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Obama's First Budget Proposes \$6 Billion For Cancer Research As Step To Doubling

By Kirsten Boyd Goldberg

The Obama Administration appears to be laying the groundwork for an unprecedented increase in funding for cancer research.

Unlike the doubling of NIH appropriations that occurred between 1999 to 2003, this planned increase will single out cancer research.

According to the president's budget proposal released Feb. 25, the fiscal 2010 budget will include over \$6 billion for NIH to support cancer research.

"This funding is central to the president's sustained, multi-year plan to double cancer research," the document states. "These resources will be committed strategically to have the greatest impact on developing innovative
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In the Cancer Centers:

Lynch Named Director Of Yale Cancer Center, Physician-in-Chief Of Smilow Cancer Hospital

THOMAS LYNCH JR. was named director of Yale Cancer Center and physician-in-chief of the new Smilow Cancer Hospital at Yale-New Haven, which will open in October. His appointment is effective April 1.

Lynch, professor of medicine at Harvard Medical School, is chief of hematology/oncology at Massachusetts General Hospital Cancer Center. A lung cancer expert, he is director of the Center for Thoracic Cancers at MGH and director of medical oncology at the MGH Thoracic Oncology Center.

A native of Boston, Lynch received his undergraduate degree from Yale College in 1982 and his MD degree from Yale School of Medicine in 1986. He completed his internship and residency at MGH, and after serving a fellowship in medical oncology at the Dana-Farber Cancer Institute, he joined the medical staff at the Massachusetts General Hospital in 1993. In 1996, he helped found the Boston-based Kenneth B. Schwartz Center for the Promotion of Caregiver/Patient Relations and became vice chairman of its board of directors in 2006.

Lynch also will oversee a new institute for cancer biology at Yale's 136-acre West Campus, for which he will be recruiting a director and senior and junior scientists in the fields of cell signaling, cancer immunology and drug development and target acquisition.

"In his own research and in what he has accomplished in building clinical programs, Tom is an incredibly dynamic thinker and leader," said **Robert Alpern**, dean of Yale School of Medicine. "He has a vision for Yale
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diagnostics, treatments, and cures for cancer.”

This increase is separate from the unprecedented \$10 billion in the American Recovery and Reinvestment Act, which NIH will have to spend in 2009 and 2010.

Moreover, the stimulus bill gives NIH a \$400 million earmark from the Agency for Healthcare Research and Quality for studies in comparative effectiveness. Also, NIH is bidding to take part in an HHS \$650 million prevention and outreach research initiative.

The president’s plans for cancer research appear to be more ambitious than the doubling of the NCI budget of \$4.8 billion. Rather, he appears to be using the baseline of \$5.57 billion, the total amount NIH spent on cancer research in fiscal 2008, the last year it had a budget.

Currently, NIH is operating on continuing resolutions, but the House is considering an appropriations bill that would give NIH another bit of good news: a \$938-million increase that would boost the budget by 3.2 percent to \$30.3 billion during the current year.

“The president campaigned on a platform to double the NCI budget, and it looks like he is serious about it,” said Richard Schilsky, president of the American Society of Clinical Oncology, chairman of the Cancer and Leukemia Group B and an oncologist at the University of Chicago. “And we’ll need every penny to sustain the

projects that are begun with the stimulus dollars and might not otherwise be completed.”

If the president’s fiscal 2010 budget is using the NIH cancer spending as a base, the increase would amount to 7.7 percent, which over five years would amount to about a 50 percent increase. This suggests that larger increases would come later in the administration, perhaps providing a softer landing after the stimulus money is spent.

In his speech to a joint session of Congress on Feb. 24, Obama mentioned the proposed increase for cancer research: “It will launch a new effort to conquer a disease that has touched the life of nearly every American, including me, by seeking a cure for cancer in our time.”

Obama’s mother and grandmother died of cancer.

During the presidential campaign, Obama was unambiguous about his plans to double cancer research at NIH. A policy statement on cancer distributed by the campaign read:

“National Institutes of Health, National Cancer Institute and Centers for Disease Control and Prevention have made significant advances in understanding cancer biology, and translating that knowledge into effective prevention programs, diagnostics, treatments and cures. Notably, this knowledge has also benefited individuals with other diseases, such as autoimmune disorders. Despite these advances, cancer funding has stagnated in recent federal budgets. Barack Obama and Joe Biden are committed to reversing this trend, and providing our nation’s scientists with the resources they need to expand and accelerate bench-to-bedside research that will lead to enhanced prevention and diagnostic tools and innovative treatments. The Obama-Biden plan will double federal funding for cancer research within 5 years, focusing on NIH and NCI. Obama and Biden will also work with Congress to increase funding for the Food and Drug Administration, an under-resourced agency that plays a critical role in ensuring that advances in cancer research make a difference in the care of the millions of Americans who experience cancer. And, their plan will provide additional funding for research on rare cancers and those without effective treatment options; for the study of health disparities and evaluation of possible interventions; and efforts to better understand genetic factors that can impact cancer onset and outcomes.”

While the administration has created a windfall of cash for cancer research, it is yet to appoint its own leaders for NIH and NCI. NIH is run by Acting Director Raynard Kington and NCI remains under the



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Founded Dec. 21, 1973, by Jerry D. Boyd.

directorship of John Niederhuber. Niederhuber, a Bush appointee, has said that he would be happy to serve the Obama administration. However, during the past two changes of administrations, NCI directors stayed for less than a year.

NCI's Stimulus Funds: \$1.26 Billion

Of the \$10.4 billion for NIH included in the stimulus, \$8.2 billion will be spent on research. This will immediately give NCI about \$1.26 billion in direct funding.

Also, NCI grantees could successfully compete for the new NIH Challenge Grants, comparative effectiveness research funds, and other infrastructure monies administered by the NIH Office of the Director and the National Center for Research Resources.

The stimulus funds are supposed to be kept separate from operating budget funds, and special reporting requirements are being developed for grantees, NCI officials said earlier this week.

"NCI's leadership is working under an accelerated timetable to create a spending plan that meets the stimulus package goals, while striking an all-important balance between increases in the number of grants for individual investigators, where there are long-term financial obligations, and a greater commitment to solicited, team-science projects—such as IT-related efforts like caBIG, BIG Health, and efforts related to the development of electronic medical records," Niederhuber wrote earlier this week in his "director's update" on the NCI website.

The NIH spending plan for the ARRA funds that Kington made public last week (The Cancer Letter, Feb. 20), has been summarized in a statement on the NIH website at http://www.nih.gov/about/director/02252009statement_arra.htm.

NIH sources said the institutes were planning to issue new Requests for Applications for the Challenge Grant Program and construction funding possibly as early as Feb. 27.

Meanwhile, top NIH officials were given talking points to use when discussing the ARRA funding, but middle and lower level staff were told they were in a "lockdown" and forbidden to talk with outsiders, even grantees.

House Bill Gives NIH \$30.3 Billion Appropriation

The 2009 "omnibus" appropriations bill introduced in the House earlier this week gives NIH \$30.3 billion, a \$938 million increase over last year.

Like much of the rest of the federal government,

NIH is being funded through continuing resolutions, which provide flat funding.

Under the omnibus bill, H.R. 1105, NCI would receive \$4.97 billion. The 2008 budget, including supplemental funding, the institute's fiscal 2008 budget was 4.83 billion. The bill states that up to \$8 million may be used for facilities repairs and improvements at the NCI-Frederick research and development center.

The bill's "explanatory statement," which amounts to report language, directs NCI to name a fellowship in surgical pathology the Alan S. Rabson Award.

The award is intended "to provide lasting recognition to the work of Alan S. Rabson, M.D., Deputy Director of NCI. As a pathologist, researcher, administrator, and clinical advisor, Dr. Rabson has demonstrated unequaled service in his 53 years at NIH. He is the author of more than 100 scientific journal articles and is credited with several discoveries in virology that paved the way for other important findings in this field. But, in particular, he has made his life passion helping cancer patients and their families come to grips with their cancer diagnosis and locating the medical treatment and provider that will help them most. He is joined in his dedication to NIH by his wife, Dr. Ruth Kirschstein, who served as the Acting Director of NIH and Director of several institutes. Naming a fellowship in honor of Dr. Rabson is a modest acknowledgement of how much the country is indebted to this unparalleled public servant."

In other highlights related to oncology:

—FDA would receive \$2 billion, a \$335 million increase over 2008.

According to an explanatory statement, the budget restores the line item for the Critical Path initiative, which was crossed out of last year's budget. Critical Path, which is operated out of the FDA Commissioner's office, now receives \$16 million.

The program would have to give out no less than \$4 million in competitive grants and contracts to universities and non-profit groups. Critical Path has been used to develop strategies for reliance on biomarkers in drug development.

Also, the explanatory statement mandates FDA to include a \$6.62 million boost to the FDA Division of Drug Marketing, Advertising and Communication, roughly doubling its budget, in order to focus on direct-to-consumer advertising.

—Centers for Disease Control and Prevention would receive \$6.6 billion for the public health programs administered by CDC, \$239 million above last year.

Paul Goldberg contributed to this story.

Professional Societies:
**ASCO/AUA Suggest 5-ARIs
To Cut Prostate Cancer Risk**

A new joint guideline produced by the American Society of Clinical Oncology and the American Urological Association recommends that healthy men who are screened regularly for prostate cancer and show no symptoms of the disease should talk to their doctors about using a 5-alpha reductase inhibitor to prevent the disease.

5-ARIs lower the level of the hormone dihydrotestosterone (DHT), which can contribute to the growth of prostate cancer.

This guideline aims to provide a useful tool for clinicians and their patients in making an informed decision about the potential benefits and risks of taking 5-ARIs for preventing prostate cancer and examines the use of 5-ARIs as a method of chemoprevention for prostate cancer.

Currently, 5-ARIs are used to treat other non-cancerous conditions, such as male-pattern baldness and benign prostatic hyperplasia.

“Although one in every six men in the United States will be diagnosed with prostate cancer, we are not recommending that all men take 5-ARIs,” said Barnett Kramer, associate director for disease prevention at NIH and co-chairman of the guideline panel. “However, we would encourage men to begin a dialogue with their doctors to determine if they could benefit from taking 5-ARIs to reduce their prostate cancer risk.”

The key recommendations in the guideline include:

—Men with a prostate-specific antigen score of 3.0 or below who are screened regularly (or plan to get yearly PSA tests) and currently show no signs of prostate cancer are encouraged to talk with their doctor about the risks and benefits of taking a 5-ARI to further prevent their likelihood of getting prostate cancer.

—Men who are already taking a 5-ARI for other conditions should talk to their doctor about continuing to use this drug for the prevention of prostate cancer.

The ASCO/AUA recommendations on chemoprevention for prostate cancer are based on evidence gathered from clinical trials, including the Prostate Cancer Prevention Trial, in which participating men took a 5-ARI for one to seven years. Trial data showed an overall relative risk reduction of approximately 25 percent in most men who took a 5-ARI to prevent prostate cancer.

“Although a large clinical trial has shown that

5-ARIs can decrease the incidence of prostate cancer, we are still not able to determine if the mortality from prostate cancer is reduced,” said Paul Schellhammer, a past president of the AUA and co-chairman of the panel that developed the guideline. “However, the demonstrated effect of 5-ARIs in reducing prostate cancer incidence makes it reasonable to recommend them for use to prevent the disease. But, as with any drug, patients should discuss the risks and benefits with their physicians.”

In conjunction with this guideline, ASCO developed a Decision Aid Tool, which uses straightforward charts and diagrams to explain the risks and benefits of 5-ARIs to patients and their families. One section, called “Thinking It Over,” encourages patients to discuss potential treatment decisions with their doctors and their family and determine what risks and benefits matter most to them.

The guideline will be published in the March issue of the Journal of Clinical Oncology and the March issue of The Journal of Urology. ASCO released a corresponding patient guide on its website for patients, www.cancer.net.

Besides Kramer and Schellhammer, panel members included Karen Hagerty, Stewart Justman, Mark Somerfield, Peter Albertsen, William Blot, Ballentine Carter, Joseph Costantino, Jonathan Epstein, Paul Godley, Russell Harris, Timothy Wilt, Janet Wittes, and Robin Zon.

Cancer Prevention:
**Report Says Many Cancers
In U.S. Could Be Prevented**

About 45 percent of colon cancer cases and 38 percent of breast cancer cases in the U.S. are preventable through diet, physical activity, and weight maintenance, according to a report by two cancer prevention organizations. That figure does not include smoking, which alone accounts for about a third of cancers.

The report, by World Cancer Research Fund and American Institute for Cancer Research, also makes recommendations for policies to reduce the global number of cancer cases. All sections of society need to make public health, and cancer prevention in particular, a higher priority, the report concluded.

As part of the evidence-based report, two independent teams of scientists systematically examined the evidence for how policy changes can influence the behaviors that affect cancer risk. Following this, a panel of 23 experts made 48 recommendations, divided

between nine different but often overlapping sectors of society: multinational bodies; civil society organizations; government; industry; media; schools; workplaces and institutions; health and other professionals; and people.

“When people think of policy reports, they often think they only speak to governments. But the evidence shows that when it comes to cancer prevention, all groups in society have a vital role to play,” said Sir Michael Marmot, chairman of the WCRF/AICR panel.

Among the recommendations:

—Governments should require widespread walking and cycling routes to encourage physical activity.

—Industry should give a higher priority for goods and services that encourage people to be active, particularly young people.

—The food and drinks industry should make public health an explicit priority at all stages of production.

—Schools should actively encourage physical activity and provide healthy food for children.

—Schools, workplaces and institutions should not have unhealthy foods available in vending machines.

—Health professionals should take a lead in giving the public information about public health, including cancer prevention.

—People should use independent nutrition guides and food labels to make sure the food they buy for their family is healthy.

“Estimating cancer preventability is a very complex prospect that involves making a number of assumptions,” said panel member Tim Byers, of the University of Colorado at Denver. “Having said that, the figures in this report are as good an estimate it is possible to achieve about the proportion of cancer cases that could be prevented through healthy diet, regular physical activity and maintaining a healthy weight.

“On a global level every year, there are millions of cancer cases that could have been prevented,” Byers said. “This is why we need to act now before the situation gets even worse.”

The report also includes preventability estimates for the UK (which, like the US, is considered a high-income country), as well as for China and Brazil, which respectively represent low and middle-income countries.

The new WCRF/AICR Policy Report is a companion document to the expert report, “Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective,” published in November 2007. That expert report evaluated the scientific evidence

from over 7000 studies and made 10 recommendations for lowering cancer risk.

“The 2007 expert report identified the specific choices that people can make to protect themselves against cancer, but actually making those healthy choices remains difficult for many people,” said policy report panel member Shiriki Kumanyika, of the University of Pennsylvania School of Medicine. “The policy report takes the next step—it identifies opportunities for us as a society to make those choices easier.”

The new report, “Policy and Action for Cancer Prevention,” is available at www.aicr.org.

SKIN CANCER DETECTION: Based on a review of literature published since 2001, the United States Preventive Services Task Force recently concluded that there is insufficient evidence to assess the balance of benefits and harms of using a whole-body examination by a primary care clinician or patient skin self-examination for the early detection of skin cancer.

The review was published in the Feb. 3 edition of the *Annals of Internal Medicine* (Vol. 150, No. 3).

This finding reflects no changes to the USPSTF’s 2001 recommendation statement. The task force noted that patients should be aware of the uncertainty regarding the balance of benefits and harms of skin examinations.

Further information on the recommendations is available on the Agency for Healthcare Research and Quality website at www.preventiveservices.ahrq.gov.

Advocacy:

NCCS Begins Program To Help Develop Survivors’ Care Plan

NATIONAL COALITION FOR CANCER SURVIVORSHIP, UCLA, WellPoint Inc., and Genentech have begun a program to provide coordinated follow-up care for people surviving cancer.

Journey Forward, a pilot program in California, Colorado, Maine, Nevada, and New Hampshire, promotes physician and patient understanding of the post-treatment effects of cancer. By facilitating the development of a survivorship care plan, the program aims to improve continuity and coordination of care for cancer survivors throughout their lives.

The program was created in response to recommendations by the Institute of Medicine, which concluded in a November 2005 report that “the consequences of cancer and its treatment are substantial”

and largely unmet. The report says many cancer survivors are “lost in transition” from active treatment to survivorship, with few clues about how to manage their follow-up care and about the physical and mental health problems that may result from their treatment.

“Patients often have no idea what to expect once they’ve finished their cancer treatment, and neither do the primary care providers on their team,” said Patricia Ganz, director of the UCLA Cancer Survivorship Center. “There is a need for better post-treatment coordination of care and the treatment summary and survivorship care plan is a place to start. Survivors often don’t know what kind of surveillance and follow-up care they need to monitor for disease recurrence or any late effects that may result from their cancer treatment.”

“By providing tools and information to both parties, Journey Forward opens the door for improved dialogue between physicians and patients and promotes the coordination of long-term care for people with cancer. It also gives survivors a greater opportunity to participate in their care,” said Ellen Stovall, a three-time cancer survivor and acting president and CEO of NCCS.

Journey Forward will distribute kits to health care providers and patients that explain the importance of follow-up care plans, offer tools for providers to generate these plans, and offer interactive tools for patients to participate in the process. The kits are also available online at www.JourneyForward.org.

Journey Forward will initially focus on survivors of breast and colon cancers, and target oncologists and primary care providers. The program will later expand to target additional providers and survivors of other cancer types throughout the country.

“WellPoint is committed to working with other health care partners to develop innovative programs and services that improve the health of our communities and consumers,” said Angela Braly, president and CEO, of WellPoint. “Through collaborative efforts like Journey Forward, we can help physicians, members and insurers work together toward short-term and long-term treatment plans that help ensure the most appropriate health care services for each patient.”

David Schenkein, Genentech’s senior vice president, Clinical Oncology and Hematology, adds: “Improved diagnostic testing and new personalized cancer medicines have helped many people live longer lives. Journey Forward can help ensure that, after a person completes their initial cancer treatment, they continue to get the best possible care as they begin to rebuild their life.”

Obituary:

Stephen Williams, Director Of IU's Simon Cancer Center

STEPHEN DOUGLASS WILLIAMS, 62, a research physician who became the founding director of the Indiana University Melvin and Bren Simon Cancer Center in 1992, died of melanoma on Feb. 15.

He received IU’s highest faculty honor, the President’s Medal for Excellence, at the August 2008 dedication of the expanded IU Simon Cancer Center.

In 1994, the center’s extramural research funding totaled \$16 million; today it is over \$75 million. The number of scientific members of the cancer center has doubled; more than 220 investigators now focus on the scientific discovery and translation of basic, clinical and population science into new prevention, diagnostic and treatment modalities.

In 1994, 2,000 new patients visited the IU Cancer Center; today, more than 3,400 new patients visit the center each year.

Moreover, a \$50 million naming gift from Melvin and Bren Simon in 2006 signified a “coming of age” for the cancer program that Williams had been charged with building and directing.

Williams earned national recognition as a physician researcher for his role in investigating the successful use of chemotherapy in the treatment of ovarian and testicular germ cell tumors.

Williams served as the HH Gregg Senior Chair in Oncology and Associate Dean of Cancer Research at the IU School of Medicine. He was born in Shelbyville and grew up in Bedford. He was a graduate of DePauw University and entered the IU School of Medicine in 1967. He then completed a medical residency and internship at IU before completing his IU medical oncology fellowship.

In 1978, Williams became a faculty member of the IU School of Medicine and was the first appointed oncologist at the Richard L. Roudebush Veterans Administration Medical Center.

Williams authored and co-authored 158 scientific, peer-reviewed publications, 95 abstracts and 42 textbook chapters on the diagnosis and treatment of genitourinary tumors.

He served in numerous leadership roles with the American Society of Clinical Oncology and the Gynecologic Oncology Group and on an NCI grant review committee.

Williams is survived by his wife Kathryn and their children Thomas and Caroline.

In the Cancer Centers:
**Norris Cotton Wins Renewal
Of NCI Cancer Center Grant**

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Cancer Center to be preeminent in clinical care, clinical research and basic research.”

Other major plans for the cancer center include recruiting clinicians and translational researchers, expanding clinical trials and developing a clinical program that will provide molecular profiling services to enable targeted therapies.

Lynch said he is excited about the plans of the medical school and hospital to invest in new programs and infrastructure to improve the health and longevity of patients with cancer. “With these new facilities and programs, Yale will be nationally known for its expertise in personalized cancer therapy, using molecular profiling to match therapy to the genetic signature of the patient’s tumor as well as its commitment to quality, safety and outcomes measurement,” he said.

Smilow Cancer Hospital is a 14-story, 500,000-square-foot building, which will consolidate Yale and Yale-New Haven’s inpatient and outpatient cancer services, will include 168 beds, outpatient treatment rooms, expanded operating rooms, infusion suites, diagnostic imaging services, and a specialized women’s cancer center, as well as a floor each for diagnostic and therapeutic radiology.

DARTMOUTH-HITCHCOCK’S Norris Cotton Cancer Center was approved by NCI for an additional five years as an NCI-designated cancer center, a distinction that the center has held continuously since 1978. Norris Cotton Cancer Center is the only cancer center in northern New England, and one of only 40 centers nationwide, to hold the comprehensive cancer center designation from NCI.

Under its director **Mark Israel**, Norris Cotton represents the integrated efforts of 126 Dartmouth scientists and researchers, with annual cancer research awards exceeding \$54 million, and 162 Dartmouth-Hitchcock clinicians providing research-based care and clinical trials.

“With this renewal, the NCI has underscored our commitment to excellence in research, and to building dynamic partnerships throughout our region that connect new discoveries in cancer to improved care for patients and cancer prevention and education programs for our communities,” said Israel. “We strive to bring the knowledge and expertise of a NCI comprehensive cancer

center directly to our communities, and to deliver the best cancer care in the world, helping patients to stay close to home even if they require specialized care or treatment on a clinical trial.”

The NCI’s review commented on the growth and strength of the center’s scientific program, the important role the center plays in the region, and its involvement in New Hampshire’s cancer control efforts. The review also cited the center’s recent research contributions including a number of important advances in chemoprevention research, elucidating the role of the media in adolescent cancer risk behavior, establishing cancer screening registries in colonoscopy and mammography, developing novel therapeutics and cancer vaccines, and advances in breast cancer imaging and nanotherapeutics.

CITY COLLEGE OF NEW YORK and Memorial Sloan-Kettering Cancer Center were awarded a \$15.9 million NCI U54 grant to develop a Partnership for Cancer Research, Training, and Community Outreach. “We are looking forward to partnering with CCNY to improve cancer research, training, education, and outreach for underserved communities in the New York area,” said **Tim Ahles**, director of MSKCC’s Neurocognitive Research Laboratory, and U54 co-principal investigator. “By combining our talents and some of our resources, CCNY and Memorial Sloan-Kettering will be well equipped to build and nurture programs in areas such as cancer research and community outreach that will help address cancer disparities in underserved minority and economically disadvantaged communities,” said **Karen Hubbard**, professor of biology at CCNY, and a U54 co-PI. The partnership will recruit new faculty members at both institutions. U54 resources will help support appointments in key CCNY divisions. At MSKCC, faculty lines will add to the capacity to conduct community-based intervention research and to the development of the PCOP. . . . **ROSWELL PARK CANCER INSTITUTE** received a five-year, \$10.2 million grant from NCI to support studies in photodynamic therapy. RPCI has received uninterrupted NCI funding for its PDT program since 1992. This program project grant, led by principal investigator **Barbara Henderson**, professor of oncology and director of the PDT Center, explores mechanisms and strategies for making PDT more effective in treating cancer. The program consists of five projects, supported by four technical, statistical and administrative core units: **Ravindra Pandey** will continue his work to develop novel agents for optimization of PDT and tumor imaging; **Heinz Baumann** will explore molecular

pathways for optimizing PDT; **Sandra Gollnick** will examine how PDT can affect mechanisms of tumor immunology; **Nathalie Zeitouni**, will investigate mechanisms of PDT in patients being treated for skin cancer; **Nestor Rigual** and **Merrill Biel**, of University of Minnesota, will conduct clinical trials using PDT for the treatment of early-stage cancer of the head and neck. . . . **NATIONAL SPACE** Biomedical Research Institute selected **Daniela Trani**, of Georgetown University Medical Center, as one of four young investigators for its 2008-2010 Postdoctoral Fellowship Program. Trani is a postdoctoral fellow in the lab of **Albert Fornace Jr.** at Georgetown's Lombardi Comprehensive Cancer Center. Trani's research will investigate injury responses including inflammatory signaling induced by space radiation. The study will use a genetic approach in an in vivo model to investigate the effects of radiation-induced inflammatory signaling on cellular and molecular parameters in the intestine. Exposures, such as during a solar storm, could impact crew performance by perturbing gastrointestinal function. . . . **UNIVERSITY OF MINNESOTA** College of Veterinary Medicine, in conjunction with the Masonic Cancer Center, has established a new Animal Cancer Care and Research program to conduct research in comparative oncology and provide care for companion animals with cancer. The ACCR program draws its expertise primarily from scientists in the College of Veterinary Medicine and the Masonic Cancer Center, but ACCR scientists also work closely with the Medical School, School of Pharmacy, and School of Public Health. "ACCR researchers are currently working to define breed- and disease-specific 'Achilles' heels' in dogs," said **Jaime Modiano**, director of the program. "These findings could then be translated into more effective and less toxic cancer treatments. The implications could reach far beyond dogs and veterinary medicine." Modiano's laboratory is one of three research labs involved in the program. "We can learn more about cancer by working together," said **Douglas Yee**, director, Masonic Cancer Center. "This program will advance our understanding of cancer in both animals and people." . . . **COMMUNITIES AS PARTNERS** in Cancer Clinical Trials awarded grants to five cancer research organizations to improve cancer clinical trial participation through innovative community engagement strategies. The five organizations were selected from a pool of 43 applicants. They are: University of North Carolina's Carolina Community Network; Vanderbilt-Ingram Cancer Center; Grand Rapids Clinical Oncology Program; Columbia St. Mary's Health System, Milwaukee; and American

College of Surgeons Oncology Group. Communities as Partners in Cancer Clinical Trials is supported by a grant from the Agency for Healthcare Research and Quality with co-funding from NCI. The project also received financial support from the American Society of Clinical Oncology, Genentech, GlaxoSmithKline, the Intercultural Cancer Council, the Lance Armstrong Foundation, the California Breast Cancer Research Program, the Wellness Community, and the University of Michigan Comprehensive Cancer Center.

Funding Opportunities: **Foundation Transfers Funds To PBTF For Scholarships**

The Tim & Tom Gullikson Foundation has dissolved as a nonprofit corporation and transferred its remaining funds to the Pediatric Brain Tumor Foundation to formally establish the Tim & Tom Gullikson Family Support Fund at the PBTF.

The grant of more than \$700,000 expands the PBTF's college scholarship resources. The TTGF started the Tim & Tom Gullikson Foundation College Scholarship Program in 1999 with seed funding from tennis champions Corina Morariu and Pete Sampras, and offered its first college scholarships in 2000. Since that time, the program has granted about \$800,000 in scholarships to more than 500 aspiring students whose lives have been affected by a brain tumor.

Like the Tim & Tom Gullikson Foundation, the PBTF also has supported the college education of brain tumor survivors. Since 2002, it has granted 397 scholarships.

"We at the Tim and Tom Gullikson Foundation believe that this makes particularly good sense during these challenging economic times," said Rosemary Gullikson, TTGF president and the widow of Tim Gullikson, the tennis champion and coach who died of a brain tumor in 1996.

The deadline for applications is March 2. Further information is available by contacting familysupport@pbtfus.org or by calling 800-253-6530.

NCI Funding Opportunities

PA-09-046: Testing Tobacco Products Promoted to Reduce Harm (R01). <http://grants.nih.gov/grants/guide/pa-files/PA-09-046.html>.

PA-09-047: Testing Tobacco Products Promoted to Reduce Harm (R21). <http://grants.nih.gov/grants/guide/pa-files/PA-09-047.html>.

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