THE CANCER LETTER

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# NCI Could Fund Some Challenge Grants That Miss NIH Funding, Director Says

*By Kirsten Boyd Goldberg*

Cancer-related Challenge Grants that aren't selected for stimulus funding by the NIH Director's Office will get another shot at stimulus funding by NCI, Institute Director John Niederhuber said earlier this week.

Of the 20,000 Challenge Grant applications received by NIH, 4,398 were deemed cancer-related, in response to NCI's topics of interest listed in the Request for Applications (http://challenge.nci.nih.gov/).

NIH plans to use $200 million of the stimulus funds to support 200 of these grants at $1 million each over two years. If those numbers don't change, the funding success rate would be one percent.

NCI could use some of its $1.257 billion in stimulus funding to support

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*In the Cancer Centers:*

## Emory Stops Patient Accrual To Clinical Trials After Discovering Problems In Management

*By Paul Goldberg*

Emory Winship Cancer Institute recently stopped accruing new patients to clinical trials after uncovering deficiencies in its clinical trials management and data gathering procedures.

The problems came to light in April, when the cancer center was preparing for a routine audit by the Eastern Cooperative Oncology Group. ECOG conducts such audits every three years.

"We had a system where it was hard for me or any of the management staff to know if there were problems," said Edmund Waller, director of the clinical trials office and the bone marrow and stem cell transplant center. "We don't want to discover problems every three years. We want to discover them every three days and take care of them before they become big problems."

In May, Emory halted accrual to all cancer clinical trials to reorganize its data management procedures and retrain everyone involved in patient accrual and data management.

The problems emerged in part because a reorganization two years ago decentralized the data management processes, Waller said.

In that reorganization, "we put the coordinators and the nurses more in direct contact with the physician conducting the research, and we've had to rein that in a little bit, to make sure we had good management procedures and policies in place to have ongoing monitoring of data quality," he said.

As the institution prepared for the ECOG audit, it noted problems in

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## "Frustrated" By Low Chance Of Challenge Grant Funding

(Continued from page 1)

Challenge Grants that don't make the NIH cutoff, Niederhuber said. "We will look at those and make choices about which ones will be funded using resources assigned to NCI," he said in remarks to the NCI Board of Scientific Advisors June 22.

"With regard to the Challenge Grants, I don't think in recent years I can remember anything that has frustrated and demoralized the outside community more than what's happened with these grants," said BSA Chairman Robert Young, chancellor of Fox Chase Cancer Center. "The notion that there are 20,000 [applications] and 200 are going to be funded means if we use your numbers, something around 40 of the NCI applications for Challenge Grants will be funded, so we're talking about one to two percent.

"It would be enormously helpful for any new funding mechanisms for the outside community to get some idea of what the probabilities of success are going to be, because as you well know, they take a lot of time, a lot of energy, and lot out of your laboratory activity time to get done," Young said in a board discussion.

"You're absolutely right—when you're sitting there putting your vacation time and weekends and nights into writing these proposals, and you write four or five for every one you get funded, or sometimes it seems you are writing about 10 for every one you get funded, this is a lot of work," Niederhuber replied. "In this situation, there wasn't much of a guideline, though it didn't take many weeks for people to figure out that this was a little more like buying a lottery ticket—at least those are the words I began to hear. Could it have been done differently? I don't know.

"But now we will get these reviewed and out the door," Niederhuber said. "I don't now how many of these will be turned around into actual grants. I believe that a significant number won't, after this work has been put in."

Academic institutions may be pressuring researchers to submit more grant applications in tight times, Niederhuber said. "The key in the dean's budget is indirect costs, so there is going to be a lot pressure across our academic institutions by administration to put more and more applications in, because they need to get these resources in to make up for the deficits in the endowment dollars that just aren't flowing right at the moment. It will be several years before those endowment dollars begin to catch up."

The overall denominator may decrease when some of the Challenge Grant applications are disqualified, since many were apparently hastily submitted, Niederhuber said in remarks to the National Cancer Advisory Board at its June 11 meeting. "We expect that number [20,000] to go down a bit," he said.

The $10.4 billion in stimulus funding for NIH, through the American Recovery and Reinvestment Act of 2009, "has dramatically changed the workload at NIH and NCI," Niederhuber said in remarks to both the NCAB and the BSA. NCI has received over 4,000 grant applications for economic stimulus funding so far, not including the Challenge Grants.

"The effort is for us to get as much of this out the door by September," Niederhuber said to the BSA. "We don't anticipate new applications in [fiscal year] 2010. We want to get this money out and get it working in 2009."

NCI has posted nearly 50 funding announcements for stimulus funding at http://www.cancer.gov/researchandfunding/announcements/recoveryact.

The institute plans to commit about 24 percent of its $1.267 billion in stimulus funding, or about $304 million, for research project grants.

This is being done by extending funding to RPGs that missed the 16th percentile payline in FY 2009. NCI is reached to the 18th percentile to fund grants for the first two years with stimulus funds, followed by two years of regular appropriations.

Then, reaching further from the 18th to the 25th percentile, NCI will support a mix of two-year and four-

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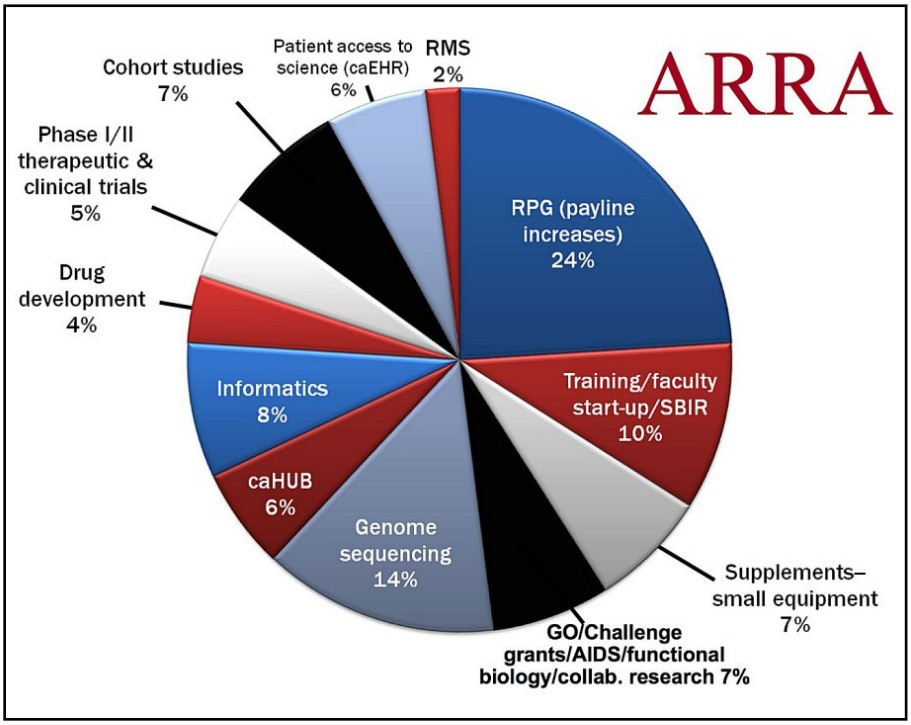
year grants, using stimulus funds for the first two years.

As of June 22, NCI had funded 296 RPGs out of 384 eligible, about 70 percent of eligible RPGs. Some eligible investigators chose instead to rewrite and resubmit their applications for funding through NCI's regular appropriations, Niederhuber said.

Having a 2.9 percent increase in the NCI 2009 appropriation made the four-year commitments possible, Niederhuber said.

NCI is using 2 percent of the stimulus funding for research management and support, which has helped the institute hire more grants management specialists to help administer the new programs, he said.




*NCI's projected use of $1.267 billion in stimulus funding.*

The approved grants are sent by NIH to the White House each week, and then announced about two weeks later.

"What we have seen in terms of the research community's response to [the stimulus funding] is that it's not near enough money," Niederhuber said to the NCAB. "The response should demonstrate the tremendous capacity in the research community, and the importance to our economy and our country the creation of new knowledge."

NCAB member David Koch, executive vice president of Koch Industries, asked Niederhuber why the institute was funding less-successful applicants, rather than providing greater support to the higher-ranked applicants. "I've always felt many of those [higher-ranked] are under-funded, so why not increase the funds they have already received?" he asked.

Many of the grants were already "out the door" funded by appropriations when the stimulus funds were received, Niederhuber said. "We really can't go back and mix those sets of dollars," he said. "The reporting requirements on the ARRA grants are quite different."

Niederhuber noted that the stimulus bill was intended to create jobs. "The fairest and best way to use these added dollars was to extend our payline," he said. "With the extra dollars, we could bring a group of investigators into the mix that could not have been funded otherwise."

Also, the funding policies were set higher up in the government, at the Office of Management and Budget working with the Department of Health and Human Services and NIH, Niederhuber said.

NCI has committed to fund new investigators for five-year awards. "New investigators really need five years, and that commitment has been made up to the 25th percentile," Niederhuber said.

The NCI director said he remains concerned about ensuring a "soft landing" for grantees when the stimulus funding ends. The institute's financial managers are continuing to create budgetary models to lessen the impact, he said.

About 14 percent of the stimulus funds, or $177 million, will be used for genome sequencing, for expanding The Cancer Genome Atlas project. Niederhuber presented a pie chart of the stimulus funding (see above chart, this page).

**Grants vs. Contracts**

NCI expects to use about 30 percent of stimulus funding for grants, 26 percent for grant supplements, and 40 to 44 percent for contracts, according to a source not authorized to speak for the record.

However, the source cautioned that these aren't exact figures. Contract funding is slated to go toward The Cancer Genome Atlas Program, caHUB, the NCI Community Cancer Centers Program, and caBIG.

At the BSA meeting, board member Todd Golub, of the Broad Institute of MIT and Harvard, asked how much of the stimulus resources would be allocated

through a competitive grant process, compared to contracts.

"One of the positive things that came out of the original [National] Cancer Act, which sets the NCI up as a bit of a unique institute, is the ability to do contracting," Niederhuber said. "I think that has been, in significant ways, responsible for the progress that we've made in cancer. So, in actual fact, this breakdown of RPG—or unsolicited and solicited RPG mechanisms, but also contracting—is not a percentage that is very different than our normal appropriation percentages.

"The other thing, I think that gets misunderstood, is that contracting is competitive, and the contracting goes out to the extramural community," Niederhuber said. "It doesn't stay. None of these dollars are in the intramural program."

Niederhuber said NCI was allowed to use $6 million in stimulus funds internally, and he added $4 million in appropriations to that, to buy equipment for the intramural program.

"All of this contracting goes out in one way or another to support activities in the extramural community, or in the instance of caHUB, for example, you could say that's a resource structure that we're setting up to support the extramural community," Niederhuber said. "So some of these things are supporting—our IT investments are supporting the extramural community's ability to work together. Everything goes out the door in one way or another, and if it's going out as a contract, it's going out as a competitive contract."

Young said contracting should have "more rigorous oversight" than grants. "While it's true that contracts have been responsible for some of the successes that the NCI has accomplished, it has also historically been responsible for some of its greatest abuses," he said. "I think if you go back in the history of the NCI and look at some of the black eyes that we've received, it has been because of the over-utilization of contract mechanisms. The Viral Oncology Program stands out as one of the outstanding examples.

"I think the other thing that we've talked about a lot in this room is that [contracting], by its very nature, creates an incestuous relationship between NCI staff and external investigators in a way that investigator-initiated research or grant-funded research does not," Young said. "That's not necessarily evil, but it's something that causes the creation of a different dimension, and requires more rigorous oversight than a grant mechanism, which essentially is released in a less encumbered fashion.

"I agree with you in one sense, and I throw up a cautionary note in another," Young said.

**FY09 Funding Policies**

Niederhuber also outlined NCI's operating policies for FY09 funding:

—3% inflationary adjustments on non-competing grants.

—Award at full commitments of record for categorical (non-modular) grants.

—No cut to modular non-competing RPGs.

—NCI to award more competing RPGs than FY 2008 (1,284 to 1,412).

—Will hit NIH target for competing new investigator R01s

NCI RPG policies for FY09 are as follows:

—3% above current levels for Type-2 (last year's grant award, in most cases) for competing continuing grants, unless PI requested less than 3% or peer review recommended less than 3%.

—5% above current levels for grants recommended for 7 modules or fewer.

—About a 17 % cut from Type-1 level requested (or approved by peer review).

The institute has been able to increase the average cost of grants to $366,000, up from $324,000 in FY06, where it had fallen since the previous high of $355,000 in FY01.

**NIH Cancer Strategic Plan**

Over the past six weeks, Niederhuber, along with Stephen Katz, director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, have led an internal NIH committee to develop a strategic plan for NIH-supported cancer research under the administration's plan to double cancer research funding over the next eight years.

The report, of about 60 pages, is in draft and scheduled to be submitted to NIH on June 26, Niederhuber said.

Under President Obama's budget proposal for FY 2010, NCI would receive $5.15 billion. The institute's budget could potentially double by FY 2017, if Congress agrees to appropriate the funds over the next 8 years.

*In the Cancer Centers:*

## Emory Is "Embarrassed" By Management Problems

(Continued from page 1)

accuracy of data, recording of data in clinical research files, missing data elements, tardiness in responding to queries from ECOG's central office and delays in approval of protocol amendments by the Emory

institutional review board, Waller said.

"People had backlogs of queries that they had not responded to," Waller said. "ECOG queries have to be turned around within a two-week timeframe. And there were some things that had been sitting on somebody's desk for more than a couple of months."

Altogether, Emory accrues about 500 patients a year—around 40 a month—to clinical trials. However, to make time for making administrative changes and retraining the staff Emory stopped putting new patients on therapeutic trials. Patients who had been consented or who had been told that a clinical study is an option in their care remained in the system.

In addition to making administrative changes, the center gave a full-day training course for research coordinators, and a three-hour course for faculty. Also, the staff has had sufficient time to respond to the backlog of queries.

The institution has restarted accrual to Radiation Therapy Oncology Group studies and neuro-oncology studies. Also, Emory is about to reopen transplant studies and studies in myeloma and lymphoma.

"We've put in place policies and procedures which will ensure that we don't find ourselves in this situation again, where we have a variety of issues regarding data quality, regarding timeliness of response to ECOG queries that come back to bite us," Waller said. "It's embarrassing to me, and it's embarrassing for the institution. We just became a cancer center. We pride ourselves on making a difference to cancer care, and the only way clinical trials can contribute to progress is if we have innovation, quality and accrual statistics. We need to do better on quality."

* * *

**ARIZONA CANCER CENTER** has received a five-year, $20.8 million renewal of its Cancer Center Support Grant from NCI through 2014. The renewal, which came with an "excellent" rating, extends the center's designation as one of 40 comprehensive cancer centers in the U.S. The center has operated continuously with NCI designation since 1978, and received comprehensive designation in 1990.

"The National Cancer Institute has again recognized the high quality of our research programs and our faculty and staff with this grant renewal," said Center Director **David Alberts**. "Continuation of our funding, for more than 30 years, allows the Arizona Cancer Center to achieve its mission of serving the entire state of Arizona with translational research in cancer prevention and treatment, patient care, education and outreach."

In announcing the grant renewal, NCI said, "The AZCC is a Cancer Center that continues to make significant contributions to the national cancer research effort. Strengths of the Cancer Center are in the areas of chemoprevention, drug development and fundamental aspects of imaging. The AZCC has expanded its activities as a consortium across the state with the goal of bringing advances made at the AZCC to all the people of Arizona."

The funding—a 5 percent increase—will be used to support five research programs, 13 shared services, and other functions serving the entire center. In FY 2008, the Arizona Cancer Center was 25th in total NCI funding among the comprehensive cancer centers nationally with more than $29 million in NCI awards.

In 2007-2008, 1,707 participants were enrolled in therapeutic and prevention clinical trials at the center.

The Arizona Cancer Center's five core research programs are in cancer prevention and control; cancer biology and genetics; cancer imaging; gastrointestinal cancer; and therapeutic development. The shared services include genomics, flow cytometry and biometry, which each received "outstanding" ratings from the NCI site review team.

Also, the center has two Specialized Program of Research Excellence awards from NCI for research in gastrointestinal cancer and lymphomas, as well as NCI program project grants for novel drug development, novel imaging technology, colon cancer prevention, pancreatic cancer drug development, prostate cancer bone metastases and skin cancer prevention.

* * *

**ROBERT YOUNG** completed a 5-year term as chairman of the NCI Board of Scientific Advisors. Young has served on the BSA since its inception in 1996, and served as its third chairman, advising three NCI directors. Young, chancellor of Fox Chase Cancer Center, also plans to step down from that position on July 1, he said to The Cancer Letter. He has begun a consultancy, RCY Medicine, focused on cancer centers, health policy and cancer drug development (www.rcymedicine.com). BSA member **Richard Schilsky**, professor of medicine at University of Chicago, will serve as the next board chairman, NCI Director **John Niederhuber** said. Schilsky recently completed a term as president of the American Society of Clinical Oncology. Other BSA members who completed their terms include: **Kirby Bland**, of University of Alabama; **Leland Hartwell**, of Fred Hutchinson Cancer Research Center; **Leroy Hood**, of Institute for Systems Biology; **Ellen Sigal**, of Friends of Cancer Research; and **Jane Weeks**, of Dana-Farber Cancer Institute. . . . **RAZELLE**

**KURZROCK** was appointed chair of the Southwest Oncology Group's Early Therapeutics Committee. Kurzrock is founding chair of the Department of Investigational Cancer Therapeutics and director of the Phase I Program at M.D. Anderson Cancer Center, and directs the Human Biology and Patient-Based Research Doctoral Program in the Graduate School of Biomedical Sciences at the University of Texas Health Science Center. Her work has advanced our understanding of the molecular pathogenesis of leukemia and of the role of growth factors, cytokines, kinases, transcription factors, and other biologic agents in the growth and treatment of cancers. She leads numerous phase I studies. . . . **NEVADA CANCER INSTITUTE** announced that **Nicholas Vogelzang** is leaving the institute the end of June. Vogelzang is the founding director of NVCI and head of the Section of Genitourinary Cancer. Vogelzang accepted a position with U.S. Oncology in Las Vegas and will see patients part-time. "We would like to thank Dr. Vogelzang for his five years of extraordinary service to NVCI," said Board Chairman **Heather Murren**. "The institute would not be where it is today without Dr. Vogelzang. He put us on his shoulders and carried us to this point. His relentless energy and commitment to excellence helped Nevada Cancer Institute become a player in the national cancer community." **John Ruckdeschel** joined the institute this spring as NVCI's new director and chief executive officer. "I would like to personally thank our first director, Dr. Nicholas Vogelzang, for the road he has paved," Ruckdeschel said. "Under his leadership, NVCI has gone from a blank piece of paper to the brink of becoming a major cancer research and treatment center. I look forward to continuing the work he has done at Nevada Cancer Institute and partnering with him in his new role." . . . **DANA-FARBER CANCER INSTITUTE** has teamed up with the Financial Planning Association of Massachusetts to offer free, individual financial coaching services to its patients and their caregivers. "We developed this program to remove barriers to financial planning assistance and help our patients to better manage their financial situations while they are battling cancer," said **Deborah Hoffman**, associate director of Dana-Farber's Shapiro Center for Patients and Families and coordinator of the new program. Hoffman said 95 families have already signed up for coaching. **Rick Fingerman**, financial liaison and coach for the program, and past president the Financial Planning Association of Massachusetts, said many association members have volunteered for the program. . . . **THE LUSTGARTEN FOUNDATION** announced its first round of 2009 grants, totaling $1.6 million awarded to scientists working to develop early diagnostic tests and better treatment for pancreatic cancer. The foundation said it plans to award nearly $4 million in grants this year, twice as much as was awarded last year. The funding increase is largely due to the support of Cablevision Systems Corp., which made a multi-year commitment to underwrite the foundation's administrative costs so that all donations can go directly to funding scientific research. The awards include: Nita Ahuja, Johns Hopkins University; Allan Balmain, University of California, San Francisco; Sunil Hingorani, Fred Hutchinson Cancer Research Center; Alison Klein, Johns Hopkins University; Chandon Kumar, University of Michigan Medical School; Joshua Mendell, Johns Hopkins University School of Medicine; Thomas Scmittgen, Ohio State University; Jeffrey Settleman, Massachusetts General Hospital; and Bert Vogelstein, Johns Hopkins University School of Medicine.

*HHS News:*

## Howard Koh Named Assistant Secretary Of Public Health

**HOWARD KOH** was confirmed by the Senate as assistant secretary for health of the U.S. Department of Health and Human Services.

Koh was most recently the Harvey V. Fineberg Professor of the Practice of Public Health, associate dean for public health practice, and director of the Division of Public Health Practice at the Harvard School of Public Health.

He served as principal investigator of multiple research grants related to community-based participatory research, cancer prevention, health disparities, tobacco control, and emergency preparedness. He also served as Director of the Center for Public Health Preparedness.

Koh previously served as Commissioner of Public Health for Massachusetts (1997-2003).

President Bill Clinton appointed Koh to the National Cancer Advisory Board (2000-2002).

Koh graduated from Yale College and Yale University School of Medicine, and completed his postgraduate training and chief residencies at Boston City Hospital and Massachusetts General Hospital.

He has earned board certification in internal medicine, hematology, medical oncology, and dermatology, as well as a Master of Public Health degree. He is an elected member of the Institute of Medicine and previously served as chairman of the Board of Scientific Counselors for the CDC's Coordinating Office for

Terrorism Preparedness and Emergency Response.

Koh has received numerous awards and honors, including the Distinguished Service Award from the American Cancer Society.

*Cancer Control:*

## Obama Signs Bill Giving FDA Authority For Tobacco Products

*By Paul Goldberg*

President Obama signed a bill June 22 that will give FDA the authority to regulate tobacco products.

The measure was crafted with the help of Phillip Morris, but has the support of major organizations that deal with cancer prevention and lung cancer. These include the American Cancer Society, the American Society of Clinical Oncology, the American Legacy Foundation and Campaign for Tobacco-free Kids.

The law will:

—Restrict tobacco advertising and promotions, focusing on promotion to children.

—Stop illegal sales of tobacco products to children.

—Ban candy and fruit-flavored cigarettes.

—Require large, graphic health warnings that cover the top half of the front and back of cigarette packs.

—Ban misleading health claims such as "light" and "low-tar."

—Strictly regulate all health claims about tobacco products to ensure they are scientifically proven and do not discourage current tobacco users from quitting or encourage new users to start.

—Require tobacco companies to disclose the contents of tobacco products, as well as changes in products and research about their health effects.

—Empower the FDA to require changes in tobacco products, such as the removal or reduction of harmful ingredients or the reduction of nicotine levels.

—Fully fund the FDA's new tobacco-related responsibilities with a user fee on tobacco companies, with no resources are taken from the FDA's current work.

Critics of the new law—mostly academics and anti-smoking activists—say that it institutionalizes continued use of nicotine and does next to nothing to restrict the use of the most prevalent flavoring used in cigarettes—menthol. Menthol is specifically excluded from law.

"President Obama's signature on the Family Smoking Prevention and Tobacco Control Act marks a new era in which the federal government now has sweeping regulatory authority over how tobacco products are manufactured and marketed in the United States," ASCO President Douglas Blayney said in a statement. "FDA regulation of tobacco products should have a significant impact on reducing the widespread death and disease caused by tobacco use."

John Seffrin, ACS chief executive, similarly applauded the bill. "Forty-Five years after tobacco smoke was first found to be hazardous to health, tobacco products will finally be regulated—products which kill more than 400,000 people in America each year," Seffrin said in a statement. "This lifesaving new law has the potential to break the deadly cycle of addiction and put an end to Big Tobacco's targeting of our nation's children."

Opponents of the law include the American Association of Public Health Physicians and Smoke-free Pennsylvania, as well as academics and activists Stanton Glantz of the University of California, San Francisco, and Michael Siegel, professor of at the Social and Behavioral Sciences Department, Boston University School of Public Health.

Siegel's critique of the bill is posted at http://tobaccoanalysis.blogspot.com/2007/02/written-statement-of-michael-siegel-md.html

*Medicare:*

## PhRMA Voluntary Program Offers Assistance For Part D

*By Paul Goldberg*

Pharmaceutical manufacturers have agreed to offer financial assistance for Part D Medicare beneficiaries, reducing co-payments for drugs in the "doughnut hole" in coverage.

The gap in coverage begins after a beneficiary's cumulative prescription drug bills reach $2,700. The beneficiary then pays up to $2,400, and coverage kicks in again after the bills reach $6,100.

Under the deal that would be contingent on passage of the administration's healthcare reform measures, drug companies promised to fill in 50 percent of the doughnut hole for patients whose income is $85,000, or $170,000 for a couple.

For many branded prescription drugs in oncology, the bulk of revenues is generated after the co-payment requirement is met. Therefore, many drug companies have regarded the so-called "doughnut hole" as a limiting factor on demand for drugs and have been eager to get rid of it.

The measure could likely require reworking of anti-kickback laws that affect the Part D program. Federal anti-kickback laws prohibit the use of subsidies as a means of influencing a patient's decision to choose one therapy over another.

However, manufacturers of Part D drugs are allowed to offer assistance with co-payment, provided that such assistance is administered by a bona fide non-profit organization (The Cancer Letter, April 28, 2006).

"We reached an understanding that will help close the notorious 'doughnut hole' in Medicare Part D," Obama said at a press conference June 22. "This is a significant breakthrough on the road to health care reform—one that will make the difference in the lives of many older Americans."

The industry group estimates that it would contribute about $80 billion over 10 years to shrink the gap in coverage.

The deal was negotiated by the Pharmaceutical Research and Manufacturers Association, Senate Finance Committee Chairman Max Baucus (D-Mont.) and the White House.

"We recognize that a medicine which sits on a shelf out of reach of patients financially doesn't do anyone any good," PhRMA CEO Billy Tauzin said in a statement. "Working together with President Obama, Chairman Baucus and other congressional leaders, we have now taken an important first step toward achieving comprehensive health care reform this year."

Compliance with any deals made by PhRMA is voluntary for member companies.

The Biotechnology Industry Organization has taken no position on the plan.

## *Obituary:*

**MARIA CAROLINA HINESTROSA**, executive vice president of the National Breast Cancer Coalition for the past five years and formerly executive director of Nueva Vida, a support network for Latinas with breast and cervical cancer in the Washington, D.C., area, died June 21. She had soft tissue sarcoma, a side effect of past breast cancer treatment. She was 50.

With NBCC, she led educational, research, and quality care initiatives, spearheaded health care reform efforts, and spoke on behalf of the coalition.

"Carolina had incredible courage and compassion, she dedicated herself to pushing the research community to think about their work differently and to always focus on saving lives," said NBCC President Fran Visco. "She was extraordinary in every way and impatient with the status quo... and she loved to dance."

Hinestrosa served as chairman of the Integration Panel of the Department of Defense Breast Cancer Research Program and sat on several Institute of Medicine and Agency for Healthcare Research and Quality committees. She also served on the National Quality Forum, the Ethical Task Force of the American Medical Association, and the National Action Plan on Breast Cancer Consumer Involvement Working Group.

Hinestrosa was a driving force behind the convening of a 2005 workshop on biomarker research, which resulted in the first, and to date only, advocate-authored article published in the journal Nature Reviews Cancer.

Born in Bogotá, Colombia, Hinestrosa came to the U.S. in 1985 as a Fulbright Scholar to pursue a master's degree in economics at Western Illinois University. She worked as a business economist in Colombia and New Zealand before moving to the Washington area in 1993.

Following a breast cancer diagnosis in 1994, Hinestrosa and a group of survivors and health care professionals formed Nueva Vida, the only comprehensive support network for Latinas with breast and cervical cancer in the Washington metropolitan area.

While executive director of Nueva Vida, Hinestrosa brought the voice of Latinas with breast cancer to the national stage, representing the organization on the board of directors of the National Breast Cancer Coalition and NCI's Central Institutional Review Board. She also played a leading role in the development of the International Latina Breast Cancer Advocacy Network.

She completed a Masters of Public Health, concentrating on health policy, at George Washington University in 2001.

She is survived by her husband, Michael Moses, and daughter, Isabel Hinestrosa, of Bethesda, Md.; parents Fabio and Marina Hinestrosa of Ibague, Colombia; siblings Martha and Marina of San Francisco; Angela, of Ibague, Colombia; and Guillermo and Maria Cecilia of Bogota, Colombia.

At the family's request, the National Breast Cancer Coalition has established a tribute fund to honor Carolina's memory: http://www.StopBreastCancer.org/carolina or send contributions to NBCC, 1101 17th Street NW Suite 1300, Washington, DC, 20036, Attention: M. Carolina Hinestrosa Memorial Fund.

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