THE CANCER LETTER

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After 30 Years As NCI-Designated Center, Vermont Cancer Center Loses Core Grant

By Paul Goldberg

Nov. 30 will be the last day for the Vermont Cancer Center to ask NCI to renew its designation as a comprehensive cancer center.

The center will let that deadline pass.

Filing an application would have been futile, said Bernard Levin, a cancer prevention expert who came to the center as a consultant and agreed to serve as interim director for a few months.

"I had to deliver a tough message," said Levin, former vice president for cancer prevention and population sciences at M.D. Anderson Cancer Center. "I came there to tell the faculty and administration that this is not

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Capitol Hill:

House Committee Probes NCI $5.2 Billion Sole-Source Contract With SAIC-Frederick

By Kirsten Boyd Goldberg

A House committee is investigating a $5.2-billion contract recently awarded by NCI on a non-competitive basis to a subsidiary of Science Applications International Corp. for technical support at the NCI-Frederick research center at Ft. Detrick, Md.

In a letter to NIH Acting Director Raynard Kington, dated Nov. 12, the House Committee on Energy and Commerce and its Oversight and Investigations Subcommittee asked for detailed information about the contract, awarded to SAIC-Frederick Inc.

The letter also asks why the institute didn't allow other firms to compete for the contract, which is the largest award by the Department of Health and Human Services to a private company.

The letter was signed by Reps. John D. Dingell (D-Mich.), chairman of the Committee on Energy and Commerce, Joe Barton (R-Tex.), ranking member of the committee, Bart Stupak (D-Mich.), chairman of the Oversight and Investigations Subcommittee, and John Shimkus (R-Ill.), ranking member of the subcommittee.

"In these difficult economic times, the American people expect close oversight of their taxpayer dollars," said Barton. "I am curious why the National Cancer Institute decided to pursue a sole-source contract worth over $5.2 billion to perform work that has historically been competed. It is also curious why the NCI went out of its way to telegraph its intentions just days before the intended awardee's parent company went forward with an IPO.

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Lack Of Support, Leadership Led To Center's Downhill Slide

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going to work. They didn't need to spend time, money, and effort to try and submit a renewal they would have been ashamed of."

The center's infrastructure—particularly its clinical and translational research programs—no longer merits the prestigious designation it held for three decades, Levin said.

It's not as though a tsunami gathered suddenly in the frigid waters of Lake Champlain to overwhelm the Burlington-based cancer center. The "matrix" center, affiliated with the University of Vermont and the non-profit Fletcher Allen Health Care, was warned repeatedly about the lack of institutional commitment, the lack of authority of the center director, and problems in the clinical research programs.

"If you go back and look at the letters from the external scientific advisory board from 10 years ago or 12 years ago, you'd see the same recommendations over and over," said Jerome Yates, chairman of the advisory board and vice president of research at the American Cancer Society. "Basically, the problem was that they needed strong clinical leadership, and they didn't have it."

The center's last permanent director, David Yandell, who stepped down in October 2006, was unable to pierce through institutional politics and attain the level of authority NCI expects to be afforded to center directors.

NCI usually gives ample warning to centers before pulling designation, stating prospectively what needs to improve, and most centers take these warnings seriously enough to make changes. The last institution to lose NCI designation was the Valhalla, N.Y.,-based Institute for Cancer Prevention, which drained $5.7 million from its NCI accounts and spent some of it to establish a beautifully appointed but sparsely used office on Fifth Avenue (The Cancer Letter, Oct. 1, 2004).

"This is a classic case of a matrix cancer center needing to have strong physician leadership to allow it deal with problems with both the medical school and the hospital," said Yates, who served as the center's director for cancer control from 1974 to 1982. "The lesson to be learned here is that you need strong leadership on the clinical side to allow you to deal with the problems with the medical school and the hospital, and that was one of the major problems there. In matrix centers, some department chairs don't want to lose control of resources to cross-departmental research. That's a very destructive tendency."

Yandell, a cancer geneticist, was asked by a dean to "step up" to the center director's job in 1995 as a battlefield commission, after a previous director was fired. Then 39, Yandell had come to Vermont from Harvard less than a year earlier.

He accepted reluctantly, and stayed on for a dozen years, taking the center through two successful cycles of review.

From the outset, the center's challenges were anything but mystery. Cancer centers have to change institutional culture and foster movement of discoveries from the lab to the clinic, and go beyond the institution's walls into population sciences and fostering collaborations with pharmaceutical companies.

Year after year, the center's advisory board restated the same concerns. But as board visits became increasingly contentious, the institution wasn't addressing the problems. At one point, board members refused to come to the center, because no changes were being made. On another occasion, the board resigned en masse.

Since Yandell is a basic scientist, hospital and clinical leadership were resistant to his involvement in decision-making and clinical recruitment. This problem, too, was noted repeatedly by the board. One solution backed by the board and NCI was to hire a clinician as deputy director who would have authority over clinical services.

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However, Yandell lacked authority to draft the job description for the chief clinician and move forward with recruitment.

Over three years, starting in 2000, the UVM medical school dean died of cancer and the hospital CEO was indicted and ultimately ended up in federal prison.

"We were desperately trying to recruit to strengthen our research programs and bring in a deputy director," Yandell said. "At times, when we had interim leadership of the hospital, university, medical school, and interim chairs of medicine and surgery, it was just extremely difficult to close the deal."

In July 2005, with the renewal application looming, Yandell went to NCI and discussed the situation with Cancer Centers Branch head Linda Weiss and Ernest Hawk, then director of the NCI office that oversaw the centers program. "I said, 'I have so much instability that I can't recruit,'" Yandell said. "NCI really did get it, and they proposed that we think about requesting an administrative extension to allow needed recruitments to become final."

In September 2005, Weiss and Hawk made a site visit to Burlington, talked with the center's advisory committee, and reviewed its reports.

Giving the center an opportunity to fix the problems, the institute granted a year-long extension and continued to provide full support.

Yandell saw this crisis as an opportunity to get everybody to agree on goals and establish a timeframe for bringing the center up to NCI standards. As the NCI extension kicked in, top officials from the center, the university, and the hospital signed a seven-page letter of commitment listing goals and deadlines. The letter, dated Dec. 19, 2005, was signed by UVM President Daniel Fogel as well as John Evans, then dean of the College of Medicine, Melinda Estes, president and CEO of Fletcher Allen, John Bramley, UVM provost, and Yandell.

The letter was circulated to external advisory board members and within NCI and the Vermont institutions. A copy of the document was obtained by The Cancer Letter.

"There was a clear theme as to what needed to happen," Yandell said. "At that time, we agreed that we would need about two years to fix things, with an interim review after the first year."

University and hospital administrators made an effort to address some concerns, Yandell said. However, one key problem, coming up with a clear job description for a deputy director who would link clinical oncology services with VCC leadership, wasn't resolved.

"I didn't have the authority to do it," said Yandell. "Because of the way the institution is structured, this has to be done between the hospital and medical school leadership."

A year earlier, a strong candidate for the position had declined to take a job that lacked description, Yandell said.

Hiring a development director and consolidating fundraising for the center continued to be a problem, too. "For as long as I was director, we were trying to consolidate cancer development under one umbrella," Yandell said. "To me, it wasn't about money. It was an indication of institutional commitment to the center and about a clear message to our community that we have a center of excellence in cancer that bridges the hospital and medical school."

In February 2006, Yandell concluded that progress was lagging. In April, he told the dean that he would step down as center director and return to his former job on the faculty.

"It was an effort to move things forward," Yandell said. "I was very hopeful that my stepping down would leverage a commitment to a new director that would be adequate to move the place forward. The best thing I could do for the cancer center was to try to initiate a process where they would need to recruit someone else and make the commitments to that person. They would have the opportunity to recruit a clinician, if that was what they felt they actually needed."

After learning about Yandell's resignation, the external advisory board resigned.

"I asked them to come back, because their guidance was still essential," Yandell said. "We agreed with NCI that the board would review progress along with NCI reviewing our progress. Some of them came back on, but some didn't."

Yandell's resignation was announced to the public in late summer, and he left the job at the end of September.

NCI gave the center another year-long administrative extension, as it usually does when leadership changes before a grant deadline.

Meanwhile, deans at the medical school changed again, and a new interim dean, a family practitioner, took on the additional title of interim director of the cancer center. Deadlines continued to be missed.

The current medical school dean, Frederick Morin, appears to have taken the center's problems seriously as soon as he arrived in late 2007. Of course, NCI communicated its concern by eliminating its entire core grant, $1.3 million, of which $861,000 covered direct

costs. The center was allowed to keep the designation through Dec. 1.

Morin, who declined to speak with The Cancer Letter, first approached Levin to ask for his assistance.

However, Levin said that he didn't want to tackle the job alone, and asked David Hohn, president emeritus of Roswell Park Cancer Center, to help him evaluate the center and, if necessary, deliver the bad news. Morin, formerly the interim vice president for health affairs at the University at Buffalo and interim dean of the UB School of Medicine and Biomedical Sciences, had worked with Hohn in Buffalo.

Levin and Hohn concurred with the message that had been repeated for a over decade and saw no alternative to accepting the loss of NCI designation.

"That was the right recommendation," said Irwin Krakoff, former director of the cancer, who put together Vermont's fist NCI core grant application, funded in 1978. "They don't have the clinical research to bolster a renewal application, and I think it's better not to apply than to apply and be shot down." Krakoff, former head of the division of medicine at M. D. Anderson, lives part time in Vermont and serves on the center's advisory board.

"I think the good thing is that everyone in sorrow came together and said we now know we have a problem, let's try to find the solution," Levin said. "Let's aim for something better in the future."

A search for a new director has identified two finalists, sources said. In an interview with Burlington Free Press, Morin said that the center's new director will be given $15 million to $20 million over the next five years.

This is a modest sum for an institution trying to apply for the comprehensive cancer center designation. Insiders estimate that the Vermont center needs to hire at least six new clinicians, three population scientists, and three basic scientists, who would have to be of high enough caliber to have NIH grants or get sufficient support to develop successful grant applications.

Usually, NCI reviewers demand that each of the prospective centers' programs have at least three funded grants. Three is a minimum, and as funds tighten, the bar is expected to edge upward, sources say. At this time, only one clinician at the Vermont center—surgeon David Krag—holds R01 grants. According to the NIH grants database, Krag is the principal investigator on two such grants. In basic science, Susan Wallace, a microbiologist and molecular geneticist at the center, is the principal investigator on a P01 grant and an R01 grant.

"If they get the right leadership, they have a shot at turning things around," said Yates, who also serves of the board of the Lake Champlain Cancer Research Organization, which gives the cancer center about $600,000 a year to support peer-reviewed research and education. Krakoff's wife, Rosemary Mackey, chief external affairs officer of the American Red Cross in Greater New York, also serves on the charity's board.

Vermont provides unique opportunities to clinical and population research, Yates said. "It's a relatively stable population," he said. "They have a unique mammography registry, which has been funded for 15 to 20 years. They have the ability to do population studies, which you can't do very easily because of the transient nature of populations in other areas.

"The ability to do clinical trials there is very good, but you have to have leadership and physicians interested in innovative ideas about clinical trials."

Capitol Hill:

Oversight & Investigations Probes NCI's Award To SAIC

(Continued from page 1)

We need to find out whether the procurement process was entirely above-board and that the taxpayers got a good deal out of this contract decision."

SAIC, an employee-owned company, went public with an Initial Public Offering in 2006.

"Given the billions of taxpayer dollars that are at stake, we intend to look closely at how the National Cancer Institute awarded its sole-source contract to SAIC," said Stupak. "We want to know who made the decision to award this contract, how they went about doing so and what, if any, safeguards are in place to prevent waste, fraud and abuse."

"It is in both the government's and the taxpayers' best interest to have contracts publicly bid," said Shimkus. "It is particularly disconcerting that a non-competitive contract would be issued when known competitors were interested in bidding."

SAIC announced that it had received the award last month (The Cancer Letter, Oct. 3).

A recent Government Accountability Office report requested by the committee raised questions about the safeguards HHS has in place for management of its contracts for the federally-funded research and development centers.

The report recommended that HHS review and revise personal conflict-of-interest policies to ensure they

specifically address research and development center employees who are in a position to make or influence research findings or agency decision-making.

The report also noted that NCI conducted "full and open competition" on the contract for the NCI-Frederick center since its establishment in 1972, which resulted in changes in contractors over the years. However, the last time it was competed was in 2001, and NCI received no offers other than that from SAIC-Frederick.

In 2006, when NCI announced its intention to noncompetitively renew the contract with SAIC-Frederick for a potential 10-year period, any "interested parties" were invited to submit capability statements, but none were submitted.

"This GAO report is cause for concern regarding how taxpayer dollars are spent and whether public resources are funding non-competitive contracts," said Dingell. "In light of GAO's findings, I intend to investigate how these research facilities operate and what changes may be necessary to improve the current system."

The report, released Oct. 8, is available at www.gao.gov.

Waxman Challenging Dingell For Chairmanship

The committee's investigation begins at a time when Dingell's leadership of the committee is being challenged by Rep. Henry Waxman (D-Calif.), who is seeking to become the committee chairman.

If Waxman's bid were to succeed, the committee investigators would need his support to continue the investigation. However, in years past, the Republican side of the committee has led several investigations of NIH and NCI on issues of conflict of interest, as well as an investigation of conflict of interest involving NCI and Frederick contractors in 1998 when Barton served as subcommittee chairman.

Also, the committee spent two years investigating a subcontract awarded through SAIC-Frederick to Harvard University at the time that former NCI director Richard Klausner was being considered for employment at a Harvard affiliate and later, when he applied for the Harvard presidency (The Cancer Letter, Nov. 14, 2003 and Sept. 9, 2005).

House Committee's Letter to NIH

The text of the committee's letter to NIH appears below:

Under Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce and its Subcommittee on Oversight and Investigations are examining management and oversight of federally funded research and development centers (FFRDCs). Of particular interest to us is the National Cancer Institute's FFRDC contract with Science Applications International Corporation-Frederick, Inc. (SAIC-F), the largest contract of a private entity with the Department of Health and Human Services.

At our request, the Government Accountability Office recently issued a report on the management and oversight of FFRDCs. GAO found that although the Department of Defense and the Department of Energy require FFRDC contractors to ensure that employees of FFRDCs are free from personal conflicts of interest, HHS does not have policies requiring such safeguards. Of the four agencies included in GAO's review, only HHS does not create a separate annual research plan for its FFRDC.

These findings raise questions about the adequacy of HHS management and oversight of its FFRDC contract with SAIC. We also have concerns, however, raised by the decision of the National Cancer Institute to award a contract valued at over $5.2 billion over 10 years on a sole source basis to SAIC-F, a subsidiary of SAIC, to provide operations and technical Support (OTS) at the NCI FFRDC in Frederick, Md.

The circumstances of this award are questionable. As GAO noted in its report, HHS has conducted full and open competition on the contract for its cancer research lab since its establishment in 1972, resulting in some change in contractors. GAO added that HHS took the non-competitive route because the last time this contract was competed in 2001, SAIC-F was the only bidder. NCI published a special notice on October 4, 2006, however, stating its intention to award the multi-billion dollar OTS contract with SAIC-F on a sole source basis, but noted that other contractors expressed an interest in providing OTS services to NCI. In fact, NCI published this special notice just days before SAIC's initial public offering. The timing of NCI's notice is curious, given that it took NCI nearly 2 more years to get the clearances to announce the sole source award to SAIC-F.

Given the oversight issues identified by GAO and the circumstances of the sole source award, we are concerned about the integrity of the award process and whether conflict-of-interest issues involving SAIC-F and its employees were adequately handled. Please respond to the following questions in writing and provide all supporting records:

1. Please provide a copy of the OTS contract, and all related records between NCI and SAIC-F, for OTS services at NCI.

2. Who initiated the sole source negotiation for OTS services at NCI Frederick—SAIC-F or NCI? Please provide the name, title, organization name and address, and contact information of all staff participating in the discussion to initiate the sole source negotiation and all related records.

3. Did any of the SAIC staff participating in the decision to initiate the sole source negotiation for OTS services have a financial interest that would be substantially affected by the IPO? Did NIH take any steps to evaluate contractor and contractor-employee conflict-of-interest issues before NCI's intention to pursue a sole source award with SAIC-F?

4. Please provide all records relating to the decision to issue the October 4, 2006, special notice on the OTS contract.

5. The special notice regarding the OTS of the NCI anticipated the contract would consist of a base period of 3 years, five 1-year award term options, and one 2-year option for a potential 10-year period of performance, which was the contract awarded to SAIC-F. Why did NCI choose to structure the term of the contract this way?

6. The special notice stated that the OTS services provided by SAIC-F were of such an outstanding technical level, and at a cost that is fully reasonable and in accord with the technical performance, that meaningful improvement in performance could not be achieved through solicitation and award to another source. How did NCI evaluate SAIC-F's prior performance as a contractor for OTS services? How was NCI able to determine other contractors would not be able to provide a similar quality of service at an equivalent cost without allowing other contractors to bid?

7. The special notice stated that other contractors expressed interest in providing OTS services to NCI. Please list the names of all contractors, including company name and address, point of contact, and contact information who expressed such an interest. Please list the names of all contractors, including company name and address, point of contact, and contact information who submitted a capability statement. Please provide a copy of all capability statements received.

8. The special notice stated that it must be readily apparent from the capability statement that an organization can provide a meaningful improvement to SAIC-F's performance level. How did or would NCI measure "meaningful improvement"? Did "meaningful improvement" ensure a contractor would be awarded the contract? If not, why not?

Industry News:

Amgen's Sales Of Aranesp Dropped By Half Since 2006

By Paul Goldberg

Gross sales of the Amgen Inc. erythropoiesis-stimulating agent Aranesp (darbepoetin) have dropped nearly by half since 2006, and additional decreases are expected, the company said.

During the fourth quarter of 2006, the last reporting period before the onslaught of negative studies caused a cascade of label restrictions by FDA, the company's averaged weekly sales of Aranesp were at $58 million. During the third quarter of 2008, on the average, the company sold $30 million worth of Aranesp.

In September, the company started to see the effect of the most recent label restrictions, said George Morrow, Amgen's executive vice president, global commercial operations.

"Going forward, we have new contracts and ESA [Risk Evaluation and Mitigation Strategy], and potential additional reimbursement changes, so it is possible to have another step down of the same magnitude we experienced previously," Morrow said at a recent conference call with analysts. "Longer term, our goal is to grow at the rate of patient and price growth."

Morrow said the effect of the latest label restriction, which cautions against using the agent in the curative setting, is still difficult to gauge.

"We've only seen three commercial payers so far, put any provisions out to guide how to reimburse for all those patients," Morrow said in the Oct. 22 call. "And they are not particularly strong provisions, they are more sort of cautionary."

The company recently abandoned its controversial practice of "bundling" the sales of Aranesp with the sales of white blood cell growth factors Neupogen and Neulasta.

Along with Johnson & Johnson, the sponsor of the competing ESA Procrit (epoetin), Amgen is preparing a strategy for risk mitigation, a mechanism developed by FDA in order to manage adverse effects of drugs.

In September, Amgen announced a preliminary result of the Cochrane Collaboration meta-analysis of ESA studies, which showed that ESA use increased the risk of on-study deaths (The Cancer Letter, Oct. 3).

"It is expected that we will receive the complete analysis sometime before the end of the year," Roger Perlmutter, Amgen's executive vice president for research and development, said on the conference call.

NIH News:

Kington Named Acting Director

Raynard Kington stepped in as acting director of NIH on Oct. 31, following Elias Zerhouni's departure.

Kington has served as principal deputy director of NIH since 2003 and worked closely with Zerhouni on the leadership, policy direction, and coordination of NIH's 27 institutes and centers. He previously served in several other positions at NIH and the Centers for Disease Control and Prevention, as well as being a senior scientist at the RAND Corporation.

Kington earned his undergraduate and medical degrees from the University of Michigan and completed his residency training in internal medicine at Michael Reese Hospital and Medical Center in Chicago. He attended the Wharton School of the University of Pennsylvania as a Robert Wood Johnson Clinical Scholar, earning his M.B.A. and his Ph.D. in health policy and economics.

Kington's research has focused on the role of social factors, especially socioeconomic status, as determinants of health. His current research includes studies of the health and socioeconomic status of black immigrants, differences in populations in willingness to participate in genetic research, and racial and ethnic differences in infectious disease rates.

Obituary:

I. BERNARD WEINSTEIN, 78, director emeritus of the Herbert Irving Comprehensive Cancer Center of Columbia University, died Nov. 3 in New York City.

Weinstein was widely recognized for his contributions to the understanding of the molecular mechanisms of multistage carcinogenesis and their relevance to novel strategies for cancer prevention and therapy. His research findings are documented in over 600 scientific publications. He was a founder of the field of molecular epidemiology, a new approach to discovering the causes of specific human cancers. His concept of "oncogene addiction" provides a rationale for molecular targeting in cancer therapy.

At the time of his death, Weinstein served as the Frode Jensen Professor of Medicine, professor of genetics and development, and professor of public health. He was also an attending physician at the Presbyterian Hospital.

Weinstein was born in Madison, Wisc., and received his bachelor of science and M.D. degrees at the University of Wisconsin-Madison. He did clinical training in internal medicine and oncology at Montefiore Hospital in New York. His additional clinical and laboratory research was at NCI, Harvard Medical School, and MIT. In 1961, he was recruited to the College of Physicians and Surgeons of Columbia University, where he pursued his career in teaching and research until his death.

From 1985-1995, he was the director of the Comprehensive Cancer Center of Columbia University.

Weinstein served on several national and international advisory committees, and received several honorary awards. In 1987, he received the Clowes Award from the American Association for Cancer Research and in 1991 he served as president of AACR.

In 1992, he received an honorary degree from the University of Wisconsin, in recognition of his contributions to cancer research. He was a member of the Institute of Medicine of the National Academy of Sciences, a member of the American Association of Physicians, a fellow of the American Academy of Arts and Sciences, and a fellow of the National Foundation for Cancer Research. In 1999, he received the international Anthony Dipple Award for Carcinogenesis Research. In 2001, he received a Distinguished Award from the American Society of Cancer Prevention and an Award for Research Excellence in Cancer Epidemiology and Prevention that is jointly sponsored by the AACR and the American Cancer Society. In 2004, Weinstein received the Charles Heidelberger Award for Cancer Research.

Weinstein is survived by his wife of 56 years, Joan; their three children, two grandchildren, and two sisters-in-law.

In the Cancer Centers:

MACE ROTHENBERG was named senior vice president, clinical development and medical affairs for the Pfizer Oncology Business Unit. Rothenberg was professor of medicine at the Vanderbilt University Medical Center and Ingram Professor of Cancer Research at Vanderbilt-Ingram Cancer Center.

Rothenberg will be responsible for overseeing clinical research and development activities as well as post-marketing evaluation and monitoring for all oncology products. He will also coordinate evaluation of anticancer compounds that emerge from Pfizer's new Biotechnology and Bioinnovation Center as well as evaluate potential in-licensed products from outside sources.

"We are delighted that Dr. Rothenberg will be joining Pfizer's Oncology Business Unit and are

confident that his unique background and experience will play a pivotal role in the development of more innovative drugs," said Garry Nicholson, senior vice president, general manager of the Oncology Business Unit. "As we continue to progress in oncology, our primary focus is on advancing science so that we can address the unmet medical needs and bring medicines to patients faster."

Rothenberg has been active in clinical-translational research in oncology for more than 20 years. His work was critical to the development and eventual FDA approval of irinotecan (CPT-11, Camptosar) in 1996 and oxaliplatin (Eloxatin) in 2002 for colorectal cancer and gemcitabine (Gemzar) in 1996 for pancreatic cancer.

"My entire career has been devoted to developing new and better cancer therapies on a patient by patient, study by study basis," Rothenberg said. "With this opportunity at Pfizer, I will have the chance to oversee development of new therapies on a worldwide scale with a family of compounds that is one of the best in the industry. This is not only a great opportunity but also a great responsibility. To help accomplish this, I will work to forge collaborations between Pfizer and the best cancer research centers in the world to develop new, more effective therapies for patients with cancer."

Rothenberg received his B.A. from the University of Pennsylvania magna cum laude in 1978, his M.D. from the New York University School of Medicine in 1982, and was an intern and resident in internal medicine at Vanderbilt University from 1982 to 1985. He obtained his medical oncology training at NCI from 1985 to 1988 and served as special assistant to the director, Division of Cancer Treatment from 1988 to 1991. In 1991, he moved to San Antonio where he was appointed assistant, then associate professor in the Department of Medicine, Division of Medical Oncology at the University of Texas Health Science Center in San Antonio and executive officer of the Southwest Oncology Group. In 1998, Rothenberg returned to Vanderbilt where he was director of Phase I Drug Development, co-leader of the Experimental Therapeutics Program, and co-principal investigator of the Vanderbilt SPORE in Gastrointestinal Cancer.

UNIVERSITY OF COLORADO Cancer Center Radiation Oncology Department appointed **Moyed Miften** as radiation oncology physicist, chief physicist and professor of radiation oncology at the University of Colorado Denver School of Medicine. Miften was chief of medical physics at Allegheny General Hospital Department of Radiation Oncology and West Penn Allegheny Health System Radiation Oncology Network and associate professor of radiation oncology at Drexel University College of Medicine. UC Denver scientists received Department of Defense grants. **Jennifer Richer**, associate professor of pathology and member of the UC Colorado Cancer Center Hormone Related Malignancies Program, received a $572,130 over three years for a DOD Breast Cancer Research Idea Award. Her team will look at the role of microRNA-200c and the epithelial phenotype in breast cancer and will work with **Leila Varella-Garcia** in the UC Cancer Center Cytogenetics Core. **William Schiemann**, associate professor of pharmacology and member of the UC Cancer Center Hormone Related Malignancies Program, won a $569,699 over three years for a DOD Breast Cancer Research Award. The grant will fund his project on the role of proteins fibulin-5 and TGF-b in breast cancer.

Funding Opportunities:

Alex's Lemonade Stand Foundation Offers Grants

The ALSF grant program is structured to develop and test new treatments as well as improve availability of clinical trials, and find cures for all childhood cancers. The following three types of grants are included:

Innovation Awards, up to $200,000 over two years, to provide seed funding for experienced investigators working in childhood cancers.

Program Infrastructure Awards, up to $250,000 over two years, to provide funding for support personnel to enroll children with cancer in clinical trials.

Young Investigator Awards, up to $80,000 over two years, provide start up funds for new researchers and physicians to pursue promising research ideas.

Online Submission Date: Nov 19. Online Application Deadline: Dec. 15. Inquiries: www.AlexsLemonade.org/grants.

Program Announcements

PA-09-023: Erythropoiesis Stimulating Agents and Tumor Progression. R01. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-09-023.html.

PA-09-024: Erythropoiesis Stimulating Agents and Tumor Progression. R21. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PA-09-024.html.

PAR-09-025: National Cancer Institute Program Project P01 Applications. Letters of Intent Receipt Date: Dec. 28; April 28, 2009. Full text: http://www.grants.nih.gov/grants/guide/pa-files/PAR-09-025.html.

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