THE CANCER LETTER

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The NCI Budgetary Disaster

Varmus Tells NCAB: No More Gentle Trimming, Calls For New Strategy To Meet Budget Cuts

By Paul Goldberg

NCI has been coping with budget cuts and financial uncertainty by subjecting the majority of its programs to "haircuts," or relatively gentle trimming.

However, this strategy is about to be abandoned in favor of more aggressive cuts to less promising programs, and investing in areas that appear likely to yield results, NCI Director Harold Varmus said to the National Cancer Advisory Board.

"We can't take haircuts forever," Varmus said to the board at a meeting Sept. 13. "We can't trim our toenails and fingernails and chew up our toes and fingers and expect to operate effectively. We've got to start taking out individual organs, or chopping off gangrenous legs."

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Conflicts of Interest

NIH Lowers Disclosure Threshhold to $5,000, Requires Disclosure of COI's on Public Website

By Lucas Thomas

NIH has issued a final rule governing financial conflicts of interest on the part of extramural investigators.

The rule, which updates requirements first published in 1995, was presented to the National Cancer Advisory Board at its meeting Sept. 13.

As has been the case for the past 16 years, NIH maintains that insititutions employing the investigators are responsible to "effectively manage the financial interests of their own employees."

Institutions remain accountable for identifying an investigator's

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In Brief

Peter Shields named Deputy Director at Ohio State; PLoS One Prints Retraction of Duke Genomics Work

PETER SHIELDS was named the new deputy director of the **Ohio State University** Comprehensive Cancer Center–Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

Prior to joining Ohio State, Shields was the deputy director of the Lombardi Comprehensive Cancer Center at Georgetown University and a professor in the departments of oncology and medicine.

"Peter will oversee the scientific research programs and research infrastructure of Ohio State's Comprehensive Cancer Center, which include

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Varmus: NIH, NCI Preparing For Substantial Loss Of Buying Power

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This new surgical strategy would be consistent with the NIH mission of advancing science in order to combat disease, Varmus said. "The NIH doesn't exist to award certain amount of grants," he said. "The NIH exists to make discoveries and to advance public health."

Varmus didn't mention any specific programs that would face cuts, though several of the programs championed by his predecessors—particularly the bioinformatics initiative caBIG—have already sustained substantial cuts.

The board pledged to defend the Varmus plan should it encounter political resistance.

"I think the mission of this institute is not to provide employment across the country; it's to cure cancer and to prevent cancer," said Bruce Chabner, NCAB chair and director of clinical research at the Massachusetts General Hospital Cancer Center. "I think this board will understand if you make some hard decisions about where you put the money, and there will be obvious political and public feedback."

NCAB member William Sellers, vice president and global head of oncology at the Novartis Institutes for BioMedical Research, agreed that strategic cutting is better than trimming.

"If you look at industries that have gone through challenges, trimming approaches have led to the death of the industries," Sellers said. "Industries that have taken hard decisions have rebuilt new areas.

"If you have to go through a series of across-the-board cuts, you just cripple everything equally rather than if you were proposing trying to find the things that need 25 percent more and seriously investing in them."

Last year, Varmus planned to managed what he has called "the budgetary disaster" while maintaining the number of investigator-initiated grants, protecting genomic research, and continuing to revamp the clinical trials system (The Cancer Letter, Jan. 14).

He described his vision for running—and reforming—NCI at greater depth in an interview with The Cancer Letter, which appeared in the July 22 and July 29 issues.

"What I think is interesting is how the whole institute is configured, and how money is allocated among the divisions and among the centers, and how much goes towards tobacco, or for clinical trials, or for intramural research," Varmus said in the interview, reflecting on his first year of running the institute. "It's definitely hard to move funds among those areas. There's no doubt that we need work in all those areas, but are they appropriately budgeted?"

The interview is publicly available, in two parts, at http://www.cancerletter.com/articles/20110722 and http://www.cancerletter.com/articles/20110729

A New Kind of Disaster?

The financial problems appear to have given Varmus the opportunity to re-think and re-engineer the institute.

In recent months, he and other NIH institute directors have been formulating strategies for coping with shrinking budgets and Washington's current political dysfunction.

"NIH has been in trouble in the past many, many times, and it bounced back," Varmus said to NCAB. "When I arrived here [as NIH director] in 1993, I was told that NIH was to take its hit with everybody else, because we have debt problems, and we don't have a balance budget, and everybody's got to take a five-percent hit, and I was pleading for steady state growth to keep up with inflation, at least.

"Within a few years, everything turned around, and we were seeing 15-percent increases, and I think everybody believes that that kind of mythology will carry on in a cyclic fashion, but I think it's perfectly possible we will lose 20-25 percent of our spending power over the next few years.

"We've got to think about how are we going to organize ourselves in that circumstance. Can we

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use social engineering to try to reduce the size of the applicant pool? Are we going to allow Darwinian forces to allow the fittest to survive?"

Washington insiders agree that 25 percent is, alas, a plausible number. Inflation in biomedical research runs at about 3 percent a year. Budgetary decreases can run at about 1 or 2 percent. Under these concurrent pressures, NCI can easily lose a quarter of its buying power over five years or so.

"I think the safe money is on a slight reduction of 1 or 2 percent," Varmus said to NCAB. "The cautious view is to say, 'What's going to happen if we have a two-percent reduction?'

"We are trying to plan that out. It is possible that we will end up with a budget the same as 2011. I think that's not out of the question, but we just don't know. We got to play this game cautiously. The president's budget is quite unlikely."

On July 19, the NCI leadership convened a workshop, which also included some members of advisory committees.

"One of the things we did was to engage in an exercise in which the division directors were each asked to say 'what would do if you had 75 percent as much money next year as you have this year? And what would you do if you had 125 percent as much?'" Varmus said to NCAB. "This was intended to make people feel at liberty to talk about the things they'd like to do if they had more money, at the same time to highlight the things they would consider cutting back on to preserve essential programs."

Another such retreat, which was NIH-wide, was held last week.

That gathering included a four-hour session led by Varmus and Anthony Faucci, director of the National Institute of Allergy and Infectious Diseases. The session focused on managing budget decrements over a longer haul.

"At the NIH retreat, Tony and I invited the executive vice president of a major university that was faced with a 25 percent reduction in the income from its endowment," Varmus said. "And that was the path they took:

"They identified the four things they cared most about and were not going to yield on at all, and they identified a bunch of things that they felt could be cut back. And in one year they reduced their operating budget dramatically.

"I think there are lessons to be learned from that. One lesson to be learned was that a university and a company are completely in charge of all the activities that go on at their campus. Fifteen percent of what we do goes on at our campus—research management support and the intramural program.

"The other 85 percent, of course, is money that goes out to the hinterlands, to thousands of institutions and grantees. We know that places where we are sending our money are also places that are under severe financial stress. And [the question of] how do we work out that contract to preserve the integrity of the research enterprise is a serious one."

Ominous Lessons of Fiscal Year 2011

The institute's 2011 budget, for the first time in recent memory, ended up being cut by 1 percent below the 2010 budget.

"Of course, that's below expectation, which is at least an inflationary increase of roughly 3-4 percent, and way below hope, which is for 5, 10, 15-percent increases," Varmus said to NCAB.

Also, during the current year, the institute got its budget halfway through the year.

"We made some decisions to try to protect the integrity of our research project grant pool, and hopefully to maintain a reasonable success rate and be able to award roughly 1,100 grants, compared 1,250 the previous year, and to protect a couple of other things, including The Cancer Genome Atlas, which we feel is a very important engine of discovery, and to ensure that the clinical trials of cooperative groups get reorganized in a timely fashion, and to honor a number of commitments—some of which, actually, made less free money available for spending on grants and other new things."

The institute has met its target for the number of investigator-initiated grants.

"The year is not quite over, but its close enough to being over, only a few weeks from termination, to know that we will indeed fund approximately 1,100 grants," Varmus said. "The success rate will be roughly 14 percent. Don't believe other numbers you hear. This is going to be approximately the right number. We did that largely by taking haircuts, by trimming virtually everything and taking a little bit here a little bit there. Sometimes it wasn't so little. Generally, it was between 2 and 5 percent from virtually everything."

For the next fiscal year, the president asked for a 2-percent increase over fiscal 2010. The budget proposal was submitted well before the 2011 budget was finished. The 2012 budget proposal would provide a 3-percent increase compared to the current year.

"It's a little hard to say what the prospects are,"

Varmus said. "There is no prospect of an appropriations bill at this point. There will be a continuing resolution, and Mr. Cantor, the majority leader in the House, has said during that the week of Sept. 19 there will be a debate on this topic.

"Right now, the expectation is that the overall spending will be in accord with the debt reduction resolution, and will probably amount to a very, very slight decrement over 2011," Varmus said.

On the day of the NCAB meeting, NCI issued a press release about the RFA for the Provocative Questions initiative, Varmus's signature program. The request was published on Aug. 25, and the application due date is Nov. 14. The RFA lists 24 questions that had been overlooked by cancer researchers.

"We ought to be focused on finding the money for new things we sincerely believe we ought to do," Varmus said to NCAB.

"NCI has to start answering these community-derived provocative questions, and we advertise for grant applications, R-21s and R-01s—to pursue those questions," Varmus said about the provocative questions RFA. "It's not as though we are dictating the questions. We are saying this is what the community thinks are important questions to be focused on. It's a little more directive than just saying, 'Give us whatever you're doing now, and just do more of it.'

"It's a way of refocusing in a community-wide effort and saying we are going to spend our money there. Operating in a programmatic fashion, that is really mission-driven, as opposed to numbers driven, will be very important.

The RFA is posted at http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-11-011.html and http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-11-012.html

Advisors Rethink caBIG, SAIC-Federick

At the NCAB meeting, Varmus said two committees of outside advisors have met to rethink the institute's bioinformatics venture and its operations with SAIC.

• The caBIG advisory committee consists mainly of members of the Board of Scientific Advisors (The Cancer Letter, Feb. 25, March 4, and March 18). The committee has met once, Varmus said. Its roster is posted at http://deainfo.nci.nih.gov/advisory/bsa/sub-cmte/caBIG/roster.pdf.

• The committee advising NCI on managing the SAIC-Frederick contract has held one informational meeting, Varmus said. "Although this was largely an informational meeting, there was also an effort to be aggressive in moving plans forward," he said. "One suggestion that we are responding to is that we put up a website that has a complete listing of all the activities and services provided at the Frederick campus to investigators both within the NCI family and outside of it, that they offer support for the development of what they call 'contractor CRADA' that would ease the formation of relationships with industrial partners.

"They also quite sensibly asked the NCI leadership to provide a strategic plan: What do we want to do with Frederick? While things can't turn on a dime, there is a prospect here for us to think a little more carefully, especially now that we have a deeper and more interactive relationship with SAIC."

The committee roster is posted at http://deainfo.nci.nih.gov/advisory/fac/roster.pdf.

Conflicts of Interest

Under New Rules, Institutions Remain Responsible For Researchers' Ethics

(Continued from page 1)

special financial interests "to assure that the research goes forward in an objective way without bias," Sally Rockey, NIH deputy director for extramural research, said to NCAB.

If such is not the case, and an institution has identified a financial conflict of interest, the institution will then be mandated to follow new NIH regulations and report their findings to the NIH.

Insititutions that receive grant money from NIH will have one calendar year to implement the new policy.

The final rule states that the 1995 regulations "were aimed at preventing bias in PHS-funded research, and as such, were intended to be proactive rather than reactive to specific evidence of bias."

However, widely reported allegations of bias on the part of NIH-funded researchers have led Congress to insert language in the 2010 HHS appropriations bill to amend the regulations "for the purpose of strengthening Federal and institutional oversight and identifying enhancements."

This prompted NIH to make changes to the 1995 policy, revising the definition of "significant financial interest."

The dollar amount that separates a significant financial interest from an insignificant financial interest has been shrunk from $10,000 to $5,000. In other words, any payment or equity interest an investigator receives from a third party in excess of $5,000 must be reported to the institution.

From there, the institution must decide whether this financial incentive compromises the objectivity of

the investigator's research.

In her remarks to NCAB, Rockey acknowledged that the new threshold is not based on data.

"We really don't have any quantitative data that are going to allow us to say that $5,000 is going to improve the ability to manage, to prevent bias," she said. "However, it does give the institute more information. In other words, investigators will be now disclosing financial interest that they would not otherwise.

"There were comments on both sides when we put this out for rule. Some individuals thought that we should go to zero. Any payment to an individual from an outside source should be disclosed.

"We felt that the burden of that would just be overwhelming, so we came to this compromise, which had also been a figure that had been proposed by Association of American Medical Colleges of $5,000. It does include any equity interest in non-publicly trading entities. In other words, there's no *de minimis* for non-publicly traded entities. And there are also exclusions, primarily for non-profit types of organizations.

In the past, any money received from a non-profit organization didn't have to be reported. Under the new rule, some of those payments will need to be disclosed.

"Because non-profits often times have strong relationships with for-profits, we have now described what types of non-profits are excluded," said Rockey. "So it excludes anything from seminars, lectures, teaching, advisory boards, etc., for institutions of higher education, academic teaching hospitals, medical centers, or research institutions affiliated with institutions of higher education."

In another change, investigators would have to disclose all financial conflicts related to their "institutional responsibilities"—not just research responsibilities.

Previously, the investigator ultimately determined what was considered a significant financial interest, and disclosed those interests to the institution.

"So we now changed that to say go ahead and disclose everything to your institution, remember you aren't disclosing to us, all you're doing is disclosing to your institution," said Rockey.

From there, the institutions would determine and define what ultimately constitutes a conflict.

If an institution does identify a conflict of interest, it is required to report it to the NIH. Also, it must present a specific plan for managing the conflict.

To go along with the 1995 version of the rule that—in the event of an identified financial conflict—required institutions to report the name of the investigator with the conflicts, the grant number associated with the research, institutions must now also report the name of the entity with which the investigator has a FCOI, the value and nature of the financial interest, and the institution's management plan.

The most controversial aspect of the new rule is public disclosure of financial conflict.

Institutions have to make conflict information available on a publicly accessible website, or make it available on request.

"We know that many institutions already have moved towards making information about financial interest of their investigators available on websites," Rockey said. "We think therefore that most institutions will probably choose this route instead of making it available on request, but nonetheless we've given them the option."

Finally, the rule requires that institutions educate and train their investigators on the new NIH guidelines. The requirements for training are every four years, but also "if an investigator is new to the program, [or] if there's some non-compliance," Rockey said, "we need you to be trained up."

Rockey said NIH attempted to give institutions flexibility in managing financial conflicts.

"We tried to be as flexible as possible, because we understand that things are different at every institution," she said. "We want to give flexibility. But we have provided, in the regulation and particularly in the preamble of regulation, examples of kinds of conflicts of interest that arise and examples of ways to approach management.

"We are not going to dictate how you approach management. However we do know that for example some institute say that disclosure is their form of management. We have advised that we don't think disclosure is the only way to manage a financial conflict of interest.

"There are other examples we've given. Some institutions install a data analysis group, and some don't allow people with financial conflicts of interest to recruit patients, for example.

"We just do not want to be in a position where these become dogma that people have to manage that way, because every financial conflict of interest is different, and you know best the environment in which that investigator is working.

The document is posted at www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf.

NCAB Chair Bruce Chabner asked Rockey to explain the requirement to post information on financial

conflicts.

"You said that this might be on a website, for public consumption," said Chabner, director of clinical research at the Massachusetts General Hospital Cancer Center. "Are you really asking investigators who get NIH funding to reveal all potential conflicts on interest on a yearly basis on a public website, with the dollar amounts of their investments?"

ROCKEY: "Remember they do not have to report their significant financial interests on the website—only if they result in a conflict of interest. And we've asked them to report within ranges."

CHABNER: "That's interesting, because I know from the NIH form that we fill out as board members, everything is a financial conflict of interest, so does that mean everything goes on the public website?"

ROCKEY: "You may report to your institution 50 different payments. Only one may actually relate to NIH-supported research or constitute a conflict of interest, and that's the only payment that has to be reported on the website."

CHABNER: "Yes, but, for example, for people doing clinical investigation on cancer treatment, if you own stock in Proctor and Gamble which makes bisphosphonates, would you have to report that? That's a matter of interpretation for each institution."

ROCKEY: "You have to report that to your institute, absolutely. But no, it doesn't go public unless it becomes a financial conflict of interest. The institution has to make the determination."

CHABNER: "That is an important aspect of this. To carefully defined what is a FCOI, because it depends on the eye of the beholder. For example if you're doing a trial with a drug from Novartis, and you own stock in Merck, that could also influence your behavior in that drug. So owning any pharmaceutical stock for investigators is potentially a conflict of interest.

ROCKEY: "That remains unchanged from the previous rule. The institution has always been the determining body for what is a conflict of interest. We don't want to get into that business."

CHABNER: "Unfortunately, I don't think institutions clarify that very well. I can tell you as an institutional official looking at reports of conflicts of interest, it varies all over the map, depending on how the investigator chooses to interpret it."

ROCKEY: "Many institutions, in many of our medical schools, for example, have committees that actually look at this. They have more than one individual. We have suggested that they use a committee. We don't require it, but we suggest they do. That determination has been in place for 16 years. Now what's changed is that they are going to have more information from their investigators."

CHABNER: "I support this totally. People who are involved in predicting clinical research need to disclose any obvious investments that they have that could be affected by it.

"I think there are a couple elements to this. One is that a better definition or better, wider understanding of the definition of financial conflicts of interest, which is any investment that could be materially affected by the research you are doing and that could include not only investment in a company that sponsors the product you are testing, but competitor products or related products that could be affected.

"That definition needs to be clear, where I think in the past what investigators have done is 'I don't own stock in Merck, so I can test a Merck drug, and I've never taken a payment from Merck.' The second is that institutions have to have officials who can give us reasonable advice about what their policy is. At present time, I think they would be overwhelmed if we all had specific questions."

NCAB member Olufunmilayo Olopade said conflicts would be easier to regulate if doctors would be reminded of fundamental ethics of medicine.

"I think the larger question regarding conflict of interest and declaration, has to go back to the reason why this is occurring, which is professionalism in medicine, and what we are trying to do is controlling health care costs," said Olopade, the Walter L. Palmer Distinguished Service Professor of Medicine and Human Genetics, associate dean for global health and director of the Center for Clinical Cancer Genetics at the University of Chicago Pritzker School of Medicine.

"Because part of this declaration of public announcement of payments to doctors is because of several of the corrupt practices that have, in fact, become a part of business of taking care of cancer patients," Olopade said. "So I think that there could be many different examples that one can use in terms of declaration, but I think there should really be some training around professionalism in terms of how scientists and physicians interact with patients and drug companies.

"So we can regulate until we turn blue, but I think we have to go back to why these rules exists. And I think with public declaration you will see fewer physicians engage in practices that could be considered as conflicts of interest."

Rockey said two other developments will affect

regulation of conflicts of interest:

• In 2013, a database created under the Sunshine Act will disclose payments and other compensation of $10 or more. The disclosures will be provided by the industry and would exempt PhDs. In situations where clinical research is involved, notifications would not have to be made for up to four years.

• NIH will soon have to address the issue of institutional conflicts of interest. The Office of the Inspector General is asking NIH to take on that responsibility as well.

FDA News

Agency Reorganizes, Renames Office of Oncology Drug Products

FDA has completed reorganization of the **Office of Oncology Drug Products**, which is responsible for reviewing all drug and biologic applications for cancer therapies. The unit has been renamed the **Office of Hematology and Oncology Products**.

"Under the new office structure, the agency anticipates greater clarity and more transparent interactions with companies about the requirements to bring cancer treatments to market," said Janet Woodcock, director of the Center for Drug Evaluation and Research, which includes the oncology office.

Richard Pazdur, who joined the FDA in 1999 and became director of the OODP in 2005, will continue to serve as office director and will head the agency-wide oncology program within the new office, the agency said.

This reorganization has been in the works for over a year (The Cancer Letter, Aug. 6, 2010).

The new structure contains four divisions: Division of Hematology Products, Division of Oncology Products 1, Division of Oncology Products 2, and Division of Hematology Oncology Toxicology.

The new DHOT, led by Division Director Ann Farrell, will review nonclinical pharmacology and toxicology aspects, and DHP, led by John Leighton, will continue reviewing hematology therapies, including those for benign disorders and malignancies.

DOP1 and DOP2 will be the agency's primary review divisions for cancer solid tumor therapies and will have disease-specific therapeutic areas.

DOP1, led by Robert Justice, will cover breast, gynecologic, genitourinary diseases and non-hematologic supportive care. DOP2 will be led by Patricia Keegan, and will cover gastrointestinal, lung, head and neck diseases, neuro-oncology, rare cancers, and pediatric solid tumors.

In Brief

PLoS One Prints Potti Retraction; US Oncology Made Full RTOG Member

(Continued from page 1)

more than 270 cancer researchers from 11 of Ohio State's 14 colleges," said Michael Caligiuri, director of the cancer center and CEO of the hospital and research institute.

Shields will also serve as a professor of medicine in the Department of Internal Medicine, Division of Cancer Prevention and Control and Division of Medical Oncology.

Shields was a member of the District of Columbia Board of Medicine and played roles in legislative efforts to make Washington, D.C., smoke-free and to require insurance companies to cover patients in clinical trials.

PLoS ONE, a journal of the Public Library of Science, has published a retraction of the paper "An Integrated Approach to the Prediction of Chemotherapeutic Response in Patients with Breast Cancer" by Kelly Salter, et al., including Duke University genomics researchers **Anil Potti** and **Joseph Nevins.**

Papers by the Duke group of genomic researchers have been retracted in The New England Journal of Medicine, Nature Medicine, The Lancet Oncology, The Journal of Clinical Oncology and Blood.

Additional retractions are expected, Duke officials recently told a committee of the Institute of Medicine (The Cancer Letter, Sept. 9).

The text of the latest retraction follows:

The chemotherapy sensitivity predictions as reported in this PLoS One article were based on an approach as described by Potti et al. in Nature Medicine (1).

Reexamination of the validation datasets used for the Nature Medicine study has revealed the presence of errors in the labeling of clinical response in some datasets (2).

Re-analysis of the predictive accuracy with correctly labeled data has shown that in two instances the reported signatures do not predict the response of the validation samples to chemotherapy (2).

The authors of the Nature Medicine paper have therefore decided to retract that paper (2). Since the PLoS One article is based on the approach reported in the Nature Medicine article, we have decided to retract the PLoS One article. We apologize to readers for any inconvenience caused by the publication of our article in PLoS One.

1. Potti A, Dressman HK, Bild A, Riedel RF, Chan G, Sayer R, et al. Genomic signatures to guide the use of chemotherapeutics. Nat Med. 2006;12(11):1294-300.

2. Potti A, Dressman HK, Bild A, Riedel RF, Chan G, Sayer R, et al. Retraction: Genomic signatures to guide the use of chemotherapeutics. Nat Med. 2011; 17: 135.

US ONCOLOGY RESEARCH was designated a full member of the **Radiation Therapy Oncology Group**.

US Oncology Research has been an affiliate member since 2008, and ranked number one in patient accruals within RTOG in 2010. Network physicians have enrolled 163 patients into RTOG clinical trials held at community-based oncology practices.

"We at RTOG are very pleased that US Oncology Research achieved full member status as quickly as they did," said Walter Curran, group chairman and executive director of the Winship Cancer Institute of Emory University.

"Their commitment to providing the infrastructure to accrue large numbers of patients into clinical trial research from community-based practices will not only benefit their patients, it will also help us answer our research questions faster, and that will benefit all cancer patients."

There are 19 RTOG-approved sites affiliated with US Oncology Research. These community-based practices are located across the country and had 91 accruals in 2010.

MICHELLE LE BEAU was elected vice president/president-elect of the **Association of American Cancer Institutes,** after serving as the director of the University of Chicago Comprehensive Cancer Center. She will become the AACI's first female president.

Le Beau's research has been focused on hematologic malignancies, discovering the genetic subtypes of therapy-related leukemias. Currently her research involves therapy-related acute myeloid leukemia.

Starting in October she will serve two years as AACI's vice president/president-elect, two as president and two as immediate past-president.

AACI members have also chosen **Frank Torti** for the association's board of directors.

Torti is director of the Comprehensive Cancer Center of Wake Forest University, the Charles L. Spurr Professor of Medicine and chair of the department of cancer biology. Torti was principal deputy commissioner and first chief scientist to the FDA from 2008 to 2009.

THE HOPE FUNDS for Cancer Research announced its 2012 Award of Excellence honorees in the areas of basic science, clinical development and medicine.

This year's honorees for basic science are **Elizabeth Blackburn** and **Janet Rowley**; for clinical development, **Joseph Schlessinger**; and for medicine, **Azra Raza**.

Blackburn, the Morris Herzstein Professor of Biology and Physiology at University of California, San Francisco, studies the telomere. For her work, she was awarded the 2009 Nobel Prize in Physiology or Medicine. Blackburn co-discovered telomerase, the enzyme that replenishes the telomere.

Blackburn is a non-resident fellow of the Salk Institute and president-elect of the American Association for Cancer Research.

Rowley, the Blum-Riese Distinguished Service Professor at the University of Chicago, and interim deputy dean for science since 2001, was the first scientist to identify a chromosomal translocation as the cause of leukemia and other cancers.

Her studies of chromosome abnormalities in human leukemia and lymphoma have led to cures for previously untreatable cancers, and the development of targeted therapies such as imatinib (Gleevec) for CML.

Schlessinger is chair of the pharmacology department at Yale University School of Medicine, as well as the founding director of the school's new Cancer Biology Institute.

In 1991, Schlessinger co-founded the biotechnology company SUGEN to develop tyrosine kinases inhibitors for cancer treatment. SUGEN later became part of Pfizer. One of the pipeline products, sunitinib (Sutent) was developed by Pfizer and approved by FDA for treating gastrointestinal stromal tumors and renal cell carcinoma.

Raza is the director of the MDS Center at Columbia University. Raza is known for several observations related to the biology and treatment of MDS, which have been published in The New England Journal of Medicine, Nature, Blood, Cancer, Cancer Research, British Journal of Hematology, and Leukemia, Leukemia Research.

The awards will be presented on July 21, 2012, in Newport, RI.

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DEPUTY DIRECTOR - DIRECTOR DESIGNATE

The University of California, Irvine is recruiting for a basic, clinical and/or translational scientist at the full professor level who will enter as the Deputy Director of the NCI-designated Comprehensive Cancer Center, with subsequent anticipated advancement to the position of Cancer Center Director.

The current long-term and highly successful Director has announced his departure from this role following the next Cancer Center Support Grant (CCSG) review scheduled for 2013; thus the timeline for transition to Director is firmly established.

Applicants must hold an MD or equivalent degree. The ideal candidate will be an experienced physician scientist with a strong track record of NIH/NCI-funded research and a proven track record in senior leadership in NCI-designated cancer centers. Responsibilities include:

1) Bridging basic, clinical and cancer control research among the multiple research programs with the goal of facilitating translational programs, P01s, SPOREs and similar multi-investigator grants and contracts
2) Facilitating the establishment and conduct of translational research programs with external peer-reviewed funding.
3) Providing senior leadership for the investigators in the Cancer Center.
4) Managing the research infrastructure within the Cancer Center.
5) Representing the Cancer Center throughout the campus and greater community.

The UC Irvine School of Medicine was ranked #42 (overall: research, teaching and clinical) in 2011 by *US News & World Report* (up from #47 in 2010 and #52 in 2009) out of 146 private and public medical schools fully accredited by the US Liaison Committee on Medical Education (LCME). UCI School of Medicine opened its $40.5 million, 65,000 sq ft on-campus medical education building that provides innovative simulation training center along with clinical laboratories and telemedicine stations. In addition to the UC Irvine School of Medicine and the UC Irvine Medical Center, the Chao Family Comprehensive Cancer Center conducts research involving multiple schools within the University of California at Irvine. Of note, UC Irvine is home to a recently awarded NIH Clinical Translational Science Award, the Sue and Bill Gross Stem Cell Research Center, a CIRM Institute opened in 2010, and the recently constructed UCI Douglas University Hospital, one of the most technologically advanced hospitals in Southern California and recognized by *US News & World Report* as among the best hospitals for oncology treatment.

For more information, to obtain a detailed position description, or to apply in confidence, contact our retained executive search consultant, Mary Montgomery at Montgomery & Montgomery: Office 760-289-4444; Cell 760-989-3939; www.montgomeryandmontgomery.com.

The University of California, Irvine is an equal opportunity employer committed to excellence through diversity and strongly encourages applications from all qualified applicants including women and minorities. UCI is the recipient of a National Science Foundation ADVANCE award for gender equity.