critical for the growth of tumor blood vessels.

—Kris DeMali, University of Iowa, will examine how a unique protein known as vinculin helps hold cells tightly together and prevents them from invading and metastasizing. Her reasoning is that understanding how cells adhere to one another will uncover novel mechanisms that can be targeted to develop more effective chemotherapeutics.

Preclinical and Translational Cancer Research

—Sonia Wennier, University of Florida, is studying the adaptation of a rabbit pathogen, myxoma virus, as a highly innovative treatment for pancreatic cancer.

—Jeffrey Engleman, Massachusetts General Hospital, is studying specific combinations of targeted drugs to either re-establish drug effectiveness or prevent the development of resistance in lung and breast cancer.

Clinical Cancer Research and Immunology

—Rutao Cui, Loyola University, Chicago, is studying UV-induced melanogenic responses, which may provide significant new insights into the prevention of melanoma.

—Susanna Greer, Georgia State University, is investigating new mechanisms of regulation of proteins involved in the induction of anti-tumor immune responses which will provide important new insights for development of tumor vaccines.

—Sonia de Assis, Georgetown University, is studying whether in utero exposure of pregnant rats to estrogens or a high fat diet result in mammary cancer in their offspring, and in subsequent generations.

Cancer Control and Prevention Research

—Wong, Yu-Ning, Fox Chase Cancer Center, will examine the impact of cost sharing, including co-payments, caps on coverage, and deductibles, on patient's choices and decisions to take or continue with prescribed drugs, and the related outcomes (including side effects such as nausea) and clinical outcomes of such decisions.

—Stanley Ridner, University of Louisville, will examine the impact of smoke-free laws on young adults' exposure to marketing activities in night clubs and bars. He will compare young adults in three communities: one that has no law prohibiting smoking; another that has a weak law; and a third that has a strong comprehensive smoking ordinance.

—Donna Zhukovsky, University of Texas MD Anderson Cancer Center, will examine symptoms children report and determine how close these are to symptoms reported by the adults. The overall goal is to improve communication about symptoms and what they mean to the child and to the treating physician so that these can be taken into consideration during treatment.

—Michael Potter, University of California, San Francisco, will examine whether if offering colorectal cancer screening during visits to a flu shot clinic can be an effective way to increase screening rates.

Grant applications are ranked on the basis of merit by one of several discipline-specific Peer Review Committees, each of which includes 12 to 25 scientific advisors or expert peers. The Council for Extramural Grants, a committee of senior scientists, recommends funding based on the relative merit of the applications, the amount of available funds, and the Society's objectives. No member of the American Cancer Society's Board of Directors or National Assembly may serve on a Peer Review Committee or as a voting member on the Council for Extramural Grants.

The Council for Extramural Grants also approved 50 research grant applications that could not be funded due to budgetary constraints. These "pay-if" grants represent work that passed the Society's multi-disciplinary review process but go beyond the Society's current funding resources, and which will be funded if additional monies become available.

"These grants serve as an important reminder that there continues to be promising research we would like to fund but cannot with our current resources," said Huerta.

Professional Societies:

ASCO, Komen Launch Initiative To Address Disparities In Care

The American Society of Clinical Oncology and Susan G. Komen for the Cure have begun the Komen/ASCO Diversity in Oncology Initiative, a program to diversify the population of oncologists practicing in the U.S. and improve access to and quality of cancer care for people living in medically underserved areas.

"A multi-ethnic physician workforce brings increased cultural competency to the medical field, as well as increasing the trust and comfort level of patients," said Derek Raghavan, co-chairman of ASCO's

Health Disparities Advisory Group and director of the Cleveland Clinic Taussig Cancer Institute. "To improve clinical care to underserved groups, we must target recruitment efforts to oncologists from these same populations."

Recent research has also highlighted the importance of diversity in medical schools. A study published recently in the Journal of the American Medical Association reported that students who attend medical schools with an ethnically diverse population are better prepared to care for a diverse patient population. The need for culturally competent providers is especially urgent for cancer patients, since cancer incidence and mortality is significantly higher among minorities than their white counterparts.

In its first two years, the Komen/ASCO Diversity in Oncology Initiative will provide more than $350,000 in funding for three programs:

—The Komen/ASCO Loan Repayment Program will repay up to $70,000 in medical educational debt to selected doctors who have completed an oncology fellowship training program and commit to practicing clinical oncology for two years in a medically underserved region of the U.S.

—The Komen/ASCO Medical Student Rotation will provide eight- to 10-week clinical or clinical research rotations in oncology for U.S. medical students. Students will be matched with a mentor, a clinical oncologist who will provide ongoing academic and career guidance to the student.

—The Komen/ASCO Resident Travel Award will provide financial support to eligible residents enrolled in an Internal Medicine residency program to participate in the ASCO annual meeting. Awardees will be matched with a clinical oncologist mentor in advance of the meeting.

Applicants for the Medical Student Rotation and Resident Travel Award must be a member of a racial or ethnic population that is underrepresented in the field of medicine relative to their numbers in the general population. Races/ethnicities identified include but are not limited to: American Indian/Alaska Native, Black/African American, Hispanic/Latino, and Native Hawaiian/Pacific Islander. Applicants for the loan repayment program can be U.S. citizens from any ethnic background committed to working for two years in a medically underserved area.

"The overall goal of the Diversity in Oncology Initiative is to increase the recruitment and retention of an ethnically diverse population to an oncology career," said Otis Brawley, co-chairman of ASCO's Health Disparities Advisory Group. "Long term, we want to diversify the oncology workforce and encourage more top oncologists to work with patients in underserved communities or pursue careers in health disparities research."

"Komen for the Cure's comprehensive effort to address breast cancer mortality goes beyond educating oncologists in medicine. With ASCO, we're working to develop a new generation of uniquely qualified cancer professionals who are able to treat cancer with skill while including all patients as worthy partners in the healing journey," said Susan G. Komen for the Cure President and CEO Hala Moddelmog.

ASCO formed its Health Disparities Advisory Group in 2003 to develop programmatic and policy solutions to reduce disparities in cancer care.

"Many issues contribute to disparities in health care in the United States, including lack of access to health care, lack of health insurance, poverty, language and literacy barriers, and low expectations of the result of cancer treatment, doctors, and the health care system," said ASCO President Richard Schilsky. "Through this initiative, ASCO hopes to further improve cancer care for these underserved populations."

Further information is available at www.ascocancerfoundation.org/diversity.

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AMERICAN SOCIETY for Therapeutic Radiology and Oncology named **Peggy Wiederholt** inaugural winner of the ASTRO Nurse Excellence Award, which is presented to a registered nurse who goes above and beyond the normal standards of nursing practice. She is head and neck oncology nurse coordinator at the University of Wisconsin Hospital and Clinics Carbone Comprehensive Cancer Center in Madison. She has worked in the UW System for 25 years, the last five of which were in the Radiation Oncology Department. Wiederholt received her award, a $1,000 grant, at the ASTRO annual meeting Sept. 21 in Boston. ASTRO also made two additions to its staff. **Barbara Muth** is director of research and **Jennifer Frazier** is health policy analyst. Muth was research manager with the American Red Cross. Frazier completed a fellowship at NCI in health communications. . . . **AMERICAN SOCIETY** of Clinical Oncology and The 2008 Tour of Gymnastics Superstars, current and former Olympic Champions, are working together to promote cancer awareness and cancer education by encouraging the use of the ASCO patient Web site, Cancer.Net. The 37-city tour runs through Nov. 16. The tour will highlight ASCO, the ASCO Cancer Foundation, and Cancer.Net.

Science Policy:

Report Advises Candidates On Key Science Positions

The National Academies sent a report to John McCain and Barack Obama with suggestions on filling key science appointments after the election, for whomever is elected president.

Issued by the independent National Academy of Sciences, National Academy of Engineering, and Institute of Medicine, the report lists about 80 high-level science and technology appointees who will be crucial in advising the new president on issues that range from energy to health care to economic growth.

The report also urges members of the scientific community to serve in these positions, and suggests ways to make it more attractive for well-qualified people to do so.

"The new administration and the nation will need exceptionally able scientists, engineers, and health professionals to serve in the federal government," said John Edward Porter, chairman of the committee that wrote the report, a former congressman from Illinois, and a partner at Hogan and Hartson in Washington, D.C. "We hope that scientists and engineers will welcome this opportunity to bring fresh ideas and new energy to our nation's agenda, and we hope that Congress and the incoming president will reduce the obstacles to attracting the best and brightest people to these jobs."

Immediately after the election, the president-elect's highest S&T priority should be to select a confidential adviser on science and technology, who will help identify and recruit the best candidates for key appointments, participate in budget decisions for fiscal years 2009 and 2010, and provide guidance in the event of a crisis, the report says.

This adviser should be appointed the assistant to the president for science and technology promptly after the inauguration, and nominated as the director of the White House Office of Science and Technology Policy. The director should be included in cabinet discussions about the scientific and technological aspects of broader policy decisions.

The report recommends that the president and Senate accelerate appointments for S&T leadership to reduce the personal and financial burdens on nominees and allow positions to be filled swiftly.

The report, "Science and Technology for America's Progress: Ensuring The Best Presidential Appointments In The New Administration," is available at http://www.nap.edu/catalog.php?record_id=12481.

In the Cancer Centers:

Ratain Honored For Work In Pharmacogenomics

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investigator and director of the HCRL. The research will include the participation of local partners: the United Way of Greater St. Louis, Missouri Department of Health and Senior Services and Missouri Foundation for Health. One of the studies involves research with the American Cancer Society on the effects of a national cancer news service for minority-serving media. . . **MARK RATAIN** is the recipient of the Award for Clinical Service by the Institute for Pharmacogenomics and Individualized Therapy at the University of North Carolina at Chapel Hill. Ratain is the Leon O. Jacobson Professor of Medicine, chairman of the Committee on Clinical Pharmacology and Pharmacogenomics and associate director for clinical sciences, Cancer Research Center at the University of Chicago. "Dr. Ratain's work with the University of Chicago has shown us a clear model for understanding how anticancer drugs work in real patients," said Howard McLeod, director of IPIT. "The ultimate goal of Dr. Ratain's research is to help tailor medicines to a person's unique genetic make-up, which should ultimately make medicines safer and more effective for everyone." Ratain has been chairman of the Pharmacology and Experimental Therapeutics Committee of the Cancer and Leukemia Group B for the past 14 years. . . . **HAROLD MOSES**, professor of cancer biology and director emeritus of Vanderbilt-Ingram Cancer Center, was designated a national associate, an honorary title given in recognition of extraordinary service to the National Research Council of the National Academy of Sciences and the Institute of Medicine. Membership in this group is offered as a lifetime appointment. Moses is founding director of Vanderbilt-Ingram and director of the Frances Williams Preston Laboratories. He is known for research on the transforming growth factor-beta family of growth regulatory peptides. . . . **ARNOLD POTOSKY** was named director of health services research at Lombardi Comprehensive Cancer Center. He will design and develop the Georgetown Database of Cancer. The G-DOC will combine clinical information from patients in clinical trials with molecular characteristics of their cancer, providing a basis for personalized medicine and a tool for target discovery and drug development. He was NCI program director for the Cancer Care Outcomes Research and Surveillance Consortium, a national study of 10,000 lung and colorectal cancer patients. Potosky,

who holds a doctorate in health services research and a masters in health finance and management from the Johns Hopkins University Bloomberg School of Public Health, had been at NCI for 21 years. . . . **JING CHEN** received a four-year, $720,000 award from the American Cancer Society for research on drug targets in multiple myeloma. Chen is an assistant professor of hematology and medical oncology at Emory University School of Medicine and Emory Winship Cancer Institute. . . . **DEBORAH GAC** was appointed senior vice president of human resources at City of Hope. She was executive director of human resources operations at Scripps Health in San Diego. . . . **OHIO STATE UNIVERSITY** James Cancer Hospital & Solove Research Institute recruited **Ritu Salani** and **Eric Eisenhauer** to its Division of Gynecologic Oncology. Salani completed her residency in gynecology and obstetrics at Emory University School of Medicine and her fellowship in gynecologic oncology at John Hopkins Medical Institutions. Eisenhauer completed his residency in gynecology and obstetrics at the Brigham and Women's Hospital and the Massachusetts General Hospital. He completed his gynecologic oncology fellowship at the Memorial Sloan Kettering Cancer Center. . . . **UNIVERSITY OF FLORIDA** College of Dentistry received a five-year, $5.3 million NIH grant for a multidisciplinary center for research on reducing disparities in head and neck cancer survival through prevention and early detection in low-income, minority men. The successful grant application was the result of collaboration with professional associations and collaborative groups, including Florida A&M University, Alachua County Organization for Rural Needs and regional ministerial networks, said Henrietta Logan, professor at the College of Dentistry and director of the multidisciplinary center. Although the center is located in Gainesville, programs will extend to satellite clinics and rural locations throughout the state.

Funding Opportunities:

SAIC-Frederick Seeks Contract Manufacturing Organization

RFI Notice: 29XS062: SAIC-Frederick Inc. seeks a qualified contract manufacturing organization to economically design and fabricate a prototype block realignment device for a rotary microtome or cryostat to realign mounted/embedded histological samples on a rotary microtome or cryostat. Further information will be available once a non-negotiable, Non-Disclosure Agreement has been executed with SAIC-F. Inquiries: Howard Souder Jr., souderhr@mail.nih.gov.

NIH Roadmap Initiatives

RFA-RM-09-001: 2009 NIH Director's Pioneer Award Program. DP1. Application Due Date: May 15. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-RM-09-001.html. Inquiries: Ravi Basavappa, 301-594-0828; pioneer@nih.gov.

RFA-RM-09-003: 2009 NIH Director's New Innovator Award Program. DP2. Application Due Date: May 27. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-RM-09-003.html. Inquiries: Richard Okita, 301-594-4469; newinnovator@nih.gov.

NOT-RM-09-002 RFI: Soliciting Input on Current Needs in the NIH Roadmap Molecular Libraries and Imaging Initiative. Response Due date: Dec. 21. Full text: http://www.grants.nih.gov/grants/guide/notice-files/NOT-RM-09-002.html. Responses must be submitted electronically at http://www.surveymonkey.com/s.aspx?sm=J_2bPeeAJGrRWM3l3_2fN4TDKw_3d_3d. Inquiries: Scott Jackson, 301-496-9123.

NCI Initiatives

RFA-CA-09-502: Cancer Disparities Research Partnership Program: Limited Competition. U54. Letters of Intent Receipt Date: Nov. 22. Application Receipt Date: Dec. 22. Full text: http://www.grants.nih.gov/grants/guide/rfa-files/RFA-CA-09-502.html. Inquiries: Rosemary Wong, 301-496-9362; wongr@mail.nih.gov.

NOT-CA-09-002: Announcement of Participation of NCI on RFA-NR-09-002, Centers of Excellence in Symptom Management or Centers of Excellence in Health Promotion/Disease Prevention. P30. Full text: http://www.grants.nih.gov/grants/guide/notice-files/NOT-CA-09-002.html. Inquiries: Ann O'Mara, 301-496-8541; omaraa@mail.nih.gov.

NOT-CA-09-004: Tissue Microarrays Available for Investigations of Prognostic Breast Cancer Biomarkers. Full text: http://www.grants.nih.gov/grants/guide/notice-files/NOT-CA-09-004.html. Inquiries: Tracy Lively, 301-496-1591; livelyt@mail.nih.gov.

RFP NCI-90009-KM: 7900HT Instrument, TaqMan Low Density Arrays chips, reagents and robotics. Full text: http://www.fbodaily.com/archive/2008/10-October/29-Oct-2008/FBO-01696869.htm. Inquiries: Karri Mares, 301-435-7774; maresk@mail.nih.gov.

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