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NCI-Frederick Leases Office Building To Move Some Programs Off Army Base

By Kirsten Boyd Goldberg

NCI-Frederick, the federally-funded research and development center for cancer and HIV research located at the Fort Detrick Army base in Frederick, Md., plans to move part of its operations off the base and into an office park at the end of 2011.

SAIC-Frederick Inc., a subsidiary of Science Applications International Corp., the major contractor at NCI-Frederick, has signed a lease on a newly constructed 330,000-square-foot building shell. The government will spend $130 million to outfit the interior for offices and laboratories. The operating budget for the facility will be about $12 million a year.

Craig Reynolds, director of NCI-Frederick, said the move will create

(Continued to page 2)

Research Funding:

NCI Bypass Budget Seeks $1 Billion Increase For FY 2011, To Continue Research Stimulus

By Kirsten Boyd Goldberg

NCI needs a $1 billion budget increase to speed progress in cancer research and to sustain the research that began last year with economic stimulus funding, according to the institute's professional judgment budget for fiscal 2011.

One of the special authorities NCI has as a result of the National Cancer Act of 1971 is the mandate to prepare an annual budget request to be delivered to Congress and the president without intervention from the Department of Health and Human Services. Thus, it has been called NCI's "Bypass Budget." Although NCI rarely receives the funding increase requested, the document serves as a planning and promotional tool for the institute.

In 2009, NCI received $1.26 billion from the American Reinvestment and Recovery Act, to be obligated over two years. "ARRA allowed NCI to put into action most of the plans contained in last year's Bypass Budget request," the FY2011 document states. "This year's document request includes resources that would allow NCI to further cultivate and mature the initiatives originated with ARRA funding."

In addition, Congress appropriated $4.9 billion to NCI, an increase of $138 million, or 2.9 percent, over the previous year.

The White House has submitted a budget request for FY2011 that includes $5.1 billion for NCI.

(Continued to page 4)

NCI-Frederick Hopes Move Will Facilitate Partnerships

(Continued from page 1)

the NCI-Frederick Advanced Technology Partnership Initiative, providing space for researchers working at Frederick to form partnerships with private firms to test advanced technologies and conduct translational research.

The public-private partnerships will leverage NCI's drug development expertise to form cross-disciplinary teams in areas including genomics, proteomics, imaging, nanotechnology, bioinformatics, and biopharmaceutical development, Reynolds said in a presentation to the National Cancer Advisory Board at its meeting Feb. 18.

The facility would provide about 100,000 square feet of space for partnerships with companies. About 370 NCI-Frederick employees would make the move from Fort Detrick to the new building, located at Riverside Research Park in Frederick. Plans include hiring about 200 more employees during the next five years.

NCI is the "logical organization" to facilitate collaborations between the government, industry, and academia, Reynolds said. The partnership initiative will "accelerate the delivery of new products to cancer patients through the strategic application of advanced technologies and development of effective translational research partnerships," he said.

"This will allow us to put into place training and dedicate space for a think tank," Reynolds said. The state of Maryland is discussing using space in the same office park for college and university programs, he said.

The new building is necessary because NCI's space at Fort Detrick is filled to capacity, Reynolds said. Of the 110 NCI buildings on the base, more than half are over 45 years old, and 15 percent are trailers or leased buildings. The programs slated to move to the new building currently reside in 34 buildings at Fort Detrick.

Reynolds said access to Fort Detrick for any potential research partners is also problematic, since it's the site of the government's National Interagency Biodefense Campus. "Our access to partners that might want to use our services would be restricted behind the gates of Fort Detrick," he said.

According to the NCI-Frederick website, visitors are asked for two photo IDs, their cars are searched, and they must first report to the security office to be escorted to other buildings. This is a higher level of security than that for the NIH campus in Bethesda, where visitors show one ID, and cars are searched, but an escort isn't required.

"The federally-funded research and development center is a very unique and incredibly importance resource for the National Cancer Institute and the least well understood," Reynolds said to the NCAB. "There is only one FFRDC in the Department of Health and Human Services, and that's the one at Frederick, and it's the only one that has the sole mission of biomedical research."

SAIC-Frederick signed a lease on the new building for a 10-year base term with two 10-year option periods. The government retains the right to purchase the building at fair market value. The building shell is scheduled for completion in September, after which build out will take about another year. Occupancy is scheduled for late 2011 or early 2012, Reynolds said.

The research park has a total capacity of 177 acres, of which about 62 acres and up to 800,000 gross square feet has been set aside for NCI for possible expansion.

"Ideally, we would love to entice and recruit other R&D to this campus," NIH Director John Niederhuber said at the NCAB meeting last week. "Hood College is exploring putting up a facility and developers are looking at building a hotel conference center. There is a bigger vision for this campus."

NCI leases space "no matter where we're located, even on the NIH campus," Niederhuber said. "There's no free laboratory space."

"It's really a dramatic plan," said NCAB member

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Bruce Chabner, clinical director of the Massachusetts General Hospital Cancer Center. "The key element is the idea that you are going to create partnerships. How many partners can you fit into the 100,000 square feet and how do you envision sharing intellectual property?"

About 25 programs are looking for partners and the interior has been designed so that each program will have space available for its partner, Reynolds said.

Intellectual property issues will be handled "the way we normally handle intellectual property," he said. "The way we handle it today is that if you own intellectual property, NCI doesn't get anything," he said. "If NCI puts resources into it, then NCI begins to have some ownership. But we hope to put into it in a way that doesn't stifle activity."

For FY 2009, NCI funding to NCI-Frederick was $376.5 million, according to the institute. That did not include $114 million from other NIH institutes and other government agencies for work done at Frederick, nor does this figure include any funding from the American Recovery and Reinvestment Act. About 80 percent of the NCI dollars spent at NCI-Frederick come from the budgets of the institute's divisions, offices, and centers to pay for work done there.

In 2008, NCI awarded a $5.2-billion, 10-year contract with SAIC-Frederick for the operations and technical support at NCI-Frederick. In addition, three other contractors provide computer, library, and animal facility support.

SAIC has been the operations and technical support contractor for the FFRDC since 1995, and in 2000 formed SAIC-Frederick to continue the work. The contract is the largest single research contract awarded by the Department of Health and Human Services. The center is one of only 38 national laboratories in the U.S.

The Advanced Technology Partnerships Initiative was first presented in concept to the NCI Executive Committee in 2005. Former NIH Director Elias Zerhouni approved the project in 2007, and it was presented to the HHS Assistant Secretary for Health in 2007. The concept was presented to the NCAB in 2007.

Firm Selected To Build NCI Shade Grove Campus

In other NCI real estate news, the General Services Administration said it has selected the JBG Companies to build and own a new facility to house NCI offices.

JBG will develop a 575,000 square foot complex which will house 2,100 employees who currently work at five buildings at Executive Plaza, in Rockville.

The NCI Shady Grove Campus will be located on in Montgomery County's Life Sciences Center near Rockville. The land is owned by Johns Hopkins University.

According to a press release, "The $200 million development will feature twin, seven-story buildings with a shared entry. Retail shops will wrap around a parking garage. An array of environmentally friendly elements will support the JBG goal to obtain a LEED Gold certification. A stop for a new mass transit system, the Corridor Cities Transitway, will be located there, and connect to the Shady Grove Metro station and other areas in the I-270 corridor."

JBG signed a 99-year ground lease with Johns Hopkins. HOK has been selected as the architect for the project and James G. Davis Construction is the general contractor. JBG said it plans to break ground on the nine-acre development later this year, and will complete the complex approximately two years later, for occupancy in the first half of 2013.

"The addition of NCI to our campus makes the Shady Grove area a national epicenter for cancer research," said Ronald Daniels, president of The Johns Hopkins University. "We are excited to be a partner in providing a state-of-the-art home for this incredibly important scientific institution and its employees."

"GSA is very pleased to be able to procure this state of the art facility to house the NCI," said Bart Bush, Public Buildings Service Regional Commissioner. "This will enhance the operations of NCI by consolidating several scattered facilities into a single location, and help reinforce the national leadership role that suburban Maryland provides in the field of bioscience."

NCAB Forms Group To Study Itself And NCI, And Develop "Strategic Scientific Vision"

By Kirsten Boyd Goldberg

The National Cancer Advisory Board formed a working group to develop a "strategic scientific vision" for NCI and to examine the board's effectiveness in its role to advise the institute director.

The board voted unanimously at its Feb. 18 meeting to form the working group, which will "create a strategic plan for the National Cancer Program, broadly review the National Cancer Institute, and review the authority, structure, and governance of the NCAB," said NCAB Chairman Carolyn Runowicz.

The board was formed as a presidentially-appointed federal advisory committee as a result of the

National Cancer Act of 1971, an act that also made the NCI director a presidential appointee.

The idea for an ad hoc working group was discussed at the board's retreat in January, said Runowicz, director of the Neag Comprehensive Cancer Center at University of Connecticut. "We discussed our effectiveness in terms of our ability to advise the NCI director, the department secretary and the president regarding the National Cancer Program and the importance of the NCI in leading this important agenda," she said.

The working group will "evaluate how the NCI has evolved in the last 40 years since the passage of the National Cancer Act of 1971, as well as project where the NCI should be in the next decade," Runowicz said.

Runowicz said she asked NCAB members William Goodman, Robert Ingram, and Bruce Chabner, as well as former NCAB chairman Phillip Sharp to serve as co-chairmen of the working group. Goodwin is chairman and president of CCA Industries Inc., Ingram is a partner in Hatteras Venture Partners, and Chabner is clinical director of the Massachusetts General Hospital Cancer Center. Sharp, a Nobel Laureate, is Institute Professor in the Koch Institute for Integrative Cancer Research at Massachusetts Institute of Technology. Paulette Gray, director of the NCI Division of Extramural Activities, will serve as executive secretary of the working group.

"We will try to expedite this, because I think there is an urgency to this, and hopefully we will be able to bring a report back by September," Runowicz said to the board.

The urgency stems from an expected change of NCI directors, as the Obama administration is in the process of making a selection (The Cancer Letter, Feb. 12).

In an interview, Runowicz said the board wanted to better understand its authority and role. "For instance, in your last issue of The Cancer Letter, you had a story about the [search for] the next NCI director," she said. "The question is what the authorities are of the NCAB for something like that."

Another presidentially-appointed committee created by the National Cancer Act, the President's Cancer Panel, plans to mark the 40th anniversary of the act's signing with a series of meetings reflecting on progress and future of cancer research, said LaSalle Leffall Jr., the panel chairman.

The panel is currently operating with only two of its three members, since the Obama administration hasn't named a replacement for Lance Armstrong, the Tour de France winner and founder of the Lance Armstrong Foundation. "We hope the president will appoint someone soon," said Leffall, who has served as panel chairman since 2002.

Runowicz suggested, and the board approved, a motion to write a letter to White House urging the appointment of a third panel member.

The NCAB also voted to establish a working group on The Cancer Genome Atlas project, in response to a request from NCI staff. NCAB member Jennifer Pietenpol, director of the Vanderbilt-Ingram Cancer Center, will serve as chairman of the working group.

Research Funding:

Bypass Budget Request $1 Billion More For NCI

(Continued from page 1)

"The numbers that follow represent the NCI's professional judgment on potential budget increases that could hasten our research progress against cancer, bringing new therapies, earlier detection, and better prevention techniques to all people."

—Supporting individual investigators $310 million.

—TCGA and TARGET $28 million.

—caBIG $103 million.

—caHUB $60 million.

—Patient characterization center $12 million.

—Chemical Biology Consortium $11 million.

—Drug development $69 million.

—Cancer centers $50 million.

—NCI Community Cancer Centers Program $56 million.

—Physical Science-Oncology Centers $9 million.

—Infectious agents and cancer prevention $30 million.

—Cancer stem cells $40 million.

—Support FDA regulation of tobacco products $20 million.

—Comparative effectiveness research $40 million.

—Expand training and career development $40 million.

—Invest in intramural research program $75 million.

—Strengthen scientific infrastructure $145 million.

The Bypass Budget also features several profiles

of cancer researchers. These include Ronald DePinho, of Dana-Farber Cancer Institute; Brian Henderson, of USC Norris Comprehensive Cancer Center; Susan Love, of the Susan Love Research Foundation; John Reed, of Burnham Institute for Medical Research; Mark Krasna, of the Cancer Institute at St. Joseph Medical Center; Franziska Michor, of Memorial Sloan-Kettering Cancer Center; Cathy Backinger, chief of NCI's Tobacco Control Branch; and Muin Khoury, director of the Office of Pubic Health Genomics, Centers for Disease Control and Prevention. The cover photo features Peter Pinto, of the NCI Urologic Oncology Branch, and Carole Parent, of the NCI Laboratory of Cellular and Molecular Biology.

The document is available at http://plan.cancer.gov.

FDA News:

FDA, NIH To Provide $6.75M For Regulatory Science Grants

FDA and NIH announced initiative designed to accelerate the process from scientific breakthrough to the availability of new, innovative medical therapies for patients.

The initiative involves two interrelated scientific disciplines: translational science, and regulatory science. The agencies will establish a Joint NIH-FDA Leadership Council to spearhead collaborative work on important public health issues. The Joint Leadership Council will work together to help ensure that regulatory considerations form an integral component of biomedical research planning, and that the latest science is integrated into the regulatory review process.

NIH and FDA will jointly issue a Request for Applications, making $6.75 million available over three years for work in regulatory science. The research supported through this initiative should add to the scientific knowledge base by providing new methods, models or technologies that will inform the scientific and regulatory community about better approaches to evaluating safety and efficacy in medical product development.

"We've all been following the remarkable advances in biomedical sciences led by the NIH with great enthusiasm for years," said HHS Secretary Kathleen Sebelius. "However, much more can be done to speed the progress from new scientific discoveries to treatments for patients. Collaboration between NIH and FDA, including support for regulatory science, will go a long way to foster access to the safest and most effective therapies for the American people."

"The FDA plays an essential and unique role in how therapies are evaluated. We are the bridge between biomedical research discoveries and new medical products," said Margaret Hamburg, FDA Commissioner. "We now have a special opportunity—and responsibility—to harness advances in science and technology to support our efforts. We are working in collaboration with the best minds and research institutions available, so that we can better develop and utilize new tools, standards and approaches needed to properly assess the safety, effectiveness and quality of products currently in development or already on the market."

"For more than two decades, the NIH and the FDA have been partners in many initiatives designed to improve the health of millions of Americans," said NIH Director Francis Collins. "This collaboration, however, is the first of its kind and will use the NIH's breadth of experience as a leader in biomedical sciences to help make the translation of biomedical discoveries into effective treatments as seamless as possible."

FDA and NIH will hold a public meeting in the spring to solicit input on how the agencies can work better together.

NIH News:

NIH Website Offers Information For Older Cancer Survivors

Older adults who have survived cancer can find out what to expect once treatment ends in Life after Cancer, the newest topic on NIHSenior Health, at www.nihseniorhealth.gov/lifeaftercancer/toc.html.

Visitors to the site will learn about managing follow-up care, physical and emotional changes, and relationships with family and friends. The topic also addresses how a person's age and health status can affect recovery and survival. Older adults make up about 60 percent of cancer survivors and their cancer treatments may have been complicated by other aging-related health conditions.

NIHSeniorHealth is a health and wellness web site geared to the needs of older adults. It was developed by the National Institute on Aging and the National Library of Medicine.

Although many people are living longer following cancer due to better diagnostic tests and treatments, life after cancer can bring challenges. "Many cancer

survivors look forward to returning to a normal life after treatment ends, but for some, this can be a stressful period," said Julia Rowland, director of the NCI Office of Cancer Survivorship, which developed the topic. "Understanding what to expect after cancer treatment can help survivors and their families plan for follow-up care, make positive lifestyle changes, and consider important health-related decisions."

NIH Plans Seven New Common Fund Initiatives

Programs to create a new center for the study of stem cells and to increase capacity to deal with global health issues were among seven scientific initiatives announced Feb. 25 by NIH Director Francis Collins.

The seven research programs are supported through the NIH Common Fund, which encourages collaborative research programs across the NIH institutes and centers, or ICs, to accomplish work that no single IC could do alone. The programs are all scheduled to begin during fiscal year 2010.

"These strategic investments will yield critical new resources, scientific knowledge, and strategic partnerships across a broad landscape of basic biology, behavioral science, global health, and clinical medicine," said Collins.

The research programs will distribute $17.8 million in NIH Common Fund support in fiscal year 2010, and additional funds in future years.

These projects capitalize on emerging scientific opportunities and technology advances to fuel biomedical discovery, strengthen the biomedical community nationally and globally, and hasten the translation of science discoveries into new and better treatments.

The seven new scientific programs are:

1. Library of Integrated Network-based Cellular Signatures Program: This program, called LINCS, will build a community resource of scientific information to drive understanding of how components of biological systems, such as genes and proteins, function normally to maintain health or become disrupted by genetic and environmental stressors to cause disease. This resource will accelerate discoveries of the inner working of biological systems that can be targeted for use in new and better treatments.

2. Protein Capture Reagents Program:This program creates a suite of high quality, affordable, and reliable new research tools to isolate, or capture, proteins in order to study their function under normal conditions and when the cell is stressed or diseased.

3. Knockout Mouse Phenotyping Program: Partnering with international researchers, this program will help decipher how specific genes control certain characteristics or phenotypes such as metabolism, energy balance, and physical appearance in mice. Mice are the most widely utilized experimental animal model. The program will also establish a system to characterize thousands of mice that have been engineered to have specific genes turned off, or knocked out.

4. Science of Behavior Change Program: This program examines how human biology, culture and society together influence a person's ability to adopt healthy behaviors and maintain them over time. This initiative will address effective motivation strategies that might be developed to curb unhealthy behaviors such as smoking, excessive alcohol drinking, poor diet and lack of exercise.

5. NIH Induced Pluripotent Stem (iPS) Cell Center: This program creates a national iPS Cell Center, under the NIH Intramural Research Program, to drive the translation of scientific knowledge about stem cell biology into new cell-based treatments.

6. Global Health Program: This program is designed for increasing capacity for global health research by enhancing education, training and research opportunities in developing countries.

7. Regulatory Science Program: This collaborative program between NIH and FDA will encourage rapid and efficient use of new knowledge, technologies, and innovations in the development, investigation and regulatory review of medical products. The main goal is to ensure the development of safe and effective products based on the highest quality science in U.S.

"The NIH Common Fund was created to transform how we do science so we can tackle the toughest health problems facing our nation and the world," said Dr. Collins. "These seven new programs will allow NIH to take advantage of rapidly emerging technologies and opportunities to work toward improvements in public health."

Additional information about these programs is available at http://commonfund.nih.gov.

In the Cancer Centers:

Fox Chase Publishes Manual For Breast Care Coordinators

FOX CHASE CANCER CENTER Partners has published a resource for nursing professionals, the "Breast Care Coordinators/Navigators Orientation Manual," to help breast care coordinators and nurse navigators as they provide patient education, decision-making support, and overall coordination of care to breast cancer patients. The book covers a range of topics, including breast cancer treatment options, symptom management, clinical trials, high-risk programs, and survivorship. The manual highlights recently published research articles and web sites. Fox Chase Cancer Center Partners established its Breast Care Coordinator/ Navigator Program in 2004 with a core group of six coordinators. The program has since grown to include 20 professionals who help guide breast cancer patients throughout their care.

"Our breast care coordinators and nurse navigators possess an impressive wealth of expertise and knowledge, bringing together their collective experience to help guide patients through what can be a very difficult and overwhelming journey," says Elaine Sein, senior project manager, Fox Chase Cancer Center Partners and coordinator, Fox Chase Cancer Center Partners Breast Care Coordinators/Navigators. "What's even more extraordinary is their dedication and willingness to mentor each other and other nurses as they embark on this career path."

Nurses from Fox Chase Cancer Center collaborated with Fox Chase Cancer Center Partners nurses to develop the manual's content and provide editorial review. Funding for the manual's publication was provided by the American Cancer Society through a Making Strides Against Breast Cancer grant.

WINSHIP CANCER INSTITUTE of Emory University said **Donald Harvey**, assistant professor of hematology and medical oncology, was elected president of the Hematology/Oncology Pharmacy Association. Harvey is director of the Winship Cancer Institute's Phase I Clinical Trials section. Harvey's research interests include the clinical application of pharmacokinetic, pharmacodynamic and pharmacogenomic data to patient care.

UNIVERSITY OF ARKANSAS for Medical Sciences has inaugurated a mobile mammography unit that will regularly travel to 26 Arkansas counties that lack FDA-approved certified mammography facilities, providing digital screening mammograms and breast care education.

"The MammoVan will fill gaps in health care services for women who otherwise may not have the ability to travel outside of their county to receive a mammogram," said Robert Fincher, director of breast imaging and medical director of the UAMS Breast Center. "We expect to be able to serve up to 1,000 women this year by making the service easy and convenient for them, and we hope to see that number grow in the future."

The three-room mobile unit is outfitted with the most advanced digital mammography equipment and will be staffed by a certified mammography technologist and a technical assistant. Patients will receive their test results within one to two weeks. Results also will be sent to each patient's primary care physician. If the mammogram shows a potential abnormality, the patient will be referred for follow-up to the appropriate services. Funding for the van is provided by a number of foundations and donors.

VICTOR VOGEL, national vice president for research at the American Cancer Society, has been named director of cancer services at Geisinger Health System. He will begin his new duties on May 3.

Vogel has been affiliated with many cancer programs and medical institutions, including serving as vice chair of the Institutional Review Board at the University of Pittsburgh; director of the Magee/ University of Pittsburgh Cancer Institute & The Magee-Women's Hospital Comprehensive Breast Program; professor of medicine and epidemiology at the University of Pittsburgh School of Medicine; deputy chairman and associate professor of clinical cancer prevention at the University of Texas M.D. Anderson Cancer Center; associate professor of epidemiology at the University of Texas School of Public Health; and worked with the NCI Division of Cancer Prevention, and the Breast and Gynecologic Cancer Research Group.

Geisinger Health System is one of the nation's largest integrated health services organizations, serving more than two million residents throughout central and northeast Pennsylvania. Geisinger is comprised of two medical centers, a children's hospital, 800-member group practice, a not-for-profit health insurance company and the Henry Hood Center for Health Research.

VIRGINIA COMMONWEALTH Massey Cancer Center received an NCI grant totaling nearly $3

million to develop a standardized test to measure health literacy among cancer patients.

The four-year grant will be led by **Levent Dumenci**, associate professor in the Department of Social and Behavioral Health in the VCU School of Medicine and the founding director of Behavioral Measure Core Facility at the Massey Cancer Center. Dumenci is collaborating with **Robin Matsuyama**, assistant professor of social and behavioral health in the VCU School of Medicine, and **Laura A. Siminoff**, professor and chair of the VCU Department of Social and Behavioral Health and associate director for Prevention and Control at Massey.

To develop the test, Dumenci, Matsuyama and Siminoff will identify cancer patients who need help and extra support to handle the complexities of their medical care at the time of diagnosis and better assist them as they go through treatment. This measure would be the first health literacy measure designed specifically for cancer patients.

MEMORIAL SLOAN-KETTERING CANCER CENTER announces the following awards and appointments:

Vivek Tim Malhotra has been named chief of the Anesthesiology Pain Service in the Department of Anesthesiology and Critical Care Medicine. Malhotra has played a major role in the management of the clinical, teaching, and administrative activities of the Anesthesiology Pain Service. He is a fellowship director for the Tri-Institutional Pain Fellowship, through which young doctors receive training from faculty of Weill Cornell Medical Center, Hospital for Special Surgery, and Memorial Sloan-Kettering.

Samuel Singer has been appointed chief of the Gastric and Mixed Tumor Service in the Department of Surgery. Singer is a surgical oncologist and leader of Memorial Sloan-Kettering's multidisciplinary soft tissue sarcoma team. He is also the principal investigator for the Soft Tissue Sarcoma Program Project.

Hedvig Hricak, chair of Memorial Sloan-Kettering's Department of Radiology and incumbent of the Carroll and Milton Petrie Chair, has been named the 95th president of the Radiological Society of North America Board of Directors. Hricak has been a member of the RSNA Board of Directors since 2002, serving as liaison of publications and communications, and becoming president-elect in 2009. Hricak is a pioneer in the development of modern multimodality techniques for visualizing the structure and function of male and female genitourinary cancers.

Funding Opportunities:

Advancing Regulatory Science through Novel Research and Science-Based Technologies (U01) (RFA-RM-10-006). NIH Roadmap Initiatives. Application Receipt Date: April 27. http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-10-006.html

Production Of Human Proteins To Be Used For Generating Affinity Reagents (U01) (RFA-RM-10-007) NIH Roadmap Initiatives. Application Receipt Date: April 26. http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-10-007.html

Large Scale Production of Perturbagen-Induced Cellular Signatures (U54) (RFA-RM-10-003) NIH Roadmap Initiatives. Application Receipt Date: April 27. http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-10-003.html

Advancing Palliative Care Research for Children Facing Life-Limiting Conditions (R01) (RFA-NR-10-006) National Institute of Nursing Research. Application Receipt Date(s): May 17. http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-10-006.html

Advancing Palliative Care Research for Children Facing Life-Limiting Conditions (R21) (RFA-NR-10-007) National Institute of Nursing Research. Application Receipt Date: May 17. http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-10-007.html

Status of Certain Human Embryonic Stem Cell Lines (NOT-OD-10-063) http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-063.html

Comprehensive Partnerships to Reduce Cancer Health Disparities (Limited Competition U54) (RFA-CA-10-503) NCI Application Receipt Date: April 7 http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-10-503.html

A Centralized Protein Sequence and Function Resource (U41) (RFA-HG-10-004) National Human Genome Research Institute, National Institute of General Medical Sciences. Application Receipt Date: May 12. http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-10-004.html

ARRA OS Recovery Act 2009 Limited Competition: Enhanced State Data for Analysis and Tracking of Comparative Effectiveness Impact: Improved Clinical Content and Race-Ethnicity Data (R01) (RFA-HS-10-010) Agency for Healthcare Research and Quality. Application Receipt Date: March 29. http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-10-010.html

ARRA OS Recovery Act 2009 Limited Competition: Comparative Effectiveness Delivery System Demonstration Grants (R18) (RFA-HS-10-013) Agency for Healthcare Research and Quality. Application Receipt Date: March 23. http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-10-013.html