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NCI Lists Five Projects For Stimulus Funds As Comparative Effectiveness Research

By Kirsten Boyd Goldberg

NCI has submitted five projects to be considered for "comparative effectiveness research" funding included in the economic stimulus package passed by the House on Jan. 28.

NIH asked its institutes to submit proposals last week for a shot at the $400 million included in the House bill, NCI Director John Niederhuber said to the National Cancer Advisory Board at its Feb. 3 meeting.

The bill includes $700 million for the Agency for Healthcare Research and Quality, of which $400 million would be transferred to the NIH director's office.

According to a list provided by NCI to The Cancer Letter, the institute's proposals for comparative effectiveness research funding were:

—SWOG TAILORx II: Phase 3 Trial assessing Individualized Options

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In the Cancer Centers:

Ruckdeschel To Direct Nevada Cancer Institute; Vogelzang Returns To Research, Patient Care

JOHN RUCKDESCHEL was named director and chief executive officer of the Nevada Cancer Institute. Ruckdeschel has been president and CEO of Karmanos Cancer Institute for the past six years and previously served as director, president, and CEO at the Moffitt Cancer Center.

"To hire a leader the caliber of Dr. Ruckdeschel is truly a monumental achievement for Nevada Cancer Institute and the state of Nevada," said **Heather Murren**, chairman of the board and co-founder of the institute. "Dr. Ruckdeschel will be instrumental in leading NVCI down the path to achieve its overarching goal of reaching NCI designation."

Ruckdeschel succeeds **Nicholas Vogelzang**, who served as NVCI's director since 2004 and is stepping down to concentrate on research and patient care. Vogelzang was named associate center director for clinical research and head of the Genitourinary Cancer Program. He continues to serve on the institute's executive committee.

Ruckdeschel strengthened and reorganized the Karmanos clinical and research programs and administrative structure. This led, in 2004, to the best site visit score in its 26-year history as an NCI-designated center and resulted in a five-year renewal. Under Ruckdeschel's leadership, Moffitt became a NCI-designated comprehensive cancer center in 2001.

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CER Is "What NCI Has Been Doing Forever," Director Says

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for Treatment in Women with Hormone Receptor Positive, Lymph Node Positive, Early Stage Breast Cancer

—Clinical Trials Reporting Program (CTRP) Database for Comparative Effectiveness Research

—Molecularly-Informed Comparative Effectiveness of Breast Cancer Treatment and Prevention Utilizing the BIG Health Consortium

—Comparative Effectiveness Research in the Cancer Intervention and Surveillance Modeling Network (CISNET)

—Comparative Effectiveness Research in the HMO Cancer Research Network

"There is an emphasis in the House and the Senate to do comparative effectiveness research within the government," Niederhuber said to the NCAB. "Whether that ends up being primarily the responsibility of NIH or whether it's disbursed across AHRQ, NIH, and even some money in HHS, is yet to be seen. How that is to be managed is not very clear.

"As I say repeatedly when I sit at the table, that's what NCI has been doing forever," Niederhuber said. "We do comparative effectiveness research and we have the infrastructure, the clinical trials system, to do this. We try and take the information gained from clinical trial research forward for evidence-based medical care.

"We were asked to submit what would be our potentials for doing comparative effectiveness research with these new dollars, and we surveyed our divisions and we came up with our allotted five," he said. "We had many more, of course, than that. We had five very good proposals, plus a whole list that I also submitted along with it to indicate the robustness of our comparative effectiveness research agenda."

The House bill also includes $1.5 billion over two years as a supplement to the NIH research budget. NCI's share would be about $125 million each year, Niederhuber said. This money would be awarded in the form of "challenge grants" capped at $500,000 each, Niederhuber said. NIH would support about 1,500 of these grants.

"Again, we were asked as an institute what our thoughts were concerning the opportunities for challenge grants, and again, we submitted a very robust list representing the efforts of the science in our divisions and centers," Niederhuber said.

NCI's proposed research areas for the NIH challenge grants:

—Augmenting Genome-wide Association Studies

—The Role of Cellular Architecture in Normal and Tumor Cell Biology

—Understanding mechanisms of hormone refractory cancers for therapeutic targeting

Steroid receptors

—Research to inform FDA regulation of tobacco products including reduction of nicotine levels in tobacco products

—Cyber-Infrastructure for Health: Building Technologies to Support Data Coordination and Computational Thinking

Also, the House bill would provide $1.5 billon through the NIH National Center for Research Resources for extramural facility renovation and repair. NCI submitted recommendations on how NCRR could write the Request for Applications, Niederhuber said. "We put the words into our recommendation that we hope would be favorable to our institutions, especially those with cancer centers with major cancer research programs," he said.

The bill also includes $500 million to fund repair and renovation of facilities on the NIH campus.

The Senate began work on its version of the stimulus package on Jan. 29 (see story, page 3).

With the possibility of stimulus funding of $125 million a year for two years, as well as comparative effectiveness research funds and additional renovation money, Niederhuber said that, unlike previous years,

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"we will have some resources added to our budget. They won't be huge. We are excited but cautious."

NCI is currently operating under a continuing resolution for fiscal 2009, because Congress has yet to approve regular appropriations for fiscal 2009, which began Oct. 1. An omnibus appropriation bill is likely to be approved this month or next, Niederhuber said.

The CR provides NCI with $4.8 billion, about $25 million less than last fiscal year. With potential taps from HHS and NIH, and mandated salary increases, rents, and other set-asides, the institute's operating budget begins with a 3.6 percent deficit, Niederhuber said.

NCI divisions and offices are taking a 3 percent across-the-board cut. The institute is holding the research project grant payline to the 12th percentile.

Last year, the House Appropriations Committee approved a fiscal 2009 budget of $4.975 billion for NCI and the Senate Appropriations Committee approved $4.958 billion. NCI is guessing that the final appropriation will fall somewhere between those amounts, possibly in the range of a $189 million, or 2.2 percent increase from fiscal 2008, Niederhuber said.

"What we are hearing from the appropriation committees is that it would include $10 million for facilities, a higher payline, better COLAs for noncompeting grants, and would cover the higher-than-anticipated federal pay raise," he said.

In closing out fiscal 2008, NCI funded research project grants to the 14th percentile, plus extensive exceptions which brought the success rate up to 20 percent.

R01s for first-time investigators were funded at the 19th percentile, for a total of 236 awards.

NCI funded 1,284 competing RPGs in FY08, about 30 fewer grants than the previous year. This includes the 35 additional grants funded in July with the supplement funds from Congress. Also, one new cancer center was funded, at University of Maryland, and one was eliminated, at University of Vermont. NCI currently funds 63 Cancer Center Support Grants.

Niederhuber praised the NCI budget office for closing the books on FY08 with a balance of $3,302 to be returned to the Treasury, an improvement over last year's remainder of about $9,000. "I challenged them this year to do better than that," Niederhuber said. "It seemed like giving $9,000 back wasn't a good idea. Jim Dickens and his crew deserve a lot of credit. They manage a very, very complex budget. And they are very supportive and very kind to me, as a bumbling surgeon. They meet with me at least once a week to help me understand this."

Capitol Hill:

Senate Economic Stimulus Bill Includes $10 Billion For NIH

By Paul Goldberg

The current version of the Senate economic stimulus bill contains a $10 billion increase for NIH, most of which would be spent on research projects this year and in fiscal 2010.

However, Senate members from both parties are discussing trimming at least $100 billion from the measure that has surpassed $900 billion, and advocates of biomedical research are urging scientists to contact their legislators in order to preserve the Senate version of the increase.

The Senate version also gives a $1.1 billion increase to the Agency for Healthcare Research and Quality in order to initiate a program of studies of comparative effectiveness of therapies. AHRQ is directed to transfer $400 million to NIH.

Overall, the House and the original version of the Senate bill gave the same increases to NIH—$3.5 billion. However, the funds were apportioned differently.

As introduced, the Senate bill (S. 336) would place $2.7 billion into the NIH director's office, mandating this money be divided proportionally between the institutes and centers and the common fund in fiscal 2009 and 2010.

This would direct $1.35 billion annually to research.

The House version of the bill provided $1.5 billion for construction on campuses of grantee institutions during the current year. This left $750 million per year for research.

The first version of the amendment to the Senate bill, introduced on Feb. 3 by Sens. Arlen Specter (R-Penn.), and Richard Durbin (D-Ill.), sought to channel an additional $6.5 into research at NIH over the next two years.

The additional dollars would be distributed to each of the institutes and centers in amounts proportional to their funding level in fiscal 2008 and spent over two years. This would amount to $4.6 billion per year over two years.

Under the original Specter-Durbin amendment, these new funds were to be offset by funds from the State Fiscal Stabilization Fund, a fund that is being set up to help states and local governments pay for education and other services that may be underfunded as a result of the recession.

The version of the amendment that was approved

by the Senate eliminated the offset provision. The amendment was sponsored by Sen. Tom Harkin (D-Iowa) as well as Specter and Durbin.

"Including funding for the NIH in the bill will provide needed economic stimulus, enable long-term economic growth and save lives," Specter said in a statement. "The NIH have been starved recently. This increase in funding will enable the NIH to continue to produce remarkable achievements in scientific advances."

Advocates of increased funding for NIH say that the $10 billion increase would result in the creation of over 70,000 jobs over the next two years.

"To fix and modernize our economy we need to do the same with our health care system," Harkin said in a statement. "This investment will allow the NIH to continue to be the premier biomedical research agency in the world. It is vital for the Congress to support our scientists as they search for treatments and cures that could provide hope to millions of Americans."

Capitol Hill sources said it would be difficult to preserve the funding level now provided in the Senate bill as it undergoes trimming in the Senate and reconciliation with the House version.

However, advocates applauded the measure. "Money invested in NIH is distributed to labs at universities and small businesses in every state in the nation, helping to stimulate local economies and retain jobs," Richard Marchase, president of the Federation of American Societies for Experimental Biology, said in a statement. "It is our hope that the economic recovery package is one step forward towards a long-term, sustainable investment in medical research."

NCI Awards Ogilvy PR Communications Contract

Ogilvy Public Relations Worldwide was awarded a five-year communications support contract with the NCI Office of Communications and Education.

Funding for the first year of the contract is $2.8 million. The work will be performed by Ogilvy's Social Marketing team, based in Washington, D.C., in collaboration with the company's life sciences consulting subsidiary, Feinstein Kean Healthcare.

"This is a very important new relationship for us," said Tom Beall, managing director of Ogilvy's global Social Marketing Practice. "This work with NCI builds upon our years of experience in promoting cancer prevention and early detection, as well as FKH's deep credentials in cancer that include longstanding efforts on behalf of NCI. These capabilities, along with our experience working with other federal government agencies on major health issues, place the Ogilvy team in a very strong position to contribute to NCI's efforts to combat cancer—an opportunity and responsibility we take very seriously."

In a statement, Ogilvy said it will work with NCI to create a comprehensive communications platform reflecting the mission of NCI and its commitment to ensure that, "Everything we do at NCI begins and ends with real people; those with cancer, those at risk for the disease and those who care for them."

The task order contract will include strategic planning, materials development, campaign development, professional and technical communications, special audience efforts, special events, and other activities.

Institute of Medicine:

HIPAA Privacy Rule Hinders Health Research, Report Says

The Health Insurance Portability and Accountability Act Privacy Rule does not adequately protect the privacy of people's personal health information and hinders important health research discoveries, concludes a new report from the Institute of Medicine.

Congress should authorize the development of an entirely new approach to protecting personal health information in research, separate from the HIPAA Privacy Rule, said the committee that wrote the report. This new approach should apply privacy, data security, and accountability standards uniformly to information used in all health-related research regardless of who funds or conducts the research.

If policymakers decide to continue relying on the current rule to protect privacy in health research, the committee recommends a series of changes to improve the rule and the guidance that the Department of Health and Human Services gives on how to comply with it.

The report urges all institutions conducting health research to strengthen their data protection. Security breaches are a growing problem for health information databases. Among the measures that should be taken, encryption should be required for all laptops, flash drives, and other portable media containing such data given the potential for these items to be lost or stolen.

The committee's recommendations recognize the valuable societal benefits that both ethically conducted health research and privacy protections provide. Without such research, society would lose the benefit of new therapies, improved diagnostics, and more effective

ways to prevent illness and deliver care. Privacy helps protect individuals from harm, such as discrimination and identity theft, and permits research and public health activities to be carried out in ways that preserve their dignity.

"We believe there is synergy between the goals of safeguarding privacy and enhancing health research and that it is critically important to our nation's health to strengthen privacy protections and still facilitate research," said committee chairman Lawrence Gostin, professor of law and director, O'Neill Institute for National and Global Health Law, Georgetown University Law Center. "Our recommendations aim to boost regulations and practices that effectively protect personally identifiable health information, while changing provisions of the HIPAA Privacy Rule or its interpretations that have proved to be ineffective."

The HIPAA Privacy Rule regulates what uses and disclosures of personally identifiable health information are permitted by health plans, health care providers, and other entities covered by the regulation. The goal is to ensure that individuals' health information is properly protected while allowing the flow of data needed to promote high-quality health care and health-related research.

However, the HIPAA Privacy Rule is difficult to reconcile with other federal regulations governing research involving people and their personally identifiable information. Moreover, organizations that collect and use health data vary greatly in how they interpret and follow the rule, and the rule does not apply uniformly to all health research. The committee's review of published reports, testimony from patient and privacy advocates and the health research community, and other sources of information led it to conclude that the way the rule is currently interpreted does not adequately protect privacy and impedes important health research.

HHS and other federal agencies should develop a new approach to regulation that focuses on best practices in privacy, security, and transparency, the report says. The new framework should facilitate use of health data in which personally identifiable information is removed and should provide legal sanctions against unauthorized re-identification of individuals. It should provide ethical oversight of research in which use of personally identifiable information without individual consent is necessary. This oversight could be accomplished by local ethical review boards that assess proposed projects on a case-by-case basis, or institutions could be certified at the federal level to carry out this kind of research, having proved they have policies and practices in place to protect data privacy and ensure security.

If the current HIPAA Privacy Rule continues to be the means for safeguarding privacy in health-related research, the committee recommended several ways to revise the rule and its guidance on compliance. For example, HHS should make it clear that people can grant permission in advance that samples or data collected from them for one research project can be used in future research. And the agency should simplify and clarify the criteria for making decisions about waiving requirements to obtain permission from every patient whose personal health information will be used in study.

The study was sponsored by HHS, Robert Wood Johnson Foundation, American Cancer Society, American Heart Association/American Stroke Association, American Society for Clinical Oncology, Burroughs Wellcome Fund, and C-Change.

The report, "Beyond The HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research," is available at http://www.nap.edu. Additional information is available at http://www.iom.edu/hipaa.

Federal Plan On Nanomaterial Research Called Inadequate

A new report from the National Research Council finds serious weaknesses in the government's plan for research on the potential health and environmental risks posed by nanomaterials, which are increasingly being used in consumer goods and industry.

An effective national plan for identifying and managing potential risks is essential to the successful development and public acceptance of nanotechnology-enabled products, the committee that wrote the report said.

The committee did not evaluate whether current uses of nanomaterials represent unreasonable risks to the public. Rather, the report focused on what would constitute an effective national research strategy for ensuring that current and future uses of nanomaterials are without significant impacts on human health or the environment.

"The current plan catalogs nano-risk research across several federal agencies, but it does not present an overarching research strategy needed to gain public acceptance and realize the promise of nanotechnology," said committee chairman David Eaton, professor of environmental and occupational health sciences, School of Public Health, and associate vice provost for research at the University of Washington, Seattle.

The research plan, developed by the National

Nanotechnology Initiative, does not provide a clear picture of the current understanding of these risks or where it should be in 10 years, says the new report. Nor does the NNI plan include research goals to help ensure that nanotechnologies are developed and used as safely as possible.

Although the research needs listed in the plan are valuable, they are incomplete, in some cases missing elements crucial for progress in understanding nanomaterials' health and safety impacts. A new national strategic plan is needed that goes beyond federal research to incorporate research from academia, industry, consumer and environmental groups, and other stakeholders, the committee concluded.

More than 600 products involving nanomaterials are already on the market, the majority of them health and fitness products, such as skin care and cosmetics. Over the next decade, nanomaterials will be used increasingly in products ranging from medical therapies to food additives to electronics.

Growing use of nanomaterials means that more workers and consumers will be exposed to them, and uncertainties remain about their health and environmental effects; while nanomaterials can yield special benefits, they may also have unexpected and possibly toxic properties. The National Nanotechnology Initiative, which coordinates federal agency investments in nanoscale R&D, developed a research plan to investigate these risks, and the office that oversees NNI asked the National Research Council to review the plan.

NNI's plan identifies broad research categories for assessing health and environmental risks, and many of the research needs listed within these categories will aid risk assessment, the report says. But the plan fails to identify some important areas that should to be investigated; for example, "Nanomaterials and Human Health" should include a more comprehensive evaluation of how nanomaterials are absorbed and metabolized by the body and how toxic they are at realistic exposure levels.

In its assessment of gaps in existing research, the NNI plan overstates the degree to which already funded studies are meeting the need for research on health and environmental risks, the report says. For example, more than half of the currently funded projects on nanotechnology and human health are aimed at developing therapies for diseases. While this research is important, it will not shed light on health risks that may be posed by nanomaterials. Moreover, the plan does not note the current lack of studies on how to manage consumer and environmental risks, such as how to manage accidents and spills or mitigate exposure through consumer products.

Also, the NNI strategy does not adequately incorporate input from industries that produce and use nanotechnologies, environmental and consumer advocacy groups, and other stakeholders, which is necessary to identify deficiencies in research strategies. On their own, federal agencies tend to ask what research they can do within their existing capabilities, rather than asking what research should be done. Accountability is also lacking in NNI's plan, the committee noted. Although lead agencies—such as NIH, the Environmental Protection Agency, and FDA, among others—are given roles for overseeing nanotechnology research, there is no single organization or person that will be held responsible for whether the strategy delivers results.

The federal funding to specifically address nanotechnology-related environmental health and safety issues is actually far less than indicated in the NNI plan and may be inadequate, the report says. Probably less than half of the research projects described in the plan will ultimately yield useful data to support regulatory decision making. If no new resources are provided, the research generated cannot adequately evaluate the potential risks posed by nanomaterials, the committee said.

A truly robust national strategic plan would involve a broader group of stakeholders, and would consider the untapped knowledge of nongovernment researchers and academics, the committee said. The plan should identify research needs clearly and estimate the resources necessary to address gaps, as well as provide specific, measurable objectives and a timeline for meeting them. It should also focus on providing solutions to challenges that do not fit neatly into disciplinary or institutional categories.

Although the NNI plan will provide useful input, a truly national strategy cannot be developed within the limitations faced by NNI, the committee concluded. The current structure of NNI would make developing a visionary and authoritative strategy difficult. NNI should continue to foster successful interagency coordination, with the aim of ensuring that the federal research strategy on the health and safety impacts of nanotechnology is an integral part of the broader national strategic plan.

The report was sponsored by the National Nanotechnology Coordination Office.

The report, "Review of The Federal Strategy For Nanotechnology-Related Environmental, Health, and Safety Research," is available at http://www.nap.edu.

Medicare:

CMS Proposes Expansion Of PET Scans As Diagnostic

The Centers for Medicare & Medicaid Services proposed a national coverage determination to expand coverage for initial diagnostic testing with positron emission tomography for many Medicare beneficiaries who are being treated for cancer.

A minimally invasive diagnostic imaging procedure, PET uses a radioactive tracer to evaluate glucose metabolism in tumors and in normal tissue. The test may provide important clinical information to guide the initial treatment approach for many tumors.

This additional information may help physicians to distinguish benign from cancerous lesions and better determine the extent of a tumor's growth or metastasis.

Under Coverage with Evidence Development program, CMS had issued a national coverage determination in 2005 that tied Medicare coverage of PET scans to the collection of clinical information about the effect of the test on the beneficiary's cancer care.

This information was obtained through the National Oncologic PET Registry (NOPR) observational study. Without CED, these tests would not have been covered by Medicare.

The sponsors of NOPR submitted a formal written request to reconsider the 2005 coverage determination to CMS, based on the evidence they had collected and published.

Medicare uses a formal evidence-based process when it reconsiders past NCDs.

This proposed expansion in coverage is the first time that CMS has reviewed medical evidence arising from its CED program.

This proposed decision would remove a significant part of the CED requirement for PET scans in cancer and allow coverage for one PET scan to guide the initial treatment strategy.

CED will still be required for PET scans for subsequent treatment strategies, as CMS believes that the current evidence is not adequate to provide coverage for PET scans in guiding subsequent treatment.

CMS proposes some cancer-specific exceptions to these broad requirements, which are listed in the proposed decision memorandum.

CMS plans to issue a final national coverage determination in April. The proposed decision is available at http://www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=218.

Funding Opportunities:

MSKCC Seeks Nominations For Paul Marks Prize

Nominations are sought for the Paul Marks Prize for Cancer Research, established by Memorial Sloan-Kettering Cancer Center and named for Paul Marks, president emeritus of the center.

The prize recognizes outstanding young investigators who have made significant contributions, through basic or clinical research, to increasing the understanding of cancer or improving the treatment of the disease.

The Paul Marks Prize is awarded to up to three investigators every other year.

Nominees are required to be age 45 or younger at the time of the submission deadline. The winners will present their work at MSKCC and will share a cash award of $150,000.

Nomination packets must include a letter from the nominator outlining the significance of the accomplishments for which the candidate should be recognized. This should be accompanied by a one-page scientific biography of the candidate, a list of up to eight of the candidate's published papers with a brief (fewer than 100 words) explanation of the importance of each one, the candidate's curriculum vitae, and up to three supporting letters.

Nominations must be received by April 30. For more information, visit www.mskcc.org/marksprize.

Cancer-Related PAs, RFA

PA-09-080: PHS 2009-02 Omnibus Solicitation of the NIH, CDC, FDA and ACF for Small Business Innovation Research Grant Applications. http://grants.nih.gov/grants/guide/pa-files/PA-09-080.html.

PA-09-081: PHS 2009-02 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications. http://grants.nih.gov/grants/guide/pa-files/PA-09-081.html.

PAR-09-088: Established Investigator Award in Cancer Prevention & Control (K05). http://grants.nih.gov/grants/guide/pa-files/PAR-09-088.html.

PAR-09-089: The NCI Transition Career Development Award (K22). http://grants.nih.gov/grants/guide/pa-files/PAR-09-089.html.

RFA-GM-10-001: Pharmacogenomics Research Network (U01/U19). http://grants.nih.gov/grants/guide/rfa-files/RFA-GM-10-001.html.

In the Cancer Centers:

Pagano Is NYU Center Deputy; Curiel Wins Endowed Chair

(Continued from page 1)

MICHELE PAGANO was appointed deputy director of the NYU Cancer Institute at the NYU Langone Medical Center. Pagano, the May Ellen and Gerald Ritter Professor of Oncology in the Department of Pathology, has led the NYU Cancer Institute's Growth Control Program since 2000. In 2008, Pagano was appointed an investigator of the Howard Hughes Medical Institute. . . . **CLARA CURIEL**, director of the Pigmented Lesion Clinic and the Multidisciplinary Cutaneous Oncology Program at the Arizona Cancer Center's Skin Cancer Institute and assistant professor of dermatology at University of Arizona College of Medicine, was appointed to the Levin Family Endowed Chair. The chair is supported with a $1 million gift from Alan and Janice Levin. Curiel became a member of the cancer center in 2005. . . . **NORTHWESTERN BRAIN TUMOR INSTITUTE** is a collaboration of Northwestern Memorial, the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, and Northwestern University's Feinberg School of Medicine. It was established to merge medical research with state-of-the-art, comprehensive care to better manage and treat patients with brain tumors. Also, the Institute emphasizes therapeutic approaches that preserve quality of life while taking every measure possible to extend life. **Jeffrey Raizer**, director of medical neuro-oncology at Northwestern Memorial Hospital, is co-director of the Northwestern Brain Tumor Institute. . . . **DAMON RUNYON CANCER RESEARCH** Foundation awarded three groups 2009 Damon Runyon-Rachleff Innovation Awards, prizes of $450,000 over three years. The winners were: **Muneesh Tewari**, of Fred Hutchinson Cancer Research Center, for early detection of ovarian and lung cancers; **Ivan Maillard** and **Yi Zhang**, of the University of Michigan, for radical improvements of bone marrow transplant safety; and **John Rinn**, of the Broad Institute, Beth Israel Deaconess Medical Center and Harvard Medical School, for discovery of new genetic markers of cancer. . . . **VANDERBILT-INGRAM** Cancer Center recruited two cancer researchers. **William Pao** accepted a new post as associate professor of medicine in the Division of Hematology/Oncology, with secondary appointments in the Departments of Cancer Biology and Pathology. He also has been named assistant director of Personalized Cancer Medicine and an Ingram Associate Professor of Cancer Research. Pao is from Memorial Sloan-Kettering Cancer Center, where he is an assistant member of the Human Oncology and Pathogenesis Program and assistant attending physician in the Thoracic Oncology Service, Department of Medicine at Memorial Hospital for Cancer and Allied Sciences. **William Tansey** joins VICC as professor of cell and developmental biology and co-leader of the Genome Maintenance Program. He also has been named an Ingram Professor of Cancer Research. Tansey is a professor at Cold Spring Harbor Laboratory.

In Brief:

INTERNATIONAL UNION Against Cancer (UICC) began a campaign on Feb. 4, World Cancer Day, to raise awareness about the link between excess body weight and cancer. The campaign, called "I love my healthy active childhood," is designed to encourage adults to promote healthy eating and physical activity among children.

"Three to four million new cases of cancer could be prevented every year by avoiding overweight and obesity," said Isabel Mortara, executive director of the UICC. "Good habits start early in life, so our focus is on encouraging children to eat a healthy diet and be physically active. An estimated 22 million children under 5 are overweight, and the problem is growing."

According to a new survey report, 40 percent of people in the Americas, Australia/New Zealand and western Asia were unaware that being overweight increased their risk of cancer, with less awareness in other regions. The survey is the first to provide internationally comparable data on cancer-related beliefs and behavior. The UICC worked with Gallup International affiliates in 2008 to interview over 40,000 respondents in 39 countries. The new report provides a breakdown of data for eight UN regions. The report is available at www.worldcancercampaign.org/reports.

"Overweight and obesity are part of the causal chain for many cancers," said David Hill, president of the UICC. "This is well established in science but not adequately understood in the community. In fact, current lack of public understanding of the link between body weight and cancer probably parallels our attitudes to smoking and cancer in the late 1950s."

PATRICK COBB, a community oncologist in Billings, Mont., was elected president of the Community Oncology Alliance. Cobb is managing partner of Hematology-Oncology Centers of the Northern Rockies.

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