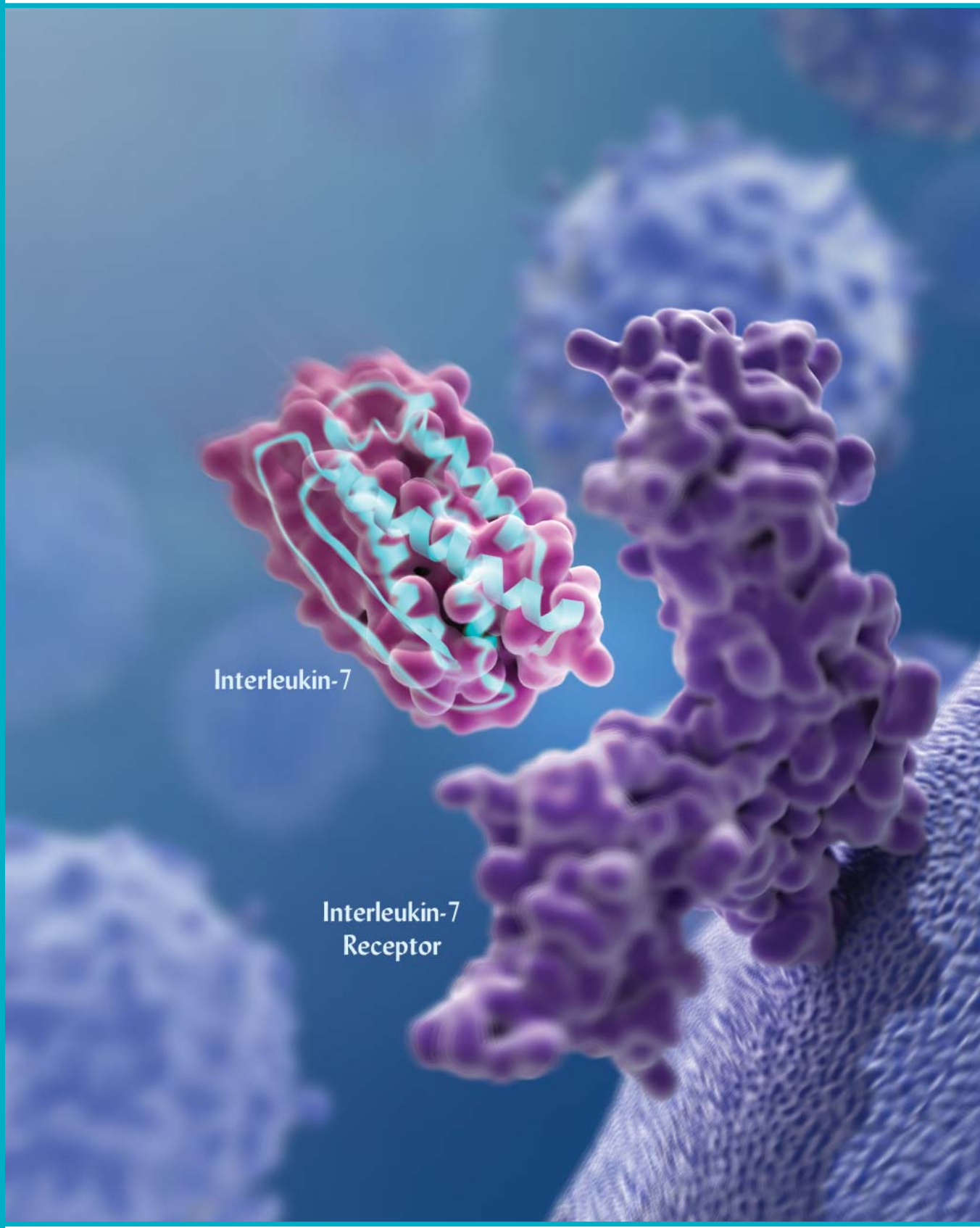
National Cancer Institute

Division of Extramural Activities
Annual Report 2007



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Identifying Interleukin-7 As a Master Regulator of T Cell Homeostasis: Clinical Implications and New Therapeutic Opportunities

Thymic derived lymphocytes, T cells, are essential elements of the immune system. They directly mediate immune responses to viral infection, cancer and transplanted tissues, and are necessary to generate and maintain immune memory following infection or vaccination. Cancer patients routinely experience depletion of T cells as a result of cancer itself and/or cytotoxic therapies administered to treat cancer. Unlike most blood cells, T cells cannot be efficiently regenerated, leaving many cancer patients with depleted immune systems for years following completion of cancer therapy. Studies conducted over the last 15 years within the NCI Intramural Research Program have elucidated several fundamental concepts that shed light on the mechanisms by which T cells are regenerated in humans, and these have implicated interleukin-7 (IL-7) as a master regulator of T cell homeostasis.

- T cells can be regenerated via thymic-dependent or thymic-independent pathways, with age being the primary determining factor in which pathway is utilized. Children and young adults typically retain thymic function and show full T cell immune reconstitution within 1-2 years of completing therapy. In contrast, most adults show limited thymic function and typically regenerate T cells primarily via thymic-independent pathways. As a result, adults often experience chronically depleted CD4+ T cell numbers, limited diversity of their T cell populations, and diminished immune function for several years following completion of cancer therapy.

- Interleukin-7 is necessary for both thymic-dependent and thymic-independent T cell regeneration. Humans experiencing T cell depletion have elevated levels of interleukin-7 in their tissues and serum, which is strongly inversely correlated with CD4+ counts. The clinical implications of chronically elevated levels of IL-7 remain unknown.

- Elevated interleukin-7 levels, and other less well-characterized changes in immune physiology, occur in response to lymphopenia, and enhance the effectiveness of adoptive cell therapies administered to lymphopenic hosts. Because of this, many immunotherapy trials for cancer currently incorporate a step aimed at depleting lymphocytes prior to adoptive immunotherapy.

- Preclinical and first in human clinical studies have identified interleukin-7 as a promising therapeutic. In animals, interleukin-7 potently augments responses to tumor vaccines. In humans, administration of interleukin-7 induces widespread increases in T cell numbers, preferentially expanding the "youngest" T cells and resulting in an anti-aging effect on T cell populations. IL-7's capacity to increase T cell numbers appears does not appear to be diminished with increasing patient age. Unlike interleukin-2, which can also increase CD4+ T cell numbers, interleukin-7 is virtually non-toxic and does not selectively increase suppressor T cells.

Cover Image: **Protein Data Bank Model of IL-7 Engaging the IL7R on the surface of a T cell.**

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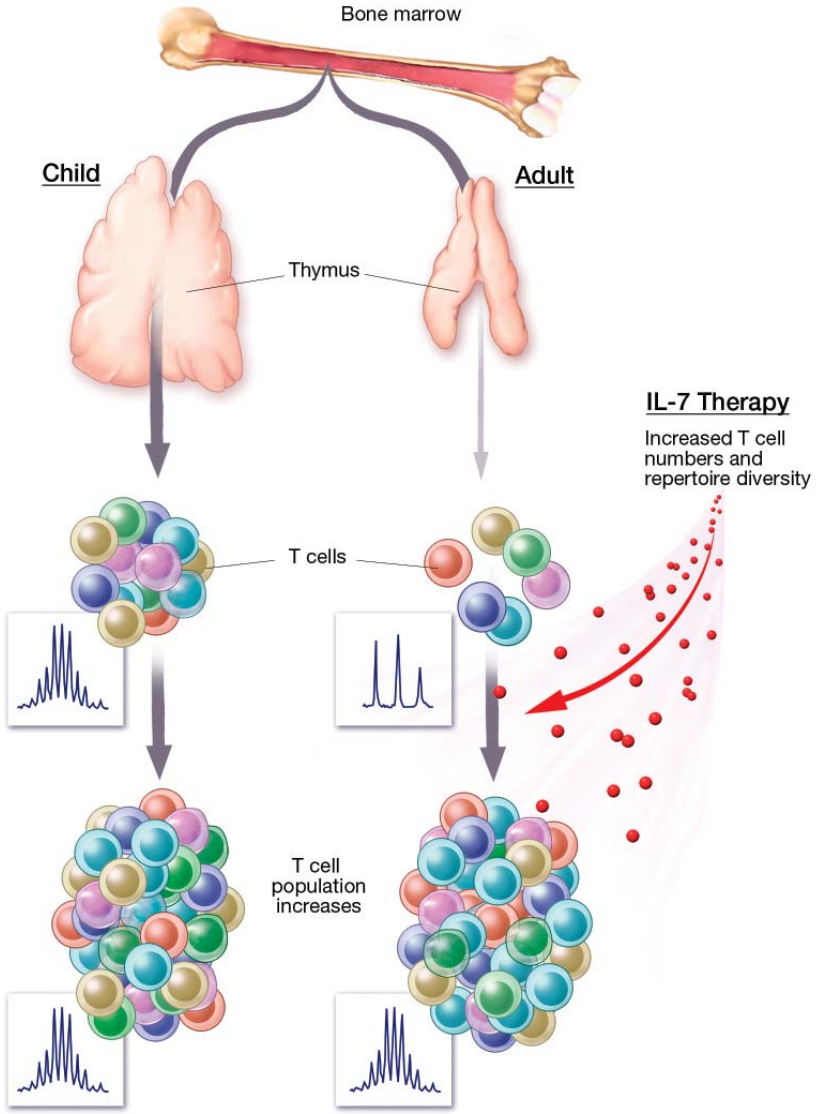

Age-Associated Differences in T Cell Regenerative Pathways. Children retain robust thymopoiesis and through this pathway, regenerate diverse T cell repertoires following T cell depletion. Due to age associated thymic involution, adults primarily rely on peripheral pathways to regenerate T cells, but this is associated with restricted repertoires as evidenced by altered spectrotype analyses (insets). Endogenous IL-7 is a primary regulator of peripheral T cell regeneration and IL-7 therapy can augment T cell numbers and repertoire diversity by preferential expansion of recent thymic emigrants.

Images and narrative are courtesy of Crystal Mackall, M.D., and Ronald Gress, M.D., Center for Cancer Research, National Cancer Institute, NIH.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Contents

Tables

Appendixes

Foreword

Everything we do at the National Cancer Institute (NCI) begins and ends with our focus on the cancer patient. That singular focus encompasses all of our work in basic, translational, and clinical science from finding better treatments for cancer, reaching out to deliver those treatments to people where they live, to enhancing our efforts in cancer prevention. The NCI is dedicated to the understanding, diagnosis, treatment, and prevention of cancer for all people.

The backbone of America's cancer research enterprise is the peer review process. The Division of Extramural Activities (DEA) is the NCI's Division responsible for managing our peer review activities. The DEA is crucial to ensuring excellence in the review process, by providing the highest quality and most effective scientific peer review of applications and oversight of NCI extramural research. Without question, peer review is the first vital step that enables the NCI to invest in the outstanding scientists who devote their careers to the study of cancer.

In addition to conducting peer review, the DEA plays a critical role in all aspects of the grant funding process, from assisting in the development of Funding Opportunity Announcements, receipt and referral of applications, administering advisory board activities for concept approval and second-level review, to coding and tracking of research after awards are made.

This investment, based on rigorous peer review standards, powers and empowers the engine of cancer research. Our Nation's investment is paying dividends in the number of lives saved, in the greater quality of life for cancer patients, and in cancers prevented.

I congratulate the many dedicated staff of the DEA who contributed to the activities described in this annual report and offer my gratitude for the important role that they play in coordination of the NCI extramural research enterprise.

John E. Niederhuber, M.D.
Director
National Cancer Institute

Introduction

The Division of Extramural Activities is the organizational component of the National Cancer Institute responsible for coordinating the scientific review of extramural research before funding and for the systematic surveillance of that research after funding. The Division solicits advice from individuals or committees of experts on the technical and scientific merit of grants, cooperative agreements, and contracts. The peer review process is important to science in that it allows good ideas to surface and to be judged on their merit and promise. The peer review system is the keystone for ensuring that the best science is supported.

The DEA coordinates the activities of the (1) National Cancer Advisory Board (NCAB), whose members are appointed by the President and whose responsibilities include conducting the second-level review of grants and cooperative agreements as well as advising the Director, NCI, on policy for the conduct of the National Cancer Program; and (2) the Board of Scientific Advisors (BSA) in its oversight of the extramural program and the approval of NCI-initiated scientific concepts.

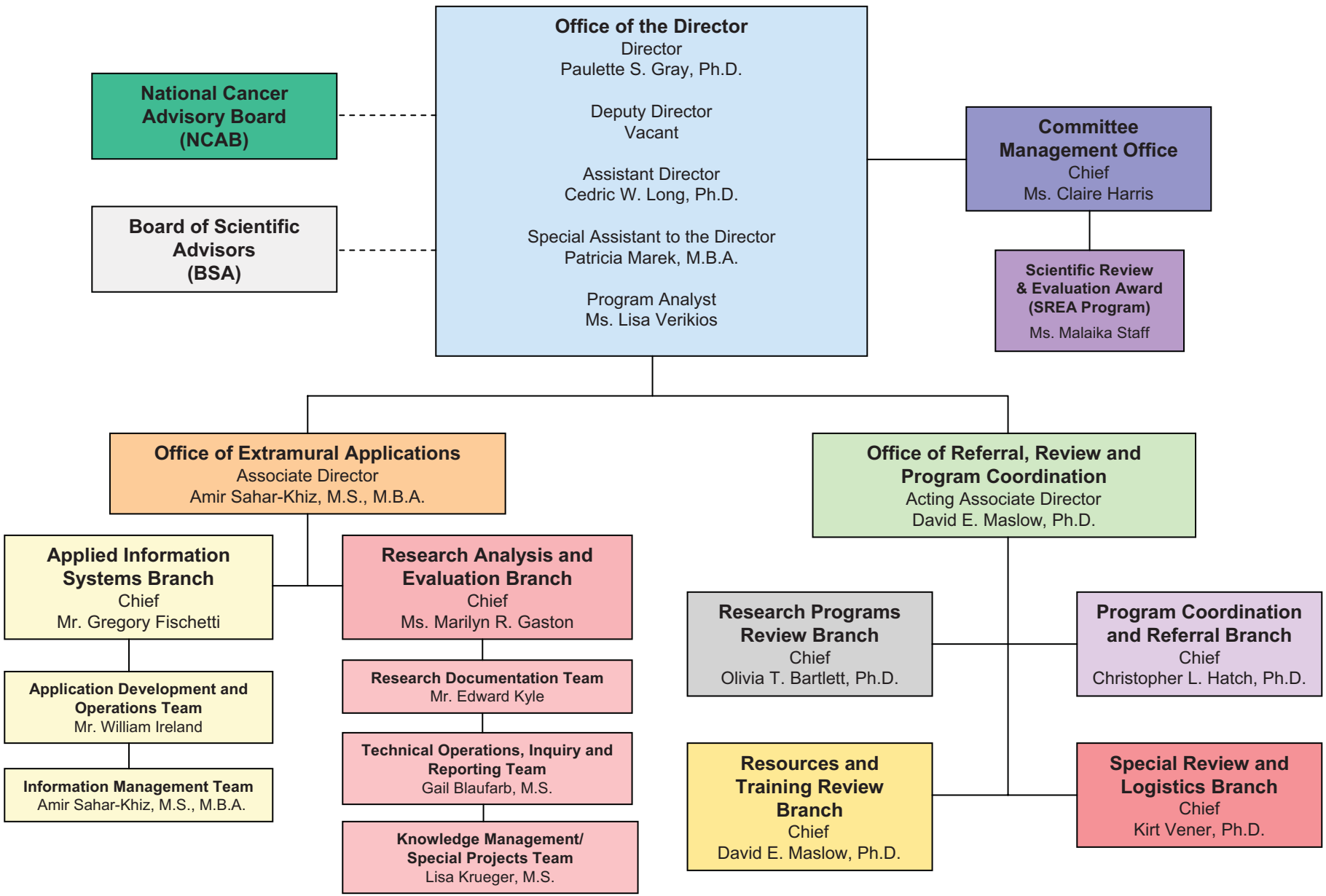
As a Division, we evaluate the content of all extramural research funded by the NCI and track the NCI research portfolio of more than 7,100 research and training awards by using consistent budget-linked scientific information to provide a basis for budget projections; maintain extensive records of this research and provide specialized analyses of the costs, goals, and accomplishments of the research; and serve as an NCI resource to others for reporting and dissemination of the NCI's research portfolio. The DEA monitors budgetary limitations for grant applications; participates in establishing policies to expedite funding; and initiates and implements changes to applications, guidelines, and award processes. The Division also coordinates, for NCI, the review and response to appeals from applicants regarding the peer review process or the subsequent disposition and management of grants, cooperative agreements, and contracts; and responds and coordinates requests from the NIH Office of Extramural Research's Agency Extramural Research Integrity Officer (AERIO) for information and assistance regarding scientists (or institutions) supported by NCI research funds who were the subject of allegations, inquiries, and/or investigations of possible research misconduct.

The intent of this annual report is to provide insight and useful information about the research funding process and the role of the DEA in support of NCI's mission. A comprehensive look at each of the major areas of responsibility within the Division is provided. The data and information covers Fiscal Year (FY) 2007 (1 October 2006 - 30 September 2007) and provides data comparison with previous years.

To implement a biomedical research program of the highest quality, the NCI draws on the national pool of scientists actually engaged in research for assistance in selecting the best research and training projects. We sincerely want to thank the hundreds of researchers and advocates who have given unselfishly of their time and have contributed to the continuing success of NCI's peer review and advisory activities.

Paulette S. Gray, Ph.D.
Director
Division of Extramural Activities

Division of Extramural Activities



Overview of the Division of Extramural Activities

The paramount goal of the National Cancer Institute (NCI) is to develop the knowledge base that will ultimately lessen the impact of cancer. Among the most important contributors to this base are the outstanding extramurally funded scientists supported by the NCI through grants, contracts, and cooperative agreements. The DEA was established within the NCI to provide the NCI and the scientific community with expert scientific review of the merits of extramural research, procedures, and policies to help the Institute achieve its goal. An important part of DEA's mission is to manage and coordinate the second level of grants review with the National Cancer Advisory Board and the concept review of all new and reissued Request for Applications (RFAs) and research and development (R&D) Request for Proposals (RFPs) with the Board of Scientific Advisors (BSA).

The **Committee Management Office** (CMO) provides oversight of all NCI chartered advisory boards and committees, working groups, task forces, and chartered review groups, and serves as an NIH service center for the National Center for Complementary and Alternative Medicine advisory council and a DHHS chartered advisory committee. The CMO ensures that the NCI and client Institutes operate within the appropriate Federal Advisory Committee Act (FACA), the Government in Sunshine Act, and various other policies, procedures, and guidelines. The CMO supports Institute staff and its clientele by being readily available to provide policy guidance and assistance as needed.

The DEA also provides effective and timely coordination of program initiatives from the initial concept stage through publication of RFAs, PAs, Notices, and RFPs, and, finally, through the peer review of grant applications and contract proposals. The **Office of Referral, Review, and Program Coordination** (ORRPC) with four branches was established for (1) development and issuance of NCI program initiatives, (2) coordination of grant referral, and (3) the management of NCI review activities. Review activities include the organization and management of peer review for all RFAs, research and development RFPs, and Program Announcements with Special Receipt (PARs) using specialized research grant and cooperative agreement mechanisms and investigator-initiated responses to funding opportunity announcements (FOAs) for Cancer Centers Specialized Programs of Research Excellence (SPOREs), and training and career development awards. The program coordination responsibilities of the DEA, in cooperation with NCI Extramural Program Divisions and Offices, extend to the development of all new extramural program guidelines and funding opportunities.

Another program coordination activity is the development and maintenance of referral guidelines for assignment of grant applications to the NCI. These guidelines, included in the *Referral Guidelines for Funding Components of PHS*, are critical to the development of program initiatives across the NIH, as well as to the prompt referral of unsolicited grant applications to the NCI. These guidelines differ from the NCI Internal Referral Guidelines, which are vital to the prompt referral of grant applications to the appropriate NCI program areas.

The **Research Analysis and Evaluation Branch** (RAEB) works closely with the NCI Office of Budget and Finance to provide budget-linked portfolio data for NCI grants and contracts. In doing so, the Institute has the capability of responding expeditiously to congressional and other inquiries. This Branch has historical budget-linked portfolio data all the way back to the 1930s.

The DEA conducts continual evaluation of program initiatives and coordinates policies and procedures to ensure that all aspects are as clear and accessible as possible to staff, advisory groups, and applicants. To facilitate this evaluation, the **Office of Extramural Applications** (OEA), through the **Applied Information Systems Branch** (AISB), maintains a Web-based information system to provide key information on new initiatives. This Web-based information system includes early notice of approved concepts, listings of active PAs and recently published RFAs, and policies related to the clearance of new program initiatives. This information is provided in both public Internet (**http://deainfo.nci.nih.gov/funding.htm**) and NCI limited-access Intranet versions.

Special Activities in the Office of the Director, DEA

In addition to managing and coordinating the extramural operations described in this report, the DEA Office of the Director (OD) is a focal point and repository of information and policies related to various funding mechanisms for NIH grants, staff and awardee responsibilities, eligibility requirements, receipt dates for all granting mechanisms, and special programs. The OD is, for example, the coordinating center for submission of applications for special NIH-wide awards, such as the James A. Shannon Director's Award, the Institutional Development Awards (IDeAs), and the Research Enhancement Awards Program (REAP).

The DEA OD ensures that the NCI meets the congressional mandate to promote increased participation of women, children, and members of minority and medically underserved populations in the research areas of cancer cause, prevention, control, diagnosis, and treatment. The NIH Revitalization Act of 1993 mandates that women and members of minority groups be included as subjects in each research project, unless there are clear scientific or ethical reasons that inclusion is inappropriate with respect to the health of the subject or the purpose of the research. Administrative procedures allow NCI staff to resolve inclusion problems after initial review of grant applications that are otherwise highly meritorious. In the event that a grantee believes the proposed study does not warrant or require inclusion of women or minority groups, he or she can apply for a waiver of this requirement. The DEA Director is the appeals officer for the NCI and has the authority to grant waivers. In FY2007, 36 applications with preliminary bars to award were received by the DEA. Through corrective action, working with the applicants and program directors, all bars to award were brought into compliance before award decisions were made.

Additionally, the DEA Director serves as the locus for implementation and oversight of NCI policies concerning extramural research integrity and serves as a resource to all NCI staff with questions in this area. In this role, the DEA OD works to address concerns about extramural research misconduct, misuse of human and animal research subjects, financial mismanagement, and financial conflict of interest involving NCI-supported research. Thus, the DEA Director functions as the NCI Research Integrity Officer (RIO) and receives from the appropriate sources all documents related to research misconduct for transmittal and reporting to relevant sources. In FY2007, seven cases of alleged research misconduct involving NCI funding were opened and under investigation by the Office of Research Integrity, DHHS, and referred to the Director, DEA. Seven pending cases from previous years were closed, and two of the cases were found to involve research misconduct.* Other cases from FY2007 and prior years are open, pending resolution.

*Cases found to involve research misconduct are published in the *Federal Register* and *NIH Guide for Grants and Contracts*.

Program Coordination: A Resource for New Funding Initiatives

The DEA performs critical functions in the development of new strategic funding initiatives at the NCI and in the coordination of their publication as FOAs, which comprise both Requests for Applications and Program Announcements. Specifically, members of the **Program Coordination and Referral Branch** (PCRB) provide expert assistance to NCI program staff members as they work to develop and publish new FOAs. PCRB staff members disseminate various operating policies and procedures pertaining to extramural funding programs. To maintain consistency and completeness, under PCRB coordination, all new NCI FOAs, Notices, and various associated guidelines are reviewed, adjusted/edited as needed, and cleared through the DEA before being forwarded to the NIH Office of Extramural Research for approval and publication in the *NIH Guide for Grants and Contracts* and on Grants.gov. In these steps, PCRB staff members help to streamline and clarify FOA technical parameters and requirements as well as optimize accuracy, precision, and clarity of their presentation in proper format. Thus, PCRB verifies consistency with NIH-wide requirements, provides quality control, and coordinates timelines throughout the development and publication processes. Overall, these services ensure the high quality and timely availability of NCI's funding opportunities for cancer researchers as prospective applicants.

Tables 1a and **1b** show the variety of NCI-issued RFAs in FY2007, and **Table 2** lists RFAs issued by other NIH institutes or centers that the NCI has joined as a participating partner. **Tables 3a** and **3b** show the variety of PAs issued by the NCI in FY2007, and **Table 4** lists PAs issued by other NIH institutes or centers that the NCI has joined as a participating partner.

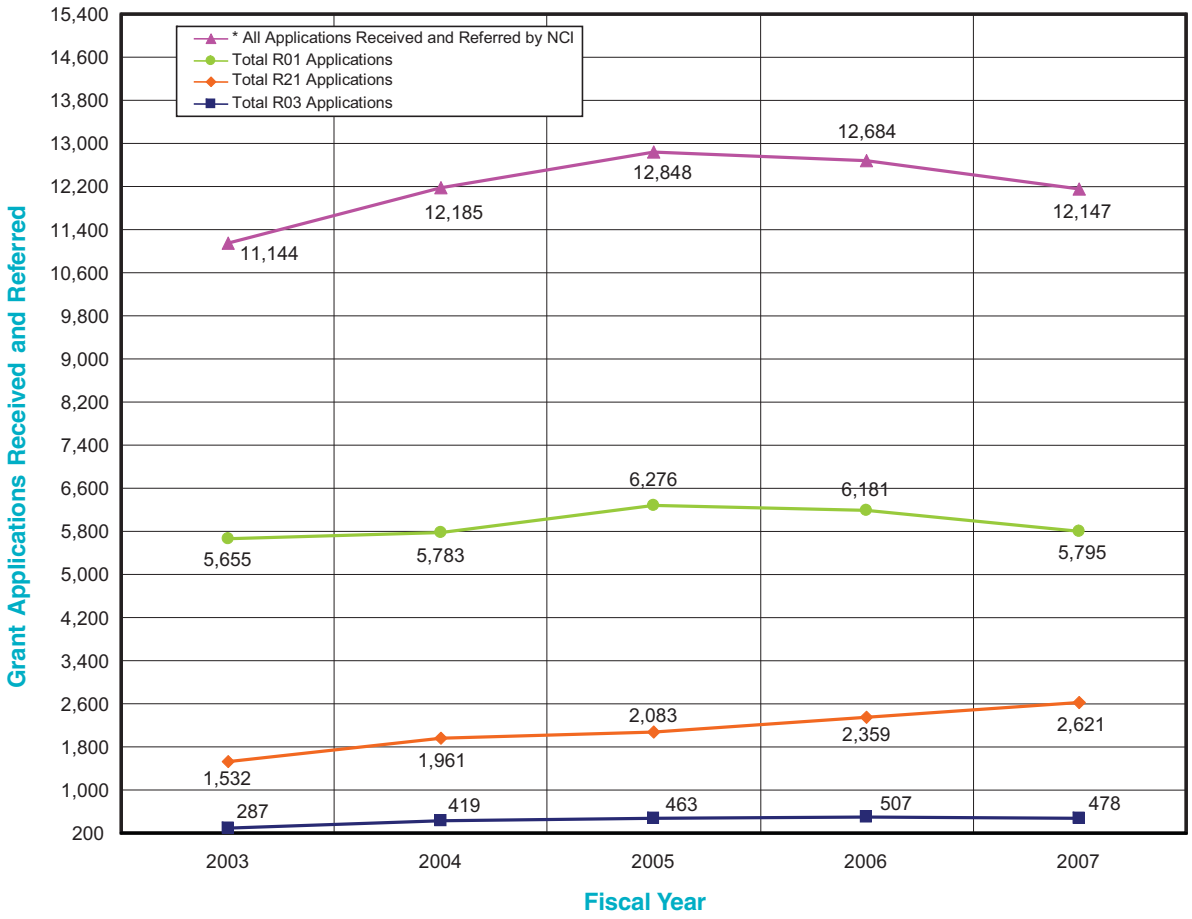
In late 2005, the NIH began the process of transitioning to the electronic (instead of paper-based) submission of grant applications through Grants.gov (**http://www.grants.gov**), which is the online grant application submission portal of the Federal Government. The DEA has played a lead role in helping the NCI and its customers transition to the electronic submission of all types of grant applications over at least a 3-year period. PCRB staff members have been heavily involved in conversions and reissuances of NCI FOAs so that the applications would be submitted electronically to the NIH through use of the SF424 application package and Grants.gov. Greater than 80 percent of NIH grant applications are now submitted electronically in this way. As a representative on the NIH SF424 Application eSubmission IC Liaisons Group, the Chief of PCRB provided relevant information and timely updates to all NCI extramural staff members on activities and results related to the transition from paper to electronic grant applications, and also served as a direct source of guidance on this topic for individual program directors and their applicants. The Referral Officers (ROs) have transitioned from paper-based to electronic referrals of applications as each grant mechanism has transitioned from the former to the latter mode of submission. The ROs and Branch Chief collaborated with NCI information technology staff members and their contractors to successfully develop and deploy an improved Awaiting Receipt of Application (ARA) management system (permission for special application receipts) and a new electronic management system for Assignment Change Requests (for handling application changes and transfer requests between the NCI and other NIH institutes and centers), both of which contribute to an improved efficiency of service for the NCI's grant applicants and awardees.

Grant Referral: A First Point of Contact for NCI Grant Applicants and Applications

In FY2007, the NCI received 12,147 grant applications for referral (see Table 5). These included applications for 50 different types of funding award mechanisms (see Appendix E), including the Investigator-Initiated Research Project (R01), Career Development Awards (K series), Research Program Project (P01), Cancer Center Support Grant (CCSG, P30), Specialized Program of Research Excellence (SPORE, P50), Small Research Project (R03), Exploratory/Developmental Project (R21), Phased Innovation Project (R21/R33), Small Business Technology Transfer (STTR) Grant (R41/42), Small Business Innovation Research (SBIR) Grant (R43/44), and U-series (Cooperative Agreements) mechanisms. Since 2003, the increase in all applications has been 8.9 percent, while increases in R01, R21, and R03 have been 2.4 percent, 71.1 percent, and 66.5 percent, respectively (see Figure 1).

All applications submitted to the National Institutes of Health (NIH) are assigned to an Institute or Center (IC). The IC in turn has a structure in place to address internal assignments. Within the NCI, DEA's **Program Coordination and Referral Branch** is responsible for receipt, referral, and assignment of applications, as well as for program (i.e., scientific initiative and funding opportunity)

Figure 1. Receipt and Referral of NCI Applications*
FY 2003 - 2007



*Includes NCI Primary and Secondary applications received and referred.

development functions. Upon receipt of primary and secondary assignments of applications to the NCI by the NIH Center for Scientific Review (CSR), DEA PCRB Referral Officers (ROs): (1) assign all incoming applications to one of the 45 NCI extramural research program areas; (2) track program acceptance; and (3) whenever necessary, negotiate transfers of grant applications to and from other NIH institutes and centers (and even other DHHS research funding agencies, such as the Agency for Healthcare Research and Quality [AHRQ] and the Centers for Disease Control and Prevention [CDC]).

The PCRB distributes all of the applications that are to be directly reviewed by peer review groups. These applications include those for P01 Program Projects, P30 Cancer Centers, P20 Planning Grants, P50 Specialized Centers, R13 Conference Grants, R03 Small Grants, certain R21/R33 Phased Innovation Grants, T32 and R25 Training Grants, K-series Career Development Grants, certain R01 Research Project Grants, and U-series Cooperative Agreement applications.

The PCRB is often the first point of contact for applicants. It is the receipt point for the recipient of Letters of Intent (LOI) from potential applicants for multiproject Program Grants (P01) and Conference Grants (R13). Also, it is the information and coordinating center for the submission of applications for the Academic Research Enhancement Award (AREA, R15) grants for research at institutions and organizations that have little or no current NIH grant award support; applicants contact PCRB for information about NCI programs, their eligibility to apply, the relevance of their proposed research to the missions of various NCI programs, and the names and contact information of NCI program staff members to guide them through the application process. In addition, ROs work with program staff members to determine and/or verify the responsiveness of R21 exploratory/developmental grant applications to the specific funding opportunity announcements to which they are being submitted.

The ROs serve as primary NCI contact persons for members of the extramural scientific community in need of information on a broad range of subjects, including application information (e.g., opportunities, mechanisms, policies, processes, procedures), new initiatives announced as RFAs or PAs (i.e., FOAs), and the review process. In addition, the ROs assist members of the extramural community in navigating NIH and NCI Web pages to obtain current information, forms, and guidelines.

Peer Review—The Next Step

Once applications are referred to the NCI and the appropriate program, they must be reviewed. The high caliber of NCI-sponsored research is maintained through peer review and a quality control process in which experts in the appropriate fields review and score the merit of grant applications and contract proposals for research. The peer review mechanism helps to ensure that the NCI uses its resources wisely and funds research that has the potential to make a significant contribution to science and medicine. The NCI's extramural programs and activities are funded primarily through peer reviewed grants and cooperative agreements. Programs that are funded through research contracts also are subject to peer review, including contract-supported projects conducted within the intramural research program.

The peer review system of the NIH consists of two sequential levels of review mandated by statute. The first level of review of grant applications assigned to the NCI is performed by either an NIH CSR study section, a chartered NCI Initial Review Group (IRG) subcommittee, or NCI Special Emphasis Panel (SEP) whose primary purpose is to review and evaluate the scientific merit of research grant and cooperative agreement applications. The second level of review for program relevance is conducted by the National Cancer Advisory Board.

Most investigators are familiar with the NIH CSR study sections, which have primary responsibility for managing the peer review of investigator-initiated Research Project (R01) grants and fellowships. It is less widely known, however, that grant applications representing more than 50 percent of the NCI's extramural budget are reviewed by chartered IRGs and SEPs that are directly formed and managed within the NCI by the DEA. Peer review by either the CSR or the DEA is usually determined by the choice of grant mechanism.

The NCI has no direct input into the selection of peer reviewers who serve on CSR study sections. In contrast, members of the NCI IRG and SEPs are selected by DEA review staff, with suggestions from program staff. All chartered DEA review subcommittee members are approved by the Director, DEA, based on their knowledge of the various disciplines and fields related to cancer. There are nine NCI IRG specialized review subcommittees; for example: Subcommittee A reviews Cancer Centers; Subcommittee I reviews career development applications; and Subcommittee H reviews Clinical Cooperative Groups. (The membership of NCI chartered subcommittees may be found in **Appendix C** (pp. 94-109) and at the following Internet address: **http://deainfo.nci.nih.gov/advisory/irg.htm**.) IRG members are appointed for varying terms of service, which may be up to 4 years. DEA SEPs may be formed to review grant applications received in response to RFAs or Program Announcements with Special Receipt (PARs), other specialized applications, or R&D contract proposals received in response to an RFP. Members of such panels are selected on a one-time, as-needed basis to review specific grant applications, cooperative agreement applications, or contract proposals. Additional information about NCI SEPs can be accessed at the following Internet address: **http://deainfo.nci.nih.gov/advisory/sep.htm**.

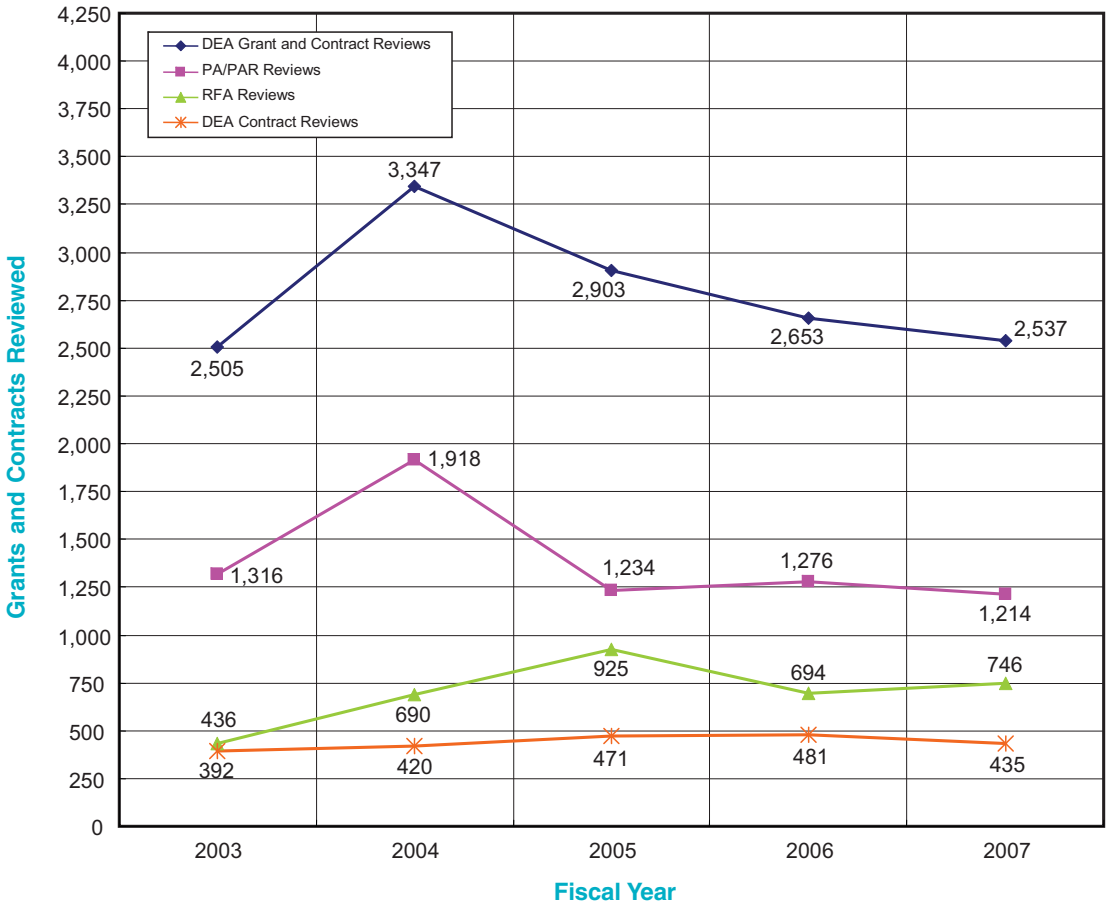
Both the SEPs and the IRGs provide advice on the scientific and technical merit of applications for research and research training grants, cooperative agreements, and contract proposals relating to scientific areas relevant to cancer. DEA Scientific Review Officers (SRO) manage the scientific review of applications and contract proposals, including the selection of peer reviewers and the overall administration of the peer review process.

The peer review of grant applications generally occurs in the fall, spring, or summer prior to a February, June, or September NCAB meeting, respectively.

Review Workload

In FY2007, the DEA organized, managed, and reported the review of a total of 2,102 grant and cooperative agreement applications assigned to NCI (see Table 6) and 435 NCI contract proposals (see Table 12). There were 116 fewer grant and contract proposals reviewed in FY2007 compared with FY2006 (see Figure 2). Table 7 provides a summary of the applications reviewed by NCI IRG subcommittees and Special Emphasis Panels (SEPs). Eighteen meetings of the NCI IRG subcommittees and 80 SEPs were convened to review and evaluate grant applications and contract proposals of various types. In addition, there were 13 site visits and 54 other review associated meetings such as teleconferences, applicant interviews, and fact-finding review panel workgroups. Approximately 1,750 reviewers and consultants served on the parent IRG subcommittees, SEPs, and workgroups in FY2007 (see Appendixes C and D). Members were selected because they are authorities in relevant fields of biomedical research or because they represent informed consumer perspectives.

Figure 2. DEA Review Workload*
FY 2003 - 2007



*Withdrawn applications are not included.

Peer Review Functions

The **Office of Referral, Review and Program Coordination** (ORRPC) is responsible for the coordination and management of the review of grants, cooperative agreements, and contracts for the Institute, and oversees three review branches and a referral branch. The review branches are responsible for organizing, managing, and reporting the scientific peer review of applications for a wide variety of grant mechanisms and topics. Reviews are conducted by one of the nine subcommittees of the NCI IRG or by specially convened SEPs as shown in **Table 7**.

The **Resources and Training Review Branch** (RTRB) and the **Research Programs Review Branch** (RPRB) are primarily responsible for the peer review of a variety of unsolicited multiproject and career development grant applications (see **Table 6**) and together manage the nine subcommittees of the NCI IRG (see **Appendix C**). Specifically, the RTRB has primary responsibility for review of applications for cancer centers, cancer training and career development, and cancer clinical trials, as well as for managing the corresponding six subcommittees of the NCI IRG. The RPRB has primary responsibility for review of unsolicited applications for program project grants (P01s), for Specialized Programs of Research Excellence (SPOREs, P50s) in various organ sites, and for the first NCAB round in 2007, conference grants (R13s). The RPRB also manages the three subcommittees (Subcommittees C, D, and E) of the NCI IRG that traditionally were responsible for final scoring of program project grant applications, although those subcommittees were not convened because of the ongoing pilot of single-tier review of P01 applications (explained in more detail below). The RPRB also managed the NCI R13 Review Committee, which is composed of NCI extramural scientific staff from all four program Divisions and the DEA, during the first part of 2007. Review of R13 applications was subsequently transferred to the Program Coordination and Referral Branch (PCRB) for applications submitted for June and September 2007 NCAB rounds.

The **Special Review and Logisitics Branch** (SRLB) organizes and manages peer review primarily for grant applications in response to most of NCI's specific RFAs, PARs, and R&D contract proposals submitted in response to Requests for Proposals (RFPs); all of these reviews are conducted by Special Emphasis Panels (SEPs). In addition, the PCRB often collaborates with the review branches to assist in the review of special initiatives and also has responsibility for the review of conference grants (R13s). SROs in these review units prepare the summary statements of the evaluations and recommendations for each review committee meeting and distribute these reports to program officials, the NIH data management system, and NCI's Records Management Center. Each principal investigator for an application also receives the summary statement as do the NCAB members for second-level review.

Many of the reviews conducted by the RTRB and the RPRB involve complex, multidisciplinary applications. The review format for some of these applications, including the Cancer Center Support Grants (P30) and Cooperative Clinical Trials Grants (U10), involved a two-tier review process. Normally, the first tier of the review involves either a site visit to the applicant's institution, an applicant interview in the Washington, DC, area, or a teleconference by an expert review panel; these review formats provide an opportunity for the reviewers to question the applicants directly to clarify issues in the application, thereby enhancing the review process. The review panel members prepare a draft review report, which is then considered, along with the application, by the relevant subcommittee of the NCI IRG. Five of the nine NCI subcommittees of the NCI IRG serve as the "parent committees" for final scoring of applications after expert panel reviews: Subcommittee A is the "parent committee" for Cancer Center Support Grant (P30) applications; in the past, Subcommittees C, D, and E were the "parent committees" for Program Project (P01) grant applications. They did not meet during 2007 due to the pilot of the single-tier review process for these applications; and

Subcommittee H is the "parent committee" for review of Cooperative Clinical Trials (primarily U10) applications. The other four subcommittees of the NCI IRG (Subcommittees F, G, I, and J) review all of the career development, training, and education grant applications submitted to the NCI.

Research Programs Review Branch

Program Project Applications (P01)

A significant proportion of the effort of the RPRB during FY2007 was associated with the review of unsolicited P01 applications. The SROs in the RPRB organized and managed the review of 89 new, recompeting, amended, and supplemental P01 applications (see Table 8), a lower P01 workload than the NCI has seen in any of the past 4 years, as shown in Figure 3. Approximately 36 percent of the applications were amended. The 89 applications requested more than $205 million in total costs for the first year (see Table 9).

During 2007, the RPRB continued a pilot of review of P01 applications in groups of up to 10 applications by a one-tier, "paper only" review process. During the pilot, all review panels are constituted as SEPs. The SEPs include members of NCI IRG subcommittees C, D, and E as well as additional scientists with appropriate expertise for the applications being reviewed. The SEP reviewers evaluate and score projects, cores, and integration, then assign the overall priority score to each application. The five topic areas for the P01 review SEPs are Molecular Biology; Cellular and Tissue Biology; Prevention, Epidemiology, and Control; Discovery and Development; and Clinical Studies. Structured reviewer feedback about this new review process for P01 applications was collected during each review meeting in preparation for a formal evaluation of the P01 review process during 2008. However, by the end of 2007, it was clear that both reviewers and applicants had adapted to the new review format, and that the new review format made very efficient use of reviewers, reviewers' time and effort, and NCI review and program staff effort without compromising the quality of the review.

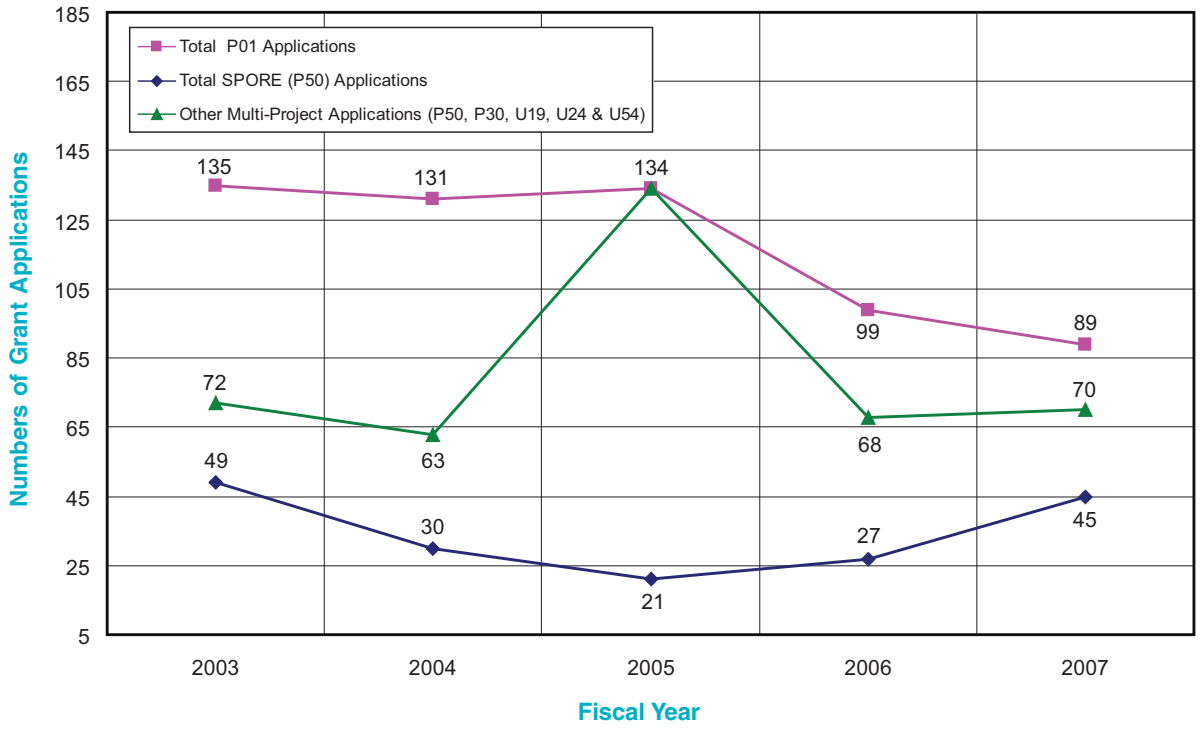
Specialized Centers of Research Excellence (P50)

During 2007, the RPRB also had responsibility for the peer review of applications received for the NCI Special Programs of Research Excellence (SPORE). These large, complex multidisciplinary P50 research center applications focus on translational research directly applicable to human disease in various organ sites. During 2007, the RPRB organized and managed six Special Emphasis Panels for the review of a total of 45 SPORE applications, a considerable increase over the previous 3 years (see Figure 3).

The increase in the number of applications was probably due to a significant change in the Program Announcement for SPOREs that eliminated specific receipt dates for applications addressing particular organ sites and allowed applicants to submit applications addressing any organ site for any receipt date. Therefore, applicants can develop SPOREs and submit new and revised applications when they are ready, rather than on an arbitrary schedule set by the NCI.

The first such "open" receipt date for SPORE applications was September 25, 2006, for review in February 2007 for the June 2007 NCAB meeting. Eighteen applications addressing seven organ sites were received for that receipt date, compared with 14 applications for three organ sites for the February 2007 NCAB round. This trend for a larger number of organ sites per review round and review meeting continued for the September 2007 NCAB round, with 13 applications submitted for research on six organ sites. During 2007, the RPRB organized and managed the peer review of SPORE applications for research in Gastrointestinal (12), Prostate (7), Head and Neck (7), Lymphoma (5), Brain (4), Lung (4), Breast (4), and Skin (2) cancer. These 45 applications included budget requests for a total of more than $75 million in direct costs for the first year of support.

Figure 3. P01, P50 (SPORE), and Other Multi-Project Research Applications Reviewed* FY 2003 - 2007



* Withdrawn applications are not included.

Overall, 49 percent of the 45 applications reviewed during FY2007 involved requests for support of new SPOREs, and 51 percent of the applications involved requests for support of continuation of ongoing SPOREs. Interestingly, none of the 14 applications submitted for the February 2007 NCAB round, before implementation of the "open receipt" paradigm, were amended, but 14 (45 percent) of the 31 applications submitted for the June and September 2007 NCAB rounds were amended; the amended applications were evenly distributed between new and competing continuation applications. The increase in both the number of applications, the number of organ sites, and the number of amended applications resulted in increased complexity for the RPRB Scientific Review Officers (SROs) who manage the SPORE reviews.

Due to the complexity of the review, the special review criteria and the large number of reviewers required for the diverse research proposed, the SROs who organize the SPORE reviews routinely conduct orientation conference calls with all of the reviewers before the applications are sent to the reviewers to explain the special features of the SPORE program and the special review criteria.

Implementation of New Technology for Instantaneous Electronic Scoring To Facilitate Review of P01 Program Project and P50 SPORE Applications

The P50 SPORE and P01 Program Project applications are long and complex, and discussion of one application during the review meeting can take more than 3 hours. Each reviewer has his or her own vote sheet at the end of the discussion, but may not fully remember the range of scores for the various components or have a good appreciation for the "big picture" when it comes to discussing the application as a whole and assigning the final priority score for the application. In

addition, the pilot of single-tier review of P01 applications eliminated the P01 "parent committee" meeting in which the committee members used the means and range of scores from the first-tier individual review panels to guide the final overall priority score. Beginning with the October 2006 P01 and SPORE review meetings for the February 2007 NCAB meeting, the RPRB piloted use of a new technology for facilitating review of large, multicomponent applications by providing exactly this type of summary information about each application.

An SRLB SRO first identified a simple and inexpensive technology, the "Interwrite™ Learning PRS" student response system, which was originally designed for test-taking by elementary and middle school students. The system involves a wireless radio frequency receiver connected to a laptop computer and individual hand-held radio frequency transmitters ("clickers") that are about the size of a television remote control for each reviewer. The SRLB SRO and the lead SRO for SPORE review in the RPRB worked together with a DEA contractor to adapt the system for review of multicomponent grant applications. This activity involved developing new software that would interface with the original PRS software to: download application information from the NIH IMPAC II database; add new range and format checks to the "answers" sent by the reviewers, tally the reviewers' responses appropriately for grant review; and save the information in a spreadsheet.

Each component of the application that must be scored becomes a "question" in the PRS system. The system can accommodate both numeric and adjectival scores. Reviewers use the numeric and letter buttons on the hand-held "clickers" to transmit their individual scores for each component of an application after the discussion of the component is complete during the review meeting. The mean and range for each component of the application is displayed on a large poster in the front of the review room in real time as the review proceeds. At the conclusion of the discussion of the individual components of the application, the poster displays the "group averages" for each component of the application. This provides additional information for the discussion of the overall score for the application as a whole.

Reviewer feedback indicated that the devices are easy to use and facilitate the discussion of the overall application. The reviewers' paper voting sheets are the "gold standard" for the final scores, but the spreadsheets downloaded from the system greatly facilitate data entry and calculation of the "official" scores for each component of the applications after the review meeting. Analysis of the data from the PRS system and the official paper vote sheets showed that the data from the PRS system were accurate to 0.1, although we stress to the reviewers that the data are "approximate," because teleconference reviewers do not have clickers, and some reviewers may miss the window of opportunity for transmitting a score for a particular component of an application. The pilot of the PRS system was so successful that the RPRB adopted the system for routine use in all P01 and SPORE review meetings.

Conference Grants (R13)

The RPRB also continued to conduct the reviews for unsolicited R13 applications for the February 2007 NCAB round of review. R13 applications request NCI support for a wide variety of scientific conferences related to cancer research. The Chief of the RPRB organized the review of 17 applications by the NCI R13 Review Committee, which is composed entirely of NCI extramural staff. This committee used an innovative "virtual review" format to accomplish an accelerated review of the conference grant applications, so that conference organizers could plan more effectively. Reviews of applications for the June and September 2007 NCAB meetings were managed by the PCRB.

Resources and Training Review Branch

The RTRB, which administers six NCI IRG subcommittees (A, F, G, H, I, and J), has the responsibility for review of applications for multi-

disciplinary cancer centers, cooperative clinical trials groups, institutional training and education, and career development awards. Staff members from this branch also participate in the reviews of other funding mechanisms within the DEA.

The reviews conducted by the RTRB subcommittees are of two types: (1) the complex, multidisciplinary applications, such as cancer center support grants (P30s), and (2) multi-institutional clinical trial cooperative group–statistical center cooperative agreements (U10s) applications. The review formats generally involve a two-step initial review. The first step of the review has involved a site visit to the applicant institution. Each group of experts serves as a fact-finding body to clarify any issues or information related to the application through discussion with the applicants. This first committee prepares a draft report that is presented, together with the full application, for discussion, evaluation, and final scoring by the appropriate parent subcommittee (NCI IRG Subcommittee A for cancer centers and Subcommittee H for clinical trials). Second, the U10 applications for support of the operational aspects of the clinical trial cooperative groups are reviewed by applicant interview at the parent subcommittee meeting, which eliminates a separate trip for reviewers and, thus, reduces the reviewer burden. Scoring by a parent subcommittee provides for a more uniform evaluation of applications than scoring by individual review teams.

NCI Cancer Centers

The new Cancer Center Support Grant (CCSG) Guidelines, which were approved in September 2004 and became effective with the applications that were received in February 2005, contained a number of new components, such as the DEA prepared documents to assist reviewers in the transition to the new Guidelines, including a list of major changes and a summary of review criteria and their appropriate component for evaluation of consortia and partnerships. RTRB review staff also have prepared, in collaboration with the Cancer Centers Branch, clarification documents for portions of the Guidelines that were unclear to reviewers. RTRB review staff members have continued to utilize modifications of the review process to reduce the burden on peer reviewers, such as use of poster sessions for shared resource presentations, limited time for program presentations, staff selection of protocols for review, and simplified review of budgets.

One of the new aspects of the Guidelines that became effective in 2006 was the option for Cancer Centers to have a limited site visit with full review at the parent committee meeting based on the application alone when requesting no more than a 10 percent increase in funding and no major changes in structure, designation, or leadership. The limited site visit focuses on the administrative, regulatory, and financial aspects of the application and center, including institutional commitment, administration, and clinical trials oversight, which includes the clinical trials office, protocol review and monitoring, and data and safety monitoring.

During FY2007, Subcommittee A reviewed 11 CCSG P30 applications, including one using the limited site visit format (see Table 7).

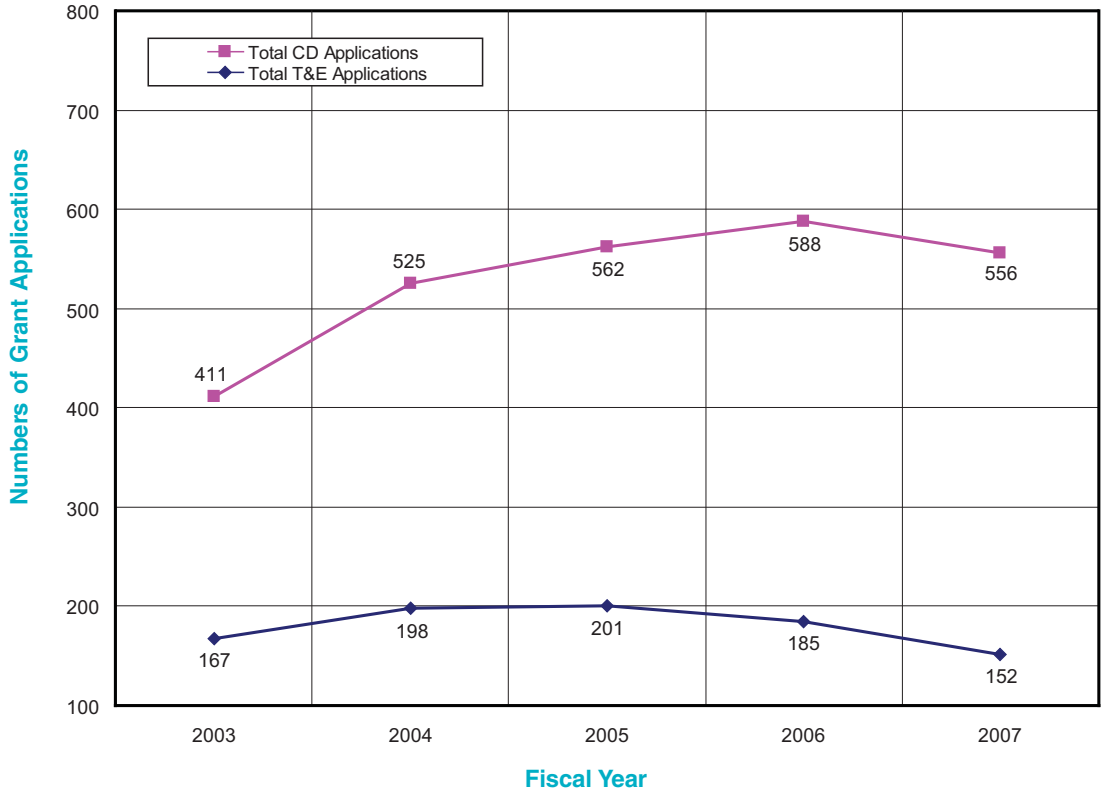
Training and Career Development

The growth in the number of individual career development applications reviewed by the RTRB seen in previous years decreased in FY2007 (see Figure 4). From 2003 to 2006, the number of DEA-reviewed career development applications increased by 43 percent (411 to 588); in 2007, the number reviewed was 556, a decrease of 5.5 percent. Similarly, the number of institutional training grant applications, which had increased from 167 to 185 between 2003 and 2006 (11 percent), was 152 in 2007, a decrease of 18 percent.

Clinical Cooperative Groups

The SRO for Subcommittee H (Clinical Cooperative Groups) manages the review of the NCI Clinical Trials Cooperative Group Program and

**Figure 4. Numbers of Career Development (CD) and Training and Education (T&E) Applications Reviewed*
FY 2003 - 2007**



*CD Mechanisms: F32, F33, K01, K05, K07, K08, K22, K23, K24, K25, K99; T&E Mechanisms: R25, T15, T32, K12. Withdrawn applications are not included.

works closely with the Clinical Investigations Branch staff of the NCI Clinical Trials Evaluation Program (CTEP). A major revised draft of the NCI Clinical Trials Cooperative Group Program Guidelines has been approved by NCI leadership and the NIH.

Steps have been taken to make some minor improvements in the Subcommittee H review process. First, the use of numerical, rather than adjectival scoring was tried and found to be successful. Second, in selected circumstances, site visit reviews of well-functioning Statistics and Data Management Centers (SDMC) will be replaced by evaluations consisting of reverse site visit reviews at a Subcommittee H meeting. Third, the summary statement format has been slightly altered so as to provide applicants with additional information about the range of reviewer opinion expressed in the context of the review process.

During FY2007, one Clinical Cooperative Group was fully reviewed and two Groups competed for supplemental funds. In addition, although not a part of the formal activities of Subcommittee H, a funding request for a Cooperative Group-associated Phase I clinical trial network was reviewed. Subcommittee H membership was updated in FY2007 with the appointment of six new members.

Other RTRB Activities

To assist reviewers in preparing for their participation in peer review, Reviewer Guides were prepared for all of the application types reviewed by the RTRB. These Reviewer Guides were updated for the newly reissued FOAs and for electronic receipt. This resource was especially helpful for the subcommittee members who evaluate training and career development grant applications, because most reviewers on each subcommittee review several types of applications. The Reviewer Guides contain general information on peer review and NIH rules on use of human subjects, as well as specific instructions for each of the mechanisms to be reviewed by that subcommittee. These mechanism-specific guides have been completed for all education, training, and career development types of applications that are reviewed in the RTRB, and for the cancer centers and clinical cooperative group applications that are evaluated by Subcommittees A and H.

Special Review and Logistics Branch

The SRLB organizes and manages peer review primarily for grant applications submitted in response to specific NCI RFAs, contract proposals submitted in response to specific RFPs, and PARs. The reviews are conducted with SEPs and involve recruiting the appropriate scientific expertise for each review meeting. During FY2007, the DEA reviewed 1,960 applications that were submitted and competed for funding in response to 46 RFAs and 42 PAs and PARs.

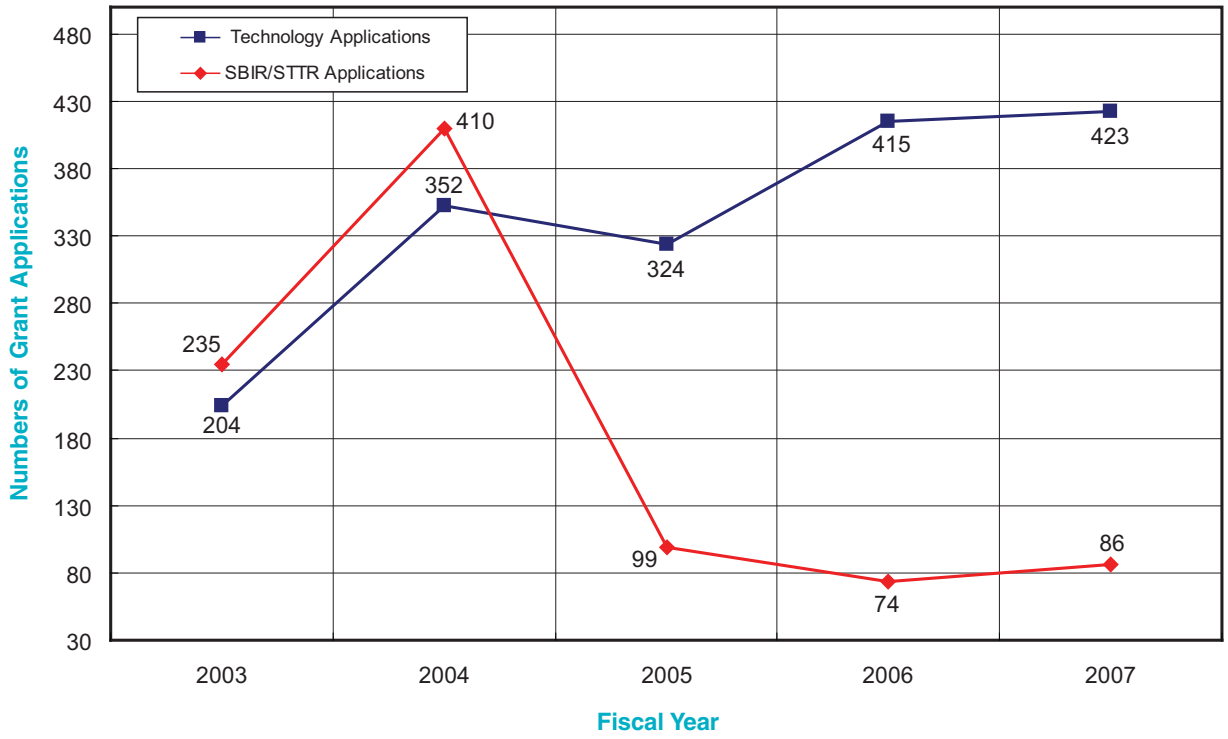
Following approval by the NCI Executive Committee and BSA, program staff prepare the initiatives for publication in the *NIH Guide for Grants and Contracts*. DEA staff members, including members of the SRLB, assist in critically reading the draft documents and providing recommendations for clarity relative to application requirements and review criteria. In an RFA, a specific, published dollar amount is set aside by the Institute, whereas for an Institute PAR (Institute Reviewed Program Announcement), there is no dollar set-aside and no requirement for BSA review. Table 10 lists the RFAs and number of related applications that were reviewed by the DEA in FY2007. Table 11 presents the number of applications submitted in response to PAs or PARs, the review of which is shared by the SRLB, the RPRB, and the RTRB. The institute also issues RFP solicitations seeking offers for contract awards to support activities targeted to highly specific institute goals. Contract proposals that were submitted in response to RFPs and reviewed by the SRLB and the PCRB during FY2007 are shown in Table 12. A total of 435 contract proposals, which include 355 loan repayment applications, were reviewed.

Technology Research Applications

The NCI-developed R21/R33 phased innovation awards are targeted to the support of innovative exploratory/developmental studies. This grant mechanism allows the rapid transition, if the stated milestones are met, from proof-of-principle research studies to the more extensive developmental studies. This grant mechanism is well suited for technology development, and the number of RFA grant submissions for technology initiatives has greatly expanded in the past 5 years. In FY2007, 423 technology R21/R33 and R0l grant applications were reviewed under five RFAs, which was a growth rate of 107 percent as compared to FY2003 (**see** Figure 5).

In the Small Business Innovation Research (SBIR) area, five initiatives were reviewed by SRLB staff. These initiatives included: Innovative Technologies for the Molecular Analysis of Cancer (CA07-006/CA07-039); Applications of Emerging Technologies for Cancer Research (CA07-008/CA07-041); Innovations in Cancer Sample Preparation (CA07-010/CA07-043); Circulating Cells in Cancer Detection (CA07-027); and Development of Advanced Genomic Characterization Technologies (CA07-029). These initiatives also were matched with announcements for Small Business Technology Transfer (STTR) grant awards (CA07-007/CA07-041, CA07-009, CA07-011, CA07-028, and CA07-030, respec-

Figure 5. Technology Initiatives Applications Reviewed* FY 2003 - 2007



*Withdrawn applications are not included.

tively). The total number of applications received in 2007 (86) represents a modest increase over the number submitted in 2006 (74).

Multicomponent Research Applications

Figure 3 describes the historic and current workload for multicomponent grant applications. In addition to the SPORES and Cancer Centers, there were five initiatives that were comprised of multicomponent applications: Cancer Research Network (CA-06-505); Comprehensive Minority Institution/Cancer Center Partnership (CA-07-045); *In vivo* Cellular and Molecular Imaging Centers (PAR-06-406); Advanced Technology Radiation Therapy Clinical Trials Support (ATC) (CA-07-503); and Small Animal Imaging Resource Program (CA-07-004).

Small Grant Programs

Several recurring initiatives are stimulating increased interest in the applicant community. The small grant (R03) PARs include programs in cancer prevention (PAR-06-313); cancer epidemiology (PAR-06-294); and behavior research in cancer control (PAR-06-458). These initiatives support many new investigators and pilot studies. In FY2006, there were 406 applications submitted to the three initiatives (*DEA Annual Report 2006*). In FY2007, those same initiatives attracted 392 applications, a slight decrease. An additional 86 R03 applications were submitted under other Program Announcements in FY2007 and reviewed in CSR.

Research and Development Contract Proposals

The DEA reviewed 435 research and development contract proposals (including 355 Loan Repayment Program applications) in response to 22 RFPs. Of those 22 RFPs, 20 were part of the Omnibus Solicitation for Small Business Innovation Research (SBIR) published each fall (Phase I topics and Phase II topics) (Table 12). During review, several elements of each proposal are individually evaluated and scored, with the combined score indicating the overall merit. After negotiations, contract awards result from the RFP solicitation. Phase II SBIR proposals can be submitted only at the request of the Institute. To facilitate the contract review process, the SRLB has been working with the staff of the Applied Information Systems Branch (AISB) to develop a series of Web-based documents to be used for contract peer review.

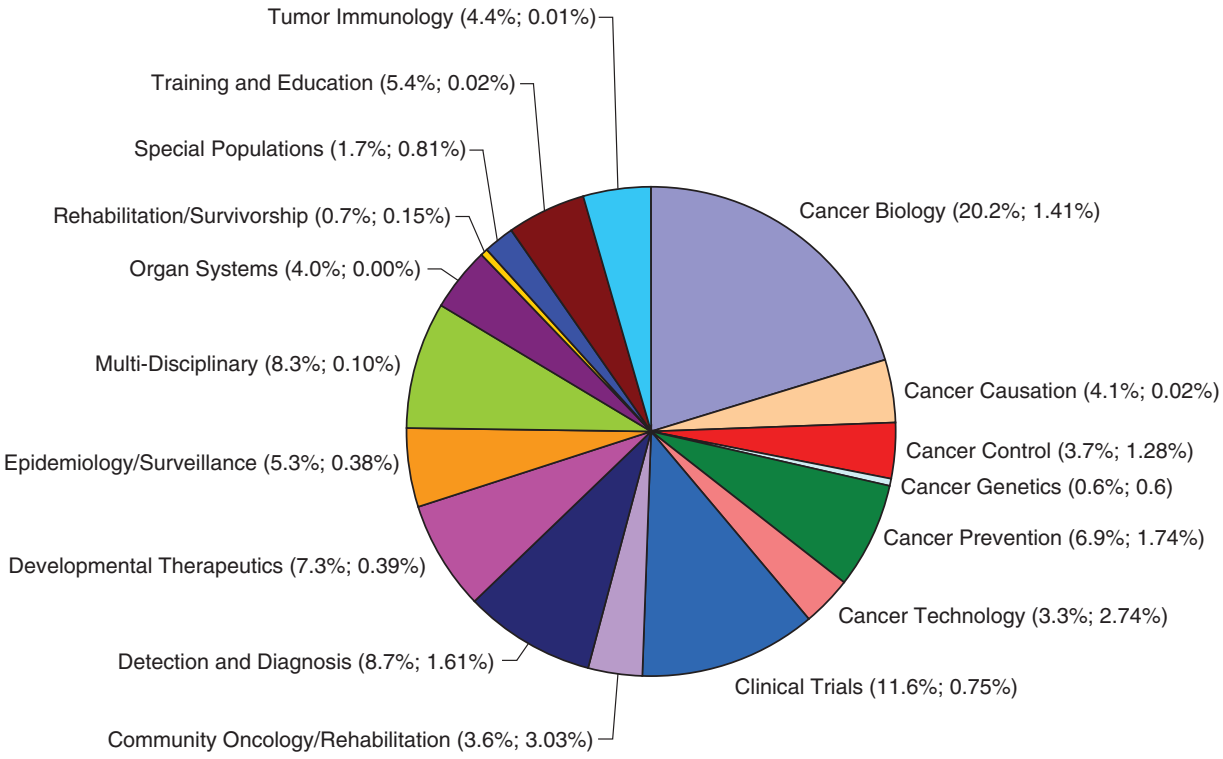
NCI Grant and RFA Funding

Table 13 presents a summary for FY2007 of total funding of NCI grant awards by mechanism. In Table 14, a comparison is made of the average cost and number of NCI R01, P01, R03, R13, R21, P30, P50, U01, U10, and U19 grants awarded in FY2004 through FY2007 according to the extramural division and office.

Trends in grant funding according to scientific discipline and organ site are provided in Tables 15 and 16. Table 17 reports NCI's funding of foreign research grants in FY2007, and Table 18 reports foreign components of U.S. domestic research grants in FY2007. Note: Some grant awards made during a fiscal year may have been for grant applications reviewed in a prior fiscal year.

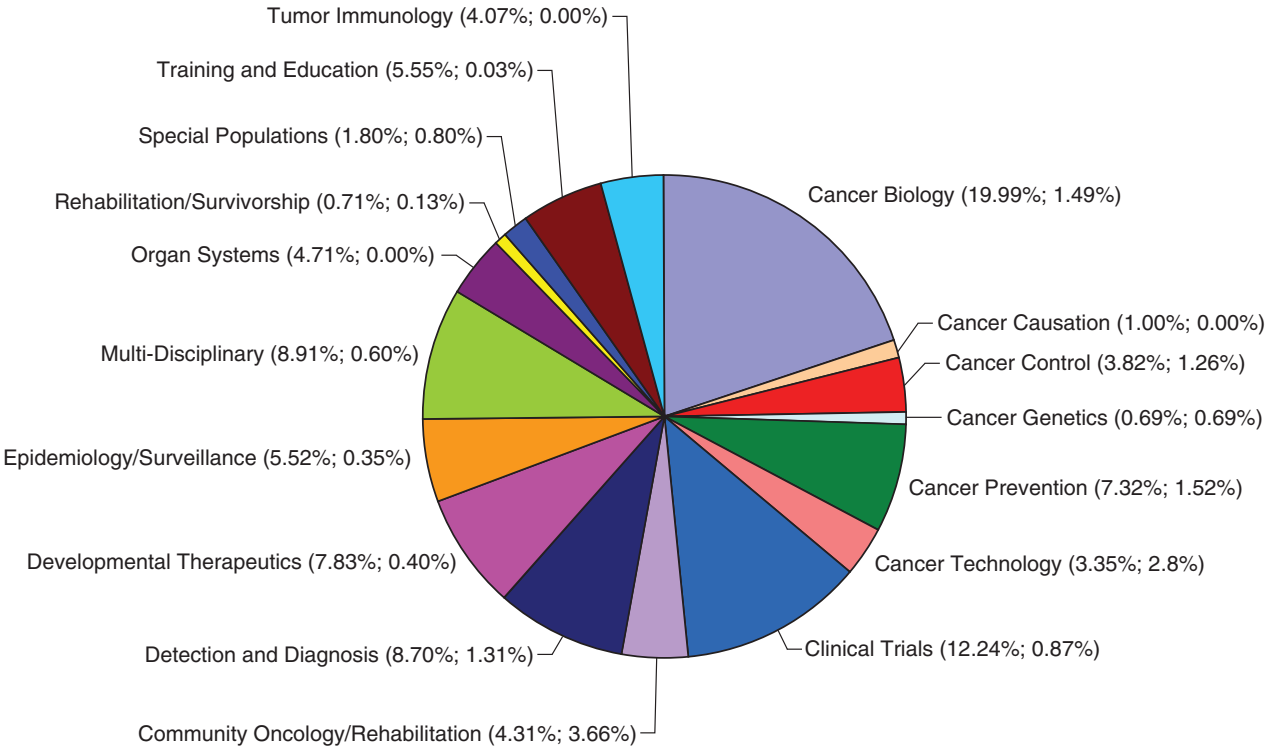
The Board of Scientific Advisors (BSA) is responsible for advising the NCI Director on the extramural program and the future direction and funding of each Division's extramural research. As such, it provides concept review for NCI-sponsored RFAs. Figures 6 and 7 show total NCI Grant and RFA funding according to scientific concept area in FY2006 and 2007. Figure 8 shows RFA concepts that the BSA approved in FY2006 and 2007 according to the sponsoring NCI Division/Office.

Figure 6. NCI Grant and RFA Funding Percentages by Concept Area FY2006



Percents represent Total Funding and RFA Funding for the Concept Area as a percentage of Total NCI Grants.
Concept Area (% of Total Funding to Total NCI Grants; % of RFA Funding to Total NCI Grants)

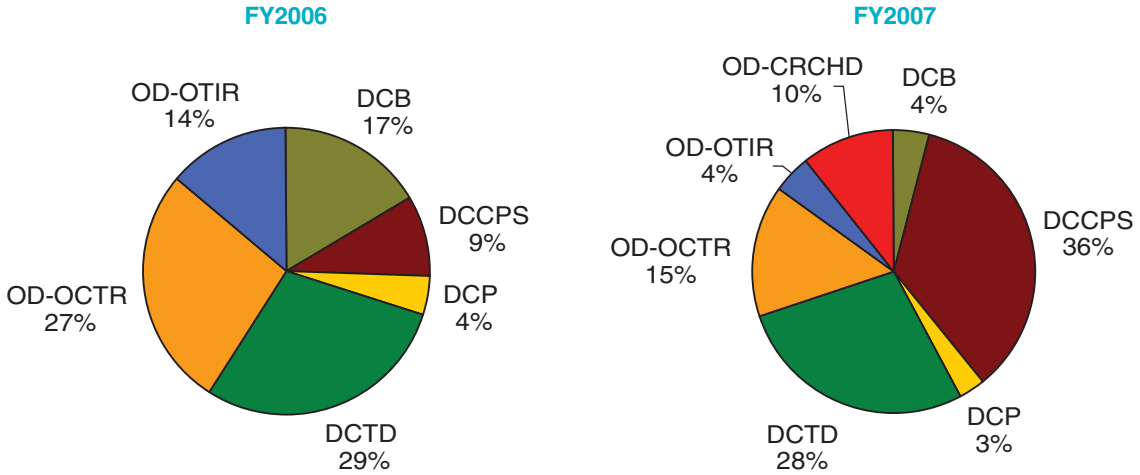
Figure 7. NCI Grant and RFA Funding Percentages by Concept Area FY2007



Percents represent Total Funding and RFA Funding for the Concept Area as a percentage of Total NCI Grants.

Concept Area (% of Total Funding to Total NCI Grants; % of RFA Funding to Total NCI Grants)

Figure 8. BSA Approved RFA Concept Set-Aside Percentages by Division/Office



Legend:

DCB	Division of Cancer Biology
DCCPS	Division of Cancer Control and Population Sciences
DCTD	Division of Cancer Treatment and Diagnosis
DCP	Division of Cancer Prevention
OD-CRCHD	Office of the Director - Center to Reduce Cancer Health Disparities
OD-OCTR	Office of the Director - Office of Centers, Training and Resources
OD-OTIR	Office of the Director - Office of Technology and Industrial Relations

Supporting Peer Review Consultants

Ensuring that highly qualified individuals are available for expert review of grant applications and contract proposals requires an efficient administrative support system. The DEA's **Scientific Review and Evaluation Activities** (SREA) unit, residing within the Committee Management Office (CMO), supports the NCI peer review process by compensating consultants for their services on IRG subcommittees or SEPs (see **Appendixes C** and **D**) and as a Service Center, also provides SREA services to the National Center for Complementary and Alternative Medicine (NCCAM) for their SEP meetings.

During FY2007, 1,747 peer review consultants were reimbursed flat-rate payments and honoraria for serving at more than 160 peer review meetings (**Appendixes C** and **D**). Teleconference meeting costs and airline tickets were paid expeditiously throughout the year, and SREA staff ensured the timely review and approval of 78 hotel contracts. There were 3,610 instances of honoraria and flat-rate payments made to NCI peer review consultants and 460 NCCAM peer review consultants.

The new electronic reviewer reimbursement process was implemented in October 2005 and involves reviewer registration in the Dun and Bradstreet numbering system (DUNS) and U.S. Treasury Central Contractor Registry (CCR). SREA staff members have taken the lead during FY2007 in answering reviewer questions about the registration process and have guided the reviewers through the complexities of this process. In the past year, staff have worked to manage and update the database for tracking reviewer registrations in DUNS and CCR, and have been proactive in ensuring that reviewers renew their CCR registration prior to their annual renewal date by sending e-mail alerts to reviewers 30 days before their CCR registration is due to expire. Additionally, e-mail reminders were sent prior to and after each and every meeting, ensuring that the majority of reviewers who attended meetings are now registered. The total number of NCI peer reviewers who have registered since 2005 is 2,090.

In February 2007, the DEA Director assigned responsibility to the CMO for reviewing, approving, and signing peer review hotel contracts, entering Record of Calls into the NIH Administrative Database (ADB) and requisitions into the NIH Business Systems (NBS), and reviewing hotel invoices. This activity required the development of new processes and procedures for use by review, Division of Extramural Activities Support (DEAS), and SREA staff members as well as training for the SREA administrators. The CMO developed the SREA hotel contract process for Blanket Purchase Agreement (BPA) and non-BPA hotels, NCI SREA Travel Guidelines/Policy, Pre- and Post-SREA Meeting Activities, and various other SREA procedural documents to effectively provide review staff with the most efficient and effective management of their peer review meetings.

FY2007 also saw the start of a pilot program on the use of a new teleconference company with better features, lower prices, and better customer service. Additionally, staff reformatted the Peer Review Meeting Attendance List and developed an electronic rooming list for review staff to use. These new tools/documents are available for the Division staff to use on the DEA Applications and Reporting Center intranet web site. The SREA administrative function is critical to the success of the peer review system because any error, inconvenience, or delay in reimbursement that reviewers experience is likely to discourage their future service.

DEA's Role in Advisory Activities

Beyond the central role in coordinating the referral of grants and peer review, perhaps the most far-reaching role the DEA plays across the NCI is the coordination and administration of NCI's 10 chartered Federal advisory committees (see Appendix C). The activities and membership of these advisory bodies are coordinated by the Office of the Director, DEA, and the Committee Management Office, DEA, in consultation with the NCI Director. A primary responsibility of the DEA is coordination of the activities of the NCAB, whose members are appointed by the President and whose responsibilities include conducting the second-level review of grants and cooperative agreements, as well as advising the NCI Director on policy for the conduct of the National Cancer Program. The DEA also coordinates administration of the Board of Scientific Advisors (BSA), the body responsible for the oversight and concept review of the extramural programs and initiatives of the NCI. Under the various chartered committees, working groups are formed to address and make recommendations on several important areas of cancer research related to basic research, clinical trials, diverse populations, and cancer advocacy, treatment, cancer control, drug development, prevention, communication, and education, etc. As such, the DEA plays a major role in the development and issuance of PAs, PARs, and RFAs, the major extramural program initiatives used by the NCI. The DEA Director serves as Executive Secretary to the NCAB and to the BSA. (See Appendixes A and B for highlights of the activities of these Boards in FY2007 and Appendix C for a list of chartered committee members.)

Major NCI Advisory Bodies Administered by the DEA

National Cancer Advisory Board. NCI's principal advisory body is the Presidentially appointed NCAB. The Board advises the Department of Health and Human Services (DHHS) Secretary and the NCI Director on issues related to the entire National Cancer Program and provides a second level of review for grant applications referred to the NCI.

President's Cancer Panel. The PCP consists of three members appointed by the President, who by virtue of their training, experience, and background are exceptionally qualified to appraise the National Cancer Program. At least two members of the Panel are distinguished scientists or physicians, and the third member is a nationally recognized cancer research advocate. The Panel monitors the development and execution of the activities of the National Cancer Program, and reports directly to the President. Any delays or hindrances in the rapid execution of the Program are immediately brought to the attention of the President.

Board of Scientific Advisors. The BSA represents the scientific community's voice in NCI-supported extramural science. The Board, composed of distinguished scientists from outside the NCI and representatives from the advocacy community, advises the NCI leadership on the progress and future direction of the Institute's Extramural Research Program. The Board evaluates NCI extramural programs and policies and reviews concepts for new research opportunities and solicitations, to ensure that a concept is meritorious and consistent with the Institute's mission.

The NCI and BSA believe it is important to interact with and receive feedback from the clinical, population science, and laboratory research communities that are affected by NCI policies. To this end, the NCI has established BSA-sponsored "NCI Listens" sessions at national association meetings (see Appendix B). BSA members and NCI staff invite conference participants to join them for these sessions. A brief presentation is given by NCI staff emphasizing the status of grant funding, the

John E. Niederhuber, M.D., NCI, and Elias A. Zerhouni, M.D., NIH, attending NCAB

John E. Niederhuber, M.D., NCI, addressing NCAB

NCI Advisory Boards (continued)

NCAB Retirees

John E. Niederhuber, M.D., Kenneth Cowan, M.D., Ph.D., Carolyn Runowicz, M.D.

Jean deKernion, M.D.

Moon Chen, Jr., Ph.D., M.P.H.

Bypass Budget, and the status of several new initiatives. The brief presentation is followed by an open question-and-answer period. The NCI is committed to providing a written response to the scientific society hosting the meeting concerning issues raised during the session. The BSA hopes that conference participants will take advantage of this opportunity to present any ideas or concerns that they might have.

Boards of Scientific Counselors for Basic Sciences, and for Clinical Sciences and Epidemiology. The two BSCs, managed through the Office of the Director (OD), NCI, advise the Institute leadership on the progress and future direction of NCI's Intramural Research Program residing in the Center for Cancer Research (CCR) and the Division of Cancer Epidemiology and Genetics (DCEG). These groups of scientific experts from outside the NCI evaluate the performance and productivity of NCI staff scientists through periodic site visits to intramural laboratories and provide evaluation and advice on the course of research for each Laboratory and Branch.

Advisory Committee to the Director, NCI. The ACD advises and makes recommendations to the Director, NCI, for the oversight and integration of various planning and working groups serving the broad programmatic and institutional objectives of the Institute. The Committee serves as the official channel through which the findings and recommendations emerging from these groups are submitted to the NCI. The Committee may consider the reports of the various working groups as informational, advisory, or as recommendations, and provides the NCI with assistance in identifying opportunities to be pursued within the areas of cancer research that cut across the intramural and extramural NCI programs.

The Committee consists of the Director, NCI, as Chair; Chairs of the NCAB, PCP, BSCs (Basic Sciences, and Clinical Sciences and Epidemiology), BSA, and DCLG. Nonvoting *ex officio* members include NCI Deputy Directors and the Director, DEA, NCI.

Director's Consumer Liaison Group. The DCLG advises and makes recommendations to the Director, NCI, from the perspective and viewpoint of cancer consumer advocates on a wide variety of issues, programs, and research priorities. The Group serves as a channel for consumer advocates to voice their views and concerns. The DCLG may assemble *ad hoc* working groups; convene conferences, workshops, and/or other activities; and seek advice from special consultants. The members are consumer advocates who are involved in cancer advocacy and experience, representing the patient and survivor constituency they communicate with on a regular basis.

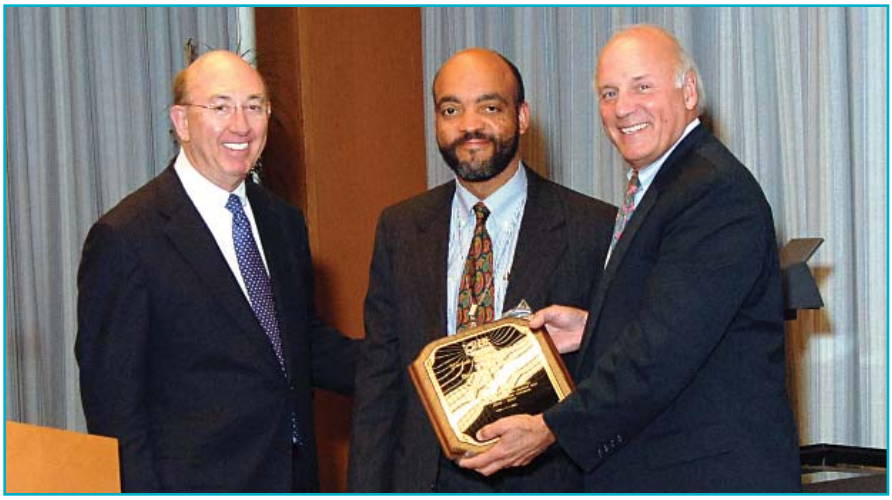
Clinical Trials Advisory Committee. The CTAC advises and makes recommendations to the Director, NCI, NCI Deputy Directors, and the Director of each NCI Division on the NCI-supported national clinical trials enterprise to build a strong scientific infrastructure by bringing together a broadly developed and engaged coalition of stakeholders involved in the clinical trials process. This responsibility encompasses oversight of all trials, both extramural and intramural. The Committee provides broad scientific and programmatic advice on the investment of taxpayer dollars in clinical trials and supportive science.

NCI Initial Review Group. The IRG, composed of nine subcommittees, reviews grant and cooperative agreement applications for centers, research projects, and research training activities in the areas of cancer cause, diagnosis, treatment, and prevention, as well as contract proposals relating to all facets of cancer. Members may be appointed as standing committee members with overlapping terms of up to 4 years, or as "temporary" members with all the rights and obligations of committee membership, including the right to vote on recommendations in which the individual fully participated as a reviewer for a specific meeting. Consultants also may be invited to serve as special experts or *ad hoc* members to provide information or advice. These

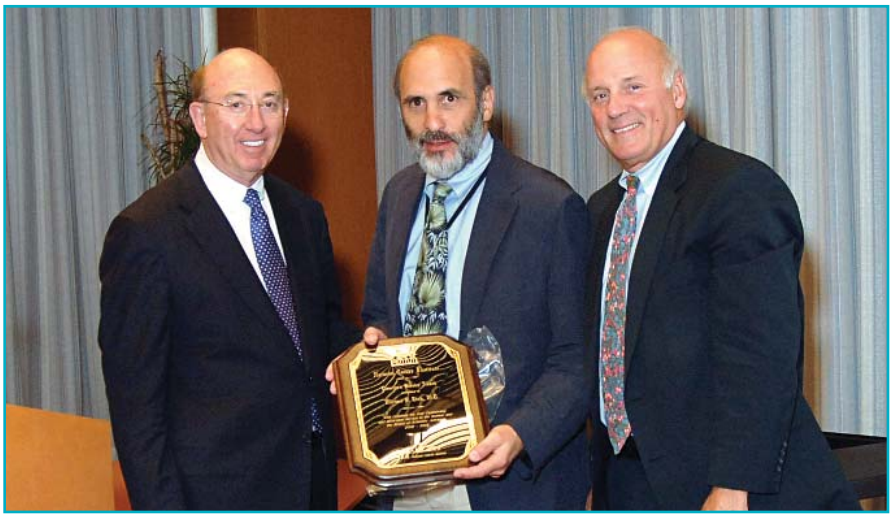
NCI Advisory Boards (continued)

BSA Retirees

John E. Niederhuber, M.D., Margaret Spitz, M.D., M.P.H., Robert Young, M.D.



Mack Roach, III, M.D.



Michael Link, M.D.

NCI Advisory Boards (continued)

BSA Retirees

John E. Niederhuber, M.D., Ms. Paula Kim, Robert Young, M.D.

Eric Hunter, Ph.D.

Shelton Earp, III, M.D.

individuals generally serve on site visit groups or work groups providing critical information to the chartered advisory subcommittees responsible for initial peer review.

NCI Special Emphasis Panels. The SEPs advise the Director, NCI, and the Director, DEA, regarding research grant and cooperative agreement applications, contract proposals and concept review relating to basic and clinical sciences, and applied research and development programs of special relevance to the NCI. Membership of an SEP is fluid, with individuals designated to serve for individual meetings rather than for fixed terms. These individuals have all of the rights and obligations of committee membership, including the right to vote on recommendations.

Other Advisory Groups

Program Review Groups. As part of an ongoing process of review and revitalization, the NCI instituted a series of external reviews to guide it in strengthening major research support programs. Program Review Groups, coordinated by the DEA as an activity of the BSA, examine the NCI extramural programs and their infrastructures to evaluate whether changes are necessary for the Institute to be in a position to effectively guide and administer the needs of the science in the foreseeable future. (See **http://deainfo.nci.nih.gov/advisory/bsa/bsa_program/bsaprgr.htm**).

Progress Review Groups. As part of its overall responsibilities for committee management functions and coordination of advisory groups, the DEA assists other NCI offices with additional types of oversight activities. Progress Review Groups (PRGs), managed by the Office of Science Planning and Assessment within the OD, NCI, are created to provide their expertise, biomedical research information, and assistance to NCI chartered advisory committees in defining and prioritizing the national research agenda for particular concerns by: (1) identifying new or unmet scientific opportunities; (2) reviewing current research programs; and (3) providing expert opinions to address research opportunities and hasten progress. These groups report to the NCI through a chartered Federal advisory committee (See **http://deainfo.nci.nih.gov/advisory/pog/progress/index.htm**).

Retiring NCAB members with Drs. Runowicz (L) and Niederhuber (R)

Retiring BSA members with Drs. Niederhuber (L) and Young (R)

Committee Management Activities

The **Committee Management Office** (CMO) coordinates the general administration of NCI's chartered Federal advisory committees and serves as a Service Center to both the DHHS Secretary's Advisory Committee on Genetics, Health, and Society, which is administered through the Office of the Director, NIH, and to the NIH Center for Complementary and Alternative Medicine (NCCAM). The CMO provides advice related to the provisions of the Federal Advisory Committee Act (FACA) and other Federal, DHHS, and NIH regulations for NCI staff who manage advisory committees and ensures that NCI and NIH staff comply with Federal advisory committee policy. Additionally, the Office of the Director (OD), DEA, and the CMO provide guidance and information to staff and external groups on specific NIH policies related to the operation of working groups and *ad hoc* consultants operating under the direction of some of NCI's chartered Federal advisory committees. NCI working groups provide scientific expertise through chartered committees to the NCI Director and Division Directors on a range of matters related to the National Cancer Program. The Office works closely with the other DEA offices to coordinate activities with NCI advisory committees; implements policies and procedures designed to avoid conflicts in the nomination and selection of board members; implements policies and procedures to ensure compliance with DHHS and NIH regulations governing the operation of chartered advisory bodies; advises on issues related to conflicts of interest, selection, and recruitment of viable committee members, and management of committee records; provides logistical support for NCAB and BSA meetings; and facilitates reimbursement of committee member expenses.

Some highlights of FY2007 CMO activities include:

- Participated in various NIH-wide Information for Management, Planning, Analysis, and Coordination (IMPAC II) software application user group meetings, such as the Committee Management (CM) Users Group (CMUG), and provided advice on the modification of the Committee Management Web Module. In FY2007, the CMO continued to provide IMPAC II training to Division staff on Coding Meeting Attendees in IMPAC II and on How To Use the CM Web Module. The CMO continued to use the user-friendly booklet they created that includes screen shots from the CMO Module and step-by-step instructions on how to code the various types of meeting attendees (i.e., mail reviewers, *ad hoc* reviewers, temporary members, regular members, telephone reviewers). Additionally, the CMO created a quick tip sheet entitled "Coding of Meeting Attendees and Meetings" for use by Division staff. Other training provided by the CMO included training to Division of Extramural Activities Support (DEAS), NIH staff on the proper coding of meeting attendees and meetings in the CM Module. It is important to provide this training regularly to ensure that staff has the appropriate information to properly code meetings and attendees. This ultimately results in the accurate preparation of fiscal and annual Federal advisory committee reports provided to the President, DHHS, GSA, and NIH.

- Provided logistical support for the NCI Town Hall Meeting on Research Condition and Disease Categorization (RCDC) sponsored by the DEA.

- Provided expert advice to the Director, NCCAM, and other senior NCCAM staff and gave an overview of the Federal Advisory Committee Act (FACA) and the use of working groups and subcommittees.

- Provided ongoing advice to the DCTD Rapid Access to Interventions Development

(RAID) program officials on use of SEPs for review.

- Provided guidance to Office of AIDS Research (OAR) staff on the 2008 DCLG nomination slate process and requirements.
- Provided training at the September DCLG Meeting on "Lobbying and Political Activities" pertaining to Special Government Employees.
- Provided guidance to CTAC staff on revisions to the CTAC Charter.
- Responded to requests from senior NCI staff on various non-FACA meetings and working group concerns.
- Provided expert advice on the use of an NCAB working group for the P-4 Chemoprevention Trials Assessment and provided advice to the DEA Director and senior NCI staff in preparation of the meeting.

The CMO is critical to the continued success of all NCI FACA activities, including Boards, Advisory Committees, working groups, review panels, etc.

Portfolio Tracking and Analysis

The DEA's **Research Analysis and Evaluation Branch** is the officially designated contact for scientific information on NCI-supported research. The NCI needs consistent budget-linked scientific information across all of its scientific programs to analyze the Institute's portfolio, make budget projections, and disseminate information about cancer. The DEA conducts analyses to project future NCI research expenditures and to provide budget justifications to Congress. The work of the RAEB allows the DEA to respond immediately to requests for information from NCI staff, the broader NIH community, and requesters nationally and worldwide regarding the NCI Funded Research Portfolio (**http://deais.nci.nih.gov/Query/**). The RAEB reviews both unfunded applications and funded extramural grants supported by the NCI to consistently link scientific categories to budget categories on all institute programs.

These capabilities are based on a sophisticated system of indexing, in which research documentation staff analyze grant applications to classify each project for its degree of relevance to Special Interest Category (SIC) and Organ Site Codes (SITE). SIC Codes are meant to describe in a consistent way the major scientific disciplines that are of stated or growing interest to the NIH, DHHS, Congress, and the public. A critical characteristic of these data is comparability from one fiscal year to the next. Trends in funding between FY2003 and FY2007 for selected SIC Codes and organ sites are presented in **Tables 15** and **16**.

RAEB staff act as DEA or NCI representatives on NCI or NIH-wide scientific reporting initiatives. These groups and committees deal with various aspects of NIH grants and contracts or tracking and reporting on areas of special interest to the NIH, NCI, or Congress.

FY2007 Highlights include:

- Provided information to numerous requesters, notably the National Academy of Sciences and the NCI Office of International Affairs.
- Indexed and coded nearly 9,000 funded and unfunded applications.
- Continued coordination with the NCI Office of Budget and Financial Management (OBFM) to update and align budget reporting categories between DEA and OB reporting systems.
- Chaired the NCI Accrual Working Group to prepare data for biennial reporting of NCI compliance with Congressional Health Disparities reporting requirements, and represented the NCI on the NIH Population Tracking and Inclusion Committee.
- Served as the NCI lead group for the NIH Research, Conditions, and Disease Categorization (RCDC) Initiative.
- Under the direction of the NCI Clinical Trials Working Group, led a pilot study for disease coding of clinical trials in multi-project grants.
- Tracked extramural research by foreign research institutions and extramural NCI research grants with a foreign research component.
  - In FY2007, the NCI allocated $22.9 million to support 82 grants received by foreign research institutes. These foreign grants are listed by country, mechanism, and total funding support in **Table 17**.
  - In FY2007, the NCI supported 441 U.S. domestic grants with foreign components. These grants are listed in **Table 18** by country, mechanism, and number of grants. Because many grants have multiple foreign contributors, the total count is greater than the total number of grants.

Information Resources Management

The **Applied Information Systems Branch** (AISB) provides integrated computer support, information technology expertise, and information systems development for the DEA. The AISB maintains and monitors the DEA Internet and Intranet servers and Web sites; designs, develops, and maintains Division-specific software applications; provides oversight of hardware and connectivity; and serves as a liaison with the NIH Center for Information Technology (CIT) and NCI central computer servicing units. Its mission is critical to the Division in communicating current information technology activities and new developments to all components of the NCI and NIH as well as to reviewer and applicant communities.

DEA's Information Technology and Information Systems contracts are managed by the AISB. The AISB has a computer support team to track staff requests, manage the Division's computer equipment inventory, and provide computer-related training, as needed. Specific projects utilizing the technologies and services provided by the AISB are described under the appropriate functions of the DEA throughout this report. For FY2007, the following specific AISB accomplishments are highlighted:

System Administration and Desktop Support

- Coordinated the temporary move and return of information technology (IT) equipment of DEA staff between the 8th and 4th floors.
- Coordinated the buildout of the new local area network (LAN) closet on the 8th floor, along with the transfer of network switches and patch panels.
- Coordinated the staging and wiring of 1 GB (1 gigabyte) network cable on the 8th floor.
- Coordinated the installation of three high-speed, high-volume network printers with associated servers.
- Proposed and implemented procedures for ongoing network password conflicts affecting all DEA staff.
- Purchased and configured four new servers and associated storage vaults. Modified and rebuilt five servers.
- Coordinated the installation and the training for two new Rimage CD/DVD duplicators.
- Trained, advised, and guided three new AISB technical staff on DEA's user support and technical operations as well as provided desktop computer troubleshooting and problem-solving support.
- Configured all department laptops with PointSec disk encryption software in compliance with HHS Memorandum ISP-2006-009.
- Purchased and configured more than 40 desktop computers to replace systems with degraded performance and/or failed equipment.
- Purchased and configured 32 electronic radio frequency (RF) scoring devices and helped train DEA staff on the use of the devices.

Major DEA Internet/Intranet Development

- Updated the A-Z Extramural Policies and Related Topics Web Site.
- Introduced and then provided structural revisions to the new NCI Research, Condition and Disease Categorization (RCDC) Web Site.

Application Development Projects

- Updated the ESATTS (Extramural Scientist Administrator Training Tracking System) user interface while incorporating new user and administrative requirements.
- Upgraded the CM Reporting Tools to enhance the various applications and reports specifically designed for the CMO.
- Developed and implemented new procedures for data conversion and quality control for Scientific Review Officer (SRO) supplied scoring data from review meetings to automate the process of uploading scoring data to IMPAC II.

- Performed major developmental and presentation modifications to the annual BSA Report, along with numerous data integrity audits.

Development and Support of Software Applications for Research Analysis and Evaluation Branch's (RAEB) Scientific Coding and Analysis

- Completed enhancements and modifications to the FLARE (Fiscal Linked Application and Research Emphasis) application that included:
  - Office of Budget (OB) Interface Module enhancement
  - Major update of the FLARE application/environment documentation
  - Planned, coordinated, and implemented technical aspects of end-of-year processing for RAEB reporting to the Financial Management Branch (FMB) on all NIH required budget categories
  - Worked with NCI groups to get final grant dollars for the FY to integrate into the FLARE database
  - Worked with RAEB to create reports/data collections to disseminate FLARE data
- Enhancements and Modifications to the RAEB's Research Condition and Disease Categorization (RCDC) Project included:
  - Development of "FLARE versus KMDC" (Knowledge Management for Disease Coding) Reports module comparison report (added to FLARE application)
  - Designed the process for the download of RCDC Validity Test (VT) data from IMPAC II
  - Implemented the SharePoint collaboration tool for KMDC and other DEA units
- Enhanced and upgraded the system and environment for the NCI Funded Research Portfolio Application.
- Integrated Subproject Coding development in the following:
  - Clinical Trials coding process
  - IMPAC II Subproject Data
  - FLARE application
  - I2E Program Coding application
- Integrated RAEB's NCI historical data (1990 back to 1937) with FLARE to be used for statistical trend analysis of NCI disease coding.
- Evaluated Spotfire™ and Insight™ software applications as search/analytic/visualization tools to assist RAEB with trend analysis and RCDC data.
- AISB staff participated in numerous NIH A-76 Study Workgroups, which resulted in wins for NIH MEOs (Most Efficient Organizations), including:
  - NIH A-76 Study Workgroups
    - Requirements Document for IT End User Support
    - MEO Development for IT End User Support
    - Preliminary Planning for IT Systems Development and Programming
    - Requirements Document for IT Systems Development and Programming
    - Market Analysis Phase for IT Systems Development and Programming
    - MEO Development for IT Systems Development and Programming
- AISB staff were involved with many NCI and NIH information systems and information technology groups and organizations, including:
  - NCI Office of Information Systems and Computer Services
  - NCI Institute Information Systems Advisory Group
  - NCI Change Management Group
  - NCI Research, Condition, and Disease Categorization (RCDC)—Power Users Group
  - NCI Science Management Workspace (formerly Institute Information Systems Advisory Group)
  - NCI Science Management Workspace—Business Information Systems Special Interest Group
  - NCI Science Management Workspace—Help Desk Special Interest Group
  - NIH eRA Technical Coordinators Group
  - NIH Electronic Council Book and Query View Reporting Steering Committee

Organizational Structure of the Division of Extramural Activities

Office of the Director

- Directs and administers the operations of the Division, including those activities relating to grant review and administration, contract review, and Advisory Committee and Board activities.
- Directly coordinates and manages the NCAB and the BSA.
- Coordinates coding of NCI's grant portfolio.
- Initiates, coordinates, and implements Institute policies and procedures relating to grants and contracts reviews.
- Oversees the NCI's Committee Management Office.
- Implements NCI policies regarding extramural research integrity.
- Advises the Executive Committee, NCI, on extramural guidelines, review, advisory activities, and implementation strategies.
- Coordinates NCI extramural staff training requirements with the NIH.
- Represents the NCI on the NIH Institute-wide Extramural Program Management Committee (EPMC) with responsibility for development of extramural policy and procedures across all NIH Institutes and Centers.
- Oversees inclusion of gender, minority, and children.
- Serves as Research Integrity Office.
- Coordinates, develops, and implements extramural policy.

Paulette Gray, Ph.D. ..... Director
Vacant ..... Deputy Director
Cedric Long, Ph.D. ..... Assistant Director
Patricia Marek, M.B.A. ..... Special Assistant to the Director
Lisa Verikios ..... Program Analyst
Bernadette Monacelli* ..... Secretary
Barbara Hider ..... Secretary
Joshua Rhoderick ..... Receptionist

*Left in 2007.

Committee Management Office, OD

- Coordinates functionally related advisory committee activities across the Institute and its Client-Institutes. The office manages NCI advisory committees, a DHHS committee, and three National Center on Complementary and Alternative Medicine (NCCAM) committees to ensure that appropriate policies and procedures are in place to conduct the designated mission of each committee.
- Acts as a Service Center to provide committee management services to the Office of Biotechnology Activities, Office of the Director, NIH, and the NCCAM.
- Provides policy guidance to NCI and Client-Institute staff on administrative and technical aspects of Federal advisory committees; coordinates activities with all other NCI advisory committees; implements policies and procedures designed to avoid conflicts in the nomination, selection, and recruitment of board members; implements CM Module guidelines and procedures to ensure that all committee-related data are correctly entered into the database for preparation and submission of required annual reports to the President of the United States, DHHS, and NIH; provides logistical support for NCAB and BSA meetings, subcommittees, and work groups; and facilitates NCAB and BSA committee-related travel.
- Provides administrative support for the peer review system by: compensating consultants for their services on NCI IRG subcommittees and SEPs and NCCAM SEPs; reimbursing consultants for travel and other expenses; and approving and processing payments for other activities related to review, such as hotel contracts and teleconferencing.

Claire Harris ..... **Committee Management Officer**
Andrea Collins ..... **Deputy Committee Management Officer**
Linda Coleman* ..... **Committee Management Specialist**
Natasha Copeland ..... **Committee Management Specialist**
Kimberley Hetkowski† ..... **Committee Management Specialist**
Hing Lee ..... **Committee Management Specialist**
Alonda Lord ..... **Committee Management Specialist**
Lisa Rustin ..... **Committee Management Specialist**
Linda Southworth ..... **Committee Management Specialist**
Malaika Staff ..... **Committee Management Specialist**
Mary Williams ..... **Program Analyst**

*On detail to ORRPC.
†Joined in 2007.

Office of Referral, Review, and Program Coordination

- Coordinates program concept development; publication functions; and receipt, referral, and assignment of all NCI applications.
- Coordinates review activities of the SRLB, RTRB, RPRB, and PCRB.

Diane Bronzert* ..... **Associate Director**
David Maslow, Ph.D.† ..... **Acting Associate Director**
Catherine Battistone ..... **Program Analyst**
Linda Brown ..... **Program Specialist**
Linda Coleman‡ ..... **Committee Management Specialist**

*Retired in 2007.
†Joined in 2007.
‡On detail from CMO.

Special Review and Logistics Branch

- Plans, manages, and assists in the scientific merit review of special grant and cooperative agreement applications (received in response to RFAs and PAs) and the technical merit review of contract proposals (received in response to RFPs).
- Identifies and recommends appropriate review committee members and site visitors, as required for the review of assigned applications and proposals.
- Provides the SROs and other support staff for the technical review committees.
- Serves as the information and coordination center for all grant applications and contract proposals pending review by the Branch.
- Provides input and advice on grant and contract review policy and procedures, application and proposal patterns, and research trends and other related information, as required.
- Coordinates second-level review activities of the NCAB with staff of other NCI Divisions, other Branches of the Division, and the Office of Grants Administration.
- Provides logistical support for primary- and second-level review activities in support of other Division and Institute units.

Kirt Vener, Ph.D. ..... Chief
Thomas Vollberg, Ph.D. ..... Deputy Chief

Special Review Unit

Kenneth Bielat, Ph.D. ..... Scientific Review Officer
Jeffrey DeClue, Ph.D.* ..... Scientific Review Officer
Sherwood Githens, Ph.D. ..... Scientific Review Officer
Irina Gordienko, Ph.D. ..... Scientific Review Officer
C. Michael Kerwin, Ph.D., M.P.H. ..... Scientific Review Officer
Gerald Lovinger, Ph.D. ..... Scientific Review Officer
Rhonda Moore, Ph.D. ..... Scientific Review Officer
Thu Nguyen ..... Program Analyst
Lalita Palekar, Ph.D. ..... Scientific Review Officer
Joyce Pegues, Ph.D. ..... Scientific Review Officer
Marvin Salin, Ph.D. ..... Scientific Review Officer

Review Processing and Distribution Unit

Adrian Bishop ..... Mail and File Clerk
Sanjeeb Choudhry* ..... Mail and File Clerk
Robert Kruth ..... Mail and File Clerk
Clara Murphy ..... Program Assistant

*Joined in 2007.

Program Coordination and Referral Branch

- Serves as the information and coordination point within the NCI for the development, clearance, publication, and tracking of all NCI extramural program (funding) initiatives, which include all RFAs, PAs, and Notices submitted for publication in the *NIH Guide for Grants and Contracts*, and also on Grants.gov, which is a Federal-wide online portal for electronic submission of grant applications.
- Coordinates the development and periodic revision of referral (i.e., application assignment) guidelines within the NCI for both external and internal use.
- Coordinates the development of shared (referral) interest statements with other NIH Institutes and Centers so that grant applications of possible or real mutual interest can be properly assigned for receipt, review, and/or funding.
- Serves as liaison to the Center for Scientific Review (CSR), NIH, to ensure the appropriate referrals (i.e., assignments) of grant applications to the Institute and the transfers of grant applications between the NCI and other NIH Institutes and Centers.
- Refers new (Type 1) applications to the appropriate cancer activity area(s) according to the NCI Internal Referral Guidelines that define the program interests of each of the 45 cancer activity areas (which typically represent program branches in the NCI extramural divisions).
- Semi-electronically refers amended and competing continuation (Type 2) applications to the cancer activity area that accepted the previously submitted application (with quality control measures performed to ensure the accuracy of referrals).
- Coordinates requests from program staff for application status changes (including corrections of application assignments and numbers, which is done in collaboration with NCI program staff, CSR referral staff, and referral staff of other Institutes and Centers and agencies) and for acceptance of grant assignments.
- Serves as the NCI contact point and liaison to involved parties at the NIH for approval of the use of cooperative agreement mechanisms and for conversion of grants to cooperative agreements.
- Works with NCI program and review staff and with NIH referral liaisons to address unresolved referral and review issues with the CSR and other NIH Institutes and Centers.
- Receives and distributes advance copies of applications to review and program staff.
- Receives Letters of Intent from applicants (principal investigators) intending to submit large budget grants (including, but not limited to, program projects and cooperative agreements for clinical trials).
- By handling communications with applicants and NCI program staff members, coordinates approvals (and disapprovals) of the NCI to sponsor the submission of individual conference (R13) grant applications.
- Serves as the primary point of contact and assistance at the NCI for applicants who want to apply for an Academic Research Enhancement Award (i.e., the NIH R15 grant mechanism).
- Processes and tracks requests for submissions of large-budget grant applications that allow them to be received at the NIH, peer reviewed, and possibly awarded by the NCI.
- Maintains database records of prospective large-budget grant and conference grant applications for each council round.
- Serves as the primary NCI information and referral point for the extramural scientific community on a broad range of subjects, including grant guidelines, application information, new initiatives announced as RFAs or PAs, and the review process.
- Assists the extramural community in navigating the NIH and NCI Web pages to help users obtain current information, forms, and guidelines.

- Directs applicants to the appropriate SROs and Program Directors for information regarding the status of the review and award of their grant applications.
- Tracks and analyzes trends of CSR referral to study sections and resultant review outcomes.
- Provides data and data analyses on funding opportunities and on the receipt and referral of grant applications to NCI senior staff members and committees.

Christopher L. Hatch, Ph.D. ..... Chief
David Contois..... Referral Officer, NCI/NIH Referral Liaison
Anandarup Gupta, Ph.D.*..... RFA/PA Coordinator
Leota Hall..... Referral Officer, NCI/NIH Referral Liaison
Natacha P. Lassègue..... Program Analyst
Kimberly Morris ..... Program Support Assistant
Bratin Saha, Ph.D. ..... Referral Officer, Scientific Review Officer
Jan Woynarowski, Ph.D. ..... RFA/PA Coordinator, Scientific Review Officer

*Joined in 2007.

Research Programs Review Branch

- Plans, coordinates, and manages the scientific merit review of program project grants, specialized centers, and other grant mechanisms, as necessary, by chartered review committees and Special Emphasis Panels.
- Arranges for and participates in onsite assessments of the research capabilities and facilities of selected applicants.
- Identifies and recommends appropriate review committee members and site visitors, as required, for the review of assigned applications.
- Provides input and advice on grant review policy and procedures, application patterns, research trends, and other related information, as required.
- Coordinates grant review activities with staff of other NCI Divisions and other DEA Branches.

Olivia Bartlett, Ph.D. ..... Chief
Virginia Wray, Ph.D. ..... Deputy Chief
Shakeel Ahmad, Ph.D. ..... Scientific Review Officer
Monica Green ..... Program Specialist
Majed Hamawy, Ph.D., M.B.A. ..... Scientific Review Officer
Wlodek Lopaczynski, M.D., Ph.D. ..... Scientific Review Officer
Caron Lyman, Ph.D. ..... Scientific Review Officer
Hasnaa Shafik, M.D., Ph.D.* ..... Scientific Review Officer
Michael Small, Ph.D. ..... Scientific Review Officer
Shamala Srinivas, Ph.D. ..... Scientific Review Officer
Peter Wirth, Ph.D. ..... Scientific Review Officer

*Left in 2007.

Resources and Training Review Branch

- Plans, coordinates, and manages the scientific merit review of cancer center, clinical cooperative group, training, education, and career development grant and cooperative agreement applications by chartered review committees and Special Emphasis Panels.
- Arranges for and participates in onsite assessments of the research capabilities and facilities of selected applicants.
- Identifies and recommends appropriate review committee members and site visitors, as required, for the review of assigned applications.
- Provides input and advice on grant review policy and procedures, application patterns, and research trends and other related information, as required.
- Coordinates grant review activities with staff of other NCI Divisions, other DEA Branches, and the Center for Scientific Review.

David E. Maslow, Ph.D. . ..... Chief
Lynn Amende, Ph.D. ..... Scientific Review Officer
Robert Bird, Ph.D. ..... Scientific Review Officer
Gail Bryant, M.D. ..... Scientific Review Officer
Jeannette Korczak, Ph.D. ..... Scientific Review Officer
Ilda McKenna, Ph.D. ..... Scientific Review Officer
Timothy Meeker, M.D. ..... Scientific Review Officer
Isla Norwood* ..... Program Specialist
Sonya Roberson, Ph.D. ..... Scientific Review Officer

*Left in 2007.

Office of Extramural Applications

- Coordinates activities of the RAEB and AISB.
- Provides budget-linked research portfolio data and coordinates the information management of extramural NCI-supported research.

Amir Sahar-Khiz, M.S., M.B.A. ..... Associate Director
Tanyan Bailey ..... Program Analyst

Research Analysis and Evaluation Branch

- Serves as the Institute's officially designated, centralized source of scientific information and science-based budget information on NCI-supported research.
- Analyzes and classifies the science content of all Institute-supported research projects.
- Analyzes the distribution of funds among research areas; these analyses serve as a basis for budget projections.
- Reports and answers inquiries on the scientific and budgetary aspects of Institute-funded research, including research grants, center grants, training grants, and research contracts.
- Maintains liaisons with other organizations involved in related classification activities.
- Documents the need for proposed RFAs by comparing RFA concepts with existing NCI-supported research and with unsolicited applications.

Marilyn Gaston ..... Branch Chief
Edward Kyle ..... Deputy Branch Chief

Research Documentation

- Analyzes and indexes grants and contracts for the Branch's computerized systems.
- Analyzes extramural projects for relevance to SICs and Anatomic Sites to determine the officially reported figures for Institute support and to provide a basis for budget projections.
- Maintains liaison with other offices within the Institute to ensure consistent reporting of data.
- Monitors the results of Institute grant-supported research.
- Assists other NCI organizations by indexing NCI research projects for attributes other than SICs and Sites, for example, Common Scientific Outline (CSO) Codes and AIDS Categories.

Edward Kyle..... Lead Biologist/Team Leader
Beverly Johnson, M.S. ..... Biologist
Ernestyne Watkins, M.S. ..... Biologist
Bernard Whitfield ..... Biologist
Tyrone Wilson..... Biologist

Technical Operations, Inquiry, and Reporting

- Provides specialized data querying, archiving, and reporting functions for the Division and the Institute.
- Coordinates Institute data reporting with the NCI Office of Budget and Financial Management, NIH Population Tracking and Inclusion Committee, and others.
- Answers inquiries from Congress, the public, the press, and others concerning any phase of Institute-supported work.
- Conducts in-depth analyses of extramural research data, including trends analyses.
- Identifies emerging priority areas for data collection and analysis.
- Ensures that terms and categories for indexing are updated and reflect current trends in cancer research, and maintains a thesaurus of term definitions.
- Manages RAEB's FLARE grants documentation and indexing database, ensuring reliability and completeness of its contents.
- Maintains and updates archival document files.
- Works with contractors and the AISB to refine RAEB's computer applications to meet the Branch's needs, and resolve FLARE computer application problems for the Branch.

Gail Blaufarb, M.S. ..... Lead Biologist/Team Leader
Stacy Harper-Avilla, M.S. ..... Biologist
Clarissa Douglas..... Program Specialist

Knowledge Management/Special Projects

- Represents the NCI on new scientific reporting initiatives, such as the NIH Research, Conditions and Disease Categorization (RCDC) Initiative. This Initiative is a requirement of the 2006 NIH Reauthorization Bill and has the goal of developing an advanced Knowledge Management technology to enhance and standardize disease coding at the NIH.
- Serves as the NCI Lead and Point of Contact for RCDC Initiative, coordinating the NCI involvement in the creation of new trans-NIH definitions for more than 300 Congressional reporting categories.
- Represents the NCI on several RCDC Working Groups.

- Chairs the NCI RCDC Steering Committee, which has been charged by the NCI Executive Committee with facilitating the incorporation of RCDC-related activities and requirements into NCI business processes.
- Chairs the Business Information Systems Special Interest Group, which is a standing subcommittee of the Science Management Workspace.
- Represents the DEA on the trans-NCI Health Disparities Database Committee. This Committee, led by NCI's Center to Reduce Cancer Health Disparities, was formed to create a systematic process to identify, track, and report on cancer health disparities, and minority health-related research.
- Collaborates with staff in DEA Review Branches to assist in finding qualified scientists to serve as reviewers for high-profile RFA reviews, as well as reviews of applications that cover broad areas of research and require a broad spectrum of expertise.
- Works with NCI staff in other Divisions and Offices to uncover needs for new coding and reporting areas as well as to facilitate collaboration and sharing of expertise.
- Represents the DEA as its communications coordinator in the Office of Communications and Education Steering Committee.

Lisa Krueger, M.S. ..... Lead Biologist/Team Leader
Beth Buschling ..... Biologist
William Clark, M.S.* ..... Biologist
Michele Vos, M.S. ..... Biologist

*Joined in 2007.

Applied Information Systems Branch

- Fulfills the information technology (IT) requirements of the Division; coordinates information resources management (IRM) activities with other relevant NCI and NIH units; and provides high-quality information analysis, design, development, and coordination of applications in support of the Division's business processes.
- Serves as the focal point for the Division in the development, deployment, and application of specialized software and databases required for the conduct of review, referral, coding, advisory, and other extramural applications.
- Serves as the liaison with the NCI Information Systems and Computer Services (ISCS) staff; NCI computer professionals; NCI units charged with execution of extramural IRM functions; trans-NIH functional units such as the CSR, Office of Policy for Extramural Research Administration (OPERA), and Office of Extramural Research (OER); the IMPAC II and NIH eRA (electronic Research Administration) staff and systems.
- Supports connectivity and design of Internet and Intranet applications.
- Establishes, administers, and monitors commercial support contracts to provide design, production, and maintenance for microcomputer equipment and information storage and retrieval systems that are not covered by ISCS.
- Formulates DEA-specific office automation policy.
- Provides staff/lead users with technical support and training for DEA IT applications.
- Coordinates general user support and training with NCI and NIH services.
- Provides Division-specific applications of video teleconferencing and audiovisual services in support of review and Board activities.
- Provides management with recommendations for establishing and implementing policies for conducting Division computer-assisted presentations, as necessary.
- Reviews user-created applications and recommends and/or designs changes to improve efficiency and effectiveness.

Gregory Fischetti ..... Chief

Application Development and Operations Team

- Analyzes and coordinates life-cycle development of software for the Division; develops and designs applications to support the Division's business practices, including user guides.
- Develops, administers, and monitors contracts for acquisition, support, and maintenance of database systems.
- Administers office automation contracts as well as DEA-wide Blanket Purchase Agreements for microcomputer equipment maintenance and supplies.
- Formulates office automation policy, system development, and IMPAC II operations for the Division.
- Coordinates internal user groups and the provision of training for specific DEA applications and the use of office automation equipment technology.

William Ireland* ..... Team Leader
Deborah Buranich ..... Information Technology Specialist
Charles Conley..... Information Technology Specialist
Richard Florence*..... Information Technology Specialist
Roderick James*..... Information Technology Specialist
Teresa Park ..... Information Technology Specialist

*Joined in 2007.

Information Management Team

- Designs and maintains the Division's Intranet and Internet sites and pages, and identifies documents to be placed on the NCI Web Site to make Division information more accessible to the public.
- Develops new Web-based software applications that will enhance the productivity and efficiency of extramural processes within the DEA and the distribution of Division information throughout the NCI.
- Coordinates application development and supports the Research Analysis and Evaluation Branch in the areas of scientific coding and analysis.
- Establishes partnerships and ongoing communications with staff and external customers to foster openness and collaboration in accomplishing the information initiatives of the Division.
- Works with DEA staff to ensure the current utility and linkages of documents placed on the Web.

Amir Sahar-Khiz, M.S., M.B.A. ..... Acting Team Leader
Lorrie Smith..... Information Technology Specialist
Elaine Taylor ..... Computer Scientist

Table 1a. Requests for Applications (RFAs) Published by the NCI in FY2007

Sorted by Date of Publication

Date of Publication	RFA	Mechanism	Title	Division and Office
10/4/2006	CA07-032	U01	Improved Measures of Diet and Physical Activity for the Genes and Environment Initiative (GEI)	DCCPS
10/16/2006	CA07-503	U24	Advanced Technology Radiation Therapy Clinical Trials Support (ATC) (Limited Competition)	DCTD
10/17/2006	CA07-501	U01	NCI Limited Competition Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	CRCHD
12/12/2006	CA07-031	U01	Early Clinical Trials of New Anti-Cancer Agents with Phase 1 Emphasis	DCTD
1/4/2007	CA07-033	R21	Innovative Technologies for Molecular Analysis of Cancer	OTIR
	CA07-034	R33		
1/4/2007	CA07-035	R21	Application of Emerging Technologies for Cancer Research	OTIR
	CA07-036	R33		
1/4/2007	CA07-037	R21	Innovations in Cancer Sample Preparation	OTIR
	CA07-038	R33		
1/4/2007	CA07-039	R43, R44	Innovative Technologies for Molecular Analysis of Cancer (SBIR/STTR)	OTIR
	CA07-040	R41, R42		
1/4/2007	CA07-041	R43, R44	Application of Emerging Technology for Cancer Research (SBIR/STTR)	OTIR
	CA07-042	R41, R42		
1/4/2007	CA07-043	R43, R44	Innovations in Cancer Sample Preparation (SBIR/STTR)	OTIR
	CA07-044	R41, R42		
2/9/2007	CA07-505	U01	The American College of Radiology Imaging Network (ACRIN) (Limited Competition)	DCTD
2/13/2007	CA07-046	R01	Lung Cancer and Inflammation	DCB
2/22/2007	CA07-045	U54	Comprehensive Minority Institution/Cancer Center Partnership	CRCHD
5/25/2007	CA07-048	U10	Community Clinical Oncology Program (U10)	DCP
5/25/2007	CA07-049	U10	Minority-Based Community Clinical Oncology Program	DCP
5/29/2007	CA07-506	U24	A Data Resource for Analyzing Blood and Marrow Transplants (Limited Competition)	DCTD
5/30/2007	CA07-047	R01	Biology of Breast Pre-Malignancies	DCB
8/28/2007	CA08-005	R21	Advanced Genomic Data Analysis and Visualization Methods for the Cancer Genome Atlas (TCGA) Data	OTIR
9/17/2007	CA08-003	F32, F33	Multidisciplinary Fellowships in Cancer Nanotechnology Research	OTIR
9/18/2007	CA08-503	U01	Cooperative Human Tissue Network (CHTN) (Limited Competition)	DCTD

Table 1b. Requests for Applications (RFAs) Published by the NCI in FY2007

Sorted by Division and Office

Division and Office	RFA	Mechanism	Title	Date of Publication
CRCHD	CA07-501	U01	NCI Limited Competition Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	10/17/2006
CRCHD	CA07-045	U54	Comprehensive Minority Institution/Cancer Center Partnership	2/22/2007
DCB	CA07-046	R01	Lung Cancer and Inflammation	2/13/2007
DCB	CA07-047	R01	Biology of Breast Pre-Malignancies	5/30/2007
DCCPS	CA07-032	U01	Improved Measures of Diet and Physical Activity for the Genes and Environment Initiative (GEI)	10/4/2006
DCP	CA07-048	U10	Community Clinical Oncology Program	5/25/2007
DCP	CA07-049	U10	Minority-Based Community Clinical Oncology Program	5/25/2007
DCTD	CA07-503	U24	Advanced Technology Radiation Therapy Clinical Trials Support (ATC) (Limited Competition)	10/16/2006
DCTD	CA07-031	U01	Early Clinical Trials of New Anti-Cancer Agents with Phase 1 Emphasis	12/12/2006
DCTD	CA07-505	U01	The American College of Radiology Imaging Network (ACRIN) (Limited Competition)	2/9/2007
DCTD	CA07-506	U24	A Data Resource for Analyzing Blood and Marrow Transplants (Limited Competition)	5/29/2007
DCTD	CA08-503	U01	Cooperative Human Tissue Network (CHTN) (Limited Competition)	9/18/2007
OTIR	CA07-033	R21	Innovative Technologies for Molecular Analysis of Cancer	1/4/2007
	CA07-034	R33		
OTIR	CA07-035	R21	Application of Emerging Technologies for Cancer Research	1/4/2007
	CA07-036	R33		
OTIR	CA07-037	R21	Innovations in Cancer Sample Preparation	1/4/2007
	CA07-038	R33		
OTIR	CA07-039	R43, R44	Innovative Technologies for Molecular Analysis of Cancer (SBIR/STTR)	1/4/2007
	CA07-040	R41, R42		
OTIR	CA07-041	R43, R44	Application of Emerging Technology for Cancer Research (SBIR/STTR)	1/4/2007
	CA07-042	R41, R42		
OTIR	CA07-043	R43, R44	Innovations in Cancer Sample Preparation (SBIR/STTR)	1/4/2007
	CA07-044	R41, R42		
OTIR	CA08-005	R21	Advanced Genomic Data Analysis and Visualization Methods for the Cancer Genome Atlas (TCGA) Data	8/28/2007
OTIR	CA08-003	F32, F33	Multidisciplinary Fellowships in Cancer Nanotechnology Research	9/17/2007

Table 2. NCI Participation in Trans-NIH Requests for Applications (RFAs) in FY2007

Sorted by Date of Publication

Date of Publication	RFA	Mechanism	Title	Division and Office
12/4/2006	DA07-012	U01	The Genes, Environment, and Development Initiative	DCCPS
12/27/2006	AI07-004	U01	Women's Interagency HIV Study (WIHS) IV, Limited Competition	DCTD
5/3/2007	TW08-001	R25	Framework Programs for Global Health	DCCPS
5/30/2007	MD07-003	R24	NCMHD Community-Based Participatory Research (CBPR) Initiative in Reducing and Eliminating Health Disparities: Intervention Research Phase	CRCHD
6/21/2007	NR08-001	P01	NINR Nursing Science Research on Interventions in Chronic Illness	DCP
7/17/2007	AT07-004	R01	Mechanisms of Immune Modulation	DCP
	AT07-005	R21		
7/18/2007	AI07-031	R21	U.S.-India Bilateral Collaborative Research Partnerships (CRP) on the Prevention of HIV/AIDS	DCTD
8/9/2007	HG07-012	U01	Genome-wide Association Studies in the Genes, Environment, and Health Initiative—Study Investigators	DCCPS
8/9/2007	HG07-014	U01	Epidemiologic Investigation of Putative Causal Genetic Variants—Study Investigators	DCCPS
8/9/2007	RR07-005	R25	Clinical Research Education and Career Development (CRECD) in Minority Institutions	OCTR
9/5/2007	TW08-003	U01	International Cooperative Biodiversity Groups (ICBG)	DCTD

Table 3a. Program Announcements (PAs) Published by the NCI in FY2007

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
11/1/2006	PA07-022	R21	Development, Application, and Evaluation of Prediction Models for Cancer Risk and Prognosis	DCCPS
11/8/2006	PA07-041	R41, R42	Image-Guided Cancer Interventions (STTR/SBIR)	DCTD
	PA07-042	R43, R44		
11/20/2006	PA07-021	R01	Development, Application, and Evaluation of Prediction Models for Cancer Risk and Prognosis	DCCPS
12/1/2006	PA07-100	R01	Prioritizing Molecular Targets for Cancer Prevention with Nutritional Combinations	DCP
12/15/2006	PA07-173	R01	Research on Malignancies in AIDS and Acquired Immune Suppression	DCB
12/15/2006	PA07-174	R01	Testing Tobacco Products Promoted to Reduce Harm	DCCPS
12/15/2006	PA07-175	R01	Diet, Epigenetic Events, and Cancer Prevention	DCP
12/15/2006	PA07-176	R01	Studies of Energy Balance and Cancer in Humans	DCCPS
12/15/2006	PA07-177	R01	Correlative Studies with Specimens from Multi-Site Trials	DCTD

continued

Table 3a. Program Announcements (PAs) Published by the NCI in FY2007

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
12/15/2006	PA07-178	R01	*In Utero* Exposure to Bioactive Food Components and Mammary Cancer Risk	DCP
12/15/2006	PA07-179	R01	Protein Biomarkers of Infection-Associated Cancers	DCP
12/18/2006	PA07-186	R01	Diet-Induced Changes in Inflammation as Determinants of Colon Cancer	DCP
12/19/2006	PA07-187	R01	Stem Cells and Cancer	DCB
12/19/2006	PA07-203	R01	Decision Making in Cancer: Single-Event Decisions	DCCPS
12/19/2006	PA07-204	R01	Decision Making in Health: Behavior Maintenance	DCCPS
12/19/2006	PA07-205	R01	Research on the Economics of Diet, Activity, and Energy Balance	DCCPS
12/19/2006	PA07-206	R01	The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery	DCCPS
12/19/2006	PA07-207	R01	Exfoliated Cells, Bioactive Food Components, and Cancer	DCP
12/20/2006	PA07-254	R01	Cancer Surveillance Using Health Claims-Based Data	DCCPS
12/20/2006	PA07-255	R01	Memory T Lymphocytes in Cancer Immunology	DCB
12/21/2006	PA07-256	R01	Immunoregulation of Gastrointestinal Carcinogenesis	DCB
12/21/2006	PA07-257	R01	Molecular Approaches to Diet and Pancreatic Cancer Prevention	DCP
12/21/2006	PA07-258	R01	Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	DCB
12/22/2006	PA07-259	R01	Improving Diet and Physical Activity Assessment	DCCPS
12/21/2006	PA07-260	R01	Understanding the Effects of Emerging Cellular, Molecular, and Genomic Technologies on Cancer Health Care Delivery	DCCPS
12/22/2006	PA07-266	R01	Networks and Pathways Collaborative Research Projects	DCP
1/5/2007	PA07-277	R01	Research on Ethical Issues in Human Subjects Research	DCTD
1/8/2007	PA07-279	R01	Bioengineering Research Grants (BRG) (R01)	DCTD
1/16/2007	PA07-298	R01	Epigenetic Approaches in Cancer Epidemiology	DCCPS
	PA07-299	R21		
1/17/2007	PA07-301	R01	Application of Metabolomics for Translational and Biological Research	DCP
	PA07-302	R21		
2/12/2007	PAR-07-214	R01	Academic-Industrial Partnerships for Development and Validation of *In Vivo* Imaging Systems and Methods for Cancer Investigations	DCTD
2/22/2007	PAR-07-230	P20	Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership	CRCHD
3/5/2007	PAR-07-245	P50 SUPPLEMENT	AVON-NCI "Progress for Patients" (PFP) Awards for Early Phase Clinical Interventions and Biomarkers in Breast Cancer (competing supplements to P50 SPORE grants)	OCTR
	PAR-07-244	P30 SUPPLEMENT	AVON-NCI "Progress for Patients" (PFP) Awards for Early Phase Clinical Interventions and Biomarkers in Breast Cancer (competing supplements to P30 Cancer Center Support Grants)	

continued

Table 3a. Program Announcements (PAs) Published by the NCI in FY2007

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
3/6/2007	PAS-07-240 PAS-07-241 PAS-07-242	R43/R44	Technology Development for the Detection and Evaluation of Chemical and Biological Carcinogens (SBIR)	DCB
4/16/2007	PA07-356	R01	Clinical Cancer Therapy and Prevention Research	DCTD
4/23/2007	PA07-362	R21	Exploratory Cancer Prevention Studies Involving Molecular Targets for Bioactive Food Components	DCP
9/13/2007	PA07-455 PA07-454	R01 R21	Malignancies in the Context of HIV/AIDS	DCTD

Table 3b. Program Announcements (PAs) Published by the NCI in FY2007

Sorted by Division and Office

Division and Office	PA	Mechanism	Title	Date of Publication
CRCHD	PAR-07-230	P20	Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership	2/22/2007
DCB	PA07-173	R01	Research on Malignancies in AIDS and Acquired Immune Suppression	12/15/2006
DCB	PA07-187	R01	Stem Cells and Cancer	12/19/2006
DCB	PA07-255	R01	Memory T Lymphocytes in Cancer Immunology	12/20/2006
DCB	PA07-256	R01	Immunoregulation of Gastrointestinal Carcinogenesis	12/21/2006
DCB	PA07-258	R01	Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	12/21/2006
DCB	PAS-07-240 PAS-07-241 PAS-07-242	R43/R44	Technology Development for the Detection and Evaluation of Chemical and Biological Carcinogens (SBIR)	3/6/2007
DCCPS	PA07-021 PA07-022	R01 R21	Development, Application, and Evaluation of Prediction Models for Cancer Risk and Prognosis	11/20/2006 11/1/2006
DCCPS	PA07-174	R01	Testing Tobacco Products Promoted to Reduce Harm	12/15/2006
DCCPS	PA07-176	R01	Studies of Energy Balance and Cancer in Humans	12/15/2006
DCCPS	PA07-203 PA07-204	R01	Decision Making in Cancer: Single-Event Decisions	12/19/2006
DCCPS	PA07-205	R01	Research on the Economics of Diet, Activity, and Energy Balance	12/19/2006
DCCPS	PA07-206	R01	The Effect of Racial and Ethnic Discrimination/Bias on Healthcare Delivery	12/19/2006
DCCPS	PA07-254	R01	Cancer Surveillance Using Health Claims-Based Data	12/20/2006
DCCPS	PA07-259	R01	Improving Diet and Physical Activity Assessment	12/22/2006

continued

Table 3b. Program Announcements (PAs) Published by the NCI in FY2007

Sorted by Division and Office

Division and Office	PA	Mechanism	Title	Date of Publication
DCCPS	PA07-260	R01	Understanding the Effects of Emerging Cellular, Molecular, and Genomic Technologies on Cancer Health Care Delivery	12/21/2006
DCCPS	PA07-298	R01	Epigenetic Approaches in Cancer	1/16/2007
	PA07-299	R21		
DCP	PA07-100	R01	Prioritizing Molecular Targets for Cancer Prevention with Nutritional Combinations	12/1/2006
DCP	PA07-175	R01	Diet, Epigenetic Events, and Cancer Prevention	12/15/2006
DCP	PA07-178	R01	*In Utero* Exposure to Bioactive Food Components and Mammary Cancer Risk	12/15/2006
DCP	PA07-179	R01	Protein Biomarkers of Infection-Associated Cancers	12/15/2006
DCP	PA07-186	R01	Diet-Induced Changes in Inflammation as Determinants of Colon Cancer	12/18/2006
DCP	PA07-207	R01	Exfoliated Cells, Bioactive Food Components, and Cancer	12/19/2006
DCP	PA07-257	R01	Molecular Approaches to Diet and Pancreatic Cancer Prevention	12/21/2006
DCP	PA07-266	R01	Networks and Pathways Collaborative Research Projects	12/22/2006
DCP	PA07-301	R01	Application of Metabolomics for Translational and Biological Research	1/17/2007
	PA07-302	R21		
DCP	PA07-362	R21	Exploratory Cancer Prevention Studies Involving Molecular Targets for Bioactive Food Components	4/23/2007
DCTD	PA07-041	R41, R42	Image-Guided Cancer Interventions (STTR/SBIR)	11/8/2006
	PA07-042	R43, R44		
DCTD	PA07-177	R01	Correlative Studies with Specimens from Multi-Site Trials	12/15/2006
DCTD	PA07-277	R01	Research on Ethical Issues in Human Subjects Research	1/5/2007
DCTD	PA07-279	R01	Bioengineering Research Grants (BRG) (R01)	1/8/2007
DCTD	PAR-07-214	R01	Academic-Industrial Partnerships for Development and Validation of *In Vivo* Imaging Systems and Methods for Cancer Investigations	2/12/2007
DCTD	PA07-356	R01	Clinical Cancer Therapy and Prevention Research	4/16/2007
DCTD	PA07-455	R01	Malignancies in the Context of HIV/AIDS	9/13/2007
	PA07-454	R21		
OCTR	PAR-07-245	P50 Supplement	AVON-NCI "Progress for Patients" (PFP) Awards for Early Phase Clinical Interventions and Biomarkers in Breast Cancer (competing supplements to P50 SPORE grants)	3/5/2007
OCTR	PAR-07-244	P30 Supplement	AVON-NCI "Progress for Patients" (PFP) Awards for Early Phase Clinical Interventions and Biomarkers in Breast Cancer (competing supplements to P30 Cancer Center Support Grants)	3/5/2007

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2007

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
10/13/2006	PA07-008	R21	Biobehavioral Methods to Improve Outcomes Research	DCCPS
10/13/2006	PA07-009	R21	Symptom Clusters in Cancer and Immune Disorders	DCP
11/20/2006	PA07-007	R01	Basic and Preclinical Research on Complementary and Alternative Medicine (CAM)	DCP
11/20/2006	PA07-013	R01	Research on Improving Health Care for Obese Patients	DCCPS
11/20/2006	PA07-023	R01	Basic Research in the Bladder and Lower Urinary Tract	
11/20/2006	PA07-026	R01	Developmental Biology and Regeneration of the Liver	DCP
11/20/2006	PA07-060	R01	Methodology and Measurement in the Behavioral and Social Sciences	DCCPS
11/20/2006	PA07-062	R01	Research on Clinical Decision Making in Life-Threatening Illness	DCCPS
11/20/2006	PA07-069	R01	Mechanisms of Alcohol-Associated Cancers	DCP
11/20/2006	PA07-070	R01	Research Project Grant (Parent R01)	DCB
11/20/2006	PA07-072	R01	Biobehavioral Methods to Improve Outcomes Research	DCCPS
11/20/2006	PA07-074	R01	Symptom Clusters in Cancer and Immune Disorders	DCP
11/21/2006	PA07-045	R01	Social and Cultural Dimensions of Health	DCCPS
11/21/2006	PA07-046	R01	Research on Mind-Body Interactions and Health	DCCPS
11/21/2006	PA07-054	R01	Development of Assays for High Throughput Drug Screening	DCTD
11/22/2006	PA07-083	R01	Basic and Translational Research in Emotion	DCCPS
11/29/2006	PA07-098	R03	Chronic Illness Self-Management in Children and Adolescents	DCP
	PA07-099	R21		
11/30/2006	PA07-097	R01		
12/7/2006	PA07-109	R01	Cross-Disciplinary Translational Research at NIH	DCCPS
12/7/2006	PA07-132	R01	Pathophysiology of Bisphosphonates-Associated Osteonecrosis of the Jaw	DCTD
12/12/2006	PA07-106	F31	Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research	OCTR
12/12/2006	PA07-107	F32	Ruth L. Kirschstein National Research Service Awards (NRSA) for Individual Postdoctoral Fellows	OCTR
12/14/2006	PA07-165	R01	Pathogenesis and Treatment of Lymphedema and Lymphatic Diseases	DCB
12/15/2006	PA07-172	F33	Ruth L. Kirschstein National Research Service Awards (NRSA) for Individual Senior Fellows	OCTR
12/18/2006	PA07-201	R01	Characterization, Behavior and Plasticity of Pluripotent Stem Cells	DCB
12/20/2006	PA07-253	R01	Structural Biology of Membrane Proteins	DCB
1/4/2007	PA07-272	R01	Understanding and Treating Ataxia-Telangiectasia	DCB
	PA07-273	R21		
1/7/2007	PA07-274	R03		

continued

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2007

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
1/5/2007	PA07-278	R01	The Secretory Pattern of Senescent Cells	DCB
1/8/2007	PA07-282	R01	Mechanisms, Models, Measurement, and Management in Pain Research	DCP
1/11/2007	PA07-292	R01	Research on Social Work Practice and Concepts in Health	DCCPS
1/11/2007	PA07-295	R01	Information Technologies and the Internet in Health Services and Intervention Delivery	DCCPS
1/12/2007	PA07-297	K99, R00	NIH Pathway to Independence (PI) Award	OCTR
1/16/2007	PA07-280	R43, R44	PHS 2007-02 Omnibus Solicitation of the NIH, CDC, and FDA for Small Business Innovation Research Grant Applications	OTIR
1/16/2007	PA07-281	R41, R42	PHS 2007-02 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications (Parent STTR)	OTIR
1/19/2007	PA07-316	R21	Research on Clinical Decision Making in Life-Threatening Illness	DCCPS
2/14/2007	PA07-218	R01	Diet Composition and Energy Balance	DCP
3/7/2007	PA07-318	R01	Occupational Safety and Health Research	DCCPS
3/19/2007	PA07-320	R01	Development of Assays for High-Throughput Drug Screening (R01)	DCTD
4/13/2007	PA07-354	R01	Bioengineering and Obesity (R01)	DCP
6/29/2007	PA07-391	R21	Reducing Health Disparities Among Minority and Underserved Children	DCCPS
6/29/2007	PA07-392	R01		
8/20/2007	PA07-435	R43, R44	Bioengineering Approaches to Energy Balance and Obesity	DCP
8/20/2007	PA07-436	R41, R42		

Table 5. Applications Received for Referral by the NCI/DEA in FY2007*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board			Total Costs Requested First Year
			Feb	June	Sept	
International Training Grants in Epidemiology (FIC)	D43	7	0	7	0	$2,068,867
Individual Predoctoral NRSA for M.D./Ph.D. Fellowships (ADAMHA)	F30	1	1	0	0	–
Predoctoral Individual National Research Service Award	F31	86	0	56	30	–
Postdoctoral Individual National Research Service Award	F32	501	118	199	184	–
National Research Service Award for Senior Fellows	F33	3	1	2	0	–

continued

*Source: IMPACII. Includes NCI Primary and Secondary assigned applications and withdrawn applications. Excludes deleted applications.

Table 5. Applications Received for Referral by the NCI/DEA in FY2007*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board			Total Costs Requested First Year
			Feb	June	Sept	
Research Scientist Development Award - Research and Training	K01	60	36	17	7	$6,771,098
Research Scientist Award	K05	16	2	12	2	$2,167,340
Academic/Teacher Award	K07	88	24	29	35	$11,596,224
Clinical Investigator Award	K08	101	31	44	26	$13,432,120
Physician Scientist Award (Program)	K12	9	9	0	0	$5,804,511
Career Transition Award	K22	88	26	29	33	$12,771,117
Mentored Patient-Oriented Research Development Award	K23	66	25	21	20	$9,219,095
Midcareer Investigator Award in Patient-Oriented Research	K24	14	6	4	4	$2,399,119
Mentored Quantitative Research Career Development	K25	29	10	10	9	$3,792,104
Career Transition Award	K99	169	52	67	50	$15,658,465
Research Program Projects	P01	98	27	44	27	$230,741,243
Exploratory Grants	P20	13	0	0	13	$6,581,541
Center Core Grants†	P30	28	13	2	13	$83,765,521
Specialized Center†	P50	56	21	18	17	$122,527,311
Research Project	R01	5,795	1,840	2,018	1,937	$2,477,584,883
Small Research Grants	R03	478	188	151	139	$36,070,757
Conferences	R13	116	37	47	32	$3,394,768
Academic Research Enhancement Awards (AREA)	R15	107	33	41	33	$21,003,932
Exploratory/Developmental Grants	R21	2,621	871	953	797	$599,090,347
Resource-Related Research Projects	R24	1	0	1	0	$3,176,880
Education Projects	R25	62	21	27	14	$23,036,047
Exploratory/Developmental Grants Phase II	R33	63	22	23	18	$27,879,088
Method to Extend Research in Time (MERIT) Award	R37	13	4	4	5	$6,982,832
Small Business Technology Transfer (STTR) Grants - Phase I	R41	214	74	68	72	$34,269,559
Small Business Technology Transfer (STTR) Grants - Phase II	R42	37	8	16	13	$11,006,301
Small Business Innovation Research Grants (SBIR) - Phase I	R43	649	193	232	224	$96,431,994
Small Business Innovation Research Grants (SBIR) - Phase II	R44	192	64	65	63	$76,014,584

continued

†Includes Avon Competitive Supplements from August NCAB (P30s = 8; P50s = 4).

Table 5. Applications Received for Referral by the NCI/DEA in FY2007*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board			Total Costs Requested First Year
			Feb	June	Sept	
High-Priority, Short-Term Project Award	R56	29	12	17	0	$1,013,019
Minority Biomedical Research Support - MBRS	S06	6	5	1	0	$12,234,660
Research Enhancement Award	SC1	1	0	1	0	$363,750
Continuing Education Training Program	T15	2	1	1	0	$167,469
Institutional National Research Service Award	T32	87	33	36	18	$32,509,209
Research Project (Cooperative Agreements)	U01	139	30	77	32	$75,507,701
Cooperative Clinical Research (Cooperative Agreements)	U10	46	45	0	1	$99,745,126
Conference (Cooperative Agreement)	U13	2	0	2	0	$141,030
Research Program (Cooperative Agreement)	U19	2	1	1	0	$8,108,640
Resource-Related Research Project (Cooperative Agreements)	U24	35	33	2	0	$18,377,777
International Training Cooperative Agreement	U2R	1	1	0	0	$299,133
Specialized Center (Cooperative Agreements)	U54	16	0	0	16	$25,279,387
Overall Totals		**12,147**	**3,918**	**4,345**	**3,884**	**$4,218,984,549**

Table 6. Grant and Cooperative Agreement Applications Reviewed by the NCI/DEA in FY2007*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
Research Scientist Development Award - Research and Training	K01	53	33	13	7
Research Scientist Award	K05	16	2	12	2
Academic/Teacher Award	K07	84	23	28	33
Clinical Investigator Award	K08	81	26	33	22
Physician Scientist Award (Program)	K12	9	9	0	0
Career Transition Award	K22	82	25	29	28
Mentored Patient-Oriented Research Development Award	K23	53	17	18	18
Midcareer Investigator Award in Patient-Oriented Research	K24	13	6	3	4
Mentored Quantitative Research Career Development	K25	23	9	6	8
Career Transition Award	K99	151	47	62	42
Research Program Projects	P01	89	24	41	24

continued

*Source: IMPACII. Includes NCI Primary and Secondary assigned applications and withdrawn applications. Excludes deleted applications.

Table 6. Grant and Cooperative Agreement Applications Reviewed by the NCI/DEA in FY2007*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
Exploratory Grants	P20	12	0	0	12
Center Core Grants†	P30	20	5	2	13
Specialized Center†	P50	56	21	18	17
Research Project	R01	91	6	43	42
Small Research Grants	R03	392	162	124	106
Conferences	R13	56	17	19	20
Exploratory/Developmental Grants	R21	313	134	99	80
Education Projects	R25	61	21	26	14
Exploratory/Developmental Grants Phase II	R33	47	19	13	15
Small Business Technology Transfer (STTR) Grants - Phase I	R41	20	5	9	6
Small Business Technology Transfer (STTR) Grants - Phase II	R42	3	0	2	1
Small Business Innovation Research Grants (SBIR) - Phase I	R43	53	23	18	12
Small Business Innovation Research Grants (SBIR) - Phase II	R44	10	2	7	1
Continuing Education Training Program	T15	1	1	0	0
Institutional National Research Service Award	T32	81	28	35	18
Research Project (Cooperative Agreements)	U01	135	29	77	29
Cooperative Clinical Research (Cooperative Agreements)	U10	46	45	0	1
Research Program (Cooperative Agreement)	U19	1	1	0	0
Resource-Related Research Project (Cooperative Agreements)	U24	35	33	2	0
Specialized Center (Cooperative Agreements)	U54	15	0	0	15
Overall Totals		**2,102**	**773**	**739**	**590**

†Includes Avon Competitive Supplements from August NCAB (P30s = 8; P50s = 4).

Table 7. Applications Reviewed by NCI IRG Subcommittees and Special Emphasis Panels (SEPs) in FY2007*

NCI IRG Subcommittee†	Types of Applications Reviewed	Number of Applications	Total Costs Requested First Year
A - Cancer Centers	P30	11	$63,644,056
F - Manpower & Training	K01, K99, T32	119	$24,002,708
G - Education	K01, K05, K12, K24, K99, R25	102	$30,136,449
H - Clinical Groups	R01, U01, U10	9	$12,837,272
I - Career Development	K01, K08, K22, K25, T15, T32	192	$29,653,051
J - Population and Patient-Oriented Trials	K07, K22, K23, K99	147	$20,089,724
Total-NCI IRG Subcommittees		**580**	**$180,363,260**
Total SEPs‡	K01, K07, K08, K22, K23, K99, P01, P20, P30, P50, R01, R03, R13, R21, R25, R32, R33, R41, R43, R44, T32, U01, U10, U19, U24, U54	**1,522**	**$777,762,787**
Total		**2,102**	**$958,126,047**

*Source: IMPACII. Application count includes secondary assignments. 132 withdrawn applications have been subtracted from total count.
†Subcommittees C, D, and E did not meet in FY2007 because of pilot trial of new P01 review.
‡Includes Avon Competitive Supplements from August NCAB (P30s = 8; P50s = 4).

Table 8. Summary of Investigator-Initiated P01 Applications Reviewed for Each NCAB Meeting in FY2007

Type of Application	Applications by Board			FY 2007 Total
	Februrary 2007	June 2007	September 2007	
New	7	16	5	**28**
New Amended	4	6	4	**14**
Recompeting	6	13	9	**28**
Recompeting Amended	5	5	6	**16**
Supplement	1	0	0	**1**
Supplement Amended	1	1	0	**2**
Total	**24**	**41**	**24**	**89**

Table 9. Summary of Investigator-Initiated P01 Applications Reviewed by NCI Program Division/Office in FY2007

Program Division	Number of Applications	Total Costs	
		First Year Requested Total Costs	Total Costs for Requested Period
Division of Cancer Biology (DCB)	31	$67,734,756	$353,674,285
Division of Cancer Control and Population Sciences (DCCPS)	7	$18,198,167	$84,079,994
Division of Cancer Prevention (DCP)	8	$18,670,684	$96,780,958
Division of Cancer Treatment and Diagnosis (DCTD)	43	$101,276,785	$597,141,574
Total	**89**	**$205,880,392**	**$1,131,676,811**

Table 10. Requests for Applications (RFAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	RFA Number	Activity Code	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Cancer Research Network	CA06-505	U19	1	1	0	0	$5,258,640
Innovative Technologies for Molecular Analysis of Cancer	CA07-001	R21	35	35	0	0	$9,048,732
		R33	8	8	0	0	$3,671,906
	CA07-006	R43	12	7	5	0	$1,859,587
		R44	2	0	2	0	$343,526
	CA07-007 / CA07-040	R41	5	2	2	1	$685,986
	CA07-015 / CA07-033	R21	86	0	42	44	$22,131,489
	CA07-016 / CA07-034	R33	12	0	7	5	$5,470,199
	CA07-039	R43	5	0	0	5	$489,980
Application of Emerging Technologies for Cancer Research	CA07-002	R21	57	57	0	0	$14,381,900
		R33	9	9	0	0	$3,385,432
	CA07-008	R43	19	10	9	0	$2,199,321
		R44	5	1	4	0	$1,141,537
	CA07-009	R41	4	1	3	0	$539,098
		R42	1	0	1	0	$100,000
	CA07-017 / CA07-035	R21	58	1	35	22	$16,701,797
	CA07-018 / CA07-036	R33	12	0	3	9	$6,644,155
	CA07-019	R21/ R33	17	0	17	0	$4,200,755
	CA07-041	R43	2	0	0	2	$261,716
Small Animal Imaging Resource Program	CA07-004	U24	33	33	0	0	$14,864,486
Alliance of Glycobiologists for Detection of Cancer and Cancer Risk	CA07-020	U01	29	29	0	0	$12,563,232

continued

*Source: IMPACII. Includes NCI Primary and Secondary assigned applications. 69 withdrawn applications have been subtracted from the total count.

Table 10. Requests for Applications (RFAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	RFA Number	Activity Code	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Development of Novel Genomic Characterization Technologies	CA07-021	R21	27	27	0	0	$6,599,207
Innovations in Cancer Sample Preparation	CA07-003	R21	14	14	0	0	$3,242,300
		R33	2	2	0	0	$1,021,183
	CA07-010	R43	5	2	3	0	$482,810
		R44	1	0	1	0	$227,868
	CA07-011	R41	3	0	3	0	$393,750
		R42	1	0	1	0	$443,111
	CA07-022 / CA07-037	R21	17	0	3	14	$3,566,438
	CA07-023 / CA07-038	R33	2	0	1	1	$738,338
	CA07-024	R21	2	0	2	0	$562,716
		R33	2	0	2	0	$382,444
	CA07-043	R43	4	0	0	4	$448,377
Community Clinical Oncology Program	CA07-025	U10	28	28	0	0	$83,763,169
Minority-Based Community Clinical Oncology Program	CA07-026	U10	11	11	0	0	$6,939,817
Exfoliated Cells and Circulating DNA in Cancer Detection and Diagnosis	CA07-027	R43	2	0	1	1	$230,198
		R44	1	0	0	1	$598,969
	CA07-028	R41	6	0	1	5	$607,632
		R42	1	0	0	1	$83,590
Development of Advanced Genomic Characterization Technologies	CA07-029	R43	4	4	0	0	$415,340
		R44	1	1	0	0	$96,775
	CA07-030	R41	2	2	0	0	$321,715
Early Clinical Trials of New Anti-Cancer Agents with Phase 1 Emphasis	CA07-031	U01	23	0	0	23	$19,120,786
Improved Measures of Diet and Physical Activity for the Genes and Environment Initiative (GEI)	CA07-032	U01	22	0	22	0	$11,810,481

continued

Table 10. Requests for Applications (RFAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	RFA Number	Activity Code	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Comprehensive Minority Institution/ Cancer Center Partnership	CA07-045	U54	15	0	0	15	$21,005,245
Lung Cancer and Inflammation	CA07-046	R01	41	0	0	41	$18,357,773
NCI Limited Competition Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	CA07-501	U01	53	0	53	0	$3,743,330
Pediatric Phase 1/Pilot Consortium	CA07-502	U01	1	0	1	0	$3,305,000
Advanced Technology Radiation Therapy Clinical Trials Support (ATC) (Limited Competition)	CA07-503	U24	2	0	2	0	$3,513,301
The American College of Radiology Imaging Network (ACRIN) (Limited Competition U01)	CA07-505	U01	2	0	0	2	$7,300,000
International Tobacco and Health Research and Capacity Building Program	TW06-006	R01	39	0	39	0	$14,261,777
Totals			**746**	**285**	**265**	**196**	**$339,526,914**

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Mentored Clinical Scientist Research Career Development Award	PA06-512 PA00-003	K08	75	24	30	21	$10,299,672
Mentored Patient-Oriented Research Career Development Award	PA00-004 PA05-143	K23	46	15	16	15	$6,595,906
NIH National Research Service Award Institutional Research Training Grants	PA02-109	T32	13	13	0	0	$3,338,352
Clinical Cancer Therapy and Prevention Research	PA04-046	R01	1	0	1	0	$683,002
Mid-Career Investigator Award in Patient-Oriented Research	PA04-107	K24	13	6	3	4	$2,216,599
Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	PA05-138	P01	4	2	1	1	$7,976,514

continued

*Source: IMPACII. Includes NCI Primary and Secondary assigned applications. 56 withdrawn applications have been subtracted from total count.

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Mentored Research Scientist Development Award	PA06-001	K01	1	1	0	0	$324,533
NIH Support for Conferences and Scientific Meetings	PA06-041	R13	56	17	19	20	$1,476,757
Mentored Quantitative Research Development Award	PA06-087	K25	23	9	6	8	$3,566,988
NIH Pathway to Independence (PI) Award	PA06-133 PA07-297	K99	149	47	62	40	$14,142,788
Studies of Energy Balance and Cancer in Humans	PA06-404	R01	1	1	0	0	$716,874
Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants	PA06-468	T32	48	0	35	13	$19,249,303
Research Project Grant (Parent R01)	PA07-070	R01	1	0	0	1	$490,132
The Howard Temin Award	PAR03-104	K01	27	27	0	0	$3,099,709
Cancer Education and Career Development Program	PAR03-148 PAR06-511	R25	21	11	6	4	$11,395,006
NCI Transition Career Development Award	PAR04-040 PAR06-455	K22	62	16	22	24	$9,748,457
Cancer Prevention, Control, Behavioral and Population Sciences Cancer Development Award	PAR04-055 PAR06-381	K07	84	23	28	33	$11,596,224
Paul Calabresi Award for Clinical Oncology	PAR04-096 PAR06-449	K12	8	8	0	0	$5,111,770
NCI Transition Career Development Award to Promote Diversity	PAR05-011	K22	19	8	7	4	$2,887,660
Cancer Education (R25E) Program	PAR05-065	R25	10	10	0	0	$3,015,990
Established Investigator Award in Cancer Prevention and Control	PAR05-145	K05	16	2	12	2	$2,187,340
Specialized Programs of Research Excellence (SPOREs) in Human Cancer for the Year 2007	PAR05-156 PAR06-505	P50	45	14	18	13	$106,756,525
NCI Mentored Career Development Award to Promote Diversity (K01)	PAR06-220	K01	25	5	13	7	$3,255,760
NCI Mentored Clinical Scientist Award to Promote Diversity	PAR06-221	K08	6	2	2	2	$762,107
Mentored Patient-Oriented Research Award to Promote Diversity	PAR06-222	K23	7	2	2	3	$1,087,229
Small Grants Program for Cancer Epidemiology	PAR06-294	R03	139	50	49	40	$11,176,565

continued

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2007*

Title of Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
			Total	Feb	June	Sept	Requested First Year
Cancer Prevention Research Small Grant Program	PAR06-313	R03	177	78	54	45	$14,033,615
In Vivo Cellular and Molecular Imaging Centers (ICMICs)†	PAR06-406	P50	7	7	0	0	$18,789,602
Small Grants for Behavioral Research in Cancer Control	PAR06-458	R03	76	34	21	21	$6,039,574
Cancer Education Grants Program	PAR06-540	R25	30	0	20	10	$8,625,051
Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership	PAR07-230	P20	12	0	0	12	$2,596,308
Avon-NCI "Progress for Patents" (PFP) Awards for Early Phase Clinical Interventions and Biomarkers in Breast Cancer‡	PAR07-244	P30	8	0	0	8	$1,807,960
	PAR07-245	P50	4	0	0	4	$907,567
Totals			**1,214**	**432**	**427**	**355**	**$295,957,439**

†PAR-06-406: Two P50 applications were awarded as P20s.
‡Includes Avon Competitive Supplements from August NCAB (P30s = 8; P50s = 4).

Table 12. Requests for Proposals (RFPs) Reviewed by NCI/DEA in FY2007*

Announcement Number	Announcement Title	Workload Round†	No. of Proposals
Topic 213 (Phase II)	Portable E-Technology Tools for Real-Time Energy Balance Research	Feb-07	1
Topic 210 (Phase II)	Using Social Marketing to Disseminate Evidence-Based Energy Balance Intervention Approaches to Worksites	Feb-07	1
Topic 204 (Phase II)	Plant Genomic Models for Establishing Physiological Relevance of Bioactive Components as Cancer Protectants	Feb-07	1
Topic 211 (Phase II)	Developing Item Response Theory Software for Outcomes and Behavioral Measurement	Feb-07	1
Topic 212 (Phase II)	Integrating Patient-Reported Outcomes in Clinical Oncology Practice	Feb-07	2
Topic 210 (Phase II)	Using Social Marketing to Disseminate Evidence-Based Energy Balance Intervention Approaches to Worksites	Jun-07	1
Topic 230 (Phase I: 4) (Phase I & II: 2)	Synthesis of Stable Isotope-Labeled Steroids as Internal Standards for the Measurement of Endogenous Steroid Hormones in Biologic Samples by Liquid Chromatography – Mass Spectrometry (LC-MS)	Jun-07	6
Topic 232	Development of Anti-Cancer Agents	Jun-07	10
Topic 229 (Phase I: 9) (Phase I & II: 2)	Development of Molecular Pharmacodynamic Assays for Targeted Therapies	Jun-07	11
Topic 231	Quantitative Assay for O^6 – Carboxymethyl Guanine DNA Adducts	Jun-07	1
Topic 233	Development of Software Systems to Facilitate the Use of Electronic Data Records in the Collection of Population-Based Cancer Surveillance Data	Jun-07	5
Topic 234	Develop Automated Methods to Identify Environmental Exposure Patterns in Satellite Imagery Data	Jun-07	3
Topic 235	Home Centered Coordinated Cancer Care System	Jun-07	4
Topic 236	Antibody Array for Cancer Detection	Jun-07	8
Topic 237	Glycan Arrays for Biomarker Discovery and Validation	Jun-07	2
Topic 238 (Phase I: 6) (Phase I & II: 1)	Development of Clinical Automated Multiplex Affinity Capture Technology for Detecting Low Abundance Cancer-related Protein/Peptides	Jun-07	7
Topic 239	Development of Alternative Affinity Capture Reagents for Cancer Proteomics Research	Jun-07	3
Topic 240	Early Diagnostics Using Nanotechnology-Based Imaging and Sensing	Jun-07	3
Topic 241	Multifunctional Therapeutics Based on Nanotechnology	Jun-07	9
PA06-517	Loan Repayment	Sept-07	269
PA06-516	Loan Repayment	Sept-07	86
Topic 196 (Phase II)	Antibody Array for Cancer Detection	Sept-07	1
Totals			**435**

*NCI reviewed a total of 435 proposals. The proposals were in response to SBIR contract solicitations – Phase I (67) and Fast Track Phase I/II (5), Phase II (8), and the Loan Repayment Program (355).
†National Cancer Advisory Board (NCAB).

Table 13. Summary of NCI Grant Awards by Mechanism in FY2007

Mechanism	Award Count	In Thousands		% of NCI Total Grants		Competing Requested	Competing Awarded	Success Rate
		Dollars	Avg. Cost	Number	Dollars			
Research Project Grants (RPG)								
R01 - Traditional Research Grants	3,849	1,266,622	329	54.2%	39.9%	3,761	790	21.0%
P01 - Program Project Grants	172	326,968	1,901	2.4%	10.3%	89	31	34.8%
R03 - Small Grants	284	21,640	76	4.0%	0.7%	433	154	35.6%
R21- Exploratory/ Developmental Grants	437	78,748	180	6.2%	2.5%	1,633	241	14.8%
R33 - Phased Innovation Grant (Phase 2)	48	16,739	349	0.7%	0.5%	10	0	0.0%
R56 - Bridge Award	2	495	248	0.0%	0.0%	1	1	100.0%
R37 - MERIT Award	73	38,232	524	1.0%	1.2%	18	14	77.8%
R15 - Academic Research Enhancement Awards (AREA)	19	4,042	213	0.4%	0.1%	86	19	22.1%
R55 - Shannon Awards	–	–	–	–	–	–	–	–
Program Evaluation (tap)	–	58,721		0.0%	1.8%	–	–	–
Request for Applications - RFA (R01, R03, R21, R33, P01)	165	59,517	361	2.3%	1.9%	479	45	9.4%
RFA - Cooperative Agreements (U01, U19)	120	117,906	983	1.7%	3.7%	52	12	23.1%
Cooperative Agreements - not RFA	25	28,507	–	0.4%	0.9%	5	5	100.0%
Subtotal Pool	**5,194**	**2,018,137**	**389**	**73.2%**	**63.5%**	**6,567**	**1,312**	**20.0%**
Small Business Innovation Research (U43, U44, R43, R44) - SBIR	231	82,313	356	3.3%	2.6%	562	130	23.1%
Small Business Technology Transfer Research (R41, R42) - STTR	47	11,364	242	0.7%	0.4%	172	33	19.2%
Subtotal, RPG	**5,472**	**2,111,814**	**386**	**77.2%**	**66.5%**	**7,301**	**1,475**	**20.2%**
Centers								
P30 - CFAR*	0	6,163	–	0.0%	0.2%	0	0	–
P20 - Planning Centers	9	3,091	343	0.1%	0.1%	0	0	–
P30 - Cancer Centers	63	258,739	4,107	0.9%	8.1%	20	12	60.0%
P20, P30 - Core	17	5,191	305	0.2%	0.2%	17	4	23.5%
P50, P20 - SPORE Grants	62	123,809	1,997	0.9%	3.9%	40	13	32.5%
U54 - Specialized Center (Cooperative Agreements)	42	74,676	1,778	0.6%	2.4%	34	5	14.7%
Subtotal, Centers	**193**	**471,669**	**2,444**	**2.7%**	**14.9%**	**111**	**34**	**30.6%**

continued

*Centers for AIDS Research

Table 13. Summary of NCI Grant Awards by Mechanism in FY2007

Mechanism	Award Count	In Thousands		% of NCI Total Grants		Competing Requested	Competing Awarded	Success Rate
		Dollars	Avg. Cost	Number	Dollars			
Other Research (A)								
U13 - Conference (Coop. Agreement)	1	12	12	0.0%	0.0%	–	–	–
D43, R13 - Conference Grants	81	3,464	43	1.1%	0.1%	57	45	78.9%
T15 - Training Conference Grants	7	748	107	0.1%	0.0%	2	2	100.0%
R24, U24 - Research Resource Grant	41	46,321	1,130	0.6%	1.5%	59	9	15.3%
SC1 - Research Enhancement Award	1	366	366	0.0%	0.0%	1	1	100.0%
U10 Clincial Cooperative Group	66	148,193	2,245	0.9%	4.7%	13	12	92.3%
S06 - Minority Biomedical Research Support	–	2,435		0.0%	0.1%	–	–	–
R09, U09 - Scientific Evaluation	–	–	–	–	–	–	–	–
U56 - Exploratory Grants (Coop. Agreement)	15	10,409	694	0.2%	0.3%	8	0	0.0%
Subtotal, Other Research (A)	**212**	**211,948**	**1,000**	**2.9%**	**6.7%**	**140**	**69**	**49.3%**
Other Research (B) - Career								
R25 - Cancer Education	89	31,337	352	1.3%	1.0%	58	13	22.4%
K08 - Mentored Clinical Scientist	112	14,119	126	1.6%	0.4%	77	11	14.3%
K07 - Preventive Oncology Award	99	13,269	134	1.4%	0.4%	68	16	23.5%
K12, K14 - Mentored Career Award	16	9,471	592	0.2%	0.3%	10	4	40.0%
K01 - Temin Award	126	17,831	142	1.8%	0.6%	87	21	24.1%
K22 - Clinical Research Track	46	7,113	155	0.6%	0.2%	81	22	27.2%
K23 - Mentored Patient-Oriented Research Career Development Award	51	6,845	134	0.7%	0.2%	44	7	15.9%
K24 - Mid-Career Investigator in Patient-Oriented Research Award	16	2,491	156	0.2%	0.1%	12	4	33.3%
K25 - Mentored Quantitative Research Career Development Award	17	2,343	138	0.2%	0.1%	17	7	41.2%
K30 - Institutional Curriculum Award	5	1,462	292	0.1%	0.0%	–	–	–

continued

Table 13. Summary of NCI Grant Awards by Mechanism in FY2007

Mechanism	Award Count	In Thousands		% of NCI Total Grants		Competing Requested	Competing Awarded	Success Rate
		Dollars	Avg. Cost	Number	Dollars			
K05 - Established Investigator in Cancer Prevention and Control	17	2,266	133	0.2%	0.1%	16	4	25.0%
K99 - Pathway to Independence	20	2,383	119	0.3%	0.1%	162	20	12.3%
Subtotal, Other Research (B) - Career	**614**	**110,930**	**181**	**8.6%**	**3.5%**	**632**	**129**	**20.4%**
Subtotal, Other Research (A+B)	**826**	**322,878**	**391**	**11.5%**	**10.2%**	**772**	**198**	**25.6%**
Ruth Kirschstein National Research Service Awards (NRSA)								
T32, T34, T35, T36 - NRSA Institutional Award	171	58,457	342	2.4%	1.8%	81	43	53.1%
F31, F32, F33, F34 - NRSA Fellowship	232	9,766	42	3.3%	0.3%	380	89	23.4%
NRSA Nanotechnology Fellowships	–	–	–	–	–	–	–	–
Subtotal, NRSA	**403**	**68,223**	**169**	**5.7%**	**2.1%**	**461**	**132**	**28.6%**
Cancer Control								
Cancer Prevention and Control	209	200,126	958	2.9%	6.3%	99	49	49.5%
Cancer Control Special Populations	–	–	–	–	–	–	–	–
Subtotal, Cancer Control	**209**	**200,126**	**958**	**2.9%**	**6.3%**	**99**	**49**	**49.5%**
Total, All NCI Grants	**7,103**	**3,174,710**	**447**	**100.0%**	**100.0%**	**8,744**	**1,888**	**21.6%**

Table 14. Average Total Cost and Number of Research Project Grant Awards by Division and Office in FY2004-FY2007

	FY2004		FY2005		FY2006		FY2007		Percent Change	
	No.	Avg. Cost	No.	Avg. Cost	No.	Avg. Cost	No.	Avg. Cost	04-07 No.	04-07 Cost
R01 Average Cost of Award Data										
NCI Overall	3,780	$338	3,848	$341	3,909	$331	3,849	$329	1.8%	-2.7%
DCB	2,139	$305	2,132	$306	2,132	$300	2,050	$294	-4.2%	-3.6%
DCP	169	$412	203	$418	225	$394	231	$392	36.7%	-4.9%
DCTD	1,027	$314	1,057	$319	1,087	$312	1,083	$308	5.5%	-1.9%
DCCPS	441	$501	453	$502	459	$464	478	$474	8.4%	-5.4%
OD (CRCHD, OCCAM, OCTR, etc.)	4	N.A.	3	N.A.	6	$2,148	7	$1,751	75.0%	N.A.
P01 Average Cost of Award Data										
NCI Overall	177	$1,946	176	$1,924	173	$1,963	172	$1,901	-2.8%	-2.3%
DCB	66	$1,702	67	$1,717	70	$1,677	65	$1,584	-1.5%	-6.9%
DCP	13	$2,065	15	$2,047	12	$2,133	13	$2,047	0.0%	-0.9%
DCTD	86	$2,040	84	$2,027	82	$2,148	84	$2,067	-2.3%	1.3%
DCCPS	12	$2,375	9	$2,358	8	$2,270	9	$2,367	-25.0%	-0.3%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.	1	$1,426	1	$2,349	1	$2,442	N.A.	N.A.
R03 Average Cost of Award Data										
NCI Overall	240	$75	223	$76	218	$76	284	$76	18.3%	1.3%
DCB	7	$76	5	$70	3	$78	5	$73	-28.6%	-3.9%
DCP	137	$74	85	$76	96	$76	122	$77	-10.9%	4.1%
DCTD	5	$80	5	$82	3	$95	8	$78	60.0%	-2.5%
DCCPS	91	$76	128	$76	116	$75	149	$76	63.7%	0.0%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.	0	N.A.	0	N.A.	N.A.	N.A.
R21 Average Cost of Award Data										
NCI Overall	425	$183	430	$178	405	$174	437	$180	2.8%	-1.6%
DCB	70	$157	75	$150	59	$145	64	$161	-8.6%	2.5%
DCP	76	$151	42	$176	47	$166	48	$163	-36.8%	7.9%
DCTD	241	$202	240	$193	228	$191	250	$194	3.7%	-4.0%
DCCPS	37	$177	72	$153	70	$150	75	$158	102.7%	-10.7%
OD (CRCHD, OCCAM, OCTR, etc.)	1	$277	1	$455	1	$239	0	N.A.	-100.0%	N.A.
U01/U19 Average Cost of Award Data										
NCI Overall	174	$942	164	$969	146	$1,040	145	$1,010	-16.7%	7.2%
DCB	27	$748	27	$782	26	$840	26	$850	-3.7%	13.6%
DCP	9	$907	10	$831	9	$696	15	$469	66.7%	-48.3%

continued

Table 14. Average Total Cost and Number of Research Project Grant Awards by Division and Office in FY2004-FY2007

	FY2004		FY2005		FY2006		FY2007		Percent Change	
	No.	Avg. Cost	No.	Avg. Cost	No.	Avg. Cost	No.	Avg. Cost	04-07 No.	04-07 Cost
DCTD	103	$952	85	$1,076	65	$1,251	61	$1,293	-40.8%	35.8%
DCCPS	35	$1,060	42	$902	45	$921	43	$886	22.9%	-16.4%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.	1	$951	0	N.A.	N.A.	N.A.
R13 Average Cost of Award Data										
NCI Overall	112	$19	99	$23	85	$16	81	$15	-27.7%	-21.1%
DCB	56	$9	55	$9	43	$8	42	$8	-25.0%	-11.1%
DCP	13	$13	13	$14	10	$11	8	$18	-38.5%	38.5%
DCTD	22	$20	13	$33	14	$7	16	$12	-27.3%	-40.0%
DCCPS	15	$26	10	$63	13	$42	10	$29	-33.3%	11.5%
OD (CRCHD, OCCAM, OCTR, etc.)	6	$110	8	$64	5	$57	5	$52	-16.7%	-52.7%
U10 Average Cost of Award Data – Includes Cancer Control										
NCI Overall	139	$1,785	136	$1,732	123	$1,912	138	$1,728	-0.7%	-3.2%
DCB		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
DCP	74	$1,258	73	$1,269	60	$1,485	72	$1,250	-2.7%	-0.6%
DCTD	65	$2,373	63	$2,266	63	$2,316	66	$2,246	1.5%	-5.4%
DCCPS		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
P30 Average Cost of Award Data – Includes Cancer Control										
NCI Overall	63	$3,798	63	$3,945	63	$4,098	63	$4,229	0.0%	11.3%
DCB		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
DCP	2	$960	2	$818	2	$823		N.A.	-100.0%	N.A.
DCTD		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
DCCPS		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
OD (CRCHD, OCCAM, OCTR, etc.)	61	$3,834	61	$3,982	61	$4,134	63	$4,141	3.3%	8.0%
P50 Average Cost of Award Data – Includes Cancer Control										
NCI Overall	83	$2,204	76	$2,197	75	$2,138	80	$1,957	-3.6%	-11.2%
DCB	6	$2,189		N.A.		N.A.		N.A.	-100.0%	N.A.
DCP		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
DCTD	7	$2,249	7	$1,984	8	$1,974	9	$1,591	28.6%	-29.3%
DCCPS	12	$1,830	12	$1,868	12	$1,830	12	$1,746	0.0%	-4.6%
OD (CRCHD, OCCAM, OCTR, etc.)	58	$2,278	57	$2,292	55	$2,229	59	$2,056	1.7%	-9.7%

Table 15. NCI Special Interest Category (SIC) Dollars for FY2003-FY2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Special Interest Categories (SIC)	Total Special Interest Category Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Adoptive Cell Immunotherapy	65,348,655	70,375,002	70,072,700	77,231,307	74,955,015	2,401,590	3.63%
Adv. Manufacturing Technology	9,841,911	12,662,969	16,171,766	12,137,985	10,801,162	239,813	5.10%
Aging	165,960,180	160,302,073	171,633,181	159,035,657	161,216,276	-1,185,976	-0.58%
AIDS	119,070,648	130,840,621	131,010,836	116,787,294	112,492,187	-1,644,615	-1.13%
Alternative Medicine, Direct	57,481,994	62,596,463	59,802,451	65,332,949	72,400,207	3,729,553	6.12%
Alternative Medicine, Indirect	28,482,503	33,406,568	25,822,838	21,292,360	19,658,748	-2,205,939	-7.66%
Alzheimers Dementia	1,621,994	1,558,931	1,536,040	874,500	688,918	-233,269	-17.41%
Arctic Research	4,052,599	3,477,543	2,227,788	1,569,039	401,216	-912,846	-38.53%
Arthritis	1,584,332	1,515,693	1,007,647	902,084	675,986	-227,087	-18.35%
Asbestos	4,491,877	2,255,176	2,728,981	3,507,819	2,045,502	-611,594	-10.48%
Ataxia Telangiectasia	6,837,168	4,569,973	4,746,714	4,234,624	3,510,779	-831,597	-14.29%
Autoimmune Diseases	8,686,585	9,958,212	9,037,735	7,958,704	6,680,112	-501,618	-5.65%
Behavior Research	275,849,766	284,166,605	295,139,435	282,212,112	290,345,827	3,624,015	1.34%
Bioengineering	294,659,713	293,329,685	207,349,791	195,581,838	188,957,673	-26,425,510	-9.71%
Bioinformatics	104,554,183	124,834,295	147,062,040	175,997,702	186,084,187	20,382,501	15.65%
Biological Carcinogenesis, Non-Viral	5,797,028	6,128,334	5,956,723	7,500,235	9,839,320	1,010,573	15.00%
Biological Response Modifiers	741,430,361	750,275,261	887,217,706	880,071,661	860,970,394	29,885,008	4.12%
Biomaterials Research	33,558,137	39,745,363	37,785,085	29,846,909	28,675,262	-1,220,719	-2.86%
Birth Defects	8,859,294	8,894,762	9,889,474	9,956,995	12,542,976	920,921	9.56%
Bone Marrow Transplantation	62,342,401	57,457,088	49,480,615	52,200,213	55,302,120	-1,760,070	-2.57%
Breast Cancer, Detection	90,193,676	97,976,659	101,390,086	111,131,349	106,172,825	3,994,787	4.31%
Breast Cancer, Early Detection	37,243,747	43,101,816	48,551,540	55,723,001	53,629,264	4,096,379	9.85%
Breast Cancer, Education	16,917,838	19,386,970	19,854,753	18,302,054	18,883,906	491,517	3.09%
Breast Cancer, Epidemiology	69,296,280	70,470,523	63,832,544	60,364,732	57,226,668	-3,017,403	-4.59%
Breast Cancer, Genetics	76,659,752	77,442,317	81,815,294	94,109,611	94,230,669	4,392,729	5.46%
Breast Cancer, Prevention	34,660,141	32,510,070	32,360,672	33,363,774	33,215,639	-361,126	-1.00%
Breast Cancer, Rehabilitation	13,111,191	15,549,473	18,220,763	17,438,406	19,165,391	1,513,550	10.35%
Breast Cancer, Screening	27,174,072	26,554,448	25,913,420	26,400,323	23,893,551	-820,130	-3.08%
Breast Cancer, Treatment	151,796,777	155,143,128	154,285,405	152,504,604	156,754,889	1,239,528	0.82%
Breast Cancer, Basic	141,314,873	143,663,931	143,175,326	153,408,211	149,008,004	1,923,283	1.40%
Cancer Survivorship	159,528,445	144,326,030	145,043,558	182,562,991	183,385,657	5,964,303	4.32%
Carcinogenesis, Environmental	534,983,057	540,898,673	542,772,539	508,632,113	480,503,052	-13,620,001	-2.59%

continued

*Some categories are not mutually exclusive, resulting in overlap in reported funding; dollar totals, therefore, exceed 100 percent of the extramural budget.

Table 15. NCI Special Interest Category (SIC) Dollars for FY2003-FY2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Special Interest Categories (SIC)	Total Special Interest Category Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Cervical Cancer Education	449,332	4,271,351	4,178,353	5,056,722	6,182,900	1,433,392	222.93%
Chemoprevention	171,216,267	187,160,162	187,622,217	178,294,664	173,799,362	645,774	0.52%
Chemoprevention, Clinical	64,878,256	61,170,813	63,463,878	62,232,663	52,265,744	-3,153,128	-4.98%
Chemotherapy	440,643,645	465,719,189	479,353,115	492,096,516	511,658,388	17,753,686	3.81%
Child Health	46,876,216	53,727,243	61,887,153	63,340,710	60,378,263	3,375,512	6.87%
Childhood Cancers	145,491,219	155,350,035	159,567,547	162,737,733	154,308,213	2,204,249	1.57%
Chronic Myeloproliferative Disorders	27,032,001	30,942,794	36,959,663	39,593,377	36,332,441	2,325,110	8.20%
Clinical Trials, Diagnosis	130,311,300	125,946,948	113,103,165	102,442,171	81,920,488	-12,097,703	-10.75%
Clinical Trials, Other	15,562,589	24,130,327	54,757,357	69,989,916	81,173,367	16,402,695	56.44%
Clinical Trials, Prevention	79,553,001	71,998,187	68,628,972	69,044,253	69,733,610	-2,454,848	-3.14%
Clinical Trials, Therapy	411,687,228	419,641,529	401,297,009	421,686,177	439,300,266	6,903,260	1.70%
Combined Treatment Modalities	233,777,421	315,475,918	330,666,739	314,506,511	336,391,245	25,653,456	10.46%
Cost Effectiveness	†	†	23,995,438	23,921,107	25,035,865	520,214	2.18%
Diabetes	7,548,368	6,353,949	10,440,254	8,964,992	6,820,800	-181,892	2.61%
Diagnosis	564,021,884	580,801,202	618,317,471	623,326,562	592,320,513	7,074,657	1.32%
Diagnostic Imaging	277,178,915	294,539,520	317,336,979	316,552,835	310,447,316	8,317,100	2.96%
Diethylstilbestrol	1,443,103	1,677,478	2,222,054	1,822,731	1,871,382	107,070	8.35%
Dioxin	1,184,362	1,258,661	194,225	1,211,643	1,143,466	-10,224	109.98%
DNA Repair	153,415,262	163,589,431	157,358,768	152,063,390	151,334,073	-520,297	-0.26%
Drug Development	447,881,008	516,896,095	559,855,963	547,465,176	569,531,767	30,412,690	6.38%
Drug Discovery	46,425,752	54,828,594	66,215,930	70,219,959	81,218,072	8,698,080	15.14%
Drug Resistance	106,373,506	115,298,251	120,398,474	110,355,246	112,906,437	1,633,233	1.70%
Drugs, Natural Products	136,685,224	138,003,587	132,933,883	136,300,671	142,695,237	1,502,503	1.13%
Early Detection	245,520,500	271,300,826	301,025,316	301,289,984	279,983,823	8,615,831	3.62%
Effectiveness Research	†	†	68,702,939	55,680,495	48,982,584	-9,860,178	-15.49%
Endocrinology	186,968,577	178,585,401	183,285,587	179,691,910	169,505,236	-4,365,835	-2.37%
Energy Balance	29,829,583	26,440,260	38,184,297	37,257,614	39,314,259	2,371,169	9.04%
Epidemiology, Biochemical	245,341,226	219,502,809	206,718,733	186,779,069	194,325,396	-12,753,958	-5.49%
Epidemiology, Environmental	218,722,428	215,241,204	218,875,075	189,175,911	186,698,902	-8,005,882	-3.70%
Epigenetics	51,759,530	65,005,515	94,971,910	108,953,373	117,556,094	16,449,141	23.58%
Gene Mapping, Human	247,040,795	217,496,425	182,663,241	156,498,765	136,466,661	-27,643,534	-13.77%
Gene Mapping, Non-Human	94,748,524	80,515,173	67,952,386	62,725,805	55,900,097	-9,712,107	-12.30%

continued

†Coding not required or requested.

Table 15. NCI Special Interest Category (SIC) Dollars for FY2003-FY2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Special Interest Categories (SIC)	Total Special Interest Category Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Gene Transfer Clinical	20,278,841	20,661,840	17,254,725	19,282,015	16,253,425	-1,006,354	-4.64%
Genetic Testing Research, Human	225,895,895	191,499,674	196,298,554	195,880,886	175,570,284	-12,581,403	-5.83%
Genomics	14,134,782	16,217,856	24,245,008	63,935,842	90,249,814	19,028,758	67.27%
Health Literacy	†	†	2,001,381	4,490,912	9,043,623	3,521,121	112.88%
Health Promotion	214,599,231	211,627,936	238,467,719	223,190,419	222,364,888	1,941,414	1.13%
Healthcare Delivery	†	†	†	28,336,001	49,315,952	20,979,951	74.04%
Helicobacter	4,242,773	4,423,309	3,815,249	4,831,420	6,991,551	687,195	15.46%
Hematology	445,442,843	447,179,086	450,398,699	448,191,248	462,367,203	4,231,090	0.95%
Hematopoietic Stem Cell Research	95,335,267	99,710,757	105,121,325	123,066,724	113,195,029	4,464,941	4.77%
Hormone Replacement Rx	13,502,323	12,859,852	14,254,242	11,719,547	10,761,691	-685,158	-4.97%
Hospice	5,429,050	6,272,396	8,671,792	9,281,180	9,486,659	1,014,402	15.76%
Iatrogenesis	58,816,401	54,060,109	56,013,837	52,112,380	50,524,538	-2,072,966	-3.62%
Infant Mortality	137,648	131,431	216,858	209,577	157,137	4,872	8.03%
Information Dissemination	364,362,635	365,997,428	390,365,620	352,206,158	320,747,829	-10,903,702	-2.90%
Metastasis	296,031,487	309,340,607	310,478,648	323,687,694	336,636,916	10,151,357	3.28%
Mind/Body Research	16,186,181	20,374,850	19,535,017	17,114,346	14,990,313	-298,967	-0.76%
Molecular Disease	1,262,060,208	1,339,620,569	1,432,200,446	1,505,288,239	1,494,763,190	58,175,746	4.37%
Molecular Targeted Prevention	†	†	†	26,767,232	34,803,249	8,036,017	30.02%
Molecular Targeted Therapy	57,225,106	86,681,914	168,524,743	235,736,478	304,259,412	61,758,576	53.71%
Nanotechnology	156,533,223	162,067,173	160,886,764	139,280,697	115,493,360	-10,259,966	-6.93%
Neurofibromatosis	5,297,104	4,440,584	5,441,436	6196638	3,981,414	-328,923	-3.88%
Nursing Research	11,916,138	12,314,520	12,875,140	14,431,353	15,260,161	836,006	6.43%
Nutrition	212,521,117	211,442,595	225,476,479	209,329,870	223,526,960	2,751,461	1.44%
Nutrition, Fiber	12,613,110	11,497,589	10,944,448	8,727,644	9,077,551	-883,890	-7.48%
Nutrition Monitoring	36,098,086	25,273,055	27,724,349	21,030,276	22,761,837	-3,334,062	-9.05%
Obesity	31,488,991	29,053,667	47,654,377	47,392,071	51,503,516	5,003,631	16.10%
Occupational Cancer	15,206,346	11,920,612	12,431,237	12,471,937	10,925,839	-1,070,127	-7.35%
Oncogenes	620,478,436	634,237,576	650,329,143	635,069,232	601,158,227	-4,830,052	-0.73%
Organ Transplant Research	72,356,860	73,412,458	65,746,345	65,707,332	70,998,100	-339,690	-0.25%
Osteoporosis	1,168,234	1,141,017	1,657,557	1,536,104	1,291,894	30,915	4.93%
Pain	14,411,836	17,002,607	20,644,937	18,649,226	17,232,485	705,162	5.53%
Palliative Care	21,296,057	22,501,723	24,483,291	23,757,110	25,370,733	1,018,669	4.57%

continued

†Coding not required or requested.

Table 15. NCI Special Interest Category (SIC) Dollars for FY2003-FY2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Special Interest Categories (SIC)	Total Special Interest Category Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Pap Testing	14,509,718	17,012,637	18,343,787	17,521,998	15,939,640	357,481	2.89%
Pediatric Research	215,691,002	227,132,843	240,263,190	240,581,866	226,000,356	2,577,339	1.29%
Pesticides	4,131,483	3,576,795	2,300,012	2,502,883	2,757,238	-343,561	-7.53%
Prevention, Primary	363,759,578	392,570,979	407,329,290	398,996,283	403,184,059	9,856,120	2.67%
Proteomics	16,447,068	23,290,691	37,141,648	68,071,793	82,439,359	16,498,073	51.37%
Radiation, Electromagnetic Fields	495,945	427,464	580,932	591,341	1,246,146	187,550	33.65%
Radiation, Ionizing	40,875,195	39,238,254	43,059,514	43,805,949	37,278,455	-899,185	-1.86%
Radiation, Ionizing Diagnosis	†	†	31,082,541	36,896,621	45,911,196	7,414,328	21.57%
Radiation, Ionizing Radiotherapy	203,836,509	222,200,058	233,258,022	224,914,720	211,921,221	2,021,178	1.16%
Radiation, Low-Level Ionizing	†	†	11,900,597	9,904,869	6,781,869	-2,559,364	-24.15%
Radiation, Magnetic Resonance Imaging	83,051,490	67,077,228	69,701,604	73,324,083	76,509,175	-1,635,579	-1.45%
Radiation, Mammography	36,033,787	38,427,220	36,724,102	35,098,510	26,506,642	-2,381,786	-6.67%
Radiation, Non-Ionizing	36,893,495	39,381,363	38,469,271	41,765,880	36,518,288	-93,802	0.11%
Radiation, Non-Ionizing Diagnosis	‡	‡	97,126,317	106,677,590	113,743,238	8,308,461	8.23%
Radiation, Non-Ionizing Therapy	‡	‡	10,281,596	19,703,696	20,512,897	5,115,651	47.87%
Radiation, UV	35,021,219	37,662,847	36,599,581	34,863,897	30,248,878	-1,193,085	-3.31%
Radon	2,247,435	311,741	2,064,419	1,877,626	1,928,547	-79,722	117.44%
Rare Diseases	41,841,085	42,994,896	41,827,984	40,951,967	35,970,832	-1,467,563	-3.55%
Rehabilitation	25,558,259	28,124,501	33,264,360	33,023,938	36,343,543	2,696,321	9.41%
Rural Populations	43,782,335	42,209,191	49,888,988	47,378,913	46,608,058	706,431	1.99%
Sexually Transmitted Diseases	46,790,495	49,370,699	53,246,020	49,404,310	46,567,630	-55,716	0.10%
Small Molecules	†	†	72,467,673	75,198,858	75,388,735	1,460,531	2.01%
Smokeless Tobacco	8,052,530	3,235,635	3,157,981	5,455,151	4,915,185	-784,336	0.16%
Smoking and Health	136,772,177	140,691,633	131,902,138	116,460,252	107,599,912	-7,293,066	-5.67%
Smoking Behavior	78,958,064	77,398,392	65,185,509	57,593,749	54,845,966	-6,028,025	-8.54%
Smoking, Passive	6,088,321	6,163,806	5,646,628	5,916,667	4,724,698	-340,906	-5.63%
Structural Biology	341,881,210	370,571,496	382,597,297	373,716,079	350,255,158	2,093,487	0.76%
Surgery	135,887,501	137,281,620	102,248,250	68,506,434	62,186,093	-18,425,352	-16.68%
Taxol	71,638,234	79,061,172	67,584,901	67,818,280	68,614,085	-756,037	-0.66%
Telehealth	136,729,979	137,081,094	122,527,280	114,070,880	109,251,686	-6,869,573	-5.37%
Therapy	1,126,832,535	1,217,391,826	1,272,641,374	1,266,274,256	1,298,039,566	42,801,758	3.65%
Tropical Diseases	11,812,651	10,255,864	11,102,730	11,470,288	8,793,217	-754,859	-6.24%

continued

†Coding not required or requested.
‡Radiation categories were redefined in 2005.

Table 15. NCI Special Interest Category (SIC) Dollars for FY2003-FY2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Special Interest Categories (SIC)	Total Special Interest Category Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Tumor Markers	489,114,837	451,794,712	434,204,129	379,942,155	319,696,793	-42,354,511	-9.97%
Underserved Populations	130,143,998	138,519,933	177,574,214	185,053,103	193,031,767	15,721,942	10.79%
Vaccine Development	14,453,579	21,617,405	27,059,011	28,477,513	25,921,581	2,867,001	17.75%
Vaccine Production	774,562	1,976,306	1,693,418	2,554,459	2,813,459	509,724	50.46%
Vaccine Research	39,445,936	41,596,477	40,521,325	40,811,267	35,338,089	-1,026,962	-2.46%
Vaccine Testing	43,526,814	44,774,687	45,170,380	41,589,965	42,358,539	-292,069	-0.58%
Virus Cancer Research	196,287,543	194,880,644	191,052,843	184,005,089	169,548,341	-6,684,801	-3.56%
Virus, Epstein-Barr	23,278,988	23,134,534	24,534,511	24,823,910	20,885,807	-598,295	-2.31%
Virus, Genital Herpes	666,153	670,672	507,354	297,627	496,778	-42,344	0.48%
Virus, Hepatitis B	10,387,770	8,795,216	7,739,861	9,761,386	11,248,067	215,074	3.50%
Virus, Hepatitis C	4,715,540	4,263,315	4,890,912	5,314,150	6,013,368	324,457	6.74%
Virus, Herpes	51,778,550	53,522,401	52,021,227	50,636,437	49,617,358	-540,298	-1.03%
Virus, HHV6	40,917	42,500	51,916	48,840	38,658	-565	-0.19%
Virus, HHV8	17,787,658	17,648,098	19,069,528	19,444,589	21,063,289	818,908	4.39%
Virus, HTLV-I	8,443,640	7,369,926	8,734,324	9,255,632	8,125,525	-79,529	-0.11%
Virus, HTLV-II	15,161	39,299	246,497	180,823	286,731	67,893	179.59%
Virus, HTLV-Unspecified	69,094	72,443	76,253	72,673	250,500	45,352	62.53%
Virus, Papilloma	49,870,165	51,897,332	56,846,619	48,746,509	52,204,543	583,595	1.61%
Virus,Papova	61,875,739	65,462,575	69,718,574	63,010,553	64,028,274	538,134	1.07%
Virus, Sv40	8,645,371	10,130,358	10,464,181	10,663,884	8,629,445	-3,982	0.83%
Vitamin A	22,486,845	22,194,566	23,874,074	18,860,654	19,668,632	-704,553	-2.61%
Vitamin C	6,809,996	5,566,346	5,490,209	4,567,404	2,659,444	-1,037,638	-19.55%
Vitamins, Other	21,073,817	19,859,860	23,430,615	22,232,900	21,766,523	173,177	1.25%

Table 16. NCI Organ and Related Site-Specific Dollars for FY2003-2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Site Category	Total Site Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Adrenal	3,960,952	2,593,630	2,717,779	2,022,497	1,713,386	-561,892	-17.65%
Anus	4,356,693	6,178,964	6,313,360	1,903,513	2,118,674	-559,505	-3.64%
Bladder	29,375,431	29,192,500	25,392,413	19,803,683	17,371,697	-3,000,934	-11.98%
Bone Marrow	18,738,105	16,859,731	17,969,897	22,465,093	22,451,131	928,257	5.38%
Bone, Cartilage	22,398,965	21,436,315	20,296,744	21,063,492	19,387,491	-752,869	-3.45%
Brain	95,279,466	105,526,751	101,434,991	105,060,878	115,250,618	4,992,788	5.04%
Breast	499,135,321	514,406,565	510,552,531	527,807,370	521,633,567	5,624,562	1.13%
Buccal Cavity	5,622,264	6,480,376	5,494,543	8,081,757	9,150,490	882,057	15.09%
Central Nervous System	18,946,339	20,699,745	17,192,652	14,061,106	12,427,536	-1,629,701	-9.38%
Cervix	72,057,870	72,682,867	75,787,307	73,228,337	72,958,209	225,085	0.35%
Childhood Leukemia	47,389,916	48,088,942	45,113,301	38,504,393	39,602,861	-1,946,764	-4.13%
Colon, Rectum	243,188,189	245,543,444	238,230,314	228,997,550	242,141,015	-261,794	-0.04%
Connective Tissue	7,572,951	7,094,659	7,558,119	11,474,292	10,576,461	750,878	11.05%
Embryonic Tissue, Cells	7,746,541	6,559,473	5,318,429	4,184,399	3,009,363	-1,184,295	-20.91%
Esophagus	19,039,683	19,382,040	20,378,823	18,672,533	19,566,240	131,639	0.84%
Eye	2,432,688	1,513,506	2,465,231	1,689,222	2,107,705	-81,246	4.60%
Gall Bladder	757,328	872,737	899,162	1,186,770	990,701	58,343	8.43%
Gastrointestinal Tract	15,872,991	19,597,757	21,145,926	17,155,752	13,337,106	-633,971	-2.44%
Genital System, Female	1,935,489	5,172,691	4,794,366	2,823,806	2,545,359	152,468	27.24%
Genital System, Male	3,167,731	2,262,682	4,243,858	2,308,078	2,074,914	-273,204	0.82%
Head and Neck	35,716,098	44,167,285	44,641,240	41,555,151	37,581,195	466,274	2.06%
Heart	6,774,839	4,909,069	4,452,774	4,255,232	3,088,826	-921,503	-17.17%
Hodgkin's Lymphoma	15,895,958	16,247,077	16,354,733	19,636,312	15,148,880	-186,770	0.02%
Kaposi Sarcoma	18,753,497	18,688,727	20,071,159	20,133,663	20,075,346	330,462	1.77%
Kidney	23,012,397	22,618,493	24,984,890	22,472,490	22,095,888	-229,127	-0.75%
Larynx	1,239,045	777,411	491,395	353,412	333,234	-226,453	-26.96%
Leukemia	192,741,377	196,638,676	201,052,444	198,818,288	182,882,813	-2,464,641	-1.21%
Liver	54,925,839	54,341,107	52,888,388	53,472,232	58,928,177	1,000,585	1.89%
Lung	254,003,512	253,490,911	245,457,301	220,104,368	205,545,637	-12,114,469	-5.08%
Lymph Node	418,211	1,247,100	4,350,116	3,744,942	4,278,957	965,187	111.84%
Lymphatic System	1,772,709	1,130,650	424,632	718,819	658,665	-278,511	-9.44%
Melanoma	83,252,560	86,725,177	94,558,088	94,920,227	85,849,652	649,273	1.01%

continued

*Some categories are not mutually exclusive, resulting in overlap in reported funding; dollar totals, therefore, exceed 100 percent of the extramural budget.

Table 16. NCI Organ and Related Site-Specific Dollars for FY2003-2007 – Annual Percent Change*

This table reports funding for research grants and contracts only; training grants and intramural projects are excluded.

Site Category	Total Site Dollars					Average Dollar Change per Year ($)	Average Percent Change per Year (%)
	2003	2004	2005	2006	2007		
Muscle	10,585,789	9,961,120	9,250,584	7,605,653	7,437,525	-787,066	-8.26%
Myeloma	23,458,037	21,375,570	25,085,863	27,013,588	27,362,776	976,185	4.36%
Nervous System	2,947,832	2,859,805	2,909,612	3,302,967	4,023,649	268,954	8.52%
Neuroblastoma	23,109,752	22,723,369	22,004,713	19,558,040	15,104,996	-2,001,189	-9.68%
Non-Hodgkin's Lymphoma	87,701,313	91,103,091	94,545,180	98,911,228	99,384,129	2,920,704	3.19%
Nose, Nasal Passages	1,889,287	2,435,202	1,759,357	956,549	762,856	-281,608	-16.18%
Ovary	94,278,381	93,598,684	91,509,918	87,686,822	88,505,726	-1,443,164	-1.55%
Pancreas	40,665,106	50,924,876	64,697,347	70,407,600	69,056,905	7,097,950	14.80%
Parathyroid	103,368	206,013	186,052	187,134	171,823	17,114	20.50%
Penis	570,915	1,007,097	1,777,028	2,938,868	2,720,503	537,397	52.70%
Pharynx	3,496,979	3,610,213	3,405,521	3,703,659	3,924,697	106,930	3.07%
Pituitary	2,223,903	1,958,668	1,904,001	1,726,533	897,516	-331,597	-18.01%
Prostate	282,162,848	283,487,876	281,876,087	262,443,938	269,922,959	-3,059,972	-1.04%
Respiratory System	1,752,342	477,322	447,805	413,800	400,761	-337,895	-22.42%
Reticuloendothelial System	22,633,635	19,752,858	16,748,919	14,526,383	12,410,375	-2,555,815	-13.94%
Retinoblastoma	2,275,980	2,470,155	3,716,422	3,340,918	3,691,685	353,926	14.84%
Salivary Glands	335,590	305,461	247,997	209,785	166,982	-42,152	-15.90%
Skin	60,107,917	63,687,265	63,603,865	59,159,876	55,115,019	-1,248,225	-2.00%
Small Intestine	2,744,882	1,592,051	1,956,314	3,736,917	3,398,526	163,411	15.71%
Spleen	397,133	561,467	314,378	413,583	553,101	38,992	15.67%
Stomach	10,410,995	9,841,719	9,259,931	9,655,711	10,208,137	-50,715	-0.35%
Testis	6,182,273	6,584,671	6,138,620	7,345,304	7,745,565	390,823	6.21%
Thymus	830,245	625,911	1,102,792	1,285,454	1,097,000	66,689	13.37%
Thyroid	4,832,175	5,729,563	6,696,420	9,035,918	7,116,425	571,063	12.28%
Trachea, Bronchus	156,675	256,373	272,569	209,385	256,970	25,074	17.37%
Urinary System	540,930	263,840	360,645	87,407	--	-151,174	-30.10%
Uterus	24,399,854	24,678,691	29,654,053	17,863,777	15,215,991	-2,295,966	-8.32%
Vagina	542,925	571,670	922,677	405,092	334,452	-52,118	-1.71%
Vascular	49,015,750	44,089,096	35,543,894	30,549,373	23,495,473	-6,380,069	-16.64%
Wilms Tumor	4,773,264	4,243,617	3,394,348	4,070,329	3,551,394	-305,468	-5.99%

Table 17. NCI Funding of Foreign Research Grants in FY2007

This table reports extramural grants only; intramural grants, training grants, and contracts are excluded. Funding is given in thousands of dollars.

Country		Mechanism										Subtotal
		R01	R03	R21	R33	R37	K22	U01	U10	U24	F32	
Australia	Grants	5	2			1		2				**10**
	Funding	1,772	107			230		1,519				**3,629**
Belgium	Grants								1			**1**
	Funding								417			**417**
Canada	Grants	17	2	1	2		1	2	3			**28**
	Funding	4,970	108	124	356		161	2,316	1,682			**9,718**
China	Grant	1										**1**
	Funding	180										**180**
France	Grants	3	2					1				**6**
	Funding	1,385	111					812				**2,308**
Germany	Grants	1									1	**2**
	Funding	290									50	**341**
Iceland	Grant	1										**1**
	Funding	354										**354**
India	Grant	1										**1**
	Funding	190										**190**
Israel	Grants	6		1		2		1				**10**
	Funding	1,024		137		434		240				**1,835**
Italy	Grant		1									**1**
	Funding		52									**52**
Netherlands	Grants		1					1				**2**
	Funding		55					180				**235**
New Zealand	Grant		1									**1**
	Funding		55									**55**
Singapore	Grant				1							**1**
	Funding				217							**217**
South Africa	Grant	1										**1**
	Funding	46										**46**
Spain	Grants	2										**2**
	Funding	386										**386**
Sweden	Grants	3										**3**
	Funding	1,222										**1,222**

continued

Table 17. NCI Funding of Foreign Research Grants in FY2007

This table reports extramural grants only; intramural grants, training grants, and contracts are excluded. Funding is given in thousands of dollars.

Country		Mechanism										Subtotal
		R01	R03	R21	R33	R37	K22	U01	U10	U24	F32	
Switzerland	Grants	2										**2**
	Funding	332										**332**
United Kingdom	Grants	5		1						1	2	**9**
	Funding	1,157		108						44	99	**1,408**
Totals	Grants	**48**	**9**	**3**	**3**	**3**	**1**	**7**	**4**	**1**	**3**	**82**
	Funding	**13,308**	**488**	**370**	**573**	**665**	**161**	**5,067**	**2,100**	**44**	**150**	**22,925**

Table 18. Foreign Components of U.S. Domestic Research Grants in FY2007

This table reports extramural grants only; intramural grants, training grants, and contracts are excluded.

Country	Mechanism															Subtotal
	R01	R03	R15	R21	R24	R33	R37	R44	R56	P01	P50	U01	U19	U24	U54	
Africa (sic)												1				**1**
Argentina														1		**1**
Australia	13	1								2	1	6		2		**25**
Austria	1													1		**2**
Bangladesh	1															**1**
Barbados	1															**1**
Belgium	1													1		**2**
Brazil	5	1										3	1	1		**11**
Cameroon															2	**2**
Canada	44	2						2	2	7	3	12	1	3	1	**77**
China	21	5								1	1		1	1		**30**
Colombia										1				1		**2**
Costa Rica												1				**1**
Czech Republic	3													1		**4**
Denmark	6	1									1			1		**9**
Dominica													1			**1**
Egypt	2	1												1		**4**
Fiji													1			**1**
Finland	6					1				1				1	1	**10**
France	9	1		1							1			1	1	**14**
Germany	15	1	1		1	1				1	1	1		1		**23**
Guinea				1												**1**
Hungary														2		**2**
Iceland	1															**1**
India	1										2			1		**4**
Indonesia										1						**1**
Iran														1		**1**
Ireland	1													1		**2**
Israel	7						1			2				2		**12**
Italy	10	1					1				1			1		**14**
Japan	6	1										1	1	1		**10**
Kenya	1											2			1	**4**
Kuwait														1		**1**
Latvia	1															**1**
Malaysia											1			1		**2**
Mexico	1										1			1		**3**

continued

Table 18. Foreign Components of U.S. Domestic Research Grants in FY2007

This table reports extramural grants only; intramural grants, training grants, and contracts are excluded.

Country	Mechanism															Subtotal
	R01	R03	R15	R21	R24	R33	R37	R44	R56	P01	P50	U01	U19	U24	U54	
Moldova							1									**1**
Netherlands	9						1			1		1		1		**13**
New Zealand	4									1	1			1		**7**
Nigeria											1				3	**4**
Norway	1	1										1			1	**4**
Pakistan														1		**1**
Panama														1		**1**
Papua New Guinea	1												1			**2**
Peru															2	**2**
Philippines	1												1			**2**
Poland	1													1		**2**
Portugal														1		**1**
Romania	1															**1**
Russia	4			1								1		1		**7**
Saudi Arabia														1		**1**
Senegal	2															**2**
Singapore	6					1								1		**8**
Slovenia														1		**1**
South Africa	1													1		**2**
South Korea	1													1		**2**
Spain	6	1		1								2		1		**11**
Sri Lanka													1			**1**
St. Maarten													1			**1**
Sweden	11											1		1	1	**14**
Switzerland	1									1				1		**3**
Taiwan	1							1						1		**3**
Thailand										1	1	2				**4**
Tobago	1															**1**
Turkey										1				1		**2**
Uganda	1					1						2				**4**
United Kingdom	26	2		3		1				2	3	6		1	2	**46**
Uruguay											1			1		**2**
Venezuela														1		**1**
Vietnam	1															**1**
Zambia	1											1				**2**
Totals	**238**	**19**	**1**	**7**	**1**	**5**	**4**	**3**	**2**	**23**	**20**	**44**	**10**	**49**	**15**	**441**

Appendix A: Activities of the National Cancer Advisory Board

Originally established as the National Advisory Cancer Council in 1937, the NCAB consists of 18 members who are appointed by the President and 12 nonvoting *ex officio* members. The NCAB advises, assists, consults with, and makes recommendations to the Secretary, DHHS, and to the NCI Director with respect to the activities carried out by and through the Institute and on policies pertaining to these activities. It is authorized to recommend support for grants and cooperative agreements following technical and scientific peer review. The Director of the DEA serves as Executive Secretary of the NCAB. In fulfilling its role as the locus for second-level review of all peer reviewed applications. The Board reviewed a total of 5,933 applications in 2007 requesting $1,671,272,614 in direct costs.

The Board heard presentations, discussed, and provided advice on a variety of topics and NCI activities in FY2007, such as:

- NCI Director's Report
- President's Cancer Panel Report
- Legislative Update
- Overview: NCI Activities Within the NIH Clinical Center
- Overview: Phase 0 Trials
- Update: Frederick Cancer Research and Development Center (FCRDC)
- Update: Centers for Cancer Research:
  - Clinical Program
  - Meeting NIH's Mandate for Rare Disease Research
    - Clinical Development of Treatments for Neurofibromatosis Type 1 Associated Tumors
  - Immunology Center of Excellence
    - Preclinical and Clinical Development of rhIL-7: A Potent Immunorestorative and Vaccine Adjuvant
    - IL-15 in the Life and Death of Lymphocytes: Implications for Cancer Therapy and Vaccine Design
    - A Promising Candidate To Enhance Vaccine Efficacy Against Cancer and HIV
  - Profiling and Gene Regulation
    - Towards Routine Molecular Diagnosis in Clinical Oncology
    - Malignant Gliomas: A Neural Stem Cell Gone Bad. The Biological and Therapeutic Implications of a Changing Paradigm
    - Deciphering the Genetic Barcode of Cancer Susceptibility Using Mouse Models of Astrocytoma, MPNST, and NF1
- Update: Tobacco Legislation
- Annual Tobacco Control Update
- Breast Cancer Stamp Initiative
- Challenges and Opportunities Facing NIH Peer Review: A Vision for Ensuring Its Strategic National Value
- NCI Biennial Report: Inclusion of Women and Minorities in Clinical Research
- Annual Report: Implementation of Clinical Trials Working Group Recommendations
- Annual Report: American Society of Clinical Oncology (ASCO)
- Status Report: The Cancer Genome Atlas Awards
- Status Report: Integrating the Recommendations of the Clinical Trials Working Group and the Translational Research Working Group
- Report: P-4 Chemoprevention Trials Assessment Working Group
- Report: American Association for Cancer Research
- Final Report: Translational Research Working Group
- Reprogramming Metastatic Tumor Cells With Embryonic Microenvironment
- Program Review of Division of Cancer Epidemiology and Genetics: Melding Epidemiology and Genomics
- NCI Best Practices for Biospecimen Resources

- Algorithm Predicts Response to Anticancer Drugs (COXEN)
- Strategic Plan: Medical Oncology Branch, Center for Cancer Research
- Mini-Symposium: Strategic Partnering To Evaluate Cancer Signatures (SPECS) Program
- Mini-Symposium: Future of Imaging in the NCI Programs: From Molecule to Man

As part of its mandate for oversight of NCI activities, the NCAB receives regular updates from the NCI Director, the NCI Office of Legislation and Congressional Activities, and the President's Cancer Panel.

Another major role of the Board is to monitor the overall advisory and oversight activities of the NCI as a whole. In that regard, it annually reviews the site visit outcomes of intramural review and the extramural RFA and RFP concepts acted on by the BSA. The NCAB also participates in the framing of the annual NCI Bypass Budget and considers the impact of actualized priorities as expressed by the allocation of the annual operating budget.

The full text of recent NCAB meeting summaries is available on the NCI Web Site at: **http://deainfo.nci.nih.gov/advisory/ncabminmenu.htm**.

Appendix B: Activities of the Board of Scientific Advisors

The BSA provides scientific advice on a wide variety of matters concerning scientific program policy, progress, and future direction of NCI's extramural research programs, and concept review of extramural program initiatives.

In addition to approving a number of extramural program initiatives (see below), the BSA also heard presentations on the following in FY2007:

- Report of the Director
- NCI/Congressional Relations
- BSA at National Meetings Report
- Cancer Centers Directors' Report
- Overview: NIH Foundation
- Annual RFA Concept Report
- Final Report: Translational Research Working Group (TRWG)
- Final Report: NCI Best Practices for Biospecimen Resources
- Nanotechnology Symposium
- Mini-Symposium: Integrated Human and Mouse Systems Genetics
- Mini-Symposium: Biobehavioral Influences on Cancer Biology
- Impact of the Flat Budget
- Cancer From a Global Perspective
- Genetic Profiling of Cancer
- The Genetic Basis of Cancer of the Kidney
- Genes and Environment Initiative
- BSA Subcommittee: The Childhood Cancer Therapeutically Applicable Research to Generate Effective Treatments (TARGET) Initiative
- Centers of Excellence in Cancer Communication Research Initiative: Mid-Course Update
- Update: Interagency Oncology Task Force
- Update: Implementation of the Clinical Trials Working Group (CTWG) Recommendations
- Update: Clinical Development of IL-15
- Update: Clinical Proteomic Technologies for Cancer Initiative
- Update: NCI Community-Based Cancer Centers Pilot Program
- Update: Investigational Drug and Phase III Disease-Specific Steering Committees

RFA Concepts Approved

Division of Cancer Biology

- The Biology of Breast Pre-Malignancy
- Lung Cancer and Inflammation

RFP Concept Approved

Office of Biorepositories and Biospecimen Research

- Biospecimen Research To Enable Molecular Medicine

Combined RFA/Cooperative Agreements Approved

Division of Cancer Treatment and Diagnosis

- Adult Brain Tumor Consortium
- Network for Translational Research in Optical Imaging (NTROI)
- AIDS and Cancer Specimen Resource
- A Data Resource for Analyzing Blood and Marrow Transplants
- Cooperative Human Tissue Network

Division of Cancer Prevention

- Community Clinical Oncology Program
- Minority-Based Clinical Oncology Program

Office of the Director

- Comprehensive Minority Institution/Cancer Center Partnership
- Innovative Molecular Analysis Technologies Program
- Multidisciplinary Career Development Award

Division of Cancer Control and Population Sciences

- Centers of Excellence in Cancer Communication Research
- Cooperative Family Registry for Epidemiologic Studies in Colon Cancer

The full text of recent BSA meeting summaries is available on the NCI Web Site at: **http://deainfo.nci.nih.gov/advisory/bsaminmenu.htm**.

Appendix C: List of Chartered Committees, FY2007

President's Cancer Panel

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Members

Lance E. Armstrong..... Lance Armstrong Foundation
Margaret L. Kripke, Ph.D. .....University of Texas M.D. Anderson Cancer Center

Executive Secretary

Abby B. Sandler, Ph.D. ..... National Cancer Institute

National Cancer Advisory Board

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Moon S. Chen, Jr., Ph.D., M.P.H. .....University of California, Davis Cancer Center
Donald. S. Coffey, Ph.D.* .....Johns Hopkins University School of Medicine
Kenneth H. Cowan, M.D., Ph.D. ...University of Nebraska, Eppley Institute for Cancer Research
Jean B. deKernion, M.D. .....University of California at Los Angeles School of Medicine
Lloyd K. Everson, M.D. ..... US Oncology, Inc.
Kathryn Giusti, M.B.A. .....Multiple Myeloma Research Foundation
Robert Ingram*.....GlaxoSmithKline
Judah M. Folkman, M.D. ..... Children's Hospital of Boston, Harvard Medical School
David H. Koch ..... Koch Industries
Diana M. Lopez, Ph.D. ..... University of Miami School of Medicine
Karen M. Meneses, Ph.D. ..... University of Alabama at Birmingham
Franklyn Prendergast, M.D., Ph.D. ..... Mayo Comprehensive Cancer Center
Lydia G. Ryan, M.S.N., P.N.P. .....AFLAC Cancer Center
Daniel Von Hoff, M.D., F.A.C.P. .....Translational Genomics Research Institute

*Pending.

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Michael O. Leavitt..... U.S. Department of Health and Human Services
The Honorable Dr. Michael J. Kussman ..... U.S. Department of Veterans Affairs
The Honorable John H. Marburger III, Ph.D. ..... Office of Science and Technology Policy
Nancy A. Nord ..... Consumer Product Safety Commission
Ari Patrinos, Ph.D. ..... U.S. Department of Energy
David A. Schwartz, M.D. ..... National Institute of Environmental Health Sciences, NIH
Andrew C. von Eschenbach, M.D. ..... U.S. Food and Drug Administration
The Honorable Dr. William Winkwerder, Jr. ..... U.S. Department of Defense
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Executive Secretary

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Past Chair

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Members

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Leslie Bernstein, Ph.D. ..... Keck School of Medicine of the University of Southern California
Marianne Berwick, Ph.D. ..... University of New Mexico
William J. Blot, Ph.D. ..... International Epidemiology Institute
Susan L. Butler ..... Ovarian Cancer National Alliance
Gary P. Chow, M.P.H. ..... American Cancer Society
John R. Finnegan, Jr., Ph.D. ..... University of Minnesota School of Public Health
Christina Anne Meyers, Ph.D. ..... University of Texas, M.D.Anderson Cancer Center
Douglas E. Peterson, D.M.D., Ph.D. ..... University of Connecticut Health Center
John M. Pezzuto, Ph.D. ..... University of Hawaii
Noma L. Roberson, Ph.D. ..... Roberson Consulting International
Marjorie Romkes, Ph.D. ..... University of Pittsburgh at Pittsburgh
Susan R. Sturgeon, Dr.P.H. ..... University of Massachusetts at Amherst
Tor D. Tosteson, Sc.D. ..... Dartmouth Medical School
Michael W. Vannier, M.D. ..... University of Chicago
Chung S. Yang, Ph.D. ..... Rutgers University College of Pharmacy

Scientific Review Officer

Wlodek Lopaczynski, M.D., Ph.D. ..... National Cancer Institute

Past Scientific Review Officer

Hasnaa Shafik, M.D., Ph.D. ..... National Cancer Institute

Subcommittee F—Manpower and Training

Member and Chair

Gerard M. Doherty, M.D. ..... University of Michigan Health System

Members

Vicki V. Baker, M.D. ..... West Virginia University Health Sciences
David L. Bartlett, M.D. ..... University of Pittsburgh School of Medicine
Amy H. Bouton, Ph.D. ..... University of Virginia School of Medicine
Marila Cordeiro-Stone, Ph.D. ..... University of North Carolina
Weimin Fan, M.D., M.P.H. ..... Medical University of South Carolina
Kimberly E. Foreman, Ph.D. ..... Loyola University of Chicago
David W. Goodrich, Ph.D. ..... Roswell Park Cancer Institute
Michael M. Graham, M.D., Ph.D. ..... University of Iowa
Richard D. Hichwa, Ph.D. ..... Holden Comprehensive Cancer Center
Barbara E. Kitchell, D.V.M., Ph.D. ..... Michigan State University
James C. Lang, Ph.D. ..... The Ohio State University
Deborah A. Lannigan, Ph.D. ..... University of Virginia
Gregory D. Longmore, M.D. ..... Washington University School of Medicine
Steven B. McMahon, Ph.D. ..... The Wistar Institute
Jaime F. Modiano, V.M.D., Ph.D. ..... University of Colorado Health Sciences Center
Mark A. Nelson, Ph.D. ..... University of Arizona College of Medicine
Christopher A. Pennell, Ph.D. ..... University of Minnesota Cancer Center
Eric R. Prossnitz, Ph.D. ..... University of New Mexico
Sunil J. Rao, Ph.D. ..... Case Western Reserve University
Thais P. Salazar-Mather, Ph.D. ..... Brown University
George P. Studzinski, M.D., Ph.D. ..... New Jersey Medical School
Ming T. Tan, Ph.D. ..... University of Maryland
Kenneth S. Zuckerman, M.D. ..... University of South Florida College of Medicine

Scientific Review Officer

Lynn M. Amende, Ph.D. ..... National Cancer Institute

Subcommittee G—Education

Chair

Robert M. Chamberlain, Ph.D. ..... The University of Texas M.D. Anderson Cancer Center

Past Chair

Richard E. Gallagher, Ph.D. ..... Wayne State University

Members

Deborah J. Bowen, Ph.D. ..... Boston University
Raymond J. Carroll, Ph.D. ..... Texas A&M University
Robert M. Chamberlain, Ph.D. ..... University of Texas M.D. Anderson Cancer Center
Marcia L. Grant, F.A.A.N., R.N., D.N.S.C. ..... City of Hope National Medical Center
Kenneth R. Hande, M.D. ..... Vanderbilt University School of Medicine
Gail G. Harrison, Ph.D. ..... University of California at Los Angeles
Lynn C. Hartmann, M.D. ..... Mayo Clinic and Foundation
Chanita A. Hughes-Halbert, Ph.D. ..... University of Pennsylvania
Lovell A. Jones, Ph.D. ..... University of Texas M.D. Andreson Center
Arthur M. Michalek, Ph.D. ..... University of Pennsylvania
Selma J. Morris, M.Ed. ..... Grady Health System
Patricia Dolan Mullen, Dr.P.H. ..... University of Texas Health Science Center at Houston
Joseph F. O'Donnell, M.D. ..... Dartmouth Medical School
Timothy Pearman, Ph.D. ..... Tulane University School of Medicine
William H. Redd, Ph.D. ..... Ruttenburg Cancer Center
Georgia R. Sadler, Ph.D. ..... University of California, San Diego Cancer Center
Linda G. Snetselaar, Ph.D. ..... University of Iowa College of Public Health
Cameron K. Tebbi, M.D. ..... St. Joseph's Children's Hospital of Tampa
John T. Vetto, M.D. . ..... Oregon Health & Science University
Charles F. Von Gunten, M.D., Ph.D. . ..... University of California at San Diego
Richard B. Warnecke, Ph.D. ..... University of Illinois at Chicago

Scientific Review Officer

Sonya Roberson, Ph.D. ..... National Cancer Institute

Subcommittee H—Clinical Trials

Chair

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Past Chair

James R. Anderson, Ph.D. ..... University of Nebraska Medical School

Members

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Nancy N. Baxter, M.D., Ph.D. ..... St. Michael's Hospital
Jacqueline K. Benedetti, Ph.D. .....Fred Hutchinson Cancer Research Center
Charles D. Blanke, M.D. .....Oregon Health & Science University Cancer Institute
Jeffery A. Bogart, M.D. ..... S.U.N.Y. Upstate Medical University
Carol L. Brown, M.D. . .....Memorial Sloan-Kettering Cancer Center
Debra W. Christie, M.B.A. . .....University of Mississippi Medical Center
Darlene J. Demanincor, Ph.D. ..... Patient Advocate, Oakland, CA
Lawrence E. Flaherty, M.D. .....Wayne State University
Venus M. Gines, M.A. .....Dia de La Mujer Latina, Inc.
Stephen L. Graziano, M.D. .....State University of New York
Stephanie J. Green, Ph.D. ..... Pfizer, Inc.
Sheilah K. Hurley, M.A. .....University of Minnesota
Merrill S. Kies, M.D. .....University of Texas M.D. Anderson Cancer Center
Juanita Lyle.....Consultant
Deborah B. McGuire, Ph.D., F.A.A.N. ..... University of Maryland
Paul A. Meyers, M.D. .....Memorial Sloan-Kettering Cancer Center
Lisa A. Newman, M.D. ..... University of Michigan Comprehensive Cancer Center
Roy A. Patchell, M.D. ..... University of Kentucky
Elizabeth Polin, M.D. .....University of Medicine and Dentistry of New Jersey
Stephen J. Qualman, M.D. ....The Ohio State University College of Medicine and Public Health
David I. Quinn, Ph.D. .....University of Southern California Keck School of Medicine
Melanie E. Royce, M.D., Ph.D. ..... University of New Mexico Cancer Research
Edward G. Shaw, M.D. ..... Wake Forest University School of Medicine
Elin R. Sigurdson, M.D., Ph.D. .....Fox Chase Cancer Center
Eric J. Small, M.D. ..... University of California at San Francisco, Comprehensive Cancer Center
Vernon K. Sondak, M.D. .....H. Lee Moffitt Cancer Center & Research Institute
Richard M. Stone, M.D. ..... Harvard Medical School
Lari B. Wenzel, Ph.D. .....University of California at Irvine

Scientific Review Officer

Timothy C. Meeker, M.D. ..... National Cancer Institute

Subcommittee I—Career Development

Chair

Mary-Ann Bjornsti, Ph.D. .....St. Jude Children's Research Hospital

Members

Robert K. Bright, Ph.D. .....Texas Tech University Health Sciences Center
Jeffrey A. Drebin, M.D., Ph.D. ..... University of Pennsylvania School of Medicine
Christine M. Eischen, Ph.D. .....Vanderbilt University Medical Center
Rafael A. Fridman, Ph.D. .....Wayne State University School of Medicine
Dale S. Haines, Ph.D. ..... Temple University School of Medicine
Roland G. Henry, Ph.D. ..... University of California at San Francisco
P. Jack Hoopes, D.V.M., Ph.D. ..... Dartmouth Medical School
James R. Howe, V.M.D. .....University of Iowa College of Medicine
Susan E. Kane, Ph.D. .....City of Hope/Beckman Research Institute
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Robin J. Leach, Ph.D. ..... University of Texas Health Science Center at San Antonio
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Leonard Lothstein, Ph.D. .....University of Tennessee Health Science Center
Jeffrey F. Moley, M.D. ..... Washington University School of Medicine
John O. Ojeifo, M.D., Ph.D. ..... Georgetown University School of Medicine
Neil Osheroff, Ph.D. ..... Vanderbilt University School of Medicine
Russell O. Pieper, Ph.D. ...University of California at San Francisco, Comprehensive Cancer Center
Antoni Ribas, M.D. .....University of California, Los Angeles Medical Center
Protul A. Shrikant, Ph.D. ..... Roswell Park Cancer Institute
Hua Xiao, M.D., Ph.D. .....Michigan State University

Scientific Review Officer

Robert Bird, Ph.D. ..... National Cancer Institute

Subcommittee J—Population and Patient-Oriented Training

Chair

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Past Chair

Scott A. Waldman, M.D., Ph.D. .....Thomas Jefferson University

Members

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Elisa V. Bandera, M.D., Ph.D. .....University of Medicine and Dentistry of New Jersey
Susan D. Block, M.D. ..... Dana-Farber Cancer Institute
Michael Bouvet, M.D. ..... University of California at San Diego
Malcolm V. Brock, M.D. ..... The Johns Hopkins Hospital
Wanda E. Hardman, Ph.D. ..... Marshall University School of Medicine
Raymond J. Hohl, M.D., Ph.D. .....University of Iowa
Joel B. Mason, M.D. .....Tufts University
Kevin T. McDonagh, M.D. ..... Markey Cancer Center
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Deborah M. Parra-Medina, Ph.D., M.P.H. .....University of South Carolina
Frank J. Penedo, Ph.D. .....University of Miami
Mark J. Ratain, M.D. .....The University of Chicago
Mary E. Reid, Ph.D., M.S.P.H. ..... Roswell Park Cancer Institute
Suzanne C. Segerstrom, Ph.D. ..... University of Kentucky
Debra C. Thaler-Demers, R.N. .....National Coalition for Cancer Survivorship
John H. Ward, M.D. .....University of Utah School of Medicine
Sandra E. Ward, Ph.D. .....University of Wisconsin at Madison School of Nursing

Scientific Review Officer

Ilda M. McKenna, Ph.D. ..... National Cancer Institute

Initial Review Group Subcommittees

Manpower and Training

Education

Initial Review Group Subcommittees (continued)

Clinical Groups

Career Development

Initial Review Group Subcommittees (continued)

Population and Patient-Oriented Training

Cancer Centers

Special Emphasis Panels

Network for Translational Research (NTR): Optical Imaging in Multimodal Platforms

Prevention, Control, and Population Sciences

Special Emphasis Panels (continued)

Molecular and Cellular Oncology

Discovery and Development

Special Emphasis Panels (continued)

Clinical Studies P01

Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership

Special Emphasis Panels (continued)

SPORE in Prostate, Breast, Ovarian, Pancreatic, and Gastrointestinal Cancers

SPORE in Lymphoma and Lung Cancer

Appendix D: NCI Initial Review Group Consultants, FY2007

1. Consultants Serving as Temporary Members on IRG Subcommittees in FY2007

A

Ahn, Chul W., Ph.D. ..... University of Texas Health Science Center
Aisner, Joseph, M.D. ..... University of Medicine and Dentistry of New Jersey
Altorki, Nasser K., M.D. ..... Weill Medical College of Cornell University
Andreeff, Michael W., M.D., Ph.D. ..... University of Texas M.D. Anderson Cancer Center
Andrykowski, Michael A., Ph.D. ..... University of Kentucky
Arber, Daniel A., M.D. ..... Stanford University Hospital
Augenlicht, Leonard H., Ph.D. ..... Montefiore Medical Center, New York
August, David A., M.D. ..... University of Medicine and Dentistry of New Jersey
Avrin, David, M.D., Ph.D. ..... University of Utah

B

Balk, Steven P., M.D., Ph.D. ..... Beth Israel Deaconess Medical Center
Bastia, Deepak, Ph.D. ..... Medical University of South Carolina
Batchelor, Tracy T., M.D., M.P.H. ..... Massachusetts General Hospital
Bear, Harry D., M.D., Ph.D. ..... Virginia Commonwealth University
Belk, Bonnie F., M.A., M.P.A. ..... Private Practice
Berry, Donna L., Ph.D., R.N. . ..... Oncology Nursing Society
Bilchik, Anton J., M.D., Ph.D. ..... John Wayne Cancer Institute
Blankenberg, Francis G., M.D. ..... Stanford University
Bogart, Jeffrey A., M.D. ..... Upstate Medical University
Brawley, Otis W., M.D. ..... Emory University
Breeden, Linda L., Ph.D. ..... Fred Hutchinson Cancer Research Center
Brownson, Ross C., Ph.D. ..... Saint Louis University
Buchsbaum, Donald J., Ph.D. ..... University of Alabama at Birmingham
Byrns, Patricia J., M.D. ..... University of North Carolina at Chapel Hill

C

Chamberlain, Robert M., Ph.D. ..... University of Texas M.D. Anderson Cancer Center
Choi, Won S., Ph.D., M.P.H. ..... University of Kansas Medical Center
Christie, Debra W., M.B.A. ..... University of Mississippi Medical Center
Cohen, Michael B., M.D. ..... University of Iowa
Cooley, Mary E., Ph.D., R.N. ..... Dana-Farber Cancer Institute
Cory, Joseph G., Ph.D. ..... East Carolina University

D

Demanincor, Darlene J., Ph.D. ..... Advocate
Demidenko, Eugene, Ph.D. ..... Dartmouth College

Devine, Susan ..... Hospital for Sick Children, Toronto
Dignan, Mark B., Ph.D., M.P.H. ..... University of Kentucky

E

Ebbini, Emad S., Ph.D. ..... University of Minnesota, Twin Cities
Elmore, Lynne W., Ph.D. ..... Virginia Commonwealth University
Erickson, Leonard C., Ph.D. ..... Indiana University-Purdue University Indianapolis
Evans, Stephen R., M.D. ..... George Washington University

F

Feingold, Eleanor, Ph.D. ..... University of Pittsburgh at Pittsburgh
Ferrone, Soldano, M.D., Ph.D. ..... University of Pittsburgh at Pittsburgh
Fisher, Joy D., M.A. ..... The Johns Hopkins University
Fishman, David A., M.D. ..... New York University School of Medicine
Flaherty, Lawrence E., M.D. ..... Wayne State University
Fleming, William H., M.D., Ph.D. ..... Oregon Health & Science University
Flint, Jonathan, M.D. ..... University of Oxford
Freeman, Michael L., Ph.D. ..... Vanderbilt University
Fueyo, Juan, M.D., D.Sc. ..... University of Texas M.D. Anderson Cancer Center

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Gerson, Stanton L., M.D. ..... Case Western Reserve University
Gewirtz, David A., Ph.D. ..... Virginia Commonwealth University
Ginns, Leo C., M.D. ..... Massachusetts General Hospital
Giralt, Sergio A., M.D. ..... University of Texas M.D. Anderson Cancer Center
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Goodlett, David Robinson, Ph.D. ..... University of Washington
Gore, Steven D., M.D., Ph.D. ..... The Johns Hopkins University
Gottschalk, Stephen, M.D. ..... Baylor College of Medicine
Grannis, Frederic W., M.D. ..... City of Hope Comprehensive Cancer Center
Grunberg, Steven M., M.D. ..... University of Vermont and State Agricultural College
Gurney, James G., Ph.D. ..... University of Michigan at Ann Arbor

H

Hansen, Marc F., Ph.D. ..... University of Connecticut Health Center
Hazan, Rachel B., Ph.D. ..... Yeshiva University
Hegel, Mark T., Ph.D. ..... Dartmouth College
Hennrikus, Deborah J., Ph.D. ..... University of Minnesota, Twin Cities
Henry, Roland G., Ph.D. ..... University of California at San Francisco
Ho, Peter T.C., M.D., Ph.D. ..... GlaxoSmithKline
Houlette, Judy Kasey, M.A. ..... Friend for Life Cancer Support Network
Hundahl, Scott A., M.D. ..... The Queen's Medical Center
Hurley, Sheilah K., M.A. ..... University of Minnesota
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Johnson, Candace S., Ph.D. ..... Roswell Park Cancer Institute Corporation
Jones, Lovell A., Ph.D. ..... University of Texas M.D. Anderson Cancer Center

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Kamen, Barton A., M.D., Ph.D. ..... Cancer Institute of New Jersey
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Kies, Merrill S., M.D. ..... University of Texas M.D. Anderson Cancer Center
Kong, Ah-Ng Tony, Ph.D. ..... Rutgers University
Kotloff, Robert M., M.D. ..... University of Pennsylvania School of Medicine
Krupinski, Elizabeth A., Ph.D. ..... University of Arizona

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Lamm, Marilyn L.G., Ph.D. ..... Northwestern University, Chicago
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Logsdon, Craig D., Ph.D. ..... University of Michigan at Ann Arbor
London, Cheryl A., D.V.M., Ph.D. ..... The Ohio State University
Lothstein, Leonard, Ph.D. ..... University of Tennessee Health Science Center
Lowrey, Christopher H., M.D. ..... Dartmouth College
Luo, Xu, Ph.D. ..... University of Nebraska Medical Center

M

Martin, Brian J., M.P.A. ..... University of Rochester
Martin, Marybeth, Ph.D. ..... Georgetown University
Martinez, Jesse D., Ph.D. ..... University of Arizona
Mauck, Robert L., Ph.D. ..... University of Pennsylvania
Meyers, Craig M., Ph.D. ..... Pennsylvania State University Hershey Medical Center
Montgomery, Guy H., Ph.D. ..... Mount Sinai School of Medicine of New York University

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Penedo, Frank J., Ph.D. ..... University of Miami, Coral Gables
Petros, William, B.S. ..... West Virginia University
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Phillips, Janice M., Ph.D. ..... University of Chicago
Platanias, Leonidas C., M.D., Ph.D. ..... Northwestern University
Poplin, Elizabeth, M.D. ..... University of Medicine and Dentistry of New Jersey
Porter, Peggy L., M.D. ..... Fred Hutchinson Cancer Research Center

Q

Qualman, Stephen J., M.D. ..... Children's Research Institute
Quinn, David I., Ph.D. ..... University of Southern California

R

Radich, Jerry P., M.D. ..... Fred Hutchinson Cancer Research Center
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Resnicow, Ken A., Ph.D. ..... University of Michigan
Robertson, Gavin P., Ph.D. ..... Pennsylvania State University Hershey Medical Center
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Rosenman, Julian G., M.D., Ph.D. ..... University of North Carolina at Chapel Hill

S

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Sample, Clare E., Ph.D. ..... Pennsylvania State University Hershey Medical Center
Seymour, Lesley K., M.D., Ph.D. ..... National Cancer Institute of Canada at Queens University
Shaaban, Aimen F., M.D. ..... University of Wisconsin, Madison
Shields, Anthony F., M.D., Ph.D. ..... Wayne State University
Sigurdson, Elin R., M.D., Ph.D. ..... Fox Chase Cancer Center
Sims, Millicent, B.S. ..... African American Cancer Support Group

Sondak, Vernon K., M.D. .....H. Lee Moffitt Cancer Center & Research Institute
Spangler, John G., M.D., M.P.H. .....Wake Forest University
Staley, Charles A., M.D. .....Emory University
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Stone, Richard M., M.D. .....Dana-Farber Cancer Institute
Sznol, Mario, M.D. .....Vion Pharmaceuticals, Inc.

T

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Terry, Michael A., B.S. .....University of Rochester
Tew, Kenneth D., Ph.D., D.Sc. .....Medical University of South Carolina
Troxel, Andrea B., Sc.D. .....University of Pennsylvania
Trujillo, Michael H., M.D. .....University of New Mexico, Albuquerque

V

Vassal, Gilles, Ph.D. .....Gustave Roussy Institute
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W

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Weiner, Ronald E., Ph.D. .....University of Connecticut
Weiner, Susan L., Ph.D. .....The Children's Cause, Inc.
Weitzel, Jeffrey N., M.D. .....City of Hope/Beckman Research Institute
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Wenzel, Lari B., Ph.D. .....University of California, Irvine
Wewers, Mary Ellen, Ph.D., R.N. .....The Ohio State University College of Nursing
Wilding, George, M.D. .....University of Wisconsin, Madison
Wiley, Patti, M.B.A. .....On the Wings of Angels

Y

Yee, Cassian, M.D. .....Fred Hutchinson Cancer Research Center

Z

Zahrbock, Cary A., M.S.W. .....United Behavioral Health
Zaren, Howard A., M.D. .....John H. Stroger Jr. Hospital, Cook County

Total number of Reviewers: 158

2. Consultants Serving as *Ad Hoc* Committee Members on IRG Site Visit Teams in FY 2007

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Adjei, Alex A., M.D., Ph.D. ..... Roswell Park Cancer Institute
Ahles, Tim A., Ph.D. ..... Sloan-Kettering Institute for Cancer Research
Aisner, Joseph, M.D. .....The Cancer Institute of New Jersey
Arreola, Mona Jean, Ph.D. .....St. Jude Children's Research Hospital
Arteaga, Carlos L., M.D. ..... Vanderbilt University
Augenlicht, Leonard H., Ph.D. ..... Montefiore Medical Center (Bronx, New York)

B

Ballman, Karla V., Ph.D. .....Mayo Clinic College of Medicine, Rochester
Bast, Robert C., M.D. .....Duke University
Bastia, Deepak, Ph.D. .....Medical University of South Carolina
Beckerle, Mary C., Ph.D. ..... University of Utah
Beckwith, Barbara J., M.A. ..... Ohio State University
Belk, Bonnie F., M.A., M.P.A. .....Private Practice
Benedetti, Jacqueline, Ph.D. .....University of Washington
Benovic, Jeffrey L., Ph.D. .....Thomas Jefferson University
Bhatia, Ravi, M.D. .....City of Hope/Beckman Research Institute
Bond, Jeffrey P., Ph.D. ..... University of Vermont
Boyd, Douglas D., Ph.D. .....University of Texas M.D. Anderson Cancer Center
Brautigan, David L., Ph.D. .....University of Virginia
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Buchsbaum, Donald J., Ph.D. ..... University of Alabama at Birmingham
Buettner, Garry R., Ph.D. .....University of Iowa
Burns, Charles P., M.D. .....University of Iowa
Byrd, John C., M.D. ..... Ohio State University

C

Campbell, Marci K., Ph.D. ..... University of North Carolina at Chapel Hill
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Chapman, Robert A., M.D. .....Henry Ford Hospital
Chellappan, Srikumar P., Ph.D. .....H. Lee Moffitt Cancer Center & Research Institute
Christie, Debra W., M.B.A. . .....University of Mississippi Medical Center
Chung, Leland W., Ph.D. .....Emory University
Civin, Curt I., M.D. ..... Johns Hopkins University
Clarke, William R., M.D., Ph.D. .....University of Iowa

Cole, Bernard F., Ph.D. ..... University of Vermont and State Agricultural College
Collawn, James F., Ph.D. ..... University of Alabama at Birmingham
Cooney, Kathleen A., M.D. ..... University of Michigan at Ann Arbor
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Cress, Anne E., Ph.D. ..... University of Arizona
Cronin, Walter M., M.P.H. ..... University of Pittsburgh at Pittsburgh

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Dedon, Peter C., M.D., Ph.D. ..... U.S. Public Health Service Public Advisory Groups
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Demayo, Francesco, Ph.D. ..... Baylor College of Medicine
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E

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Stockwell, Heather G., Ph.D. ..... University of South Florida
Stone, Michael P., Ph.D. ..... Vanderbilt University
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Storkus, Walter J., Ph.D. ..... University of Pittsburgh at Pittsburgh
Strickland, Carolyn J., Ph.D., R.N. ..... University of Washington
Stroman, Carolyn A., Ph.D. ..... Howard University
Strome, Scott E., M.D. ..... University of Maryland, Baltimore
Struck, Robert F., Ph.D. ..... Southern Research Institute

Stryker, Jo Ellen, Ph.D. ..... Emory University
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Sung, Janet H., M.D. ..... Windsong Radiology Group, PC
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Sutherland, Garnette, M.D. ..... University of Calgary
Suva, Larry J., Ph.D. ..... University of Arkansas
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Swede, Helen, Ph.D. ..... University of Connecticut School of Medicine and Dentistry
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Tao, Lianhui, M.D., Ph.D. ..... Ohio State University
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Terry, Michael A., B.S. ..... University of Rochester
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Thakur, Mathew L., Ph.D. ..... Thomas Jefferson University
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Thompson, E. Aubret, Ph.D. ..... Mayo Clinic College of Medicine, Jacksonville
Thorsen, Todd A., Ph.D. ..... Massachusetts Institute of Technology
Threadgill, David W., Ph.D. ..... University of North Carolina at Chapel Hill
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Tolley, Luke, Ph.D. ..... Southern Illinois University, Carbondale
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Towner, Rheal A., Ph.D. ..... Oklahoma Medical Research Foundation
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Triche, Timothy J., M.D., Ph.D. ..... Children's Hospital, Los Angeles
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Wang, Fen, Ph.D. ..... Texas A&M University Health Science Center
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Wang, Peng George, Ph.D. ..... Ohio State University
Wang, Shaomeng, Ph.D. ..... University of Michigan at Ann Arbor
Wang, Thomas D., M.D., Ph.D. ..... University of Michigan at Ann Arbor

Wang, Yue, Ph.D. ..... Virginia Polytechnic Institute and State University
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Appendix E: NCI Grant Guidelines and Descriptions

Below is a brief description of NIH funding mechanisms. Additional information on grants, contracts, and extramural policy notices may be found by viewing the NCI DEA Web page on Grants Guidelines and Descriptions at: http://deainfo.nci.nih.gov/flash/awards.htm.

C Series: Research Construction Programs	
C06	**Research Facilities Construction Grants** To provide matching Federal funds, up to 75 percent, for construction or major remodeling to create new research facilities, which, in addition to basic research laboratories, may include, under certain circumstances, animal facilities and/or limited clinical facilities where they are an integral part of an overall research effort.
D Series: Training Projects	
D43	**International Training Grants in Epidemiology** To improve and expand epidemiologic research and the utilization of epidemiology in clinical trials and prevention research in foreign countries through support of training programs for foreign health professionals, technicians, and other health care workers.
F Series: Fellowship Programs	
F31	**Predoctoral Individual National Research Service Award (NRSA)** To provide predoctoral individuals with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).
F31	**Predoctoral Fellowship—Minority Students** A fellowship award that provides predoctoral minority students with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).
F31	**Predoctoral Fellowship—Students with Disabilities** A fellowship award that provides predoctoral students with disabilities with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).
F32	**National Research Service Award for Individual Postdoctoral Fellows** To provide postdoctoral research training to individuals to broaden their scientific background and extend their potential for research in specified health-related areas.
F33	**National Research Service Award for Senior Fellows** To provide opportunities for experienced scientists to make major changes in the direction of research careers, broaden scientific backgrounds, acquire new research capabilities, enlarge command of an allied research field, or take time from regular professional responsibilities to increase capabilities to engage in health-related research.

K Series: Career Development Programs	
K01	**The Howard Temin Award (no longer supported through use of the K01 by the NCI; see the K99/R00)** A previously used NCI-specific variant of the NIH Mentored Research Scientist Development Award that was designed to provide research scientists with an additional period of sponsored research experience as a way to gain expertise in a research area new to the applicant or in an area that would demonstrably enhance the applicant's scientific career.
K01	**Mentored Career Development Award for Underrepresented Minorities** To support scientists committed to research who are in need of both advanced research training and additional experience.
K05	**Established Investigator Award in Cancer Prevention, Control, Behavioral, and Population Research** To support scientists qualified to pursue independent research that would extend the research program of the sponsoring institution, or to direct an essential part of this program.
K07	**Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award** To support the postdoctoral career development of investigators who are committed to academic research careers in cancer prevention, control, behavioral, epidemiological, and/or the population sciences. It supports up to 5 years of combined didactic and supervised (i.e., mentored) research experiences to acquire the methodological and theoretical research skills needed to become an independent scientist. The very broad nature of the prevention, control, and population sciences makes it applicable to those individuals doctorally trained in the basic sciences, medicine, behavioral sciences, and/or public health. The K07 award has been expanded from a scope limited to "preventive oncology" to include the entire spectrum of fields that are of vital importance to cancer prevention and control such as nutrition, epidemiology, and behavioral sciences.
K08	**Mentored Clinical Scientists Development Award** To provide the opportunity for promising medical scientists with demonstrated aptitude to develop into independent investigators, or for faculty members to pursue research in categorical areas applicable to the awarding unit, and to aid in filling the academic faculty gap in specific shortage areas within U.S. health professions institutions.
K08	**Mentored Clinical Scientists Development Award—Minorities in Clinical Oncology** A specialized type of Mentored Clinical Scientist Developmental Awards (K08s) that support the development of outstanding clinical research scientists, with this type being reserved for qualified individuals from underrepresented minority groups. Both types of K08 awards support periods of specialized study for clinically trained professionals who are committed to careers in research and who have the potential to develop into independent investigators. The K08 awards for Minorities in Clinical Oncology are distinct and important because they provide opportunities for promising medical scientists with demonstrated aptitudes who belong to underrepresented minority groups to develop into independent investigators, or for faculty members who belong to underrepresented minority groups to pursue research aspects of categorical areas applicable to the awarding unit(s), and aid in filling the academic faculty gaps in these shortage areas within U.S. health professions institutions.

K12	**Institutional Clinical Oncology Research Career Development Award** To support a newly trained clinician appointed by an institution for development of independent research skills and experience in a fundamental science within the framework of an interdisciplinary research and development program.
K22	**The NCI Transition Career Development Award for Underrepresented Minorities** To provide support to outstanding newly trained basic or clinical investigators to develop their independent research skills through a two-phase program: an initial period involving an intramural appointment at the NIH and a final period of support at an extramural institution. The award is intended to facilitate the establishment of a record of independent research by the investigator to sustain or promote a successful research career.
K22	**The NCI Scholars Program** To provide an opportunity for outstanding new investigators to begin their independent research careers, first within the special environment of the NCI and then at an institution of their choice. Specifically, this Program provides necessary resources to initiate an independent research program of 3 to 4 years at the NCI, followed by an extramural funding mechanism (K22) to support their research program for 2 years at the extramural institution to which they are recruited.
K23	**Mentored Patient-Oriented Research Career Development Award** To provide support for the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for a 3-year minimum up to a 5-year period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators.
K23	**Mentored Patient-Oriented Research Career Development Award for Underrepresented Minorities** To support the career development of investigators who have made a commitment to focus their research on patient-oriented research. This mechanism provides support for a period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators in patient-oriented research.
K24	**Mid-Career Investigator Award in Patient-Oriented Research** To provide support for clinicians to allow them protected time to devote to patient-oriented research and to act as mentors for beginning clinical investigators. The target candidates are outstanding clinical scientists engaged in patient-oriented research who are within 15 years of their specialty training, who can demonstrate the need for a period of intensive research focus as a means of enhancing their clinical research careers, and who are committed to mentoring the next generation of clinical investigators in patient-oriented research.
K25	**Mentored Quantitative Research Career Development Award** This award allows an independent scientist in a highly technical field of research to identify an appropriate mentor with extensive experience in cancer research and to receive the necessary training and career development required to become involved in multidisciplinary cancer research.

K99/ R00	**NIH Pathway to Independence (PI) Award** The Pathway to Independence Award, which is part of the NIH Roadmap Initiative but is known as the Howard Temin Award within the NCI, will provide up to 5 years of support consisting of two phases. The initial phase will provide 1-2 years of mentored support for highly promising, postdoctoral research scientists. This phase will be followed by up to 3 years of independent support contingent on securing an independent research position. Award recipients will be expected to compete successfully for independent R01 support from the NIH during the career transition award period. The PI Award is limited to post-doctoral trainees within 5 years of completion of their training who propose research relevant to the mission of one or more of the participating NIH Institutes and Centers.
P Series: Research Program Projects and Centers	
P01	**Research Program Projects** To support multidisciplinary or multifaceted research programs that have a focused theme. Each component project should be directly related to and contribute to the common theme.
P20	**Exploratory Grants** To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of the NIH. These exploratory studies may lead to specialized or comprehensive centers.
P30	**Center Core Grants** To support shared use of resources and facilities for categorical research by investigators from different disciplines who provide a multidisciplinary approach to a joint research effort, or by investigators from the same discipline who focus on a common research problem. The core grant is integrated with the Center's component projects or Program Projects, though funded independently from them. By providing more accessible resources, this support is expected to assure greater productivity than that provided through the separate projects and Program Projects.
P50	**Specialized Center Grants** To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. This spectrum of activities comprises a multidisciplinary attack on a specific disease or biomedical problem area. These grants differ from Program Project grants in that they are usually developed in response to an announcement of the programmatic needs of an Institute or Division, and subsequently receive continuous attention from its staff. Centers also may serve as regional or national resources for special research purposes.

R Series: Research Projects	
R01	**Research Project** Grants are awarded to institutions to allow a Principal Investigator to pursue a scientific focus or objective in his or her area of interest and competence. Institutional sponsorship assures the NIH that the institution will provide facilities necessary to conduct the research and will be accountable for the grant funds. Applications are accepted for health-related research and development in all areas within the scope of the NIH's mission.
R03	**Small Research Grants** Small grants provide research support, specifically limited in time and amount, for activities such as pilot projects, testing of new techniques, or feasibility studies of innovative, high-risk research, which would provide a basis for more extended research.
R13	**Conferences** The NIH provides funding for conferences to coordinate, exchange, and disseminate information related to its program interests. Generally, such awards are limited to participation with other organizations in supporting conferences rather than provision of sole support. Costs eligible for support include salaries, consultant services, equipment rental, travel, supplies, conference services, and publications. Prospective applicants are encouraged to inquire in advance concerning possible interest on the part of an awarding Institute/Center (IC), and to obtain more information on application procedures and costs.
R15	**The NIH Academic Research Enhancement Awards (AREA)** To enhance the research environment of educational institutions that have not been traditional recipients of NIH research funds, this award provides limited funds to those institutions' faculty members to develop new research projects or expand ongoing research activities in health sciences and to encourage students to participate in the research activity. As funds are anticipated to continue to be available each year, the NIH is now inviting applications for AREA grants through a standing, ongoing Program Announcement.
R21	**Exploratory/Developmental Grants** To encourage the development of new research activities in categorical program areas. (Support generally is restricted in the level of support and duration.)
R24	**Resource-Related Research Projects** To support research projects that will enhance the capability of resources to serve biomedical research.

R25E	**Cancer Education Grant Program (CEGP)** A flexible, curriculum-driven program aimed at developing and sustaining innovative educational approaches that ultimately will have an impact on reducing cancer incidence, mortality, and morbidity, as well as on improving the quality of life of cancer patients. The CEGP accepts investigator-initiated grant applications that pursue a wide spectrum of objectives ranging from short courses; to the development of new curricula in academic institutions; to national forums and seminar series; to hands-on workshop experiences for the continuing education of health care professionals, biomedical researchers, and the lay community; to structured short-term research experiences designed to motivate high school, college, medical, dental, and other health professional students to pursue careers in cancer research. Education grants can focus on education activities before, during, and after the completion of a doctoral-level degree, as long as they address a need that is not fulfilled adequately by any other grant mechanism available at the NIH, and are dedicated to areas of particular concern to the National Cancer Program.
R25T	**Cancer Education and Career Development Program** To support the development and implementation of curriculum-dependent, team-oriented programs to train predoctoral and postdoctoral candidates in cancer research team settings that are highly interdisciplinary and collaborative. This specialized program is particularly applicable to the behavioral, prevention, control, nutrition, and population sciences but should also be considered by other areas of research (e.g., imaging, pathology) that will require sustained leadership, dedicated faculty time, specialized curriculum development and implementation, interdisciplinary research environments, and more than one mentor per program participant to achieve their education and research career development objectives.
R33	**Exploratory/Developmental Grants, Phase II** To provide a second phase for support of innovative exploratory and developmental research activities initiated under the R21 mechanism. Although only R21 awardees are generally eligible to apply for R33 support, specific program initiatives may establish eligibility criteria under which applications could be accepted from applicants who demonstrate program competency equivalent to that expected under R33.
R37	**Method to Extend Research in Time (MERIT) Award** To provide long-term grant support to investigators whose research competence and productivity are distinctly superior and who are highly likely to continue to perform in an outstanding manner. Investigators may not apply for a MERIT Award. Program staff and/or members of the cognizant National Advisory Council/Board will identify candidates for the MERIT Award during the course of review of competing research grant applications prepared and submitted in accordance with regular Public Health Service (PHS) requirements.

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Programs

The NIH welcomes grant applications from small businesses in any biomedical or behavioral research area as described in the solicitations below. Support under the SBIR program is normally provided for 6 months/$100,000 for Phase I, and 2 years/$500,000 for Phase II. However, applicants may propose longer periods of time and greater amounts of funds necessary for completion of the project.

R41	**STTR Grants, Phase I** To support cooperative research and development (R&D) projects between small business concerns and research institutions, limited in time and amount; to establish the technical merit and feasibility of ideas that have potential for commercialization.
R42	**STTR Grants, Phase II** To support in-depth development of cooperative R&D projects between small business concerns and research institutions, limited in time and amount, whose feasibility has been established in Phase I and that have potential for commercial products or services.
R43	**SBIR Grants, Phase I** To support projects, limited in time and amount, to establish the technical merit and feasibility of R&D ideas that may ultimately lead to commercial products or services.
R44	**SBIR Grants, Phase II** To support in-depth development of R&D ideas whose feasibility has been established in Phase I that are likely to result in commercial products or services.
R55	**James A. Shannon Director's Awards; Guidelines** To provide a limited award to investigators to further develop, test, and refine research techniques; perform secondary analysis of available data sets; test the feasibility of innovative and creative approaches; and conduct other discrete projects that can demonstrate their research capabilities and lend additional weight to their already meritorious applications.
R56	**High-Priority, Short-Term Project Award** Beginning in FY2005, this grant will fund, for 1 or 2 years, high-priority new or competing renewal R01 applications that fall just outside the limits of funding of the participating NIH Institutes and Centers (ICs); recipients of R56 awards will be selected by IC staff from R01 applications that fall at or near the payline margins. (Investigators may not apply for an R56 grant.)

S Series: Research-Related Programs	
SC1	**Research Enhancement Award** Individual investigator-initiated research projects aimed at developing researchers at minority-serving institutions (MSIs) to a stage where they can transition successfully to other extramural support (R01 or equivalent).
SC2	**Pilot Research Project** Individual investigator-initiated pilot research projects for faculty at minority-serving institutions (MSIs) to generate preliminary data for a more ambitious research project.
S06	**Minority Biomedical Research Support (MBRS)** To strengthen the biomedical research and research training capability of ethnic minority institutions, and thus establish a more favorable milieu for increasing the involvement of minority faculty and students in biomedical research.
S07	**Biomedical Research Support Grants (NCRR BRSG)** As an example of this funding mechanism, the NIH issued a Request for Applications (RFA) in FY2004 to provide short-term interim support for institutional activities that will strengthen oversight of human subjects research at institutions that receive significant NIH support for clinical research. Although there is considerable flexibility in the types of activities that could be supported under the BRSG program, that RFA emphasized the importance of efforts to enhance the protection of research subjects by means that would be sustained by the recipient institution after the award period ends. Awardees also are required to collaborate with other institutions conducting human subjects research and are not currently funded under this program, and to share educational resources, computer technologies, best practices, etc. Although all NIH components supporting clinical research (including the NCI) are providing support for this program, it is administered by the National Center for Research Resources (NCRR).
S10	**Biomedical Research Support Shared Instrumentation Grants (NCRR SIG)** The National Center for Research Resources (NCRR) initiated its competitive Shared Instrumentation Grant (SIG) Program in FY1982. Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. This program is designed to meet the special problems of acquisition and updating of expensive shared-use instruments that are not generally available through other NIH funding mechanisms, such as the regular research project, program project, or center grant programs. Applications for funds to design or to advance the design of new instruments are not accepted. The objective of the program is to make available to institutions with a high concentration of NIH-supported biomedical investigators expensive research instruments that can only be justified on a shared-use basis and for which meritorious research projects are described.

T Series: Training Programs	
T15	**Continuing Education Training Grants** To assist professional schools and other public and nonprofit institutions in the establishment, expansion, or improvement of programs of continuing professional education, especially for programs of extensive continuation, extension, or refresher education dealing with new developments in the science and technology of the profession.
T32	**NIH National Research Service Award—Institutional Research Training Grants** To enable institutions to make National Research Service Awards to individuals selected by them for predoctoral and postdoctoral research training in specified shortage areas.
U Series: Cooperative Agreements	
U01	**Research Projects—Cooperative Agreements** To support a discrete, specified, circumscribed project to be performed by the named investigators in an area representing their specific interests and competencies.
U10	**Cooperative Clinical Research—Cooperative Agreements** To support clinical evaluation of various methods of therapy and/or prevention in specific disease areas. These represent cooperative programs between participating institutions and Principal Investigators, and are usually conducted under established protocols.
U13	**Conference—Cooperative Agreements** To coordinate, exchange, and disseminate information related to its program interests, an NIH Institute or Center can use this type of award to provide funding and direction for appropriate scientific conferences. These cooperative agreements allow the NCI to partner with one or more outside organizations to support international, national, or regional meetings, conferences, and workshops that are of value in promoting the goals of the National Cancer Program.
U19	**Research Program—Cooperative Agreements** To support a research program of multiple projects directed toward a specific major objective, basic theme, or program goal, requiring a broadly based, multidisciplinary, and often long-term approach.
U24	**Resource-Related Research Projects—Cooperative Agreements** To support research projects contributing to improvement of the capability of resources to serve biomedical research.

U54	**Specialized Center—Cooperative Agreements** To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. The spectrum of activities comprises a multidisciplinary attack on a specific disease entity or biomedical problem area. These differ from program projects in that they are usually developed in response to an announcement of the programmatic needs of an Institute or Division and subsequently receive continual attention from its staff. Centers also may serve as regional or national resources for special research purposes, with assistance from staff of the funding component in identifying appropriate priority needs.
U56	**Exploratory Grants—Cooperative Agreements** To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of the NIH. These exploratory studies may lead to specialized or comprehensive centers. Substantial Federal programmatic staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of award.

Appendix F: Glossary of Acronyms

AACR	American Association for Cancer Research
ACD	Advisory Committee to the Director
ACRIN	American College of Radiology Imaging Network
ADB	NIH Administrative Database
AHRQ	Agency for Healthcare Research and Quality
AISB	Applied Information Systems Branch
ARA	Awaiting Receipt of Application
AREA	Academic Research Enhancement Award
ASCO	American Society of Clinical Oncology
BPA	Blanket Purchase Agreement
BRG	Bioengineering Research Grant
BRSG	Biomedical Research Support Grant
BSA	Board of Scientific Advisors
BSC	Board of Scientific Counselors
CAM	Complementary and Alternative Medicine
CBPR	Community-Based Participatory Research
CCR	Center for Cancer Research
CCR	Central Contractor Registry
CCSG	Cancer Center Support Grant
CD	Career Development
CDC	Centers for Disease Control and Prevention
CEGP	Cancer Education Grant Program
CHTN	Cooperative Human Tissue Network
CIT	Center for Information Technology
CM	Committee Management
CMO	Committee Management Office
CMUG	Committee Management Users Group
CRCHD	Center to Reduce Cancer Health Disparities
CRECD	Clinical Research Education and Career Development
CSR	Center for Scientific Review
CTAC	Clinical Trials Advisory Committee
CTEP	Clinical Trials Evaluation Program
CTWG	Clinical Trials Working Group
DCB	Division of Cancer Biology
DCCPS	Division of Cancer Control and Population Sciences
DCEG	Division of Cancer Epidemiology and Genetics
DCLG	Director's Consumer Liaison Group
DCP	Division of Cancer Prevention
DCTD	Division of Cancer Treatment and Diagnosis
DEA	Division of Extramural Activities
DEAS	Division of Extramural Activities Support
DHHS	U.S. Department of Health and Human Services
EC	Executive Committee (NCI)
EPMC	Extramural Program Management Committee
eRA	Electronic Research Administration
ESATTS	Extramural Scientist Administrator Training Tracking System
FACA	Federal Advisory Committee Act
FCRDC	Frederick Cancer Research and Development Center
FLARE	Fiscal Linked Analysis of Research Emphasis
FMB	Financial Management Branch
FOA	Funding Opportunity Announcements
FY	Fiscal Year
GEI	Genes and Environment Initiative
GSA	General Services Administration
IC	Institute/Center
ICBG	International Cooperative Biodiversity Group
ICMIC	*In Vivo* Cellular and Molecular Imaging Center
IDeA	Institutional Development Award
IMPAC	Information for Management, Planning, Analysis, and Coordination
IRG	Initial Review Group
IRM	Information Resources Management
ISCS	Information Systems and Computer Services
IT	Information Technology
LAN	Local Area Network
LOI	Letter of Intent
KMDC	Knowledge Management for Disease Coding
MBRS	Minority Biomedical Research Support

MEO	Most Efficient Organization
MERIT	Method to Extend Research in Time
MSI	Minority-Serving Institution
NBS	NIH Business Systems
NCAB	National Cancer Advisory Board
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NCRR	National Center for Research Resources
NIH	National Institutes of Health
NRSA	National Research Service Award
OAR	Office of AIDS Research
OCTR	Office of Centers, Training and Resources
OD	Office of the Director
OEA	Office of Extramural Applications
OER	Office of Extramural Research
OPERA	Office of Policy for Extramural Research Administration
ORRPC	Office of Referral, Review, and Program Coordination
OTIR	Office of Technology and Industrial Relations
PA	Program Announcement
PAR	Reviewed Program Announcement
PCP	President's Cancer Panel
PCRB	Program Coordination and Referral Branch
PFP	Progress for Patients Award
PHS	Public Health Service (DHHS)
PRG	Progress Review Group
RAEB	Research Analysis and Evaluation Branch
RAID	Rapid Access to Interventions Development
RCDC	Research, Condition, and Disease Categorization
R&D	Research and Development
REAP	Research Enhancement Awards Program
RFA	Request for Applications
RFP	Request for Proposals
RIO	Research Integrity Officer
RO	Referral Officer
RPRB	Research Programs Review Branch
RTRB	Resources and Training Review Branch
SBIR	Small Business Innovation Research
SDMC	Statistics and Data Management Centers
SEP	Special Emphasis Panel
SIC	Special Interest Category
SIG	Shared Instrumentation Grant
SPECS	Strategic Partnering to Evaluate Cancer Signatures
SPORE	Specialized Program of Research Excellence
SREA	Scientific Review and Evaluation Award
SRLB	Special Review and Logistics Branch
SRO	Scientific Review Officer (formerly Scientific Review Administrator)
STTR	Small Business Technology Transfer Research
TARGET	Therapeutically Applicable Research to Generate Effective Treatments
TCGA	The Cancer Genome Atlas
T&E	Training and Education
TRWG	Translational Research Working Group
VT	Validity Test

Appendix G: Cancer Information Sources on the Internet

NCI Web Site

The National Cancer Institute maintains a number of Web sites containing information about the Institute and its programs. All NCI Web sites, including those designed to provide cancer-related information to the general public and physicians, can be reached from the NCI home page: http://www.cancer.gov/.

DEA Web Sites

The following Web sites are maintained by the DEA to provide detailed information to researchers and the public about NCI funding opportunities and the Advisory Boards and groups supported by the DEA.

http://deainfo.nci.nih.gov/index.htm
DEA home page. Links to the individual DEA Web pages listed below; mission of the Division; contact information for DEA staff.

Advisory Boards and Groups

http://deainfo.nci.nih.gov/advisory/Boards.htm
Links to the home pages of NCI's Advisory Boards.

http://deainfo.nci.nih.gov/advisory/pcp/pcp.htm
Charter of the President's Cancer Panel; meeting agendas; meeting minutes; annual reports.

http://deainfo.nci.nih.gov/advisory/ncab.htm
Charter of the National Cancer Advisory Board; members of subcommittees; meeting agendas.

http://deainfo.nci.nih.gov/advisory/ncabminmenu.htm
Full text of NCAB meeting summaries.

http://deainfo.nci.nih.gov/advisory/bsa.htm
Charter of the Board of Scientific Advisors; members of subcommittees; meeting agendas.

http://deainfo.nci.nih.gov/advisory/bsaminmenu.htm
Full text of BSA meeting summaries.

http://deainfo.nci.nih.gov/advisory/bsa/bsa_program/bsaprgr.htm
Program Review Group reports.

http://deainfo.nci.nih.gov/advisory/bsc.htm
Charter of the Board of Scientific Counselors; members of subcommittees.

http://deainfo.nci.nih.gov/advisory/irg.htm
Charter of the Initial Review Group; members of subcommittees.

http://deainfo.nci.nih.gov/advisory/sep.htm
Charter of the Special Emphasis Panel; rosters of recent meetings.

http://deainfo.nci.nih.gov/advisory/joint.htm
Charter of the Advisory Committee to the Director; meeting schedules, agendas, and minutes; members of NCI Director's Working Groups, Program Review Working Groups, and Progress Review Working Groups.

http://deainfo.nci.nih.gov/advisory/pog/progress/index.htm
Function and organization of Progress Review Groups (PRGs); PRG reports and meeting schedules; members of PRGs.

http://deainfo.nci.nih.gov/advisory/dclg/dclg.htm
Charter of the NCI Director's Consumer Liaison Group; meeting schedules, agendas, minutes, and meeting summaries.

Funding Opportunities

http://deainfo.nci.nih.gov/funding.htm
Comprehensive information about funding for cancer research; lists of active PAs and RFAs; recently cleared concepts; grant policies and guidelines; downloadable application forms.

http://deais.nci.nih.gov/Public/RFA-PA.jsp?nt=P
Active PAs, with links to detailed descriptions.

http://deais.nci.nih.gov/Public/RFA-PA.jsp
Active RFAs, with links to detailed descriptions.

http://deainfo.nci.nih.gov/grantspolicies/index.htm
Links to full-text NCI and NIH policies related to grants and grant review (e.g., Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research and Instructions to Reviewers for Evaluating Research Involving Human Subjects in Grant and Cooperative Agreement Applications).

http://deainfo.nci.nih.gov/flash/awards.htm
Grants Guidelines and Descriptions (descriptions of NCI funding mechanisms, with links to PAs, RFAs, guidelines, and supplemental materials).

http://deais.nci.nih.gov/Query/
A visitor can search the database for information about research grant and contract awards made by the National Cancer Institute. It includes awards for the current and past 5 fiscal years. The Web site provides the ability to search the database in various ways, including a text search of the project abstract and a search of the Special Interest Category (SIC) and anatomic site codes assigned to the project.

NIH Web Sites

http://www.nih.gov
http://era.nih.gov/ElectronicReceipt/
http://grants1.nih.gov/grants/policy/policy.htm
http://grants.nih.gov/grants/guide/index.html
http://grants.nih.gov/training/extramural.htm

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