THE CANCER LETTER

Vol. 35 No. 14
April 10, 2009

PO Box 9905 Washington DC 20016 Telephone 202-362-1809

Bill To Teach Breast Self-Exam To Teens Wins Political Support; Experts Fear Harm

By Paul Goldberg

A breast cancer bill that experts in cancer screening describe as harmful and scientifically unsound is gathering momentum in the House and is expected to be introduced in the Senate.

The measure introduced by Rep. Debbie Wasserman Schultz, a star in the Democratic Party, seeks to spend $45 million over five years to start educational campaigns that would include promoting regular breast self-exams to secondary school students, even though the intervention has been proven ineffective in randomized trials.

Wasserman Schultz, a 42-year-old Floridian who serves as the party's chief deputy whip and a member of the appropriations and judiciary

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In the Cancer Centers:

Loehrer Named Interim Director At Indiana; Colorado Names Two Calabresi Scholars

PATRICK LOEHRER SR. was named interim director of the Indiana University Melvin and Bren Simon Cancer Center. Loehrer, who was one of the original four medical oncologists at the Indiana University School of Medicine, will continue in his role as medical director of the IU Simon Cancer Center. He is the Kenneth Wiseman Professor of Medicine and director of the Division of Hematology-Oncology for the IU School of Medicine. For the past four years, he has served as deputy director at the cancer center. For two decades, he served as founding chairman of the Hoosier Oncology Group, a statewide collaboration of academic and community oncologists for conducting clinical trials. He is the principal investigator at IU for the Eastern Cooperative Oncology Group and was recently appointed to the FDA Oncology Drug Advisory Committee. Loehrer succeeds the late **Stephen Williams**, the founding director of the cancer center. A national search is underway for a director. . . . **UNIVERSITY OF COLORADO** Cancer Center named two cancer researchers as the 2009 Paul Calabresi Clinical Oncology Research Scholars. Calabresi Scholars are recipients of five-year training grant that provides mentored support for translational research. **Steven Leong**, assistant professor of medical oncology and **Meg Macy**, instructor of pediatric hematology, oncology, and bone marrow transplantation, received the awards. . . . **M. D. ANDERSON CANCER CENTER** plans to begin a new graduate program in cancer metastasis research with support from a

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"EARLY" Bill Will Do "HARM!" Researcher Writes To Senator

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committees, acknowledges that she is legislating based on personal experience.

"Maybe God had a plan somewhere to be able to use me to help other women detect their cancers early, also to make sure that I stay around for a while to be able to do that," she said during a recent television interview in which she was making a dual announcement: that she had spent the past year dealing with breast cancer and that she was about to introduce the bill, called the Education and Awareness Requires Learning Young Act.

On Wasserman Schultz's website, the bill's short title—the EARLY Act—features a pink ribbon in place of an "L." The bill's stated objective is to educate young women about their risk and to help them avert the disease. However, Leslie Bernstein, director of the Division of Cancer Etiology at the City of Hope Comprehensive Cancer Center and a breast cancer prevention expert, offers a different all-caps designation for the legislation: "HARM!"

"This proposed bill does too much HARM!" Bernstein wrote in a letter to Sen. Amy Klobuchar (D-Minn.), who is preparing to introduce a Senate version of EARLY. "I am writing to you to ask you to oppose this bill. This is not the way to address reducing the burden of breast cancer among women in the United States.

"Please, if possible, let me provide you with greater detail on my concerns so that I can explain why this bill and the $9 million per year allocation that accompanies it is not worth doing. It will give women a false sense of control. I am basing my concerns on what can be done, what we know and the fear that this bill and the approach it enables will incite among young women."

A copy of Bernstein's letter to Klobuchar was obtained by The Cancer Letter and is posted at http://www.cancerletter.com/publications/special-reports.

"Much of this bill is misguided," concurred Donald Berry, chairman of the Department of Biostatics at M.D. Anderson Cancer Center and an expert in breast cancer prevention. "I leave politics to the politicians, why can't they leave science to the scientists?"

George Sledge, professor of professor of pathology and laboratory medicine at the Indiana University Melvin and Bren Simon Cancer Center, agrees with the critics, but sees one positive feature of the bill: "If there is a positive here, it would be that it draws attention to women who are at potential genetic risk of developing breast cancer, such as BRCA1 or BRCA2."

However, says Sledge, "once you get outside BRCA patients, you get onto very soft ground from a public health standpoint.

"Because we don't have truly appropriate interventions for most women under the age of 40, it's hard to know what we are going to tell women or physicians to do," Sledge said.

Introduced in the House on March 26, the EARLY Act has 260 co-sponsors—enough guarantee passage in the House—and is about to be introduced in the Senate. Rep. Henry Waxman (D-Calif.), chairman of the Committee on Energy & Commerce, to which the bill has been referred, is one of the co-sponsors.

Observers said the measure is reminiscent of a 1997 "Sense of the Senate" resolution that urged NCI to recommend mammography screening for women between ages 40 and 49 (The Cancer Letter Feb. 14, 1997).

In addition to promoting regular self-exams and teaching young women to perform them, the measure directs CDC to create educational materials "counseling patients on the benefits of evidence based healthy lifestyles which reduce the risks of breast cancer."

Also, the campaign would teach "early detection practices, including clinical breast exams, blood component analysis, genetic counseling and testing where appropriate" and distribute information "identifying evidenced based methods to lower the risk of breast cancer through changes in lifestyle, including diet, exercise, and environmental factors."

THE CANCER LETTER

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

Subscription $385 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc.
Founded Dec. 21, 1973, by Jerry D. Boyd.

African-American and Ashkenazi Jewish women under 40 would be encouraged to "talk to their medical practitioners about those risks and methods for appropriate screening and surveillance, including available genetic testing and counseling."

The emphasis on breast self-exams shows disregard for available evidence, experts say.

"Breast self-exams have been evaluated in randomized clinical trials and found to be ineffective," said Berry. "Though enormously appealing, early detection is difficult to carry out for most cancers. The evidence of its benefits is disappointing—except for cervical cancer. However, the evidence of its risks are very clear and the risks are substantial: false positives, overdiagnosis, overtreatment, etc."

Bernstein agreed. "Breast self-examination may seem a virtuous and important means for self-detection of breast cancer," she wrote. "It does not work. All young women have bumps in their breasts; many have benign cysts that fill with fluid, often in line with their monthly cycles. Recommending breast self-exam will cause fear, false-positive results of various screenings, unneeded biopsies, and mistrust of the medical establishment."

Sledge, too, said regular self-exams are unjustifiable. "Breast self-exams have never been shown to improve survival for women with breast cancer, and we have randomized controlled trials that say this," he said. "It's certainly not something I would want to encourage from a public health standpoint."

Evidence on the role of "healthy lifestyles" in prevention of breast cancer is poor, too, experts say.

"For most women under the age of 40, we don't have a good sense of what to offer or recommend in terms of screening other than general recommendations that they should not be fat and should exercise, which doctors tell everyone," Sledge said.

However, even the recommendation to stay slim doesn't seem to hold for younger women. "Body Mass Index is probably better to target at post-menopausal women than premenopausal women," Sledge said.

In the absence of evidence specific to breast cancer prevention, "overall health should be the focus, and not any particular disease," Berry said. "The most important lifestyle factor is smoking, but the effects of smoking on breast cancer are not well understood. Some studies suggest an effect but others do not. In any case, the effect is minimal and it pales in comparison with that for lung cancer—which, not incidentally, kills more women in the United States than does breast cancer."

The relationship between exercise and breast cancer can lead to absurd conclusions. "If a woman has not exercised much in her life (and what is much??) should we tell her to be screened at a young age?" Bernstein wrote. "I would call that medical malpractice."

Focusing on African American or Ashkenazi Jewish women would be unjustifiable, experts said.

"We certainly don't do routine genetic testing on all women who are of Ashkenazi Jewish descent," Sledge said. "We do it with women who have breast cancer or who have a striking family history of breast cancer."

"Young women with a family history of breast and/or ovarian cancer should seek genetic counseling," said Berry. "Except for family history there are no important risk factors that relate to breast cancer for women younger than 40."

Bernstein made the same point. "We cannot screen young women genetically for BRCA genes except if they fulfill the extreme family history requirements," she wrote.

Reliance on surrogate endpoints, such as blood tests, is a particular concern, experts say. "Blood tests for breast cancer are scary," Berry said. "False positives are inevitable. But suppose by some miracle of bioinformatics we could find a test that finds tiny breast cancers, say a few hundreds cells. We wouldn't know whether the body's immune system was destined to remove it.

"We might end up unnecessarily removing the breasts of a large number of healthy young women," Berry said. "Moreover, the metastatic potential of a tumor might be realized when it is still tiny. Removing a tiny metastatic tumor would have no effect on the woman's survival because it has already spread to organs where it will do its dastardly deeds."

No clear message can be formulated on environmental causation, either.

"We have no known environmental causes of breast cancer other than radiation—a rare exposure now, and one that is tightly controlled when used (with lead aprons—except when you are having a mammogram)," Bernstein wrote. "The most I could ever tell a young woman would be that she should drink in moderation, exercise, and breast feed babies if she is able. I don't need $9 million to get that message across—and I cannot promise that adopting these behaviors will protect a woman from breast cancer."

Sledge was similarly hard-pressed to formulate a useful health message.

"In general, we don't know the environmental factors that cause breast cancer other than the factors that are related to things like childbirth and breastfeeding,

and I don't think the government is likely to say, 'Have six kids so you can prevent breast cancer,'" he said.

In press appearances, Wasserman Schultz said she discovered her disease a year ago. She said she found a lump during a routine self-exam. The lump was early disease.

Though she had no family history of breast cancer, she decided to get tested for BRCA1 and BRCA2 mutations, finding the BRCA2 mutation encountered among Ashkenazi women. Genetic testing in Ashkenazi women with breast cancer is consistent with established guidelines.

Wasserman Schultz chose to get the most aggressive treatment available—a double mastectomy and double oophorectomy followed by five years of tamoxifen. Without telling anyone, she spent the year campaigning for Hillary Clinton and, later, Barack Obama, and working on the legislation.

Several patient groups—most prominently, the Susan G. Komen for the Cure—support the bill. "My sister Suzy, for whom Susan G. Komen for the Cure is named, was diagnosed with her breast cancer when she was just 33 years old," Nancy Brinker, the organization's founder, said in a statement. "I was diagnosed with breast cancer at age 37. We know so much more now than we did then, but still, so many young women do not understand the risks, and so many providers do not understand that young women CAN get breast cancer."

Other supporters include the Young Survival Coalition, Living Beyond Breast Cancer and Tigerlily Foundation.

The American Cancer Society has taken no position on the bill. "We are monitoring the bill," said a spokesman for the society's Washington office.

The National Breast Cancer Coalition describes the measure as harmful and has submitted a detailed critique to Wasserman Shultz's staff. The document is posted at http://www.cancerletter.com/publications/special-reports.

Wasserman Schultz, who was 41 when she discovered her disease, wouldn't have fit the age parameters of her legislation. However, Fran Visco, president of NBCC and a critic of the legislation, would have met the age limitation.

"I was 39 years old when I was diagnosed with breast cancer," Visco said in an email to The Cancer Letter. "I know what it is like to be in that situation. That is one of the reasons I am very careful to make certain NBCC has a public policy agenda that has been thoroughly vetted and that will make a real difference.

"This bill is largely addressed to the millions and millions of young women who will never get breast cancer, and we have to be extremely careful about the messages we send to this healthy population."

NBCC shares the commitment to figuring out breast cancer in young women, Visco said. "But legislation cannot fix everything," she said. "Breast cancer risk is an extremely complex area, and as much as we wish we knew exactly what to tell young women, we do not. We do, however, have a good idea of what can result in more harm than benefit, and messages about breast self examination fall into that category."

NBCC has been working unsuccessfully for years to get Congress to pass a bill to establish a program to study potential environmental causes of breast cancer.

"If our environmental bill had passed last year, we would be closer to figuring out the links between the environment and breast cancer," Visco said. "Unfortunately, we do not have this information and should not act as though we do."

The EARLY bill and related materials are posted at http://wassermanschultz.house.gov/earlyact/index.shtml.

Capitol Hill:

House Passes Bill Giving FDA Authority To Regulate Tobacco

The House passed passed the Family Smoking Prevention and Tobacco Control Act, H.R. 1256, by a vote of 298-112 on April 2. The legislation grants FDA the authority to regulate the advertising, marketing, and manufacturing of tobacco products under the Federal Food, Drug, and Cosmetic Act.

FDA will have authority to require changes in current and future tobacco products to protect public health, such as the reduction or elimination of harmful ingredients, additives and constituents, including menthol. The new tobacco program will be funded entirely through user fees on tobacco product manufacturers.

"This is truly a historic day in the fight against tobacco, and I am proud that we have taken such decisive action," said Rep. Henry Waxman (D-Calif.), chairman of the Energy and Commerce Committee.

"Today we have moved to place the regulation of tobacco under FDA in order to protect the public health, and now we all can breathe a little easier," Waxman said. "I have every hope for firm and certain action by the Senate to pass this legislation so we can at long last send it to the President and better protect the American

people from tobacco with the full force of our public health laws."

FDA will have the authority to prevent marketing and sales of tobacco to children. Also, the legislation will enable FDA to prevent tobacco companies from making false and misleading claims about their products and to require that all product claims be based on scientific evidence.

The Act will reinstate FDA's 1996 rule aimed at reducing underage smoking, which includes provisions to ban outdoor advertising of tobacco within 1,000 feet of schools and playgrounds, ban all remaining tobacco-brand sponsorships of sports and entertainment events, and restrict vending machines to adult-only facilities.

The legislation will also prohibit the use of misleading terms such as "light," "low-tar," and "mild" and require larger, more specific health warnings. The bill provides FDA access to data about tobacco product ingredients that can be used in designing new product standards and new disclosure requirements.

The bill text and a bill summary are available online at www.energycommerce.house.gov.

Appropriations: The Senate and House passed somewhat different versions of a $3.5 trillion federal budget for fiscal year 2010 on April 2, largely reflecting President Obama's first budget request (The Cancer Letter, Feb. 27.)

The House approved its budget resolution 233-196, with no Republican support and 20 Democrats opposed. The Senate voted 55-43, with no Republican support and two Democrats opposed—Sens. Ben Nelson of Nebraska and Evan Bayh of Indiana. The measure must go to a conference committee.

In a March 13 letter to Sen. Kent Conrad, chairman of the Senate Budget Committee, Sen. Edward Kennedy (D-Mass.), chairman of the Senate Health, Education, Labor and Pensions committee, said the bill includes Obama's request of $6 billion for cancer research:

"The budget includes $6 billion for NIH to support cancer research as part of the President's multi-year plan for doubling such research. In addition, the budget will build on the current investment under the Recovery Act for comparative effectiveness research, in order to determine the medical treatments that work best for a given condition. Such research is essential to make sure patients have the highest quality care while working to bend the curve to rising health care costs. When coupled with electronic health records, this research can enhance medical decision-making by patients and their physicians."

Media:

Editor Of The Cancer Letter Wins Award For Investigation

Paul Goldberg, editor of The Cancer Letter, was named a winner of an award from the Association of Health Care Journalists for his year-long investigation into conflicts of interest in a lung cancer study.

Goldberg won first place in the trade newsletter division of the AHCJ Awards for Excellence in Health Care Journalism for his articles last year on the International Early Lung Cancer Action Program.

"Goldberg's meticulously researched series revealed astonishing conflicts of interest by the authors of several scientific papers—published in major medical journals—promoting the use of CT scans in the early detection of lung cancer," the awards judges wrote. "Goldberg's bold and uncompromising reports—delivered with clear-eyed perspective—cast a light on the dark side of medical-journal findings, which many major media report without question. Health-care consumers, who often rely on such mainstream media reports to inform their decisions without knowing the back story, were well-served by The Cancer Letter's extraordinary investigative pieces."

In his investigation, Goldberg found that I-ELCAP's research was funded with a $3.6 million grant from the parent company of Liggett Tobacco Group and the research group's leaders were named as inventors on 27 patent applications worldwide, and received royalties from General Electric for CT scanning inventions. These conflicts weren't disclosed.

The Cancer Letter's investigation produced the following results:

—The world's premier medical journals corrected the record to reflect these undeclared conflicts. The New England Journal of Medicine, The Journal of the American Medical Association, The Lancet, Nature Clinical Practice Oncology ran corrections, clarifications and editorials stemming from The Cancer Letter's investigation.

—One aspect of the investigation—funding from Liggett—led to a joint investigation by The Cancer Letter and The New York Times. The stories appeared simultaneously and were cross-referenced. This coverage echoed internationally.

—The New England Journal of Medicine was sanctioned by the American Council for Continuing Medical Education for failure to disclose conflicts in the study. The journal had to revamp its standards for disclosure and management of such conflicts.

—The coverage triggered investigations by Sen. Chuck Grassley (R-Iowa) and the minority side of the Subcommittee on Oversight and Investigations of the House Committee on Energy and Commerce, and the American Cancer Society called for an audit of the group's data.

Goldberg's stories in the series may be downloaded from: http://www.healthjournalism.org/uploads/08contestscans/OPCancerLetter_Goldberg_COILungCancerStudy.pdf.

HHS News:

Federal Council On CER To Hold Public Session

The Federal Coordinating Council for Comparative Effectiveness Research plans to hold a public listening session on April 14, in Washington, D.C.

The council will hear public comment regarding comparative effectiveness research and the Coordinating Council's activities.

Individuals interested in addressing the council may nominate themselves to deliver a three minute oral presentation before the council. Individuals and organizations may also submit written comments for the council's consideration. The public may also attend the session, listen live via audio conference or watch the session online at www.hhs.gov/recovery.

The 15-member council, created by the American Recovery and Reinvestment Act of 2009, will assist the agencies of the federal government, including HHS and the Departments of Veterans Affairs and Defense, as well as others, to coordinate comparative effectiveness and related health services research. The Recovery Act appropriated $300 million for the Agency for Healthcare Research and Quality, $400 million for NIH, and $400 million for allocation at the discretion of the HHS Secretary to support comparative effectiveness research.

The council will provide input on priorities for the $400 million fund in the Recovery Act that the Secretary will allocate to advance this type of research and public input will shape the council's recommendations. The council will not make final decisions about the kind of projects that will be funded.

To register to attend the listening session, nominate a person to make a three-minute oral statement, and/or submit a written statement for the Coordinating Council's consideration, go to http://www.hhs.gov/recovery/programs/CER/index.html.

Individuals should register by April 13.

In the Cancer Centers:

M.D. Anderson Center Begins Grad Program In Metastasis

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competitive grant from the University of Texas System. The program will be offered through the University of Texas Graduate School of Biomedical Sciences at Houston, a combined program of M. D. Anderson and the University of Texas Health Science Center at Houston. "Metastasis is far and away the major killer of cancer patients, and this doctoral program is the first to treat the study of metastasis as a separate discipline," said program organizer **Gary Gallick**, professor and director of education in M. D. Anderson's Department of Genitourinary Medical Oncology and a member of the GSBS faculty. UT System allocated $485,250 to the metastasis program over three years, one of only seven grants awarded in a systemwide competition called the Graduate Program Initiative. The metastasis program integrates a traditional hypothesis-driven, basic-science research approach with M. D. Anderson's strong emphasis on cultivating close collaborations among physicians and scientists. The only similar program is offered jointly by the Université de Lausanne in Switzerland in conjunction with the Ludwig Institute for Cancer Research. Top students admitted to the program will be designated I.J. Fidler Fellows in Metastasis Research. The awards honor **Isaiah Fidler**, director of M. D. Anderson's Cancer Metastasis Research Center and professor and former chairman of the Department of Cancer Biology, a longstanding leader in research and translational programs in the area of metastasis whose pioneering work led to the recognition that metastasis is a separate discipline of cancer biology, providing the basis for this new program. . . . **SITEMAN CANCER CENTER** at Barnes-Jewish Hospital and Washington University School of Medicine will be visited by StoryCorps on April 17-21 as part of a project to better understand how parents with cancer discuss the diagnosis with their children. This is the first time that StoryCorps, the largest oral history project of its kind, has partnered to collect the stories of cancer survivors on a single topic. The study hopes to identify the most effective ways for parents to tell their children about the disease. StoryCorps also will visit Siteman Cancer Center at Barnes-Jewish West County Hospital April 24-27 and Siteman Cancer Center at Barnes-Jewish St. Peters Hospital April 30-May 3. "Most parents diagnosed with cancer aren't sure how to talk to their kids about it, and there aren't many resources available

to help them," said **Matthew Kreuter**, an adviser on the StoryCorps partnership and director of the Health Communications Research Laboratory at Washington University's Brown School of Social Work. While at each Siteman Cancer Center, trained facilitators from StoryCorps will record six parent/child pairs per day. "StoryCorps is perfectly positioned to gather stories on cancer-related topics," said **Linda Squiers**, principal investigator of the research project and a senior health communication analyst at RTI International, a nonprofit research institute. "We hope to pave the way for StoryCorps to gather stories at other cancer centers across the country. If we are able to use these stories to develop communication tools for newly diagnosed parents, we will fill a large gap in clinical resources for patients." . . . **ROSWELL PARK CANCER INSTITUTE** has expanded its Amherst Center in Amherst, NY. "The volume of patients seeking care at the Amherst Center has exceeded expectations as patients and families living in the Northtowns have found convenient parking and reduced waiting times," said **Donald Trump**, RPCI president and CEO. The center will offer expanded clinical services to patients diagnosed with specific types of cancers. The center increased its physical space by 2,800 square feet for a total of 8,200 square feet and added four additional examination rooms, a consultation room, two physician offices and increased nursing and clinical support. A phlebotomy laboratory and a chemotherapy preparation pharmacy also are on site. . . . **ANDREW YEAGER**, director of the Blood and Marrow Transplantation Program at the Arizona Cancer Center, was appointed to the Peter and Paula Fasseas Endowed Chair for Excellence in Cancer Research at the Arizona Cancer Center. Yeager joined the center in 2005. His clinical and research activities focus on the transplantation of hematopoietic stem cells for hematologic malignancies and non-malignant diseases.

NIH In Brief:

NCI Begins Latin American Cancer Research Network

NCI's Office of Latin American Cancer Program Development has begun the United States-Latin America Cancer Research Network, a partnership between NCI, leading cancer researchers in the U.S., and five Latin American countries: Argentina, Brazil, Chile, Mexico and Uruguay.

The network will focus on cancer research, training, capacity-building, and infrastructure development initiatives, while working to create a collaborative cancer research model across United States and Latin America.

The Office of Latin American Cancer Program Development was formed in 2008 through a partnership between NCI and the Fogarty International Center of the National Institutes of Health. By advancing cancer research outside of the U.S., OLACPD supports NCI's commitment through the National Cancer Act of 1971 to address the global challenge of cancer. The program's web site: http://www.cancer.gov/aboutnci/olacpd.

Clinicaltrials.gov Input: NIH invites public input on regulations for its expanded registry and results data bank, www.clinicaltrials.gov, and scheduled a public meeting for April 20, at Masur Auditorium on the NIH campus in Bethesda, Md.

The meeting may seen by live videocast http://videocast.nih.gov. Information about the meeting is at http://prsinfo.clinicaltrials.gov/public-meeting-april09.html. Persons wishing to make an oral statement at the meeting are requested to register at http://www.tech-res.com/public-meeting-april09/registration.asp and to submit to the meeting docket a written version of their remarks by 5 p.m. on April 13.

Funding Opportunities:

ARRA Supplement Funding

NCRR Competitive Revision Application: The National Center for Research Resources announced that investigators and U.S. institutions or organizations with active NIH-funded R01 awards originally reviewed by the Center for Scientific Review may submit revision applications (formerly termed competitive supplements).

These revision applications are intended to leverage the resources, expertise and infrastructure of NCRR centers and center-like programs through significant expansion of the scope or research protocol of approved and funded projects. Applications are due on April 21 or July 10.

Support for these revision applications will come from funds provided to NIH through the American Recovery and Reinvestment Act of 2009. Consistent with the intent of the Recovery Act, the purpose of the program is to promote job creation and economic development along with accelerating the pace and achievement of scientific research. For further information: www.ncrr.nih.gov/recovery/revisions/details.

ARRA Administrative Supplements: NIH announced that $21 million in Recovery Act funding has been allocated for educational opportunities in NIH-funded laboratories for students and science educators.

Up to $25,000 per year will be provided to investigators and institutions that already have research grants funded by NIH.

NIH will extend funding to those projects best able to provide meaningful research experiences for students and educators. These supplements are part of the $10.4 billion provided to NIH under ARRA.

For further information, see http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-060.html.

Construction Programs: National Center for Research Resources held a videocast March 23 to respond to questions about the application process for core facilities improvement projects (RFA-RR-09-007) and construction, renovation and repair improvement projects (RFA-RR-09-008).

The videocast is available at http://videocast.nih.gov.

Other ARRA Announcements

RFA-OD-09-005, Recovery Act Limited Competition: Biomedical Research Core Centers to Enhance Research Resources (P30) http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-076.html

Recovery Act Limited Competition for NIH Grants: Research and Research Infrastructure Grand Opportunities (RC2)(RFA-OD-09-004). Application Receipt Date May 27. http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-09-004.html

NIH ARRA Funding Considerations for Applications with Meritorious Scores that Fall Beyond the Pay-line http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-078.html

ARRA Administrative Supplements and Competitive Revisions: Clarifications on Programmatic Limitations and use of Modular Budgets http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-079.html

Recovery Act of 2009: NIH Award Terms and Additional Information for Recipients Receiving Recovery Act Grant Funding http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-080.html

Recovery Act Limited Competition: Supporting New Faculty Recruitment to Enhance Research Resources through Biomedical Research Core Centers (P30)(RFA-OD-09-005) http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-09-005.html

Other NIH Annoucements

Training Opportunity for Applicants to PAR-08-075, PAR-08-076 Community-Based Research Targeting the Medically Underserved http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-067.html

NIH Requires Mandatory Use of the eRA Commons Financial Conflict of Interest (FCOI) Module beginning July 1 for NIH-funded Grants and/or Cooperative Agreements http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-072.html

Enhancing Peer Review: The NIH Announces Consolidation of Review Criteria for Institutional Research Training Grant Applications (T32) Submitted for FY 2010 Funding. http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-074.html

Ruth L. Kirschstein National Research Service Award Stipend and Other Budgetary Levels Effective for Fiscal Year 2009 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-075.html

Basic and Translational Research in Emotion (R01)(PA-09-137) http://grants.nih.gov/grants/guide/pa-files/PA-09-137.html

Announcement of Participation of NCI on RFA-NR-09-004, Interventions to Improve Palliative Care at the End of Life (R01) http://grants.nih.gov/grants/guide/notice-files/NOT-CA-09-020.html

Allowable Salary Levels on Career Awards Supported by the National Cancer Institute http://grants.nih.gov/grants/guide/notice-files/NOT-CA-09-022.html

Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R03)(PA-09-140) http://grants.nih.gov/grants/guide/pa-files/PA-09-140.html

Community-Based Partnerships for Childhood Obesity Prevention and Control: Research to Inform Policy (R21)(PA-09-141) http://grants.nih.gov/grants/guide/pa-files/PA-09-141.html

Cancer Surveillance Using Health Claims-based Data System (R03)(PA-09-143) http://grants.nih.gov/grants/guide/pa-files/PA-09-143.html

Cancer Surveillance Using Health Claims-based Data System (R21)(PA-09-144) http://grants.nih.gov/grants/guide/pa-files/PA-09-144.html

Cancer Surveillance Using Health Claims-based Data System (R01)(PA-09-145) http://grants.nih.gov/grants/guide/pa-files/PA-09-145.html

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