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SPECIAL ISSUE

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Cancer Communications: The Cost **Is \$45 Million Too Much to Spend on PR?** **NCAB Panel Weighs NCI Communications Budget**

By Paul Goldberg

NCI spends about \$44.9 million this year on just one of the administrative units involved in interacting with the public.

Had the institute chosen an alternative use for this money, it could have provided direct support for more than 110 additional R01 grants, increasing the total number of grants by about 10 percent.

*This is the first story in an occasional series examining
the NCI communications bureaucracy.*

Alternatively, this sum could reverse the cut the NCI cancer centers program sustained in 2011, boost the cooperative groups program by about 15 percent, or double NCI Director Harold Varmus's signature program, the Provocative Questions initiative.

Recently, a subcommittee of the National Cancer Advisory Board focused on the NCI Office of Communications and Education, which hasn't been reviewed or has even sought the advice of an outside board since 2008.

OCE's functions include publishing the institute's pamphlets and reports as well as paying for cataloging, warehousing and shipping them to the public. It operates a call center, designs most of the NCI web pages, conducts consumer and behavioral surveys, sets up special events and exhibits at meetings of professional societies, runs the PDQ database, sponsors training programs for journalists outside the U.S., and publishes a biweekly newsletter that claims to cover cancer research.

All this requires a large workforce. About a quarter of the OCE budget pays for personnel, according to office director Lenora Johnson. Responding to questions from The Cancer Letter, Johnson said \$12.4 million in her budget pays for federal employees, about 83.5 full-time equivalent positions.

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In Brief

Richard Fisher Named Physician-in-Chief, Executive Vice President at Fox Chase

RICHARD FISHER was named executive vice president and physician-in-chief at **Fox Chase Cancer Center**. He will also serve as senior associate dean for cancer programs at Temple University School of Medicine. He will take the positions March 1, 2013.

Fisher will also be one of two deputy directors of the grant that supports
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NCAB Committee Mulls Potential Collaboration Between NCI, ACS

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Also, the office uses 77 contract employees, some of them part-time, Johnson said.

These funds don't buy interaction with the press, which go through the NCI Office of Public Affairs and Research Communications.

NCI also interacts with the outside world through its Office of Advocacy Relations and its Office of Government and Congressional Affairs. Unlike OCE, these three offices have modest budgets, which together add up to about \$7 million, NCI officials say.

None of these administrative units engage in research. Studies in communications, epidemiology, behavioral research, surveillance or health services are funded through the Health Communication and Informatics Research Branch of the Behavioral Research Program, which is housed in the Division of Cancer Control and Population Sciences. The grant portfolio at the branch adds up to \$18.5 million.

It's likely that NCI spends more on communications than other institutes at NIH. Officials at NIH declined to provide comparative data by press time, stating that the figures will be provided at a later date, in response to a request for information The Cancer Letter has filed under the Freedom of Information Act.

At a meeting of the NCAB ad hoc subcommittee on communications Nov. 28, Rick Borchelt, special assistant for public affairs in the NCI Office of the

Director, said Varmus had asked him and Johnson to review the other institutes' spending on outreach programs.

"If you look at some of the other institutes, it's not apples to apples—it's apples to oranges," Borchelt said. "[National Institute of Allergy and Infectious Disease], for example, doesn't do the kind of health communications we do. All health communications for them come out of [Centers for Disease Control and Prevention], mostly because it's infectious diseases.

"There are other institutes which have a much smaller commitment and rely on other parties, like their American Cancer Society equivalents, to carry their message, and there is always tension between whether they think the message is the same message or whether it's filtered in translation."

NCI started to escalate its spending on outreach when the institute was run by Director Richard Klausner. His successor, Andrew von Eschenbach, greatly escalated this growth.

Though numbers aren't readily available, it's likely that cumulatively, the amounts of money NCI spent on its public face would be of similar magnitude to its expenditures on the caBIG bioinformatics initiative. Similarly protected from peer review, caBIG, spent \$350 million over eight years between 2003 and 2011.

Now, the NCI bioinformatics program has been trimmed to about \$33 million, and is about \$12 million lower than OCE.

The Varmus strategy is uncomplicated: funds are running low, and cuts need to be made in order to fund meritorious programs.

OCE: A History of Growth

Since OCE evolved outside public view—and since it has morphed five times between 1997 and 2007—its growth cannot be easily traced.

The National Cancer Act requires NCI to engage in dissemination of information, and for decades these activities used to be concentrated in what was then called the NCI Office of Cancer Communications—which for 26 years, from 1974 to 2000, was headed by the same individual, Paul Van Nevel.

At the time, cancer education was handled through the International Cancer Information Center, then headed by Susan Hubbard, which operated from a former savings and loan building across Old Georgetown Road from the NIH campus. ICIC's principal project was the PDQ database.

Flush with money from the doubling of the NIH budget, Klausner combined the two functions, creating

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a larger office that ran both the press shop and ICIC.

During the Bush era, Von Eschenbach launched a push to “eliminate suffering and death due to cancer by 2015.” This required enhanced informatics and the ability to communicate directly with the public, which led to more growth for the communication and education unit.

Von Eschenbach launched the www.cancer.gov website, and in 2004, he started the NCI Cancer Bulletin, a publication that trumpeted NCI’s feats on the road to 2015. The inaugural issue looked like The Cancer Letter, except for [sporting a color photo of von Eschenbach](#).

This eerie similarity was noted by Science, which published images of the two publications side by side (Science, [Jan. 16, 2004](#), “Random Samples”).

Once begun, federal projects have a tendency to continue.

Consider the Bulletin, which bills itself as “a trusted source for cancer research news.” No longer a weekly, the Bulletin is still cranked out by OCE staff every other week.

Johnson said the bulletin has “four FTEs and one contractor who provide direct support to the NCI Cancer Bulletin and about three contractors who contribute on an ad hoc basis.”

These employees also “provide secondary writing and communication services across the OCE, NCI and NIH,” Johnson said. Sources said OCE recently promoted the publication by renting the mailing list of AARP members and mailed out thousands of postcards to promote the publication.

At its highest point, during the fiscal year 2006, the components of OCE were funded at \$68.1 million.

Von Eschenbach’s successor, John Niederhuber, didn’t have much use for puffery.

In 2007, Niederhuber separated out the NCI press relations office, moving it once again to the Office of the Director, where it had been before the Klausner

Overall OCE Breakdown

- Overall budget just under \$45M
 - 25+% in personnel
- Digital & Content Core represents 50% of the budget (digital infrastructure, call center, and PDQ database)
- Bulk of the staff are above the 13 level

OCE Budget and Staffing: Director Lenora Johnson's slide, as presented at the NCAB subcommittee meeting Nov. 28.

reorganization.

This was the last time any advisory board has looked at the institute’s communications functions.

This move allowed the NCI director to regain direct line of management over the people who scan the horizon for threats from the press and Capitol Hill.

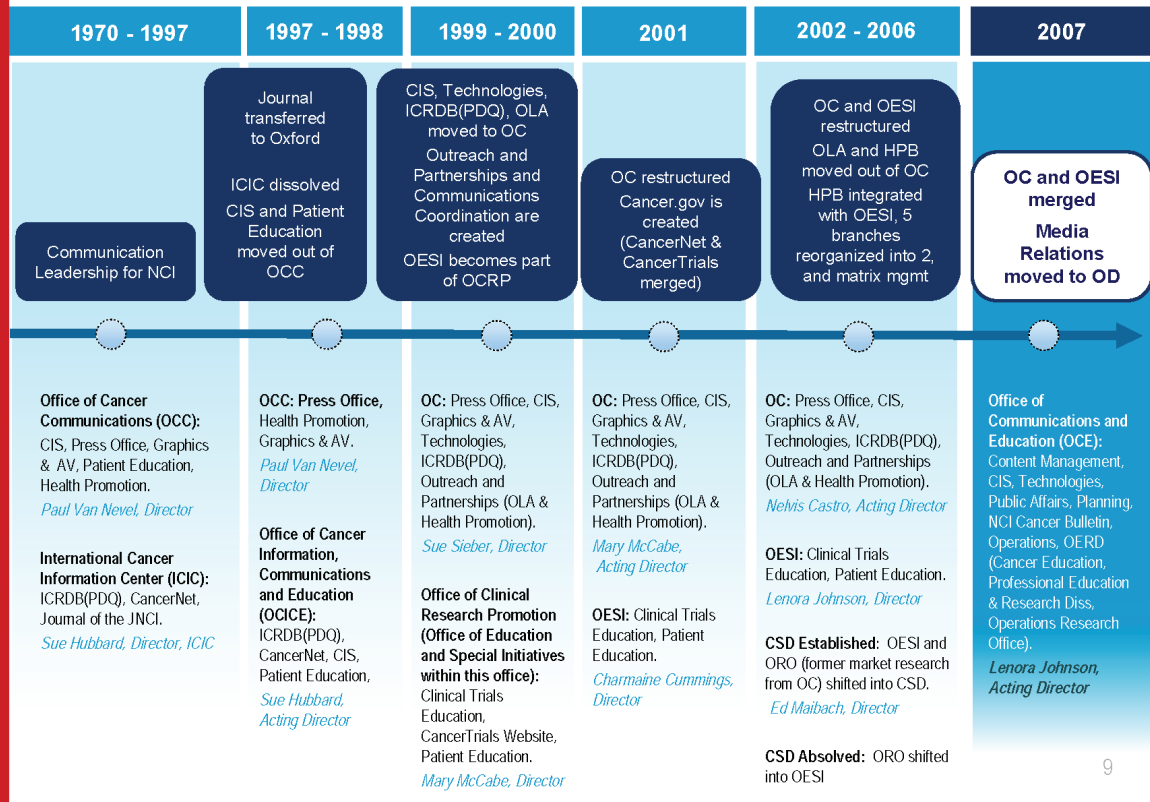
Throughout, NCI experimented with a variety of configurations for these offices, but the current OCE was formed in 2007. The NCAB subcommittee on communications [last met in 2008](#).

Since taking the job as NCI director, Varmus has been knocking down his predecessors’ pet projects, focusing primarily on projects that bypassed review.

He chopped down caBIG, the von Eschenbach and Niederhuber bioinformatics initiative, which spent \$350 million to harmonize cancer research and cancer care (The Cancer Letter, [Feb. 25, 2011](#); [March 4, 2011](#); [March 18, 2011](#); [Dec. 2, 2011](#); [Jan. 6, 2012](#)).

Critics said that caBIG exceeded its original mandate of making it easier for cancer researchers to exchange data and attempted to fulfill two clashing missions: setting the standards for computer tools and promulgating tools that meet those standards. Similarly, Varmus has trimmed away most of caHUB, a tissue program.

How We Have Evolved: Communications and Education Organizations at NCI



Five Reorganizations in 10 Years: A history of OCE, as presented by Director Lenora Johnson at a 2009 meeting of NCAB.

Committee Focuses on OCE

The NCAB subcommittee met on the evening of Nov. 28, in a conference room at the Bethesda Hyatt.

The subcommittee's charge is to provide advice on "issues relating to cancer information and the communication of that information to the constituencies of the NCI including the public, patients, physicians and health care professionals, researchers, advocacy and professional organizations, the media and Congress."

The group was also charged to "provide input to NCI's Office of Communications and other organizational units within the NCI that are engaged in activities, which are relevant to cancer communications."

The group was small, just a few NCAB members, trickling in from Washington airports. There was no videotaping, no transcripts.

The group first struggled to figure out its task.

Johnson suggested a broad examination of all NCI programs—peer-reviewed and not—that involve communications, education and research.

"Dr. Varmus is concerned about the vast amount of resources and investments that the institute is making in communications activities," she said. "That's sort of up against the challenges that we are currently facing in fiscal restraint in general, and struggling with trying to make decisions about what are the correct and appropriate investments in communications."

Borchelt suggested a focus on communications and education expenditures.

"Lenora had I have been going around some of the comparable institutes at the NIH, looking at different models that they use, and there is a great variety of different ways that different institutes do their communications jobs," Borchelt said. "Some are very heavily focused on health communications, some are not focused on health communications at all and do only news and public affairs.

"There is a sweet spot we would like to find, that is probably less money than we are spending now, with fewer resources devoted to it, and the question we could

use your help with is how far and to what extent do we do the whole ball of wax. Do we find external partners who are helpful to us to do health communications and carry our message? Do we have to do it all ourselves?

“And that sweet spot is what Harold would like some guidance about. What is the role of health communications and news and public affairs in a research-performing agency whose primary mission is to fund scientific grants?”

Though Robert Croyle, director of the NCI Division of Cancer Control and Population Sciences, gave a brief talk about research funded through his division, the committee quickly turned its attention to programs housed primarily in Johnson’s office.

One NCAB member, Kevin Cullen, director of the Marlene and Stewart Greenebaum Cancer Center, suggested that NCI combine its outreach and education activities with those of the American Cancer Society.

Cullen who served on the ACS board, said the subject of combining these functions came up recently during a teleconference between the board and Varmus.

“He kind of brushed that off, but I think it’s something that we should look at,” Cullen said at the committee meeting.

Later at the meeting, Victoria Champion, the committee chair, asked Johnson to compare the educational content provided by ACS and NCI.

“Just of curiosity, how much overlap do you think the American Cancer Society and you have at this point? Twenty-five percent? Fifty? Seventy-five percent?” asked Champion, associate dean for research and the Mary Margaret Walther Distinguished Professor of Nursing at the Indiana University School of Nursing.

Responding, Johnson said the structures of NCI and ACS are not readily compatible.

“We have met with them several times,” Johnson said. “There is much similarity in terms of activities. The differences are in distribution. In times where we actually collaborated, they sell their materials. We are not allowed to sell. We get into tough issues when we co-brand. They solicit donations. Our stuff is free. There is stuff like that that causes a little bit of tension.”

However, ACS is able to get out publications faster. “Our content is cleared, so they can put things out much easier than we can,” she said.

ACS officials said to The Cancer Letter that they don’t charge the public for information and publications.

“The American Cancer Society’s National Cancer Information Center in Austin, Texas, helps finish the fight against cancer by providing evidence based information, services and referrals to community resources nationwide, every day of the year, 24 hours a

day,” said Greg Donaldson, ACS national vice president for corporate communications. “Since January 1997, the NCIC has been instrumental in helping more than 15 million people get the help they need to stay well, get well, help find cures and fight back—at no charge. “The American Cancer Society’s NCIC now handles nearly one million calls, emails and online chats annually, providing cancer information, as well as patient and caregiver support materials free of charge to all who ask. Tens of thousands of those have received additional specialized, free services including health insurance navigation assistance, and clinical trial matching.”

Champion’s Perspective

During the full NCAB meeting Nov. 29, Champion said her subcommittee would focus primarily on activities housed at OCE.

Champion, whose research is in health communications, said she originally envisioned focusing on the peer-reviewed activities of the Health Communication and Informatics Research Branch.

“After discussion, we decided that we needed a lot more information on the Office of Communication and Education and the other three somewhat smaller offices that collaborate with that office in terms of being the face of the NCI,” Champion said at NCAB.

“It has the structure that needs to be looked at. We need to look at what might be the most efficient use of resources. Opposite of what I thought going into the meeting, which was that we would look at the scientific branch, I think we came out with the idea that we really needed to look at this other area, at least first.”

At the next meeting, in February, the subcommittee will focus on the OCE budget. “The first thing—organizational structure,” Champion said. “We probably will take a look at the scientific branch, but that’s pretty straightforward.

Also, the committee will explore potential synergies with ACS.

“This is something I have known for a long time: we have a lot of duplication between ACS materials, NCI materials, and CDC materials, and much of it isn’t evidence-based.” Champion said. “[Cullen] brought up the idea of initiating collaborating, so we develop common materials. This I thought was probably a ten-year project.

“I didn’t say that last night, but then I thought that would really make a difference, if we could start looking at that, because it’s been a problem ever since I have been in academia.”

President Obama Names Six NCAB Members

President Barack Obama announced his intent to appoint the following individuals to the National Cancer Advisory Board:

- **David Christiani**
- **Judy Garber**
- **Liz Jaffee**
- **Beth Karlan**
- **Mack Roach III**
- **Charles Sawyers**

Christiani is the Elkan Blout Professor of Environmental Genetics at the Harvard School of Public Health. In addition, Christiani has been a physician at the Pulmonary and Critical Care Unit of Massachusetts General Hospital since 2000, and professor of medicine at Harvard Medical School since 1996.

Christiani's major research focus is the molecular epidemiology of cancer. At MGH and HSPH he has led studies of genetic susceptibility to lung cancer as well as esophageal cancer. He is investigating biologic markers of PAH and arsenic exposure for population studies.

Garber is the director of the Center for Cancer Genetics and Prevention at the Dana-Farber Cancer Institute and a professor of medicine at Harvard Medical School. She has served as associate physician at the Brigham and Women's Hospital since 1988.

She is the immediate past president of the American Association for Cancer Research and serves on its board of directors. From 2007 to 2012, Garber served on the NCI Board of Scientific Counselors.

Jaffee is co-director of the Gastrointestinal Cancers Program in the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University as well as deputy director of the university's Institute for Clinical and Translational Research. She has been a member of the Johns Hopkins faculty since 1992. She is also associate director for translational research and the co-director of the Skip Viragh Pancreatic Cancer Center.

Jaffee also serves on the NCI's Experimental Therapeutics Program Panel of the Investigational Drugs Committee. She served as a member of the NCI's Rapid Access to Investigational Drugs Committee and the Board of Scientific Counselors, as well as the NIH Experimental Immunology Study Section.

Karlan is the Board of Governors' Endowed Chair in Gynecologic Oncology and director of the Division of Gynecologic Oncology at Cedars-Sinai Medical Center. In addition, she is professor of obstetrics and gynecology at the David Geffen School of Medicine at the University of California at Los Angeles.

She is also associate director of Women's Cancer Programs at the Samuel Oschin Comprehensive Cancer Institute and is editor-in-chief of Gynecologic Oncology.

Karlan is a member of the board of directors of the Conquer Cancer Foundation, and served as president of the Society of Gynecologic Oncologists in 2005 and as chair of the Department of Defense Ovarian Cancer Research Program Integration Panel in 2002.

Roach is chair of the Department of Radiation Oncology at the University of California at San Francisco and is a professor of radiation oncology and urology. He served on the NCI Board of Scientific Advisors and

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currently serves on the National Comprehensive Cancer Guidelines Committee for Prostate Cancer.

In 2008, he joined the board of directors for the California Division of the American Cancer Society. His research addresses new therapies such as 3D conformal and intensity modulated radiotherapy as well as brachytherapy for prostate cancer.

Sawyers is the chair of the Human Oncology and Pathogenesis Program at Memorial Sloan-Kettering Cancer Center. In addition, he is a professor of medicine at Weill-Cornell Medical College and an investigator at the Howard Hughes Medical Institute.

He was associate chief of the Division of Hematology-Oncology at the University of California at Los Angeles School of Medicine from 1996 to 2006. He is currently president-elect of the AACR. Sawyers is investigating cell growth signaling pathways, and new treatment options for chronic myeloid leukemia, prostate cancer and glioblastoma.

In Brief

Fisher Named Fox Chase Physician-in-Chief, Exec. VP

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the center's status as an NCI-designated comprehensive cancer center.

Currently, Fisher is vice president for strategic and program development at the University of Rochester Medical Center, where he is also the Samuel E. Durand Professor of Medicine.

For the past eleven years, Fisher has served as director of the James P. Wilmot Cancer Center at the University of Rochester School of Medicine and Dentistry and director of cancer services for the Strong Health System in Rochester, N.Y.

Fisher has served as chair of the lymphoma committee of the Southwest Oncology Group since 1985; as deputy group chair of SWOG since 2005; as a member of the NCI lymphoma steering committee since 2009; and as chair of the NCI Specialized Programs of Research Excellence review committee in 2010.

THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE and **UPMC Cancer Center** announced the appointments of two section directors and a division chief.

Linda McAllister-Lucas was named chief of the Division of Hematology and Oncology in the Department of Pediatrics, and will start on December 1.

Weijing Sun, will serve as director of the Gastrointestinal Cancer Disease Section of the Division of Hematology-Oncology and as co-director of the UPMC Gastrointestinal Cancer Center of Excellence.

Julie Bauman joined the university as director of the Head & Neck Cancer Section as well as director of the Thyroid Cancer Disease Section, both in the Division of Hematology-Oncology. She will also serve as co-director of the UPMC Center for Excellence in Head & Neck Cancer.

McAllister-Lucas is currently associate professor of pediatrics at the University of Michigan School of Medicine. Her research focuses on signaling pathways that control lymphocyte function and inflammation and how deregulation of these pathways leads to B-cell lymphoma.

Sun moved from the University of Pennsylvania School of Medicine, where he served as director of GI Medical Oncology at the Abramson Cancer Center. He holds leadership positions with the NCI GI Steering Committee Hepatobiliary Task Force, American Society of Clinical Oncology Scientific Program Committee and Membership Committee, the ECOG GI Core Committee and the Chinese American Hematologist Oncologist Network.

Bauman came from the University of New Mexico Cancer Center and serves as a member of the ECOG Head and Neck Core Committee and the NCI Head and Neck Cancer Steering Committee's Recurrent/Metastatic Task Force. In 2011, Bauman received an NCI Cancer Clinical Investigator Team Leadership Award.

Most recently her group reported in the journal Science that API2-MALT1, a fusion oncoprotein created by chromosomal translocation in MALT lymphoma, is a protease with a unique enzymatic activity that drives tumorigenesis. This work provided new insights into the molecular basis of this type of lymphoproliferative disease and led to the identification of new potential therapeutic targets.

GARNET ANDERSON was named senior vice president and director of the Public Health Sciences Division at **Fred Hutchinson Cancer Research Center**.

Anderson, a biostatistician and lead researcher in the Women's Health Initiative, will assume the role Jan. 1, 2013 when **Ross Prentice**, the current division director, steps down after 25 years.

Anderson, principal investigator of the WHI Clinical Coordinating Center, which is based at Fred

Hutch, has been on the Public Health Sciences faculty since 1989 and is a member of the division's cancer prevention research and biostatistics/biomathematics programs.

She became co-principal investigator of the WHI Clinical Coordinating Center, with Prentice, in 2008 and the sole principal investigator in 2011.

She is also associate director for Cancer Control and Prevention of the Southwest Oncology Group Statistical Center and an affiliate professor in the Department of Biostatistics at the University of Washington.

NORMAN SHARPLESS was appointed deputy director of the **UNC Lineberger Comprehensive Cancer Center**.

Sharpless is the Wellcome Distinguished Professor in Cancer Research, and a professor of medicine and genetics and served as associate director for translational research. He is co-leader of the Molecular Therapeutics Program, co-founder and co-director of the UNC Mouse Phase I Unit, and associate director of the UNC Center for Aging and Health.

He will lead the planning process for the 2014-2020 time frame, in preparation for the Center's 2015 NCI grant renewal.

KENNETH ALDAPE was named chair of the Department of Pathology at **MD Anderson Cancer Center**.

As a member of the department, Aldape has focused on brain tumor diagnosis. His research interest is in the genomics of primary CNS tumors. Aldape is current president of the Society of Neuro-Oncology.

RICHARD FRANKEL was named the first director of the Mary Margaret Walther Palliative Care Research and Education Program at the **Indiana University Melvin and Bren Simon Cancer Center**.

Frankel is a professor of medicine at the IU School of Medicine, a senior research scientist at the Regenstrief Institute and associate director of the Center on Implementing Evidence-Based Practice at the Richard L. Roudebush VA Medical Center. For the past eight years, he has been the statewide professionalism competency director at the IU School of Medicine.

The Mary Margaret Walther Palliative Care Research and Education Program was created by a \$3.4 million grant from the Walther Cancer Foundation.

THE CONQUER CANCER FOUNDATION of the American Society of Clinical Oncology announced the recipients of its **2013 Merit Awards in Gastrointestinal Cancers**.

Recipients will have the opportunity to present their research at the 2013 Gastrointestinal Cancers Symposium in San Francisco, January 24-26.

The award recipients are:

• **Chiara Cremolini**, Azienda Ospedaliero-Universitaria Pisana, Istituto Toscano Tumori; for "Circulating angiogenic factors as predictors of benefit from bevacizumab (bev) beyond progression in metastatic colorectal cancer (mCRC): Translational analyses from the phase III BEBYP trial."

• **Aalok Kumar**, British Columbia Cancer Agency; for "Use of adjuvant chemotherapy (AC) and outcomes in stage II colon cancer (CC) with versus without poor prognostic features."

• **Van Morris**, MD Anderson Cancer Center; for "Progression-free survival in metastatic, BRAF-mutated colorectal cancer."

• **Andrea Russo**, Harvard Radiation Oncology Program; for "Mutational analysis of locally advanced rectal cancer and response to neoadjuvant chemoradiation."

• **Sarah Barton**, Auckland District Health Board; for "Reporting of subgroup analyses (SGA) in phase III randomized trials in gastrointestinal (GI) cancer."

• **Seth Bellister**, MD Anderson Cancer Center; for "Prediction of prognosis in patients treated with everolimus for extrapancreatic neuroendocrine tumors by a single nucleotide polymorphism in PHLPP2."

• **Young Chae**, MD Anderson Cancer Center; for "The association between statin use and hepatocellular cancer outcome."

• **Michael Chuong**, H. Lee Moffitt Cancer Center and Research Institute; for "High rates of pathologic complete or near complete response following neoadjuvant chemotherapy and stereotactic body radiation therapy for borderline resectable pancreatic cancer."

• **Alexandra Drakaki**, Beth Israel Deaconess Medical Center; for "The role of microRNA-9 in hepatocellular oncogenesis."

• **Luca Faloppi**, Scuola di Specializzazione in Oncologia Medica, Università Politecnica delle Marche; for "Locally advanced or metastatic pancreatic tumors: Molecular biology may help to know it and to select the optimal treatment."

• **Olusola Faluyi**, Princess Margaret Hospital; for "MicroRNA polymorphisms and esophageal cancer

outcome.”

• **Jessica Freilich**, H. Lee Moffitt Cancer Center and Research Institute; for “Comparative outcomes for 3D conformal versus intensity modulated radiation therapy for esophageal cancer.”

• **Jordan Kharofa**, Medical College of Wisconsin; for “Local control in resectable and borderline resectable pancreatic cancer (PCa) treated with preoperative chemoradiation using IMRT or chemotherapy alone.”

• **Nishi Kothari**, H. Lee Moffitt Cancer Center & Research Institute; for “Concordance of KRAS mutation detection between illumina next generation gene sequencing (NGS) and clia-approved, clinical assays in metastatic colorectal cancer (mCRC).”

• **David Luyimbazi**, City of Hope Medical Center; for “Conditional survival in gastric cancer: Does race influence prognosis in long-term survivors?”

• **Ludmila Martin**, The Ohio State University Medical Center; for “Treatment-related hypertension (HTN) as a predictive biomarker for clinical outcomes in patients (pts) with advanced pancreas cancer (APCA) treated with bevacizumab (B): A pooled analysis of four prospective clinical trials.”

• **Florencia McAllister**, The Johns Hopkins University; for “TH17 cells promote early pancreatic tumorigenesis.”

• **Gerald Prager**, Medical University of Vienna; for “Predictive value of baseline CD66e/CEA serum levels on efficacy of bevacizumab-based treatment in advanced colorectal cancer.”

• **Vaibhav Sahai**, Northwestern University Feinberg School of Medicine; for “Promotion of gemcitabine resistance in pancreatic cancer cells by three-dimensional collagen I through HMG2-dependent histone acetyltransferase expression.”

• **Vikas Sehdev**, Vanderbilt University; for “Regulation of HDM2 E3-ubiquitin ligase in esophageal adenocarcinoma cells by AURKA.”

• **John Shen**, Moores Cancer Center; for “Molecular profiles of appendiceal adenocarcinoma: The UCSD experience.”

• **Kazuki Sudo**, MD Anderson Cancer Center; for “Association of trimodality therapy (TMT) with rate of local-regional relapse and rare luminal-only relapse for patients with esophageal and esophagogastric junction (E-EGJ) cancer: Implications for the surveillance strategy.”

• **Elizabeth Won**, Memorial Sloan-Kettering Cancer Center; for “Phase II study of preoperative chemotherapy plus bevacizumab with early salvage

therapy based on FDG-PET response in patients with locally advanced gastric and GEJ adenocarcinoma.”

• **Joyce Wong**, H. Lee Moffitt Cancer Center and Research Institute; for “Prognostic impact of lymph node retrieval and ratio in gastric cancer: A single center U.S. experience.”

• **Changho Yoo**, Asan Medical Center, University of Ulsan College of Medicine; for “A phase I dose-finding study of vorinostat (V) combined with capecitabine (X) and cisplatin (P) as first-line therapy in patients with advanced gastric cancer.”

THE AMERICAN ASSOCIATION FOR CANCER RESEARCH and **MILLENNIUM: The Takeda Oncology Company** announced a partnership and are calling for applications for two grant opportunities to support lymphoma and prostate cancer research.

The 2013 AACR-Millennium Fellowship in Lymphoma Research and the 2013 AACR-Millennium Fellowship in Prostate Cancer Research will each provide young cancer researchers with \$55,000 over one year. The call for applications is open through Jan. 7, 2013.

Qualified applicants must have a doctoral degree, be in the first five years of their postdoctoral or clinical research fellowship at the start of the grant term and work under the auspices of a mentor at an academic, medical or research institution within the U.S.

AACR members and nonmembers are eligible to apply; however, nonmembers must submit an application for AACR associate membership.

Applications must be submitted to the AACR by noon ET Jan. 7, 2013, using the proposalCENTRAL website. A hard copy with original signatures must also be mailed to the AACR, postmarked no later than Jan. 9, at: 615 Chestnut Street, 17th Floor, Philadelphia, PA 19106, Attn.: Hanna Hopfinger. Additional inquiries may be directed to grants@aacr.org.

Selected recipients will be announced during a grants ceremony at the AACR annual meeting in April 2013.

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