THE CANCER LETTER

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Stimulus Bill Gives NIH A $10 Billion Boost Over Two Years, And $1.1 Billion For AHRQ

By Paul Goldberg

House and Senate conferees last week reconciled the differences in the economic stimulus bill that will give NIH $10 billion over two years and put $1.1 billion into comparative effectiveness research at the Agency of Healthcare Research and Quality.

The $789-billion measure has been sent back for action by the House and Senate, and insiders expect that it will be passed and signed by President Obama.

The bill would give NIH $8.2 billion to fund research over two years. Another $1 billion would pay for construction on campuses of grantee institutions, $500 million would pay for on-campus construction and $300

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In the Cancer Centers:

TGen's Trent To Lead Van Andel Institute As Organizations Form Research Alliance

TRANSLATIONAL GENOMICS Research Institute, of Phoenix, and the Van Andel Research Institute, of Grand Rapids, Mich., announced an "alliance and affiliation agreement" that will become effective July 1.

Jeffrey Trent, president and scientific director of TGen since its founding in 2002, will retain these roles but also will become president and research director of VARI. He will replace **George Vande Woude**, who in 1998 was appointed the founding director of VARI. Vande Woude will remain at VARI as head of the Laboratory of Molecular Oncology.

The institutes said the partnership will speed up their mutual goals of moving research discoveries about cancer and other debilitating medical conditions as quickly as possible from laboratories to patient care.

"Combining many of the scientific, educational, financial and business potentials of TGen and VARI will advance the research of both institutions and enhance the economic development of both Arizona and Western Michigan," Trent said. "This alliance will elevate both organizations in the world of scientific research."

VARI is the research arm of the Van Andel Institute, established in 1996 as a philanthropic research and educational organization by the late Jay and Betty Van Andel.

"The search for a new director has ended with the best possible results—a renowned, research director in Dr. Trent, who will now lead VARI,

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NCI Likely To Get $1.35 Billion In Stimulus Funds Over 2 Years

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million would pay for upgrading instrumentation.

The NIH director's office would get $800 million, and $7.4 billion would be transferred to the institutes and centers to be spent over two years.

If the funds are distributed proportionally, NCI would likely receive $677 million to start new research projects during the current year and another $677 million to continue these projects next year.

These increases would be roughly consistent with the increases that were observed during the federal government's push to double the NIH budget over five years, from fiscal 1999 to 2003.

Now comes the hard part: finding a way to contain a flash flood of resources.

The money arrives at a time when NIH lacks a permanent director and, if recent past offers any guidance, NCI directors don't stay for more than a year after a change of administrations.

Moreover, the stature of NIH in recent years has been marred by revelations of cronyism and conflicts of interest in both the intramural and extramural programs.

Advocacy groups in cancer note that so far, the Obama administration hasn't invited them to the table, and several of these groups are demanding to have input in spending of these new funds.

The new money is a reward for Sen. Arlen Specter (R-Penn), who led a group of three moderate Republicans who negotiated cuts in the Senate version of the bill and crossed the aisle to vote for the bill.

The Senate measure passed on Feb. 10 by 61-37 vote—just enough to block potential filibuster. Republican Sens. Olympia Snowe and Susan Collins of Maine joined Specter in breaking ranks with their party.

Next, came a cliffhanger.

The measure went to a conference committee that was to reconcile the differences between the House and Senate versions of the bill. The House bill provided $3.5 billion for NIH. The Senate measure—as amended by Specter—kicked in another $6.5 billion.

Also, the bills differed on how the money would be spent. The House version directed $1.5 billion to the Center for Research Resources for construction at extramural institutions. The Senate version put only $300 million into construction. Both measures gave $500 million for construction on NIH campus.

For researchers, the differences were gigantic: the House gave them $1.5 billion over two years. The Senate gave $9.2 billion over the same period.

According to information from Capitol Hill, the conferees reconciling the two measures appeared to have given Specter the $10 billion he wanted, but reduced the research portion of these funds to pay for $1.8 billion for construction and instrumentation.

The conferees announced the deal with remarkable speed on Feb. 11. The bills were reconciled by an eight-member committee. The Senate is represented by Daniel Inouye (D-Hawaii); Max Baucus (D-Mont,); Harry Reid (D-Nevada); Thad Cochran (R-Miss.); Chuck Grassley (R-Iowa). The House is represented by David Obey (D-Wisc.), Charles Rangel (D-NY), Henry Waxman (D-Calif.), Jerry Lewis (R-Calif.) and Dave Camp (R-Mich.).

After the conference committee hammered out its version, Specter said that there was little room for compromise. "Unless the bill remained virtually intact from what the agreement was last Friday, my support would be conditioned on that—and we got there," he said Wednesday.

The compromise bill gives $1.1 billion to AHRQ for assessment of comparative effectiveness research. Of this money, $400 million would be transferred to NIH to start such studies. NCI-sponsored clinical trials cooperative groups are well positioned to conduct such work.

Several groups have been applying the A-word—accountability—to NCI, not a gratuitous dig, considering

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that one of its recent directors, Richard Klausner, ended up under Congressional investigation.

The Congressional investigation suggested that Klausner had steered grants to associates, questioned his acceptance of awards and lecture fees, and alledged that he engaged in negotiations with potential future employers without proper recusal.

His successor, Andrew von Eschebach, damaged the prestige of the cancer program by reorganizing NCI to pursue the obviously unrealistic goal of "eliminating suffering and death due to cancer" by 2015.

John Niederhuber, the current director, has stabilized the institute after the von Eschenbach years, but has incurred criticism for his "community cancer centers" program, which didn't go through peer review and is being funded through a subcontract with SAIC. The institute's $5.2 billion sole source contract with SAIC is under investigation by the House Committee on Energy and Commerce (The Cancer Letter, Nov. 14, 2008).

The language of the conference report follows:

National Institutes of Health
National Center For Research Resources

For an additional amount for "National Center for Research Resources," $1,300,000,000, of which $1,000,000,000 shall be for grants or contracts under section *481A* of the Public Health Service Act to construct, renovate or repair existing non-Federal research facilities: *Provided,* that sections 481A(c)(1)(B)(ii), paragraphs 5(1), (3), and (4) of section 481A(e), and section 481B of 6 such Act shall not apply to the use of such funds: *Provided further,* that the references to "20 years" in subsections 8 (c)(l)(B)(i) and (f) of section *481A* of such Act are deemed to be references to "10 years" for purposes of using such funds: *Provided further,* That the National Center for Research Resources may also use $300,000,000 to provide, under the authority of section 301 and title IV of such Act, shared instrumentation and other capital research equipment to recipients of grants and contracts under section 481A of such Act and other appropriate entities: *Provided further,* that the Director of the Center shall provide to the Committees on Appropriations of the House of Representatives and the Senate an annual report indicating the number of institutions receiving awards of a grant or contract under section 481A of such Act, the proposed use of the funding, the average award size, a list of grant or contract recipients, and the amount of each award.

Office of the Director

For an additional amount for "Office of the Director," $8,200,000,000: *Provided,* That $7,400,000,000 shall be transferred to the Institutes and Centers of the National Institutes of Health and to the Common Fund established under section 402A(c)(I) of the Public Health Service Act in proportion to the appropriations otherwise made to such Institutes, Centers, and Common Fund for fiscal year 2009: *Provided further,* that these funds shall be used to support additional scientific research and shall be merged with and be available for the same purposes as the appropriation or fund to which transferred: *Provided further,* That this transfer authority is in addition to any other transfer authority available to NIH. *Provided further,* That none of these funds may be transferred to "National Institutes of Health-Buildings and Facilities," the Center for Scientific Review, the Center for Information Technology, the Clinical Center, or the Global Fund for HIV/AIDS, Tuberculosis and Malaria: *Provided further,* That the funds provided in this Act to the NIH shall not be subject to the provisions of 15 U.S.C. 638(f)(I) and 15 U.S.C. 24 638(n)(I): *Provided further,* That $400,000,000 may be used to carry out section 215 of division G of Public Law 110-161.

Buildings And Facilities

For an additional amount for "Buildings and Facilities," $500,000,000, to fund high-priority repair, construction and improvement projects for National Institutes of Health facilities on the Bethesda, Maryland, campus and other agency locations.

Funds Put Pressure On NIH To Make Rapid Decisions

The new funds put pressure on NIH to make rapid investment in research programs that would be funded over two years.

While most advocates and insiders were pleased with the influx of money, many said that the sudden windfall also created an urgent need for discussion of scientific strategy and peer review.

A compilation of reactions to the bill follows:

The money for NIH and by extension NCI is good for the physical and financial wellbeing of countless Americans. The infusion of cancer research money can make a big difference in the effort to fight cancer and reduce cancer mortality after years in which federal funding for medical research has been frozen or cut

The money also serves to stimulate local economies

nationwide, as the NIH funds universities and labs across the country that employ researchers, data managers, support staff as well as purchase goods and services.

I am hopeful this infusion of funds is an indication of a renewed commitment to medical and especially cancer research and look forward to a long-term strategy that consistently funds: prevention, wellness, tobacco control and cancer research.

This is a large bolus of money in a short period of time. We have a responsibility to make sure funding decisions promote good science.

It is my hope that money should be spent on prevention and treatment research. There are special needs and opportunities in translational and behavioral research as well as research focused on eliminating disparities.

—Otis Brawley, Medical Director
American Cancer Society

Apparently Congress is going to give NIH, and therefore, NCI, a significant increase in funding. It is time for Congress to hold NIH accountable and ask the difficult, probing questions. There has to be a critical analysis of NIH and testimony from critics of the agency. These are institutions where scientists make decisions on how much money scientists need and how it should be used. While they are well meaning, this is not about what is best for scientists or more jobs for scientists. This is about the health and lives of the people in this country. As NBCC has said for years, there must be meaningful oversight, transparency and accountability, which do not now exist. And there must be a significant role for trained, educated consumers who are willing to challenge the scientific community and capable of doing so. Isn't that how science is supposed to work?

—Fran Visco, President
National Breast Cancer Coalition

I think it would be very useful for some of us who have been watching these things for a while to provide input on priorities and oversight so that we don't look back in two years and regret what might have been. I'd hate to see the less productive aspects of "business as usual" dominate and potentially derail this opportunity to get important work done.

—Robert Erwin, President
Marti Nelson Cancer Foundation

This is great news for the research community. As much as possible, I would like to see this funding used for big projects that will provide maximal benefits to the entire cancer research community. I have some thoughts about specific projects, but my preference would be to spend a large amount on a small number of project, making sure that whatever projects are chosen have clear goals and deliverables.

—Brian Druker, Director
Oregon Health & Science University
Knight Cancer Institute

I spoke with Arlen Specter today and congratulated him on this extraordinary achievement. This legislation will provide an enormous lift to a struggling biomedical research effort in the United States and it's impact will be both immediate and long lived. There are some 10,000 grants already peer-reviewed and approved which can be funded immediately. Each new funded grant creates about seven new jobs so the legislation will bring almost 70,000 new, high paying jobs into the research community. Many of the researchers may well come from those already massive layoffs in the pharmaceutical industry. With current pay lines down below the 20th percentile, this legislation will allow a much more respectable level of grant funding both within the NCI and across the entire NIH.

In addition to this immediate effect, it will allow, for the first time in over five years, the heads of the categorical institutes at the NIH to think creatively about brand new initiatives. Because of the nature of multi-year funding for existing grants, less than 15% of each years budget is available for completely new programs. This new additional money will allow investment in fresh new ideas, funding of many more of the high risk/high reward variety that everyone wants but are so hard to fund in "tight money" environments. Structures of peer-review and external oversight already exist throughout the NIH system to insure that the money will be used prudently. While no one can ever guarantee success from every investment made in scientific projects, one can guarantee that the system has proper review and oversight.

This bipartisan initiative from the Senate was consistent with the campaign commitments of our new President and will re-energize the biomedical research community in ways that can not be fully calculated at present. The engine of biomedical research sponsored by the NIH can now proceed with all deliberate speed and the health of the country will be all the better for it.

—Robert Young, Chancellor
Fox Chase Cancer Center

We are truly grateful for the support Congress

has shown for science in the final economic recovery bill. FASEB has long made the case that science and technology are drivers of economic progress and this is a clear signal that our elected representatives agree.

This investment in basic research will distribute critically needed dollars to labs at universities and small businesses across the country that will, in turn, stimulate local economies, retain jobs and foster recurring research breakthroughs for years to come. Our nation owes a great deal to the visionary leadership of Senators Harkin, Specter, and Durbin, in addition to House Speaker Nancy Pelosi and Chairman David Obey for recognizing the importance of science in securing our economic prosperity.

Ultimately, it is our hope that the economic recovery package is the first step forward towards a long-term, sustainable investment in both biomedical and other scientific research," he said. "Stable and predictable budget growth will expedite the research that will improve the health and quality of life of all Americans."

—Richard Marchase, President
Federation of American Societies of
Experimental Biology

NCI Could Use $7.2 Billion, Budget Document Says

By Kirsten Boyd Goldberg

NCI needs a budget of $5.1 billion for fiscal 2010 just to sustain its current level of activities, according to the institute's professional judgment budget.

To accelerate progress against cancer, NCI could use another $2.1 billion, for a total of $7.2 billion, the document states. NCI's FY 2008 budget was $4.8 billion.

NCI is required by law to develop an annual budget proposal to send to the White House. Congress has rarely appropriated this full amount to NCI. The document, known as the NCI "bypass budget," is widely circulated to members of Congress.

"Though we have operated with what has essentially been a flat budget for the last five years, we have actually experienced a significant budgetary decline due to biomedical inflation," NCI Director John Niederhuber wrote in a recent column on the NCI website. "When you account for this inflation over the last 10 years, our 2008 appropriation actually represented a purchasing power equivalent to $3.5 billion.

"This lost purchasing power has had serious consequences for the cancer research community and, by extension, our patients who carry this burden," he wrote. "In particular, we are deeply concerned about how these changes will affect the next generation of scientists, who are critical for maintaining our nation's position as a global leader in science, and whose important work is an integral part of our economy.

"Were it to receive additional funding, NCI's first job would be to help increase America's research capacity by funding scientists, fostering the next generation of researchers, and supporting the development of technology and infrastructure," Niederhuber wrote. "The report also details how NCI strives to put its science to work for patients, such as our expanding drug discovery platform."

The $2.1 billion in proposed new investments would include:

—Increase biomedical computing capabilities: $45 million.

—Develop imaging tools: $150 million.

—Invest in intramural program: $100 million.

—Expand The Cancer Genome Atlas: $200 million.

—Establish certified centralized tumor characterization labs: $30 million.

—Create a U.S. oncology tissue bank: $30 million.

—Increase drug development infrastructure: $150 million.

—Invest in resources; nanoparticles, proteins, and clinical proteomics: $75 million.

—Re-engineer clinical trials: $300 million.

—Expand caBIG and launch BIG Health Consortium: $100 million.

—Fund early-phase pharmacodynamic studies: $25 million.

—Invest in systems biology: $40 million.

—Raise RPG success rate and average cost per grant: $340 million.

—Expand research training opportunities: $30 million.

—Increase the number of new investigators: $30 million.

—Rebuild scientific infrastructure: $285 million.

—Expand Cancer Centers Program: $120 million.

—Add a network of centers for the study of the physical sciences and cancer: $50 million.

"The Nation's Investment in Cancer Research," is available at http://plan2010.cancer.gov/pdf/nci_2010_plan.pdf.

Medicare:

CMS Draft Coverage Decision Nixes Virtual Colonoscopy

By Paul Goldberg

The Centers for Medicare and Medicaid Services earlier this week published a draft National Coverage Decision recommending against payment for computerized tomographic colonography.

"The evidence is inadequate to conclude that CT colonography is an appropriate colorectal cancer screening test under §1861(pp)(1) of the Social Security Act," the decision states. "CT colonography for colorectal cancer screening remains noncovered."

The decision, if it becomes final, would mean that CMS contractors would be precluded from paying for the screening procedure.

The decision amounts to a statement that the data from a trial sponsored by the American College of Radiology Imaging Network and published in the New England Journal of Medicine on Sept. 18, 2008, was insufficient to warrant coverage.

"We are disappointed with the decision," said Shawn Farley, director of public affairs at the American College of Radiology. "We felt like there was enough evidence that would support coverage for CT colonography. We felt that the ACRIN trial had answered the questions that had been lingering out there."

Farley said ACRIN is going over the decision "to try to see whether there were specific things there that they were looking for that they didn't get." The ACR colon cancer committee will meet to discuss the issues in preparation to submitting comments to the agency.

"We will be asking them what they were looking for that they didn't get," Farley said.

The ACRIN trial, sponsored by NCI, enrolled more than 2,600 patients at 15 sites nationwide.

Each of the participants had CT colonography followed by a colonoscopy. Findings were evaluated using standard colonoscopy as the reference standard. CT colonography was found to be highly accurate for the detection of intermediate and large polyps. Ninety percent of the polyps 1 centimeter or larger were detected by CT colonography. Even polyps as small as one half centimeter were detected by CT colonography with a high degree of accuracy.

Last year, CT colonography was listed in the colon cancer screening guidelines of the American Cancer Society, but weren't included in the guidelines of the U.S. Preventive Services Task Force.

A technology review accompanying the USPSTF guideline said the impact of extracolonic findings couldn't be assessed based on available data (The Cancer Letter, March 7, Oct. 10, 2008)

The CMS draft decision is posted at http://www.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?id=220.

Tobacco Control:

Cigarette Tax Increase Signed Into Law By President Obama

Taxes on cigarettes, "little cigars," and cigarillos will increase significantly under legislation signed by President Barack Obama on Feb. 4.

The tax increase was included in the expansion of the State Children's Health Insurance Program, which provides health insurance coverage for children whose families do not qualify for Medicaid and who do not have insurance through an employer or the resources for private insurance.

Funds from the increased tax on tobacco products will be used to offset the cost of the SCHIP expansion.

The last federal excise tax was passed in 1997 and went into effect in two stages—$0.10 in January 2000 and $0.05 in January 2002, raising the tax to a total of $0.39.

Under the new law, federal taxes on packs of cigarettes will increase by $0.62, while the tax on little cigars will increase by $1.01 and on cigarillos by $0.35. For little cigars—similar in size to cigarettes, but wrapped in a tobacco leaf—the increase brings their tax in line with cigarette taxes. The tax on cigarillos, which are thinner versions of traditional cigars, was raised from $0.05 to $0.40.

Both the expansion of SCHIP and the tax hike were applauded by numerous medical, health care, and tobacco control organizations, including the American Cancer Society, American Lung Association, American Medical Association, and Campaign for Tobacco-Free Kids.

"Increasing the federal tobacco tax to fund SCHIP is a win-win proposal that will help children get the health care they need, while also acting as a deterrent to young smokers and potential smokers," said American Medical Association President Nancy Nielsen.

Data show that youth are more responsive to cigarette price increases than adults, with a 10 percent increase in the price of cigarettes estimated to reduce youth smoking by almost 7 percent compared with 2 percent among adults.

"The passage of this legislation means that little cigars and cigarillos will be taxed at the same rate as cigarettes. Increasing the price of these tobacco products will help make them less appealing to youth," said Cathy Backinger, chief of NCI's Tobacco Control Research Branch.

Declines in cigarette smoking among youth have stalled in the past four years, with 20 percent of youth reporting that they were current smokers in 2007. Data also show that youth are increasing their use of other tobacco products, including little cigars and cigarillos.

On the same day President Obama signed the SCHIP legislation into law, the American Legacy Foundation issued a news release with new findings showing that cigarillo use increased by 240 percent and little cigar use increased by 150 percent between 1997 and 2007.

Young African Americans appear to be the heaviest users of these products. Available evidence suggests that they favor one brand in particular, Black & Milds, often just called "Blacks." In 2007, the Altria Group, which includes Philip Morris, acquired John Middleton, Inc., which manufactures Black & Milds.

According to the CTFK, the tobacco tax increases will prevent 2 million children from ever starting to smoke, help more than 1 million adult smokers quit, prevent nearly 900,000 smoking-related deaths, and generate more than $44 billion in health care savings over the long term.

NCI Requires Clinical Trials To Be Registered In Database

Fulfilling a key recommendation from the NCI Clinical Trials Working Group, all clinical trials that receive NCI funding will be registered in a central database as part of the new Clinical Trials Reporting Program, the institute said.

The phased launch of this program calls for NCI-designated cancer centers to begin registering new intervention trials in July, with other NCI grantees following their lead in October.

This rule applies to any intervention study opened to accrual after Jan.1, 2009. In 2010, observational, ancillary, and correlative studies will be included.

"It is clearly useful to identify such research, but such a prioritization process can only rationally begin with a shared foundation of comprehensive, up-to-date information," said James Doroshow, director of the NCI Division of Cancer Treatment and Diagnosis.

The phased launch of CTRP began in early January with five pilot sites: Dana-Farber/Harvard Cancer Center, Mayo Clinic Cancer Center, Wake Forest Comprehensive Cancer Center, Robert H. Lurie Cancer Center at Northwestern University, and the St. Jude Children's Research Hospital. A larger group will join them in early April, with all grantees scheduled to follow by this fall. The goal is for the CTRP to eventually include all trials, regardless of funding source.

While no grantees will be exempt from registration, three NCI organizations—NCI's Center for Cancer Research, Cancer Therapy Evaluation Program, and Division of Cancer Prevention—will fulfill this task on behalf of their grantees by entering existing trial information directly into the CTRP. Clinical trial administrators will be able to search the CTRP Web site to find out if their trial has already been registered.

"We want to streamline the process and minimize the reporting burden on our investigators," said John Speakman, associate director for clinical trials products and programs at the NCI Center for Biomedical Informatics and Information Technology.

Federal requirements preclude CTRP from registering trials on ClinicalTrials.gov on behalf of the grantee. However, CTRP staff will summarize data from the trial protocol and other submitted materials to develop a formatted file that the submitting organization can provide to ClinicalTrials.gov.

NIH Plans Regional Hearings On Women's Health Research

NIH Office of Research on Women's Health, in collaboration with the Center for Women's Infectious Disease Research, Washington University School of Medicine, will convene a public hearing and scientific workshop on March 4-6, at Washington University, St. Louis.

The purpose of the meeting is to ensure that NIH continues to support cutting edge women's health research that is based upon the most advanced techniques and methodologies. The conference format will promote an interactive discussion involving leading scientists, advocacy groups, public policy experts, health care providers, and the general public. The St. Louis conference is the first in a series four regional hearings that will be convened throughout the nation to assist the ORWH and the NIH to move into the next decade of women's health research.

The conference will consist of public testimony followed by scientific panels and six concurrent workshops. The ORWH invites individuals representing

organizations with an interest in research areas related to women's health to provide written and oral testimony on these topics and/or on issues related to women in biomedical careers. Due to time constraints, only one representative from an organization or professional specialty group will present oral testimony, with presentations limited to 5-7 minutes. Similarly, individuals not representing an organized entity but a personal point of view will have the same time constraint. A letter of intent to present such testimony should be sent electronically to http://www.orwhmeetings.com/newdirections/ or to Jory Barone, joryb@esi-dc.com.

Testimony should include a brief description of the organization; is limited to no more than 10 pages, double spaced, 12 point font size; and should be forwarded to the Web site listed above no later than Feb. 20. Individuals and organizations wishing to provide written statements only should send two copies of their statements. All written testimony will be made available to the conferees prior to the meeting date.

In the Cancer Centers:

Moores Wins $7.5 Million Grant For Molecular Imaging Projects

(Continued from page 1)

and an alliance that strengthens two of the nation's fast-emerging leaders in biomedical research," said VAI Chairman and CEO **David Van Andel**.

MOORES CANCER CENTER at the University of California, San Diego, received a five-year, $7.5 million grant from NCI for its new In Vivo Cellular and Molecular Imaging Center. The principal investigators are **Robert Mattrey** and **David Vera**, professors of radiology at the UC San Diego School of Medicine. Mattrey and Nobel Prize winner **Roger Tsien**, professor of pharmacology, chemistry and biochemistry, are leading a project to improve the ability to characterize the aggressiveness of certain tumors. Mattrey and Tsien are developing imaging contrast agents to use with ultrasound to detect such enzymes in prostate and breast cancers. In another project, Vera and co-investigator **Stephen Howell**, professor of medicine, will use nuclear imaging and ultrasound to virtually crawl inside of cancer cells and monitor the presence and activity of an experimental platinum-based chemotherapy drug. In the third major project, **Dwayne Stupack**, assistant professor of pathology, is studying the use of nanoparticles to image and detect changes in the blood vessels that serve tumors. . . . **DAVID MUTCH**, director of the Division of Gynecologic Oncology and Ira and Judith Gall Professor of Obstetrics and Gynecology at the Washington University School of Medicine in St. Louis, was elected president of the Society of Gynecologic Oncologists at the organization's annual meeting Feb. 5-8, in San Antonio, Texas. Mutch is principal investigator for the Gynecologic Oncology Group at Washington University. He served as program chair of the 2004 SGO meeting, and has been a member of its council since 2005. . . . **VANDERBILT-INGRAM** Cancer Center appointed **Vandana Gupta Abramson** as assistant professor of medicine. Abramson will open a practice for breast cancer patients in addition to her research in clinical and translational studies of novel agents in the treatment of breast cancer. Abramson comes to Vanderbilt-Ingram from the University of Pennsylvania, where she was an instructor in hematology/oncology.

Funding Opportunities:

CDC Offers State Assistance For Colon Cancer Screening

The Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, announced an opportunity for state, tribal, and territorial health agencies to apply for assistance for colorectal cancer screening for low-income, under- and uninsured men and women.

Building on the CDC's Colorectal Cancer Screening Demonstration Program, funded from 2005-2009, this program focuses on the integration of colorectal cancer screening with other chronic disease programs.

Two funding categories are available; applicants may apply for only one of the following:

—Implementation of a comprehensive colorectal cancer screening program.

—Surveillance of existing statewide colorectal cancer screening program.The funding announcement, Integrating Colorectal Cancer Screening Programs with Other Chronic Disease Programs (CDC-RFA-DP09-903), is available at http://www.grants.gov.

NCI Request For Information

Request for Information: Priorities for Biomarkers For Cancer Detection, Diagnosis, and Prognosis(NOT-CA-09-014). http://grants.nih.gov/grants/guide/notice-files/NOT-CA-09-014.html

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