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Eliminating the Suffering and Death Due to Cancer

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Director's Update

Strengthening the Cancer Workforce

Cancer is one of the most exciting and innovative areas of medical research. As scientists continue to make discoveries that improve our knowledge of the environmental risks that impact us daily and the germline and somatic genetic changes that drive cancer development, they are advancing the technologies and methods we use to prevent, detect, diagnose, and treat this disease.

It takes a superbly trained, highly effective workforce to make these discoveries, to translate them into new interventions, and to put the improved knowledge base and these cutting-edge tools to work for patients. But in our deliberations concerning the path toward alleviating the suffering and death due to cancer, it's easy to forget one critical aspect of this mission: Who will carry out the research that is so vital for future progress?

This special issue of the *NCI Cancer Bulletin* takes that discussion to heart. It provides an overview of the important role NCI has played and will continue to play in developing the cancer research workforce in the United States and in other countries. We hope this issue will be an important resource for people—from those just beginning to those already mature in their careers—who may have an interest in training through NCI.

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Report Shows Training Opportunities

A centerpiece of NCI's effort against cancer is training and career development programs offered at NCI and at extramural institutions around the country. The programs allow students and professionals at all stages of their careers to develop the skills necessary to conduct basic, clinical, and cancer control research as well as research in the behavioral and population sciences.

The scope of available training programs has now been documented in a report by an NCI commission established to inventory training opportunities and to help plan for the future. The report's findings will be presented on December 7 to the National Cancer Advisory Board (NCAB), which advises NCI leadership on issues related to the institute's strategic plan and its intramural and extramural research, including training activities.

Dr. Carolyn Strete presents at NCAB

"This report is a comprehensive inventory," says Dr. Carolyn Strete, chief of NCI's Cancer Training Branch and chairperson of the committee that prepared the report.

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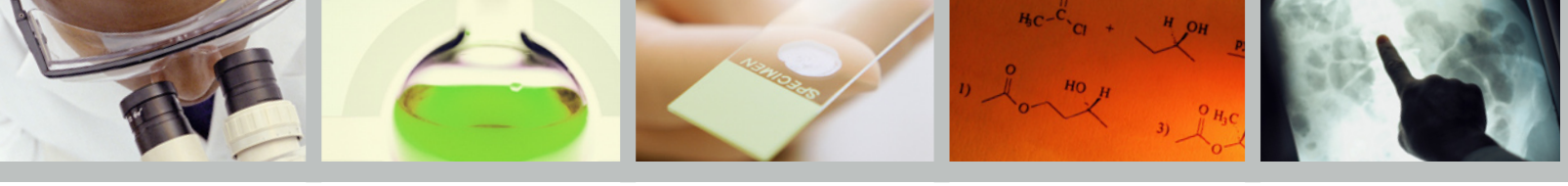


(Director's Update continued from page 1)

In my short time at NCI, I've been impressed by the institute's commitment to provide unparalleled training opportunities for talented researchers from a wide variety of disciplines to advance their careers. For example, many fellowship opportunities are available that foster interdisciplinary, collaborative research while trainees work in labs on the National Institutes of Health (NIH) campuses in Bethesda and Frederick, Md. These intramural fellowships provide training for chemists; statisticians; epidemiologists; lab managers; medical, dental, and veterinary students; journalists; and other cancer-focused professionals.

Even more plentiful are NCI's extramural training opportunities that provide excellent prospects for researchers to update their technical skills and raise their knowledge base to new levels while working in top academic centers around the country. In fact, at the University of Michigan, I benefited from an NIH-sponsored surgery fellowship that was an important part of my training and career development.

These intramural and extramural opportunities are available for the full breadth of career levels and support a wide variety of trainees—from those who work at the bench to those in the clinic, as well as those in the community—where behavior and environment are key factors to be studied. There are also programs that allow researchers from other countries to train under the mentorship of NCI staff and grantees, as well as opportunities for U.S. researchers to go abroad, synergizing cancer research efforts around the globe.

Of course, funding and conducting innovative research are the highest priorities at NCI. But training does not get short shrift. While funding for training has flattened a bit in the past 2 years, it steadily increased from FY 1999 to 2004 and now stands at more than $281 million. Maintaining robust funds for training continues to be a top priority for senior leadership.

I hope you come away from this issue with a better understanding of NCI's commitment to training future generations of cancer researchers and advocates. And I encourage you to forward this issue to anyone you know with an interest in cancer. It could very well help to initiate a long and successful career in cancer research. ◆

Dr. John E. Niederhuber
Deputy Director, NCI, and
Deputy Director for Clinical and Translational Sciences

(Training continued from page 1)

The document, *NCI Training and Career Development Inventory*, lists the training programs and their statistical profiles over the past 6 years. It also describes how programs are administered and the funding mechanisms involved.

The report shows significant increases in financial support for underrepresented minority researchers seeking training or career development. The number of trainees in the Comprehensive Minority Biomedical Branch, one of the extramural programs supporting training and career development, doubled between FY 1999 and 2004.

The extramural and intramural programs have grown, albeit unevenly, during this same time, while the total number of trainees supported in all programs increased by 26 percent. Support of training and career development also increased substantially, with awards to trainees, fellows, and others doubling from $136 million in FY 1999 to more than $281 million in FY 2004.

"During this period, the grand total spent on all training programs combined was $1.2 billion," says Dr. Strete.

The report will be used by the NCI Training Commission to evaluate the training programs. The Commission's major responsibilities include the promotion of existing training opportunities and development of new ones, training of underrepresented minority researchers, and continued support of new investigators.

In a related announcement, NCI has appointed Dr. John Carl Oberholtzer to be the associate director for training within the Office for Centers, Training and Resources. Dr. Oberholtzer has been a practicing clinical neuropathologist and a faculty member of the University of Pennsylvania School of Medicine.

After joining NCI in January 2006, Dr. Oberholtzer will be responsible for coordinating and evaluating all basic, clinical, and translational training programs across the institute. Day-to-day responsibilities for the administration of the programs will remain with the current offices and staff.

For more details on the training inventory, readers can obtain a copy of the report on the NCI Web site (http://www.cancer.gov) following the NCAB meeting. ◆

—By Edward R. Winstead

A Conversation with...John Burklow, Associate Director for Communications and Public Liaison at NIH

In 1986, when he was a 26-year-old master's degree student studying public health education at the University of North Carolina-Greensboro, John Burklow trained with NCI's Office of Cancer Communications in what is now the Health Communications Internship Program.

How did your training experience at NCI prepare you for the job you have today?

During my internship, I worked on public health education campaigns to promote smoking cessation and healthy eating. The advantage of being at NCI was that there was never a shortage of new and interesting projects. For example, in 1990, I co-chaired the Sixth National Cancer Communications Conference, along with American Cancer Society leadership. The 3-day conference included 800 attendees from 40 countries. It was a tremendous opportunity for me to work with senior professionals in the field and hone my negotiation and planning skills.

What are the most valuable skills you gained while training at NCI?

By the end of my 13-year tenure at NCI, I had worked in media relations, issues management, program evaluation, and office management. The most valuable skills I learned during my internship and subsequent employment were how to take initiative, lead change, work effectively with widely diverse personalities, and strategically advance the overall mission of the agency through communications. Paul Van Nevel was my mentor and the associate director for cancer communications for more than 25 years. I learned a great deal about leadership and the world of communications from him.

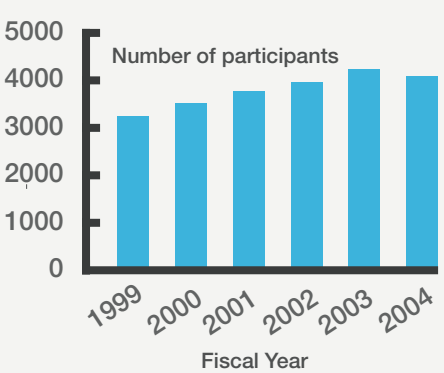
Why is training, such as that offered by NCI, so important to the NIH mission?

If you look at the roster of graduates from the NCI communications internship program, you'll find them in leadership positions across government, academia, and the private sector, nationally and internationally. The training helps prepare individuals to serve not only the NCI mission, but also the entire health communications field. It also allows time for orientation and learning about the world of medical research, and how the pieces fit together. Consequently, I believe training programs, such as the one in communications, play an important role in developing well-rounded professionals who have a strong sense of mission, an openness to change and growth, and a focus on results. ◆

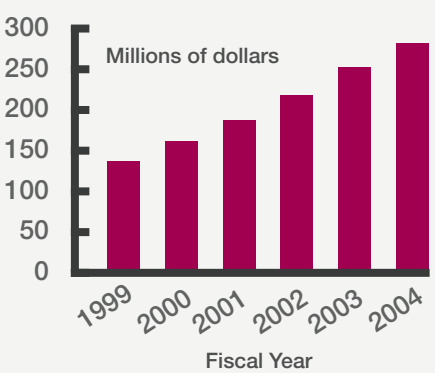
Facts and Figures

All data adapted from the NCI Training and Career Development Inventory.

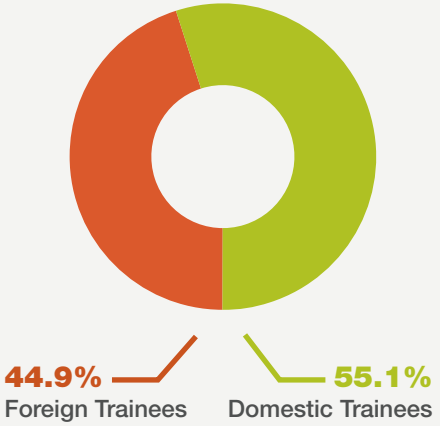
NCI Trainees (intramural and extramural)



NCI Training Funds



NCI Intramural Domestic and Foreign Trainees*, 2004



* Clinical Research Training Awardees

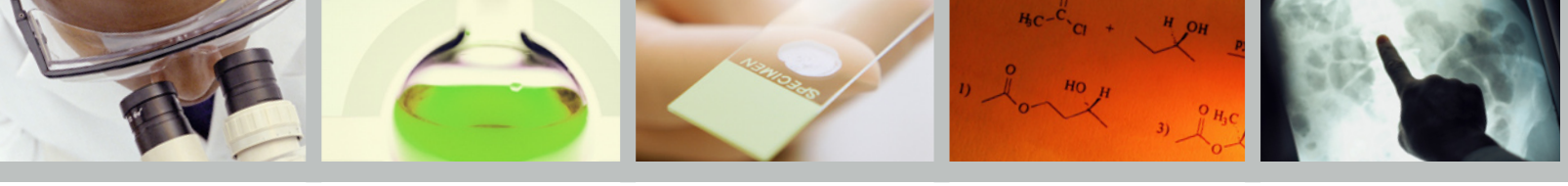
Training Resources

NCI supports training for people at all levels of expertise, ranging from summer internships for high school and college students to focused training in new disciplines for tenured scientists. Programs offered on the NCI campus are listed in the table below, as well as on the Web at **http://www.cancer.gov/researchandfunding/fellowships** and **http://www.training.nih.gov**. Training opportunities outside of the NCI campus can be found at **http://www.cancer.gov/researchandfunding/training** and **http://grants2.nih.gov/training/extramural.htm**.

Postdoctoral Fellowships	High School Students	College Students	Postbaccalaureate	Graduate Students	Doctoral Candidates	Postdoctoral	Advanced	Duration	Deadline	Contact Information
Yale University-NCI Partnership Training Program				●	●			Up to 5 years	December 15	Dr. Susan T. Mayne, 203-785-6274
Gilbert Beebe Radiation Fellowship				●	●	●	●	3 months to 2 years	Rolling	Dr. Evan Douple, National Academies, 202-334-2232
Cancer Prevention Fellowship Program	Physicians, PhDs, JDs							3 years	September 1	NCI Division of Cancer Prevention
Interagency Oncology Task Force Joint Fellowship Program						●	●[5]	2 to 3 years, depending on track	January 31 and May 30	Dr. Jonathan Wiest, CCR, 301-451-9638
Sallie Rosen Kaplan Fellowship						●		2 to 5 years	December 15	Keith Ariola, NCI Office of Workforce Development, 301-402-3509 (fax)
Molecular Targets and Drug Discovery Technology Fellowship				●	●			2 years	April 1	Dr. Jonathan Wiest, CCR, 301-451-9638
Comparative Molecular Pathology Research Training Program	Veterinarians							Up to 3 years	October 18	Dr. Mark Simpson, CCR, 301-435-7176 Dr. Jonathan Wiest, CCR, 301-451-9638
Molecular Pathology Graduate Fellowship	Veterinary Pathologists							Up to 5 years	October 18	Same as above
Fellowships in Cancer Epidemiology and Genetics				●	●	●		Up to 5 years	Rolling	Dr. Demetrius Albanes and Kristin Kiser, DCEG Office of Education
Fellowship to Reduce Cancer Health Disparities					●	●		Up to 5 years	Rolling	Same as above
Fellowships in Biostatistics					●	●		Up to 5 years	Rolling	Same as above
ACGME-Accredited Hematopathology Fellowship							●[5]	3 to 4 years	March 1	Dr. Stafania Pittaluga, CCR, 301-496-0183
Johns Hopkins University/NCI Pediatric Hematology/Oncology Fellowship							●[5]	3 years	December 1	Dr. Alan Wayne, CCR, 301-496-4256 Dr. Kenneth Cohen, Johns Hopkins University
Gynecologic Cancer Foundation/NCI Fellowship in Gynecologic Oncology							●[5]	2 years	October 28	Dr. Elise Kohn, CCR, 301-402-2726 Dr. Jonathan Wiest, CCR, 301-451-9638
HIV and AIDS Malignancy Training Program							●[5]	3 years	Rolling	Dr. Robert Yarchoan, CCR, 301-496-0328
Surgical Oncology Fellowship Program	Surgeons							2 years	Rolling	Dr. Steven Rosenberg, CCR, 301-496-4164
Urologic Oncology Fellowship Program	Urologic Surgeons							2 years	Rolling	Dr. Marston Linehan, CCR, 301-496-6353
Radiation Oncology Fellowship							●[5]	4 years	Rolling	Dr. Matthew Poggi, CCR, 301-496-5457
Cytopathology Fellowship							●[5]	1 year	March 31	Dr. Armando Filie, CCR, 301-496-6355
ACGME-Accredited Residencies										
Anatomic Pathology							●[5]	3 to 4 years	Rolling	Dr. Elaine Jaffe, CCR, 301-496-0184
ACGME-Accredited Medical Oncology Fellowship							●[5]	3 years	Open for 2006	Dr. Barry Gause, NCI (Naval Medical Center), 301-496-0936
Dermatology							●[5]	2 to 3 years	Rolling	Dr. Mark Udey, CCR, 301-496-2481

International Training	High School Students	College Students	Postbaccalaureate	Graduate Students	Doctoral Candidates	Postdoctoral	Advanced	Duration	Deadline	Contact Information
Oncology Research Faculty Development Program							●	1 to 3 years	Rolling	Dr. Joe Harford, NCI Office of International Affairs, 301-496-5534
Short-Term Scientist Exchange Program							●	1 week to 6 months	Rolling	Same as above
NIH Visiting Program: Visiting Fellows and Visiting Scientists				●	●	●	●	1 to 5 years, but generally 2 years	Rolling	Dr. Candelario Zapata, NCI Division of International Services, 301-496-6166
Japan Society for the Promotion of Science Fellowship						●		2 years	End of May	Maria Ferreira, NIH Fogarty International Center, 301-594-9778
Internships and Electives										
Summer Research Fellowship Program					●[1]			June to August	March 1	Sandra D. Thomas, NCI Office of Workforce Development, 301-435-8523
Cancer Research Interns in Residence		●	●	●	●			Summer	March 15	Vi Black, CCR, 301-594-5363
Introduction to Cancer Research Careers		●	●	●	●			Mid-May to late August	November 28	Dr. Teresa Estrada, NCI Office of Workforce Development, 301-435-8524
DCEG Summer Program	●	●	●	●	●			Flexible, May to September	March 1	Dr. Demetrius Albanes and Kristin Kiser, DCEG Office of Education
NCI-Frederick Undergraduate Internship Program		●						Variable	Spring 2006	Barbara Birnman, NCI-Frederick, 301-846-1956
Health Communications Internship Program				●	●			January 2 to June 30, July 1 to December 31	March 15 and September 15	Nina Ghanem, NCI Office of Communications, 301-496-2040
Werner H. Kirsten Student Intern Program	●							9 weeks, summer	January 6	Emily Moler, NCI-Frederick, 301-846-1106
Cancer Research Training Award (CRTA)	●	●	●	●	●	●	●	Summer	March 1	Available online at http://www.training.nih.gov/online-apps/questions/application/questions.asp?programId=2
The Cloister Program					●[2]			~1 year	January 10	Howard Hughes Medical Institute, 1-800-424-9924
Summer Internship Program in Biomedical Research for Veterinary Students					●[3]			8 to 16 weeks	February 1	Dr. Mark Simpson, CCR, 301-435-7176 Dr. Jonathan Wiest, CCR, 301-451-9638
NIH Research Supplements for the Underrepresented Minorities	●	●	●	●	●	●		Variable	December 1 and May 1	Dr. Peter Ogunbiyi, NCI, 301-496-7344
Clinical Research Training Program					●[1]			1 year	January 17	NIH Office of Intramural Training and Education, 1-888-695-5343
Anatomic Pathology Elective						●[4]		1 month	Rolling	Ms. Susan Hostler, NCI, 301-496-3185
Clinical Flow Cytometry Elective						●[4]		1 month	Rolling	Dr. Maryalice Stetler-Stevenson, NCI, 301-402-1424
Hematopathology Elective						●[4]		1 month	Rolling	Dr. Stefania Pittaluga, NCI, 301-402-0297
Medical Genetics Elective						●[4]		2 months	Rolling	Dr. Mark Greene, DCEG, 301-594-7641 Dr. Christine Mueller, DCEG, 301-451-9733
Pediatric Oncology Elective						●[4]		1 month	Rolling	Dr. Alan Wayne, CCR, 301-496-4256

1 – Medical and Dental Students 2 – Medical and Dental Students, no PhD 3 – Veterinary Students 4 – Physicians in Residency 5 – Physicians



Profiles in Training...

For Population-Based Science

Cancer prevention and control would not be possible without studying the disease among whole groups of people, such as families and populations. These studies reveal how the incidence and etiology of cancer vary with risk factors such as behavior, genetics, and environment.

In NCI's Division of Cancer Epidemiology and Genetics (DCEG), over 60 population scientists in training are conducting research on the etiology of cancer. Their projects, each guided by a senior scientist, cover a spectrum of potential causes, including genes, lifestyle factors, nutrition, radiation, infectious agents, hormones, and chemicals in the workplace and environment. Fellows work on interdisciplinary research teams with epidemiologic, genetic, statistical, clinical, and laboratory expertise. They also have opportunities for training in science writing, molecular epidemiology, and career development.

A number of training opportunities also reside in the Office of Preventive Oncology (OPC) in the Division of Cancer Prevention (DCP). Physicians and postdoctoral scientists in the Cancer Prevention Fellowship Program (CPFP) receive intensive 3-year training across NCI. Fellows have the opportunity to pursue a Master of Public Health degree during the first part of the program, followed by 2 years of research spanning the fields of population science, laboratory-based science, clinical chemoprevention trials, and the ethics of prevention and public health. Research opportunities are also available at the Food and Drug Administration (FDA) as part of the NCI-FDA Joint Fellowship Program. Through the NCI Summer Curriculum in Cancer Prevention, open to individuals throughout the government, academia, health departments, and industry, OPC provides additional training in timely cancer prevention topics.

The Epidemiology and Genetics Research Program at the Division of Cancer Control and Population Sciences (DCCPS) trains scientists through a dedicated career track for cancer prevention, control, behavior, and population science. There is also a special award for those interested in interdisciplinary, team-oriented research. (See http://www3.cancer.gov/prevention/pob/courses/index.html.) Unique transdisciplinary training opportunities in population-based science are available through DCCPS-funded initiatives that include the Centers of Excellence in Cancer Communication Research, the Transdisciplinary Tobacco Use Research Centers, and the Transdisciplinary Research on Energetics and Cancer Centers. (See http://dccps.nci.nih.gov/hcirb/ceccr, http://dccps.nci.nih.gov/tcrb/tturc/index.html, and http://cancercontrol.cancer.gov/trec, respectively.)

For Clinical Science

As the federal government's principal agency for cancer research and training, part of NCI's mission is to prepare the next generation of scientists to develop state-of-the-art cancer treatments and prevention strategies, perform clinical trials and other clinical research, and bring successful new therapies into clinical practice. To that end, the institute provides both intramural and extramural training opportunities for clinicians who wish to become clinical or translational researchers.

Intramural training at the NCI campuses includes 1- to 3-year residency or postdoctoral fellowship programs coordinated through the Center for Cancer Research (CCR). These programs feature residencies in anatomic pathology, dermatology, cytologic pathology, and medical oncology; fellowships in pediatric hematology and oncology, adult hematology and pathology, surgical, urologic, neurologic, and gynecologic oncology, and HIV and AIDS-related malignancy research; and translational research fellowships in radiation sciences and molecular pathology. In addition, the Clinical Research Training Program provides year-long internships for medical and dental students who wish to make clinical research part of their careers. Another intramural fellowship program, through DCEG, offers training for up to 5 years in NIH Clinical Center protocols in cancer genetics and genetic epidemiology. The intramural training programs at NCI have an interdisciplinary, collaborative focus, and provide physician investigators access to additional expertise and resources though partnerships with leading universities and research institutes.

NCI also funds and administers five branches and programs that provide

(Profiles continued on page 7)

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extramural training opportunities: the Cancer Training Branch (CTB), the Comprehensive Minority Biomedical Branch (CMBB), the CPFP, the Specialized Programs of Research Excellence, and the Center to Reduce Cancer Health Disparities (CRCHD), all of which have seen a steady increase in funding for training and career development. Combined, extramural and intramural training programs allow NCI to support a wider range of activities and a larger number of trainees.

For details on clinical training opportunities at NCI and other members of NIH, including how to apply, investigators can visit http://www.training.nih.gov/.

For Minorities

Since 1975, with the establishment of the CMBB, NCI has been working toward its ultimate objective of significantly increasing the number of successful independent minority researchers in the basic, clinical, behavioral, and population sciences.

Because of the continued high cancer incidence and mortality among underserved populations, there is an urgent need to prepare a manpower base of personnel and scientists who are not only well trained, but also culturally sensitive.

NCI currently makes available a continuum of minority training opportunities through the Continuing Umbrella for Research Experiences program of the CMBB, ranging from high school to college to graduate student to postdoctoral to independent investigator. In addition, the CMBB Minority Institution/Cancer Center Partnership program, established in 2001, is contributing significantly to the training of students and faculty at Minority Serving Institutions in NCI-designated Cancer Centers.

CMBB programs have reached targeted levels of training in each category based on a 5-year strategic plan, and it is expected that more competing grant applications will be submitted to NCI, NIH, or other funding agencies as more trainees move into independent career paths. CRCHD also offers training opportunities for minority students and scientists in critical areas of cancer health disparities research and community outreach.

This combination of programs and award mechanisms makes possible the training and career development of underrepresented minority students and scientists, noted Dr. H. Nelson Aguila, CMBB program director. All phases of training include intensive tracking and nurturing of individuals as well as the opportunity to actively participate in professional development workshops, he added.

For Basic Science

Predoctoral and postdoctoral trainees, including clinicians, can initiate or continue the development of a career in basic science research by applying to NCI's CTB for support through the Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants Program. The usual entry point for this support is the T32 grant; however, postdoctoral individuals with prior research experience and publications generally apply for individual postdoctoral (F32) NRSA awards.

The T32 awards are designed to provide individuals with an early research training experience that will assist them in their career progression to independent investigator. Predoctoral students and physicians generally "come into the research arena with little or no prior research experience," explained Dr. Lester Gorelic, with CTB. The advantage of a T32 grant is that it is an institutional award where applicants at comparable stages in career development compete internally for available slots, he added. More information on CTB's various basic research training programs can be found at http://www.cancer.gov/researchandfunding/training/awards.

In addition, within NCI, CCR supports each year between 800 and 1,000 basic research postdoctoral and postbaccalaureate researchers who train under the direction of CCR scientists. The major funding mechanism to support these fellowship programs is the Cancer Research Training Award (CRTA). "The goal of all the programs is to train the next generation of scientists," noted Dr. Jonathan Wiest, director of CCR's Office of Education and Training. "Currently, one of our biggest areas of focus is translational research training."

CCR also offers individual courses in basic and translational research. One example is the Translational Research in Clinical Oncology course that is designed to provide an overview of general principles of cancer biology and treatment, epidemiology, mechanisms of resistance, metastasis, use of preclinical models, and identification of novel molecular targets. ◆

NCI Alumni Notes

The following list represents a handful of NCI trainees who have gone on to become leaders in the cancer community.

Dr. Ahmedin Jemal, who completed his DCEG fellowship in 2001, now works at the American Cancer Society as program director, Cancer Occurrence.

Dr. Linda Nebeling, a DCCPS fellow in 1992, now works as chief of DCCPS' Health Promotion Research Branch at NCI.

Dr. Stephen D. Hursting, who entered CPFP in 1992, is now at the University of Texas as professor and McKean-Love chair in the Division of Nutritional Sciences and professor in the Department of Carcinogenesis at the M. D. Anderson Cancer Center.

Dr. Ernest T. Hawk, who entered CPFP in 1993, is now the director of NCI's Office of Centers, Training and Resources.

Dr. Graça M. Dores, who entered CPFP in 1999, now works as associate director of the program in DCP.

Dr. Theodore Marcy, who entered CPFP in 2000, returned to the University of Vermont College of Medicine for clinical work and research in smoking cessation. He is now a professor of medicine at the university.

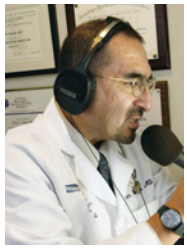
Dr. Arti Patel, who completed CPFP in 2005, is now the director of global health development at Capital Technology Information Services, Inc., in Rockville, Md.

Dr. Melinda Merchant completed her training in 2005 as a clinical fellow in CCR's Pediatric Oncology Branch, Immunology Section. She is now an assistant attending physician in the Department of Pediatrics at Memorial Sloan-Kettering Cancer Center in New York City.

Dr. A. Valance Washington completed his postdoctoral training in CCR's Laboratory of Experimental Immunology in 2001 and will begin as an assistant professor at the University of Puerto Rico in January 2006.

Dr. Denise Perry Simmons completed her postdoctoral training in CCR's Laboratory of Cellular Carcinogenesis and Tumor Promotion in 2005 and is now the director of clinical cancer research at the Cancer Center at Hackensack University Medical Center in New Jersey.

Dr. Willie Davis completed his postdoctoral training in CCR's Laboratory of Pathology in 2004 and is now assistant professor of biochemistry at Loma Linda University School of Pharmacy in California.



Dr. Elmer E. Huerta, who entered CPFP in 1991, is now the founder and director of the Cancer Preventorium at the Washington Cancer Institute at Washington Hospital Center in Washington, D.C.

Dr. Claudina Stevenson completed her postdoctoral training in CCR's Laboratory of Cell Biology in 2004, and is now manager, Scientific Education and Review, at Novartis Institutes for BioMedical Research in Cambridge, Mass.

Craig Lustig, who completed his rotation as a Presidential Management Fellow with DCCPS' Office of Cancer Survivorship in 2000, is now the executive director of the Children's Cause for Cancer Advocacy. ◆

Update on FY 2006 NCI Budget Status

Congress has yet to approve appropriations legislation that provides updated funding levels for the Department of Health and Human Services (HHS) for FY 2006, which began on October 1, 2005. As a result, NCI continues to operate within the guidelines of a Continuing Resolution (CR) passed by Congress, which keeps all HHS agencies funded at FY 2005 levels and allows NCI to operate at last year's spending level of $4.825 billion. The current CR is set to expire on December 17, 2005.

In the interim, and as discussed at the NIH Director's Advisory Committee meeting on December 1, noncompeting research grant awards will be made at a level of approximately 80 percent of the previously committed level. Upward adjustments to these levels will be considered after the final 2006 budget level is established. Competing renewal awards also are being made at approximately 80 percent of current levels until more definitive budget information is available. NCI leadership has advised that recipients continue to monitor their expenditures carefully during this period.

FARE Recognition for Training Fellows

Each year, the Fellows Award for Research Excellence (FARE) pays tribute to NIH intramural postdoctoral research fellows who perform outstanding scientific research. Applications are accepted in April and recipients get a $1,000 travel stipend to attend the scientific meeting of their choice, as well as the chance to present their research at the awards ceremony. For more information about FARE and a chance to review this year's NCI recipients, go to http://felcom.nih.gov/FARE. ◆