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NCI Raises R01 Payline To 16th Percentile For Fiscal 2009, Up From 12th Last Year

By Kirsten Boyd Goldberg

NCI plans to increase the payline for R01 grants to the 16th percentile for fiscal 2009, Institute Director John Niederhuber said last week.

The payline is the point above which grants will be funded based on peer review scores. In FY 2008, the R01 payline was at the 12th percentile, and NCI funded 3,732 R01 grants.

The rise in the payline is the result of the 2.9 percent increase in NCI's FY 2009 budget under the Omnibus Appropriations Act signed by President Obama recently.

"For the 2009 fiscal year, I am pleased to report that NCI's Research Project Grant funding will be considerably stronger than it has been in any

(Continued to page 2)

In the Cancer Centers:

UCSF Receives $125 Million Gift To Build Cancer Hospital At Mission Bay Campus

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, Medical Center has received a $125 million gift for its campaign to build a children's, women's specialty, and cancer hospital complex at the UCSF Mission Bay campus. This is the largest support to date for the $600-million hospital fundraising campaign and among the largest gifts in UCSF history.

The gift, which requires a 100 percent match to encourage support from other philanthropists, was made by **Charles Feeney**, founding chairman of The Atlantic Philanthropies. This brings to $270 million The Atlantic Philanthropies' total commitment to UCSF's Mission Bay campus.

"The new medical center at Mission Bay is critical to the future of UCSF as a world-class health sciences institution, as well as to the health care professionals and scientists we train and the patients we serve," said UCSF Chancellor **J. Michael Bishop**.

Upon completion in 2014, the 289-bed project will include a children's hospital with urgent/emergency care and pediatric ambulatory care facilities, a women's hospital for cancer care and specialty surgery, a center for mothers and newborns, and a hospital for adult cancer patients. The integrated specialty hospitals will be located on a 14.5-acre parcel adjacent to UCSF's 43-acre biomedical research campus. That placement is designed to foster new advances in medicine by encouraging collaboration among basic scientists, clinical researchers, and physicians.

(Continued to page 7)

Payline For First-Time R01s To Rise To 22nd Percentile

(Continued from page 1)

of the last five years," Niederhuber said in a March 19 posting on the NCI web site.

"Using the increased appropriation this year, we will raise the R01 payline for five-year grants to the 16th percentile," Niederhuber wrote. "The payline for five-year *(star)R01 grants, which go to first-time applicants beginning their academic careers, will rise to the 22nd percentile."

Also, NCI is planning its use of economic stimulus funds provided under the American Recovery and Reinvestment Act. "Although our planning for the allocation of ARRA funds is not yet complete, we hope to allocate a substantial amount to further increase the R01 payline to the 18th percentile and possibly beyond, through a combination of two-year and longer-term grants," Niederhuber wrote.

The combined effects of the stimulus funds and the budget increase "will certainly be felt by laboratory scientists across the country," Niederhuber wrote.

"The good fortune of having an increase in our appropriation, coupled with ARRA funding, will certainly require detailed planning and fiscal vigilance," he wrote. "How we put those monies to work will speak for years to come about how much we value our science—and our scientists."

Niederhuber's remarks are posted at http://www.cancer.gov/directorsnotes.

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Editor & Publisher: Kirsten Boyd Goldberg
Editor: Paul Goldberg

Editorial: 202-362-1809 Fax: 202-379-1787
PO Box 9905, Washington DC 20016
Letters to the Editor may be sent to the above address.

Subscriptions/Customer Service: 800-513-7042
PO Box 40724, Nashville TN 37204-0724
General Information: www.cancerletter.com

Washington In Brief:

New Coalition Formed For Medical Innovation

COUNCIL FOR AMERICAN MEDICAL INNOVATION, a new coalition to urge Congress to support medical innovation, was announced March 19 in Washington, D.C.

Leaders of the coalition include former Rep. **Dick Gephardt**; **Francis Collins**, former director of the National Human Genome Research Institute; **Edward Benz**, CEO of the Dana-Farber Cancer Institute; **Billy Tauzin**, president and CEO of the Pharmaceutical Research and Manufacturers of America; and **Marc Boutin** of the National Health Council.

"American leadership in medical innovation must be part of our economic recovery plan," Gephardt said. "It has a direct impact on job growth, U.S. competitiveness and the health of all Americans. The future belongs to those who can create and sustain innovation economies, and we must work now to put policies in place that will nurture medical innovation, protect America's ability to maintain its global leadership position and help us find cures."

Gephardt and the other founders of the coalition said the prosperity of the U.S. will largely depend on maintaining a lead role in scientific, technological and medical innovation, but the country's lead has been slipping. According to a 2007 report from the Council on Competitiveness, in the past 25 years:

—The U.S. share of global R&D investment declined from 46% to 37%.

—The U.S. share of global patents decreased from 54% to 52%.

—The U.S. share of scientific publications fell from 38% to 30%.

—The U.S. share of scientific researchers fell from 41% to 29%.

—The number of bachelor's degrees in science and engineering in the U.S. decreased by 10%.

—The number of new doctorates in science and engineering in the U.S. decreased 30%.

A study released last month by the Information Technology and Innovation Foundation found that while the U.S. currently ranks sixth among 40 countries and regions in innovation and competitiveness, it placed last in terms of progress made over the last decade. Singapore, Sweden, Luxembourg, Denmark and South Korea now outrank the U.S.

"Science and technology have contributed more than half of U.S. economic growth since World War

II," said Collins. "But we've allowed that to slip. We need a bold and coordinated plan of action to prepare our children for careers in innovation, provide support to scientific research and get our economy back on track."

In his recent address to Congress, President Obama called for a stimulus package that "will launch a new effort to conquer a disease that has touched the life of nearly every American by seeking a cure for cancer in our time."

"In order to strengthen medical innovation, improve the health of Americans, and achieve President Obama's goal of curing cancer in our lifetime, Congress must adopt an aggressive national policy agenda on medical innovation," said Tauzin. "American businesses must be innovative in order to succeed in the competitive global economy. We must support their innovation with policies that provide more funding for research, sensible immigration laws that make room for the world's best minds, tax incentives for innovation and policies that protect the fruit of innovators' labor—their intellectual property."

"We are dependent on a strong environment for medical innovation as we stake out new territory in the fight against cancer and for the health and well-being of all Americans," said Benz. "Research means hope for millions of patients and families, and medical innovation creates the cures and miracles of science that help keep Americans healthy and thriving."

The mission of the Council for American Medical Innovation is to:

—Educate the public about the importance of medical innovation in the U.S. and its impact on the economy, health and well being of the nation.

—Drive a comprehensive public policy agenda that advances medial innovation and progress.

—Encourage policymakers to make meaningful changes on critical issues related to medical innovation. A key outcome that the Council for American Medical Innovation hopes to achieve is a broad medical innovation policy agenda. This consensus-based plan would address how policies can:

—Attract companies and well-paying jobs to the U.S.

—Promote risk-taking in research and development.

—Encourage more students to participate in science, technology, engineering and mathematics education.

—Attract the best and brightest researchers to the U.S.

—Support basic scientific research and development.

Members of the Council include: AdvaMed, ALS Association, American Society for Therapeutic Radiology and Oncology, American Academy for Child and Adolescent Psychiatry, Association of Clinical Research Organizations, Cleveland Clinic, National Health Council, National Organization for Rare Disorders, Parkinson's Action Network, RetireSafe and Whitman-Walker Clinic.

The Council is governed by an advisory board, including: Marc Boutin, Executive Vice President and Chief Operating Officer, National Health Council; David Heil, former host of PBS series 'Newton's Apple'; Nancy Johnson, Senior Public Policy Advisor, Baker, Donelson, Bearman, Caldwell & Berkowitz, and former Chairwoman of the House Ways and Means Health Subcommittee; David Nash, Founding Dean, Jefferson School of Health Policy and Population Health at Thomas Jefferson University; Amy Comstock Rick, Chief Executive Officer, Parkinson's Action Network; Elizabeth Teisberg, Associate Professor, University of Virginia Darden Graduate School of Business; and Vivek Wadhwa, Fellow with the Labor and Worklife Program at Harvard Law School and Executive in Residence/ Adjunct Professor at the Pratt School of Engineering at Duke University.

The coalition has a web site at www.americanmedicalinnovation.org.

RICHARD SCHILSKY, president of the American Society of Clinical Oncology and a medical oncologist at the University of Chicago, testified before a House committee in support of funding for cancer clinical trials research.

In remarks March 18 to the House Appropriations Committee's Subcommittee on Labor, Health and Human Services, Education & Related Agencies, Schilsky said that ASCO and its 27,000 members:

—Commends Congress and President Obama for the steps taken to enhance funding for biomedical research. These efforts will serve the overarching goal of leading to scientific advancements that improve the outcomes for cancer patients while providing rapid assistance to local economies throughout the United States by putting talented research professionals to work. Every dollar of NIH support returns at least $2.50 in economic growth to the local community.

—Urges the subcommittee to support the President's budget request for NIH and NCI for FY2010 and urges a sustained, multi-year commitment to increasing the

levels of funding for cancer research through NIH and NCI.

"President Obama boldly called for a cure to cancer in his recent address to a joint session of Congress," Schilsky said. "We applaud him for this leadership and support his budget proposal request of over $6 billion dollars for cancer research within NIH and his pledge to provide a sustained, multi-year plan to double funding for cancer research.

"This country is remarkably poised to deliver on the President's challenge," Schilsky said. "Over the last 50 years, this nation has developed the world's preeminent cancer clinical trials system through its cancer centers, Cooperative Groups, Community Clinical Oncology Program, Specialized Programs or Research Excellence, and other mechanisms."

Schilsky's testimony is posted at www.asco.org.

NCI Programs:

New Research Programs Win Advisory Board Approval

By Kirsten Boyd Goldberg

Advisors to NCI approved the institute's plans to set aside more than $100 million over the next three to five years to fund research grants in areas that institute officials consider high priorities.

The NCI Board of Scientific Advisors unanimously approved concepts for five new Requests for Applications in the following areas:

—HIV-associated malignancies in Africa.

—Biology of estrogen receptor negative breast cancer among various racial and ethnic groups.

—Cancer Immunotherapy Trials Network.

—State and community tobacco control policy and media.

—Common pathogenetic mechanisms of lung cancer and chronic obstructive pulmonary disease.

The board voted 7-12 against approval of a concept for a new RFA program in stress regulation of tumor biology.

Following are excerpts of the concept statements:

Phase I: Strengthening Capacity for HIV-Associated Malignancies in Africa. Concept for a new RFA, first year set aside $4 million, total cost $12 million over three years, anticipated award date June 2009, six to seven awards. Program director: Geraldine Dominguez, NCI Office of HIV and AIDS Malignancy.

The goal of this initiative is to meet the challenges posed by the increasing burden of malignancies occurring in the HIV-infected populations of sub-Saharan Africa. The AIDS Malignancy Program believes that these challenges provide a unique opportunity to engage in meaningful partnerships between African and U.S. investigators with the potential to sustain cancer studies beyond AIDS related cancers. Phase I of this initiative is to develop the necessary multidisciplinary teams required to extend and enhance research capacity, and encourage long term, in depth studies of viral and non-viral associated malignancies in the context of HIV. Phase I will solicit applications from U.S. investigators in collaboration with African investigators to identify, assemble and train requisite research teams. The training component will use the D43 mechanism.

The global burden of people living with HIV is estimated to be 33.2 million, with an estimated 2.5 million new infections in 2007. Worldwide, 2.1 million people died of AIDS/HIV in 2007. Sub-Saharan Africa is the region most affected by the epidemic. Sixty-eight percent of all HIV-positive individuals live in sub-Saharan African and 76 percent of the 2007 AIDS deaths occurred in this region. The majority (61%) of people living with HIV in this region are women. Of the world's children living with HIV, 90% are living in sub-Saharan Africa.

While research data are limited regarding the changing incidende rates of cancers in African countries over the course of the HIV epidemic, some reports have indicated that certain AIDS-defining cancers have increased 10- to 100-fold. African countries are already faced with major challenges in providing optimal cancer prevention, diagnosis, and treatment.

The major focus of the proposed RFA will be on viral-associated malignancies since these represent the greatest cancer burden in HIV-infected persons. It is hoped that this initiative will provide the catalytic agent to re-invigorate studies which may lead to the identification of new infectious agents associated with cancers, innovative pharmacogenomic studies, insights into the intersection of infection, immunity, and cancer, and the identification of new environmental and genetic risk factors.

The goal of Phase I is to increase in-country research capacity by training the appropriate individuals so that they are able to develop and conduct in-depth research projects in HIV-associated malignancies. Phase I will support project-focused research training for African scientists to develop full partners that can collaborate on research studies that will be proposed for Phase II.

The Phase I award will provide three years of

funding. Applicants may request up to $500,000 direct costs and 8% for facilities and administrative costs.

Fundamental Understanding of the Biology of Estrogen Receptor Negative Breast Cancer Among Various Racial and Ethnic Groups. Concept for a new RFA, cooperative agreement, first year set aside $1.2 million, total cost $6 million, anticipated award date 2010, three to four awards. Division of Cancer Biology.

The thrust of the proposed concept is to encourage a rigorous analysis of ER-negative breast cancers leading to a mechanistic understanding of its biology and determining whether the biology differs among racial and ethnic groups.

The RFA is intended to encourage teams of investigators across disciplines to contribute to uncovering the biologic drivers of ER-negative breast cancer development in different racial and ethnic groups including genetic, epigenetic, molecular and cellular factors. Applicants should actively seek and apply input from other disciplines in addressing their study hypothesis. This RFA will generate a fundamental biologic understanding of ER-negative breast cancer, which will inform the development of prevention and treatment interventions for ER-negative breast cancer.

This RFA results from collaboration among several of NCI's offices, divisions, and centers. The first issuance will focus on high priority projects that are consistent with the overall mission and responsibilities of NCI's Strategic Plan. This effort also adheres to the Guidelines for Trans-Divisional Initiatives.

Establishing research infrastructure, disseminating information, and reaching out to minority investigators, and engaging research programs focused on health disparities and which have access to significant numbers of racially and ethnically diverse patients in treatment are important aspects of this concept. To achieve the intended goal, investigators are strongly encouraged to collaborate with NCI-funded programs to maximize research outcomes. Such interaction will provide an advantage in the utilization of resources available through NCI-supported research infrastructures.

Cancer Immunotherapy Trials Network. Concept for a new RFA, cooperative agreement, first year set aside $1.6 million, total cost $14 million over five years, anticipated award date April 2010, one award. Division of Cancer Treatment and Diagnosis.

The purpose of this RFA concept is to create a single network of leading investigators in the immunotherapy field to jointly develop and conduct phase I and early phase II multi-institutional trials that could not be conducted efficiently by a single institution or single PI approach. The optimal network should consist of members capable of proposing trials that use a variety of immunotherpeutic modalities, e.g., cell-based approaches using T cells or dendritic cells, vaccines, antibodies, cytokines and suppressor blockers. It is also expected that this network will propose trials testing novel, untested cytokines and antibodies, and in particular, novel combinations of these agents (e.g., IL-15 and anti-CTLA-4), combinations with other approaches, such as with targeted therapies (e.g., adoptive immune cell transfer and angiogenesis inhibitors for renal cell cancer), and innovative strategies such as the use of vaccines where bulky has been eradicated. The successful applicant is expected to initiate 20-25 phase I and early phase II clinical trials over the course of the grant period. The most favorable approaches developed in phase II trials by this network could hopefully be brought to the NCI cooperative groups for development of randomized phase II and phase III trials.

The RFA would integrate several tumor immunology laboratories into the CITN to enable the network to use specimens obtained from patients on the clinical trials for 1) immunomonitoring, 2) developing and credentialing biomarkers that assess pharmacodynamic effects or can serve as predictors of response; and 3) providing the experimental and analytical infrastructure to facilitate an understanding of the biological mechanisms underlying the results of the clinical trials.

The RFA will specify that a single CITN U01 will be funded that will have the following components:

—Member institutions: All member institutions will be clinical immunotherapy treatment sites that have documented experience in participating in phase I and II immunotherapy clinical trials. All member sites will be expected to contribute to the scientific leadership of the network. Institutions should have the requisite highly qualified medical, nursing, and pharmacy staff, and they should have demonstrated ability to carefully monitor patients treated on such studies, and report clinical data in a timely manner for central collection and review. The network will be limited to six to eight such member institutions. These sites will also be judged b demonstration of their past record in leveraging other NCI funded programs that could potentially synergize with the goals of the CITN, such as the Mouse Models Consortium, the Early Detection Research Network,

NCI R01 and P01 grantees, and the Clinical Trials Cooperative Group program. In addition to the member sites, ancillary clinical sites will be permitted to join specific trials. These sites will be selected based on their capability to enroll patients onto CITN trials or because investigators propose a trial that is selected by the CITN. The NCI intramural program will provide an additional clinical site to the CITN but will not require U01 funding.

—Tumor immunology laboratories, to be funded by subcontracting through the operations office or via the NCI directly, for providing immunomonitoring, biomarker and/or correlative science. The funds would be provided to select laboratories that have documented expertise in high quality basic tumor immunology in order to complete a variety of imune assessment, biomarker, or correlative science studies, using samples from the clinical sites. Laboratory sites may provide one or more of these functions, and could be an academic, government, or commercial laboratory.

—Scientific leadership: Strong scientific leadership is essential to bring together the disparate aspects of immunotherapy into a prioritized translational program. The network will name a leader and vice-leader, both of whom are expected to be recognized investigators in the field. A lead statistician will be named. Using the multiple principal investigator format, these individuals and site leaders from the member sites will be co-PIs of the CITN.

—Steering Committee, composed of the CITN leader, vice-leader, lead statistician, and all the site co-PIs, will evaluate all potential treatment concepts as well as correlative science concepts, formally presented either by investigators from member institutions or by investigators external to the network. Concepts approved by the SC will be forwarded to CTEP as a letter of intent. Before protocol development, the LOI must be approved by an NCI review panel, which will draw on expertise from NCI's extramural Immunology Task Force of the Investigational Drug Steering Committee, intramural investigators, and from national and international experts. This panel will be organized by CTEP.

—Cancer Trials Support Unit will be used as the data management center.

—Operations and Statistical Office, located at the leader's institution, will be composed of a protocol coordinator, secretarial and finance staff, statistical staff, and IP program support staff. This office will manage protocol development, subcontracting, membership and committee functions, and meeting organization. It will also provide statistical analysis in conjunction with CTSU staff.

—Executive Committee, composed of the CITN leader, vice-leader, lead statistician, and lead protocol coordinator from the operations office, and NCI program staff, will be responsible for setting the scientific agenda and bringing issues before the Steering Committee.

—External Advisory Committee, composed of at least four leading immunotherapy clinicians and tumor immunologists, wold convene once a year to provide external input on the scientific program and progress of the CITN, with subsequent provision of written evaluations.

State and Community Tobacco Control Policy and Media Research. Concept for a new RFA, first year set aside $12 million, total cost $60 million over five years, anticipated award date 2010, 10 to 12 awards. Program director: Bob Vollinger, Division of Cancer Control and Population Sciences.

The purpose of this RFA concept is to support studies addressing high-priority research gaps in state and community tobacco control policies and media interventions. Because this RFA focuses on state and community policy and media, NCI expects to support both observational and intervention studies. Applications may address tobacco use in any form in the U.S.

Potential research questions:

—Which secondhand smoke and other tobacco control and social policies have the greatest potential for reducing the public health burden of SHS exposure in homes, cars, multi-unit housing, and other understudied public places (e.g., casinos, sporting events, concerts, and child-care settings)?

—What impact do taxes and other price changes; state regulation of tobacco products, promotions, and distribution; and competing forces (e.g., tobacco companies' price promotions, discounting and smuggling) have on consumption levels among various populations and how do these affect tobacco use rates? Do different age, racial/ethnic, and socioeconomic groups respond differently to tobacco price increases? What are the long-term impacts of excise tax increases and how do consumption and emerging economies adjust to tax increases?

—What is the best way to frame tobacco control media messages, determine optimal dose and intensity of messages, and identify appropriate channels for messages that aim to reduce SHS exposure in private and public places, change social norms, prevent initiation, and facilitate smoking cessation? What are the secondary outcomes of mass media campaigns; for

example, do messages designed to prevent initiation also prompt smokers to try to quit? What are the effects of such campaigns among populations by race/ethnicity, gender, age, education, and socioeconomic status

—What are the effects of tobacco industry policies and practices (e.g., development of new products, advertising and promotion, corporate sponsorship, and social programs) on initiation, consumption, cessation and relapse, and prevalence rates of tobacco use among various populations. How can the effects of tobacco industry policies and practices be mitigated?

—Which state or community policies or media messages are most likely to reduce tobacco prevalence and consumption among diverse population groups and strengthen community and social norms that support reducing all forms of tobacco use?

The budget takes into account the fact that population research is very costly, due to the number of participants needed for sufficient power to detect differences, and the need to study the interaction of complex systems in tobacco control. Furthermore, development costs for media and access to data for some research services, such as media tracking services, can be expensive.

Common Pathogenetic Mechanisms of Lung Cancer and COPD. Concept for a new RFA, first year set aside $3 million, total cost $12 million over four years, anticipated award date 2011, six to eight grants. Division of Cancer Prevention.

The objectives of the program are to identify the fundamental etiopathogenetic commonalities between lung cancer and chronic obstructive pulmonary disease (COPD) to characterize a) the genotypic and phenotypic characteristics that determine individual susceptibility and b) the shared biochemical, molecular, and immunological pathways involved in the origin and progression of the two diseases.

The proposed RFA will create a research program that facilitates the interaction of researchers from the pulmonary and cancer communities to foster the investigation of the common pathogenetic mechanisms of lung cancer and COPD. The initiative will be co-sponsored by NCI and NHLBI, with both institutes contributing equal funding. NHLBI has reviewed and approved the concept, with with funding being contingent on equal funding from NCI. The entire initiative will support 12 to 14 R01 grants with indirect costs below $500,000 and with strongly recommended double PI governance, one PI from the pulmonary and the other from the cancer community.

In the Cancer Centers:

UCSF Receives Gift For Project; Gallo Wins $1 Million Prize

(Continued from page 1)

This is the largest building project currently approved by the University of California Board of Regents and among the largest hospital projects on the West coast. Site work on the project is scheduled to begin in spring 2010. This year, as part of the advance work, the project is expected to generate more than 300 jobs. That number is expected to rise each year to more than 1,000 jobs during the peak construction in 2013. It also will create several hundred new healthcare positions when the medical center opens. UCSF already is the second-largest employer in the city and county of San Francisco.

The facility is sustainably designed and is targeting gold certification through the U.S. Green Building Council's Leadership in Energy and Environmental Design. Among other elements, its energy and water conservation measures, green roofs, and selection of non-toxic materials will be among the most extensive of any urban U.S. hospital, according to **Cindy Lima**, the project's executive director.

ROBERT GALLO received a $1 million award from the Israel-based Dan David Foundation for his contributions to future global public health. Gallo is head of the Institute of Human Virology in Baltimore, Md. . . . **KANSAS BIOSCIENCE AUTHORITY** approved $26.4 million for state-of-the-art cancer research space at the University of Kansas Medical Center in Kansas City, Kan.; $250,000 for research to develop drug candidates that target the cells that start tumors and support tumor growth; $500,000 for an automated compound management system to facilitate national cancer research collaboration; and $5 million for the Kansas Bioscience Innovation Center in Drug Delivery, a collaboration of industry, the University of Kansas, and Kansas State University. Collaborators include the Kauffman Foundation, Medimmune, Leukemia and Lymphoma Society, the Mayo Clinic Comprehensive Cancer Center, Elanco, and Bayer Animal Health. Projected outcomes of the center of innovation include a $900 million economic impact over 10 years; 300 jobs; and inventions, patents, and start-up companies. . . . **UNIVERSITY OF CALIFORNIA, LOS ANGELES**, has formed the Institute of Urologic Oncology to bring a multi-disciplinary team of scientists and physicians together to expedite the development of new therapies

for genitourinary cancers. "This is a one-stop shop for patients. All the experts will be involved in their care, all working together," said **Arie Belldegrun**, a professor of urology, a researcher at UCLA's Jonsson Comprehensive Cancer Center and director of the new institute. "Our goal is to bring all our resources to the patient, rather than the patient going from office to office to see everyone they need to see." The institute will be housed in temporary space until a permanent facility can be built. . . . **CITY OF HOPE** recruited **Sandra Bolton** as vice president of professional services. Bolton was executive director of Healthy Smiles for Kids of Orange County. . . . **LOMBARDI COMPREHENSIVE CANCER CENTER** at Georgetown University Medical Center appointed **Narayan Shivapurkar** as an assistant professor in the department of oncology. He was an assistant professor of pathology at the University of Texas Southwestern Medical Center in Dallas. His work focuses on the role of microRNA in oncogenic and tumor suppressor pathways. Shivapurkar holds a doctorate in biochemistry from the University of Bombay in India. He completed his post-doctoral fellowship at NCI.

Funding Opportunities:

Prix Galien Seeks Nominations

The committee responsible for awarding the Prix Galien USA prize in biomedical research is accepting 2009 nominations. For the first time, the committee will include a new recognition category for best medical device. It also has expanded the eligibility window to the past decade.

Prix Galien USA is now awarded in three categories that offer broad implications for future biomedical research: best pharmaceutical agent, best biotechnology product and best medical device. All pharmaceutical and biological drugs or devices approved by FDA for first or new indications between 1998 and 2008 are eligible for nomination in 2009. This new eligibility period will permit the judges to determine both the immediate and the long-term impact these pharmaceuticals, biotechnology products and devices have had on human health and disease.

"The Prix Galien USA committee is delighted to be able to honor the impact medical devices have on human health," said Gerald Weissmann, Prix Galien USA committee chair, research professor of medicine at New York University and editor-in-chief of The FASEB Journal. "When we consider how new pharmaceuticals, biotechnology products and devices have changed our lives, it is clear that we have entered a new era of medical discovery."

The committee, which includes six Nobel Laureates, will honor the ingenuity of the biopharmaceutical industry on Sept. 30 at the American Museum of Natural History in New York.

Online nominations for Prix Galien USA 2009 are being accepted through June 1 http://submission.prix-galien-usa.com.

NIH Funding Announcements

NIH Announces the Availability of Recovery Act Funds for Administrative Supplements: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-056.html

NIH Announces the Availability of Recovery Act Funds for Competitive Revision Applications: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-058.html

NIH Announces the Availability of Recovery Act Funds for Administrative Supplements Providing Summer Research Experiences for Students and Science Educators: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-060.html

Announcing the FY 2009 NIH Directors Bridge Awards:http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-068.html

Salary Limitation on Grants, Cooperative Agreements, and Contracts: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-069.html

Notice of Legislative Mandates in Effect for FY2009: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-070.html

The Omnibus Appropriations Act of 2009 Makes the NIH Public Access Policy Permanent: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-071.html

Incorporating Cost-Effectiveness Analysis Into Factors Affecting Quality-of-Life Health Related Research (R01) (RFA-NR-09-005): http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-09-005.html

Program Announcements

Research on Clinical Decision Making in People with or at Risk for Life-Threatening Illness (R21) (PA-09-121): http://grants.nih.gov/grants/guide/pa-files/PA-09-121.html

Biomedical Research on the International Space Station (BioMed-ISS) (UH2/UH3)(PAR-09-120): http://grants.nih.gov/grants/guide/pa-files/PAR-09-120.html

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