EGRP Bulletin

Epidemiology and Genetics Research Program

Web Site: http://epi.grants.cancer.gov

The Epidemiology and Genetics Research Program (EGRP), in the National Cancer Institute's (NCI) Division of Cancer Control and Population Sciences (DCCPS), provides research opportunities to increase understanding of cancer etiology and prevention in human populations. EGRP supports epidemiologic research in four areas:

Modifiable Risk Factors—focusing on factors that may be modified to reduce cancer risk, such as diet and nutrition; alcohol; physical activity and energy balance; tobacco; infectious diseases; physical and chemical agents; and medical exposures, including medications and treatments;

Host Susceptibility Factors—focusing on factors that influence personal susceptibility to cancer, such as genetic, epigenetic, immunological, hormonal, and biological pathways; and social, cultural, and racial/ethnic factors;

Methods and Technologies—focusing on methods for epidemiologic data collection, study design and analysis, and development and adaptation of laboratory and technical approaches for large epidemiologic studies; and

Clinical and Translational Epidemiology—focusing on factors that influence development of cancer among persons with underlying diseases and conditions; progression, recurrence, and mortality from cancer; and development of new primary cancers.

Contents

Fall 2008

New EGRP-Sponsored Funding Opportunities

EGRP sponsors or cosponsors Requests for Applications (RFAs) and Program Announcements (PAs)/Program Announcements with Special Review (PARs). For a full list of funding opportunities, go to *http://cancercontrol.cancer.gov/funding_apply.html#egrp*.

Small Grants Program for Cancer Epidemiology (R03) Reissued

EGRP is pleased to announce that NCI reissued the Small Grants Program for Cancer Epidemiology funding opportunity announcement (FOA). This FOA encourages the submission of Small Research Grant (R03) applications for research on cancer etiology and epidemiology. The overarching goal of this FOA is to provide support for pilot projects, testing of new techniques, secondary analyses of existing data, development and validation of measurement methods, linkage of genetic polymorphisms with other variables related to cancer risk, and development of innovative projects for more comprehensive research in cancer etiology and epidemiology.

This FOA focuses on different types of projects, including but not limited to: (1) pilot and feasibility studies; (2) secondary analysis of existing data; (3) small, self-contained research projects; (4) development of research methodology; and (5) development of new research technology. The R03 mechanism is critical for collection of pilot data that can be used for larger grant applications such as the Research Project Grant Mechanism (R01). R01 studies in cancer epidemiology usually require large sample sizes, complex logistics, extensive fieldwork, acquisition of biospecimens, and sometimes the acquisition of sensitive information such as reproductive histories.

Specific topics of interest may include, but are not limited to, the following:

- **Methods and Technologies** to address epidemiologic data collection and study design and analysis and to modify technological approaches developed in the context of other research endeavors for use as biomarkers and methods to understand cancer susceptibility.
- **Modifiable Risk Factors,** such as diet and nutrition, alcohol, physical activity and energy balance, tobacco, infectious diseases, physical and chemical agents, and medical exposures, including medications and treatments.
- **Host Susceptibility Factors,** such as genetic, epigenetic, and immunological factors; hormonal pathways; and social, cultural, and race/ethnic factors.
- **Clinical and Translational Epidemiology,** including clinical factors that influence development of cancer among persons with underlying diseases and conditions; the progression, recurrence, and mortality from cancer; and new primary cancers.

In addition, investigators are encouraged to propose epidemiologic studies using new approaches such as those involving use of circulating DNA, exfoliated cells, haplotype analysis, immunoassays, *in silico* assays, nanotechnology, microRNA profiling, mass spectrometry, microsatellite assays, and proteomic arrays. Applicants are encouraged to submit applications to study cancer sites that traditionally have been understudied; these include cancers of the esophagus, endometrium, liver, hematopoietic system (especially multiple myeloma), pancreas, testes, and brain. Investigators are encouraged to validate measurements in body fluids and tissues of exogenous exposures associated with development of cancer using biospecimen repositories from some of the largest epidemiological cohorts supported by the EGRP (see *http://epi.grants.cancer.gov/ResPort/cohorts.html*).

A project period of up to 2 years and a budget for direct costs of up to two $25,000 modules, or $50,000 per year, may be requested (i.e., a maximum of $100,000 over 2 years in four modules of $25,000 each). Commensurate Facilities and Administrative (F&A) costs are allowed.

For inquiries, contact EGRP's Mukesh Verma, Ph.D., Chief, Methods and Technologies Branch, and Acting Chief, Host Susceptibility Factors Branch; e-mail: *vermam@mail.nih.gov*.

Access the *NIH Guide for Grants and Contracts* for details: PAR-08-237 (R03): *http://grants.nih.gov/grants/guide/pa-files/PAR-08-237.html.*

Pilot Studies in Pancreatic Cancer

NCI recently reissued two trans-NCI funding opportunity announcements (FOAs) to promote innovative research across multiple disciplines to better understand the etiology of pancreatic cancer and to facilitate its early detection, diagnosis, prevention, and treatment. The FOAs use the NIH Exploratory/Developmental Grant (R21) and the NIH Small Research Grant (R03) funding mechanisms.

Pancreatic cancer is a highly lethal disease with the worst prognosis of all of the major malignancies. It is clear that a better understanding of the etiology and biology of pancreatic cancer is urgently needed to increase the chances for timely and effective diagnosis, prevention, and treatment of malignancy. Due to short survival following a diagnosis of pancreatic cancer, the data gathered thus far relate only to pancreatic cancer incidence; scant information is available on prevalence. Such data are not sufficient to describe racial associations with the etiology, progression, or prevention of the disease. At least 10 percent of pancreatic cancer is estimated to occur in a familial form, and it may be linked to six genetic syndromes or variants. It is likely, however, that previously unrecognized susceptibility genes and gene-environment interactions can predispose a subset of the population to pancreatic cancer.

All of the proposed projects must be focused on and directly pertinent to pancreatic cancer. Given the limits of the scientific scope appropriate for the FOAs, specific topics of interest may include, but are not limited to, the following:

- Conduct of correlative studies using specimens from multi-institutional prevention and/or treatment trials to study outcomes;
- Identification of "new" environmental exposures, including adverse energy balance, that contribute to pancreatic cancer;
- Development of a biofluid-based test for pancreatic cancer that can be used in population studies;
- Assessment of the impact of pancreatic cancer on health-related quality of life of patients and their caregivers;
- Conduct of pilot surveillance studies and generation of survivorship registries; and
- Identification of factors that may contribute to disparity in incidence of pancreatic cancer among populations.

Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award also will vary. For R03 applications, a budget for direct costs of up to $50,000 per year and a project duration of up to 2 years may be requested, for a maximum of $100,000 in direct costs for a 2-year project period. The R03 is not renewable. Direct costs are limited to $275,000 over an R21 2-year period, with no more than $200,000 in direct costs allowed in any single year. The R21 also is not renewable.

For inquiries on cancer control, epidemiology, and survivorship, contact the Epidemiology and Genetics Research Program's Mukesh Verma, Ph.D., *vermam@mail.nih.gov*. Refer to the FOAs in the *NIH Guide for Grants and Contracts* for the full list of scientific contacts and other details:

PA-08-208 (R21): *http://grants.nih.gov/grants/guide/pa-files/PA-08-208.html*

PA-08-209 (R03): *http://grants.nih.gov/grants/guide/pa-files/PA-08-209.html*

Other Funding Opportunities of Interest

Epigenomics of Human Health and Disease

The National Institutes of Health (NIH) Roadmap Epigenomics Program *(http://nihroadmap.nih.gov/epigenomics/initiatives.asp)* issued an FOA that invites applications for research to transform the understanding of epigenetic contributions to human disease.

This FOA requires applicants to propose projects that employ unbiased, global approaches in human cells (or, with rare exceptions, cells from mammalian models) to correlate alterations in epigenomic structure/marks with disease, aging, or environmental perturbation. Following the initial global mapping, applicants may also propose to conduct epigenetic analyses to reveal the function or significance of target gene regions or loci identified during the initial global screen. Because the primary focus of an application should be applying global mapping approaches across the genome, any proposed epigenetic analyses should be considered as followup and secondary to the initial global mapping.

Examples of disease-related research areas that address physiologically compromised, abnormal, or diseased states include:

- Perturbation due to exogenous exposure to dietary, chemical, social, or behavioral factors that may contribute to human disease

- Abnormal regulation of fundamental processes during critical stages of life (e.g., development, reproduction, aging) that result in human disease

- Dysregulation of fundamental biological processes (e.g., inflammation, apoptosis, oxidative stress) that underlie multiple diseases.

Applicants should propose studies involving human cells and tissues (except under special circumstances) and provide a rationale for the selection of cells/tissues for establishing the epigenomic maps. The rationale should describe how understanding changes in epigenomic marks or features—and their possible interactions in perturbed or diseased states as compared to normal or healthy states—will disrupt current paradigms concerning disease etiology or progression; or how it will create new paradigms where none exist.

This FOA will use the R01 grant mechanism. These R01s may propose a maximum of 5 years of support. Awards issued under this FOA are contingent on the availability of funds and the submission of a sufficient number of meritorious applications. Twelve to 16 awards are anticipated. A total of $8 million in FY 2009 has been committed to support this FOA.

A registration process is necessary before submission, and applicants are highly encouraged to start the process at least 4 weeks prior to the grant submission date. The opening date for this announcement is September 28, 2008. Ontime submission requires that applications be successfully submitted to *http://grants.gov* no later than 5:00 p.m. local time (of the applicant institution/organization) on October 28, 2008.

For general questions about cancer epigenomics, contact EGRP's Mukesh Verma, Ph.D., Chief, Methods and Technologies Branch, and Acting Chief, Host Susceptibility Factors Branch; e-mail: *vermam@mail.nih.gov*.

Access the *NIH Guide for Grants and Contracts* for details: RFA-RM-08-017 (R01) *http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-017.html.*

BSA Approves RFA Concepts for Post-Genome-Wide Association Research

On June 23, 2008, the NCI's Board of Scientific Advisors (BSA) approved two concepts developed by EGRP staff for Requests for Applications (RFA). The first concept, **Transdisciplinary Cancer Genomics Research: Translation for Genome-Wide Association Studies (GWAS),** will solicit collaborative, transdisciplinary research projects pursued by multicenter teams of epidemiologists and basic scientists to investigate the significance of genomic regions reported to be associated with susceptibility for cancers of the colon, breast, prostate, lung, pancreas, and bladder, and melanoma. The overall goals of this RFA are: (1) to exploit the power of existing GWAS of cancer by combining previously generated "initial scan" data, and (2) to accelerate and coordinate integrative post-GWAS research. It is expected that researchers will make genotype, phenotype, and exposure data publicly available through NCI's cancer Biomedical Informatics Grid (caBIG™). The RFA was approved for a first-year set-aside of $24 million for five to eight awards, for an estimated $96 million total over 4 years. Direct questions about this RFA to Elizabeth Gillanders, Ph.D., Program Director, Host Susceptibility Factors Branch *(lgilland@mail.nih.gov)* or Daniela Seminara, Ph.D., M.P.H., Scientific Consortia Coordinator and Program Director, Office of the Associate Director *(seminard@mail. nih.gov)*.

The second concept approved, **Replication and Fine-Mapping Studies for the Genes, Environment, and Health Initiative (GEI)**, will provide support for replication and fine-mapping studies of genetic regions putatively associated with common complex traits (primarily identified by GWAS), with the aim of enhancing the identification of causal variants influencing complex diseases. Acceptable phenotypes need not be cancer-related. The concept was approved for $2 million for five awards over 1 year. The GEI initiative is a 4-year NIH-wide program designed to identify major genetic susceptibility factors for diseases with a substantial public health impact and develop technologies for reliable and reproducible measurement of potentially causative environmental exposures. Direct questions about this RFA to Elizabeth Gillanders, Ph.D. *(lgilland@mail.nih.gov)*.

When additional information is available, including timelines and links to official notices in the *NIH Guide for Grants and Contracts* pertaining to the concepts described above, it will be shared via EGRP's listserv. To subscribe to the listserv, contact Christie Kaefer *(kaeferc@mail.nih.gov)*.

Have an Idea for a Research Tool Appropriate for Commercialization? Funding Possible Through a Small Business-Research Partnership


Jay Choudhry, M.S.

Are you a cancer epidemiologist with an idea for a research tool that might be appropriate for commercialization? If so, you may be eligible to obtain funding to pursue your idea through NIH's Small Business Grants Programs. The Small Business Technology Transfer (STTR) Program requires close collaboration between a small business and a research partner at a university or other nonprofit research institution. The small business is to conduct at least 40 percent of the research project, and the single partner research institution conducts at least 30 percent of the work. Funding usually is provided for up to 1 year and $100,000 total cost for phase I feasibility studies, and for up to 2 years and $750,000 for phase II projects.

Assistance in identifying a small business partner (or a research partner) is available via NIH's Small Business Innovation Research (SBIR)/STTR Collaboration Opportunities and Research Partnerships (CORP) Web page at *http://grants.nih.gov/grants/funding/corp.htm*.

The SBIR, a second program, does not require a research partner. Funding under this program usually is provided for up to 6 months and $100,000 total cost for phase I feasibility studies, and for up to 2 years and $750,000 for phase II projects.

EGRP participates each year in the Omnibus Solicitations for the SBIR and STTR Programs and suggests topics that it is particularly interested in supporting. In the Fiscal Year 2008 Omnibus Solicitations, EGRP expresses interest in supporting:

- Tools for assessment of exposures and biomarkers:
  - MicroRNA profiling in epidemiologic studies.
  - Detection of mitochondrial DNA alterations for cancer epidemiologic studies.
  - Development of methods for measuring biomarkers of human exposure or susceptibility, and of nutritional status, and methods for monitoring changes in biomarkers for use in cancer epidemiologic studies.
  - Development of new or improved devices for quantitative measurement of human exposure to environmental carcinogens for epidemiologic studies.
  - Development of methods to evaluate potential cancer clusters for epidemiologic studies.

- Tools for cancer epidemiology studies:
  - Development of tools to model cancer risks from environmental and occupational agents.
  - Development of software for electronic capture of risk factor data for cancer epidemiologic studies.
  - Development of consumer-friendly risk prediction models from epidemiologic data.
  - Development of software for tracking biological specimens for cancer epidemiologic studies.
  - Development of software for electronic identification, screening, and recruitment of participants, especially minorities, into epidemiologic studies.
  - Development of Web-based data collection or applicable bioinformatics tools for cancer epidemiology, including three focused on rare cancers.
  - Development of software or methods for rapid case ascertainment of cancers.
  - Development of geographic information systems with special visualization techniques for the simultaneous assessment of environmental exposures and health outcomes.
  - Development of tools using publicly available data to identify population-based controls for epidemiologic studies.
  - Development of software for analysis of DNA methylation biomarkers for early detection of prostate or breast cancers with use of specimens from biorepositories.

Access the Omnibus Solicitations from NIH's Small Business Funding Opportunities Home Page at *http://grants.nih.gov/grants/funding/sbir.htm*.

EGRP Contact: Jay Choudhry, M.S., Program Director, Methods and Technologies Branch, e-mail: *choudhrj@mail.nih.gov*.

NCI Innovative Molecular Analysis Technologies (IMAT) Program RFAs

NCI's Innovative Molecular Analysis Technologies (IMAT) program supports research projects aimed at developing creative methods and tools by which to understand, prevent, diagnose, and treat cancer. It encompasses closely related Requests for Applications (RFAs) in four areas: Innovative Technologies for Molecular Analysis of Cancer, Application of Emerging Technologies for Cancer Research, Innovative Technology Solutions to Cancer Sample Preparation, and Small Business Funding Opportunities. The nine RFAs and the application due dates are listed below.

Cancer epidemiologists may be particularly interested in *Application of Emerging Technologies for Cancer Research* (RFA-CA-08-008), which solicits grant applications proposing exploratory research projects to evaluate the performance of emerging molecular analysis technologies and develop applications for an appropriate cancer-relevant biological system. Specific areas of focus that may be of interest are:

- Technologies suitable for the analysis and characterization of large numbers of samples, including biospecimens, from defined human/patient populations; and
- Technologies for the measurement of exposures to environmental toxicants, pollutants, mutagenic factors, and/or carcinogens.

Announcement	Funding Announcement	Grant Mechanism	Application Due Date
Application of Emerging Technologies for Cancer Research	RFA-CA-08-008	R33	Sept. 24, 2008
Innovative Technologies for Molecular Analysis of Cancer	RFA-CA-08-006	R21	Sept. 24, 2008
Application of Emerging Technologies for Cancer Research	RFA-CA-08-007	R21	Sept. 24, 2008
Innovations in Cancer Sample Preparation	RFA-CA-08-009	R21	Sept. 24, 2008
Innovations in Cancer Sample Preparation	RFA-CA-08-010	R33	Sept. 24, 2008
Innovative Technologies and Applications for the Molecular Analysis of Cancer (SBIR)	RFA-CA-08-011	R43/44	Sept. 24, 2008
Innovative Technologies and Applications for the Molecular Analysis of Cancer (STTR)	RFA-CA-08-012	R41/42	Sept. 24, 2008
Innovations in Cancer Sample Preparation (SBIR)	RFA-CA-08-013	R43/44	Sept. 24, 2008
Innovations in Cancer Sample Preparation (STTR)	RFA-CA-08-014	R41/42	Sept. 24, 2008

R21 = Exploratory/Developmental Research Grant
R33 = Exploratory/Developmental Grants Phase II
R41/42 = Small Business Technology Transfer (STTR) Program Grants
R43/44 = Small Business Innovation Research (SBIR) Program Grants

Visit the IMAT Web site at *http://imat.cancer.gov* and access the *NIH Guide* Notice, NOT-CA-08-003, at *http://grants.nih.gov/grants/guide/index.html* to learn more about these funding opportunities.

Note: The IMAT program intends to reissue the funding announcements listed above in 2009. It is anticipated that the receipt dates will continue to be in February, May, and September.

Get Step-by-Step Help on Preparing Progress Reports and Final Reports for EGRP

DCCPS has developed two new Web pages with brief step-by-step instructions to help in preparing Progress Report Summaries and Final Reports for EGRP and other components of the Division. Principal Investigators supported through EGRP and their staffs should find these instructions helpful:

- Main DCCPS Grant Application Help Page: *http://cancercontrol.cancer.gov/funding_info.html*
- Step-by-Step Help on Completing Progress Reports: *http://cancercontrol.cancer.gov/help-2590.html*
- Step-by-Step Help for Final Reports: *http://cancercontrol.cancer.gov/help-2590-fr.html*
- NIH Announces New Centralized Processing Center for Receipt of Grant Closeout Documents: *http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-061.html*

NIH Data Sharing Policy In Effect for Genome-Wide Association Studies

The new policy for the sharing of data obtained through NIH-supported or -conducted genome-wide association studies (GWAS) went into effect in January 2008. The policy applies to: competing grant applications that include GWAS and are submitted to NIH for the January 25, 2008, and subsequent due dates; proposals for contracts that include GWAS and are submitted to the NIH on or after January 25, 2008; and NIH intramural research projects that include GWAS and are approved on or after January 25, 2008.

The final policy was announced in the *NIH Guide*, NOT-OD-7-088, after a period of public consultation with representatives from the scientific and lay communities. A followup Notice, NOT-OD-08-013, provides guidance on implementation and instructions for applicants. Access these Notices at *http://grants.nih.gov/grants/guide.*

The policy's goal is to facilitate broad and consistent access to NIH-supported GWAS data to speed the translation of basic genetic research into therapies, products, and procedures that benefit the public health. NIH believes that the full value of GWAS to the public can be realized only if the resulting genotype and phenotype datasets are made available as rapidly as possible to a wide range of scientific investigators. Rapid and broad data access are particularly important for GWAS—these studies generally require significant resources, present challenges in analyzing the large datasets, and provide extraordinary opportunities for making comparisons across multiple studies.

Refer to the NIH GWAS Web site at *http://grants.nih.gov/grants/gwas* for guidance on implementing the policy, including developing data-sharing plans for applications and proposals that include GWAS, peer review of GWAS grant applications, submitting data to the NIH GWAS data repository, requesting access to data in the NIH GWAS data repository, oversight of the NIH GWAS initiative, protections for research participants, points to consider for Institutional Review Boards and institutions in their review of data submission plans and institutional certifications, and frequently asked questions and answers.

NIH Revised Policy Issued on Enhancing Public Access to Archived Publications

The NIH Public Access Policy first was implemented in 2005, and compliance was voluntary. In January 2008, the policy was revised to require that, as of April 7, 2008, all final peer-reviewed manuscripts arising from NIH funds must be submitted to PubMed Central (PMC, *http://pubmedcentral.nih.gov*) on acceptance for publication. PMC is a free digital archive of full-text, peer-reviewed journal articles that is managed by NIH's National Library of Medicine (NLM). Furthermore, as of May 25, 2008, all NIH applications, proposals, and progress reports must include the PMC reference number or NIH Manuscript Submission reference number when citing a paper that falls under the policy and is authored or co-authored by the investigator, or arose from the investigator's NIH award.

Key Public Access Policy Web pages:

- Home page: *http://publicaccess.nih.gov/index.htm*
- Frequently Asked Questions: *http://publicaccess.nih.gov/FAQ.htm#content*
- Communications and Training: *http://publicaccess.nih.gov/communications.htm*
- *NIH Guide* Notice, NOT-OD-08-033: *http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-033.html*

Grant Applications Must Tie to Funding Opportunity Announcements

Together with implementation of electronic submission of grant applications, remember that all applications must be submitted in response to specific Funding Opportunity Announcements (FOAs). NIH has omnibus parent announcements for use in submitting what formerly were termed "unsolicited" applications. For help in identifying appropriate FOAs for unsolicited or investigator-initiated applications, see *http://grants.nih.gov/grants/guide/parent_announcements.htm*, or consult your EGRP Program Director.

NIH Summarizes Policy on Late Grant Applications

NIH describes its policy on late grant applications in a Notice in the *NIH Guide*, consolidating information from previous Notices. Investigators are reminded that no NIH staff member, whether in the Center for Scientific Review (CSR) or any of the other Institutes/Centers, has the authority to give permission in advance for a late application. Contacting the Division of Receipt and Referral or any other component of the NIH will not lead to either permission to submit late or an evaluation of the acceptability of the reasons for a delay. Inquiries may be directed to the Division of Receipt and Referral, CSR, NIH, tel.: 301-435-0715; fax: 301-480-1987. Access the Notice, NOT-OD-08-027, at *http://grants.nih.gov/grants/guide*. A list of standard receipt dates is available at *http://grants.nih.gov/grants/funding/submissionschedule.htm*.

Standing NIH Study Section Members Offered Modified Grant Application Procedures

NIH is implementing an alternate plan for submission and review of research grant applications from appointed members of chartered NIH Study Sections to recognize their outstanding service and to minimize disincentives to Study Section service. The timing of Study Section meetings and most standard due dates for grant applications overlaps. Thus, reviewers are under pressure to review applications and prepare their own applications simultaneously.

Beginning February 5, 2008, the alternate submission and review procedures described below became available for appointed members of NIH Study Sections. This alternate process is limited to (1) appointed members of chartered standing Study Sections and (2) applications that normally would be received on standard submission dates (but not special receipt dates). Depending on the timing of the submission and the number of other similar applications received during the premeeting time window, NIH staff will decide if the application will be reviewed in a different standing Study Section or in a Special Emphasis Panel (SEP). These applications will be processed and assigned to NIH Institute Review Offices or CSR Integrated Review Groups (IRGs) using the standard referral guidelines.

The continuous submission process will enable appointed members of chartered NIH Study Sections to submit their applications as soon as they are fully developed. Applications will be reviewed no later than 120 days after receipt. For complete information, refer to the *NIH Guide* Notice, NOT-OD-08-026, available at *http://grants.nih.gov/grants/guide*.

Reminder for NIH Study Section Members: Consult With NIH Program Directors if Planning to Submit Grant Applications With Budgets ≥ $500,000

Despite the alternate submission and review procedures for appointed study section members and ad hoc members (see article above and *NIH Guide* Notice NOT-08-027, *http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-027.html*), **the Awaiting Receipt of Application (ARA) process still applies when budget requests are likely to be submitted with direct costs ≥$500,000 in any given year.** Applicants who are eligible for the alternate grant application submission procedures still must seek agreement from Institute/Center staff to accept assignment prior to the anticipated submission of any application (see *NIH Guide* Notice NOT-OD-02-004 at *http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-004.html*). Therefore, EGRP recommends that current and prospective grantees who serve on NIH Study Sections continue to contact EGRP Program Directors well in advance to discuss their submission plans and timelines for grant applications. Contact information for EGRP Program Directors can be obtained at *http://epi.grants.cancer.gov/staff.html*.

Review of Key Web Pages

- NIH Center for Scientific Review News Flash, NIH Gives Chartered Reviewers New Flexibility Submitting Applications: *http://cms.csr.nih.gov/NewsandReports*
- Standard NIH Due Dates for Competing Applications: *http://grants.nih.gov/grants/funding/submissionschedule.htm*

NIH Issues New Application Forms: Relinquishing Grant, Noncompeting Continuation Progress Report

EGRP grantees may wish to take note of two recently revised NIH grant forms:

- *Official Statement Relinquishing Interest and Rights in a PHS Research Grant* (PHS 3734, rev. 11/07). The form is accepted immediately. There are no changes to the data elements or instructions in this revision of the form. Refer to *NIH Guide* Notice, NOT-OD-08-029.

- *Noncompeting Continuation Progress Report for a DHHS Public Health Service Grant* (PHS 2590, rev. 11/07). This form is accepted immediately, and all progress reports received on or after March 1, 2008, MUST use the new instructions and form. Read the instructions carefully. This edition of PHS 2590 implements a number of important policy changes, including the NIH Policy for Sharing of Data Obtained in NIH-Supported or Conducted Genome-Wide Association Studies, and registration of clinical trials in *http://clinicaltrials.gov* as required by Public Law 110-85.

  One significant change to PHS 2590 is the business process for submission of the continuation progress report. As of March 1, 2008, only the signed original continuation progress report is required to be submitted to the centralized mailing address. (No additional copies are required.) Refer to the *NIH Guide* Notice, NOT-OD-08-030, for further information.

Access the Notices at *http://grants.nih.gov/grants/guide*.

Take Advantage of EGRP's Research Services and Resources

Assistance in Developing Cancer Epidemiology Consortia

Daniela Seminara, Ph.D., M.P.H.

EGRP facilitates and funds consortia that can conduct the types of large-scale epidemiologic studies needed to address complex questions about the etiology of cancer. The Program provides assistance through all phases of consortia development—from conceptualization through the operation of established consortia. Assistance is provided in numerous ways, including through grant support, assistance in identifying partners with similar research interests, advice on policies and processes that have proven successful with other cancer epidemiology consortia, participation on steering committees, and in evaluating established consortia. Daniela Seminara, Ph.D., M.P.H., is EGRP Scientific Consortia Coordinator, e-mail: *seminard@mail.nih.gov*.

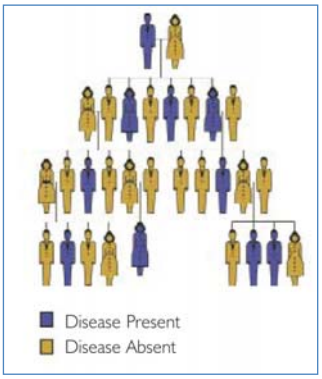
The operating definition used for a Consortium is:

> A consortium in epidemiology is a group of scientists from multiple institutions who have agreed to cooperative research efforts involving, but not limited to, pooling of information from more than one population study for the purpose of combined analyses. The consortium group is able to address scientific questions that cannot otherwise be addressed through the effort of a team of investigators at a single institution due to scope, resources, population size, and need for an interdisciplinary approach. The cooperation usually involves multiple projects over an extended time. Groups participating in a consortium may partner in the writing of research grant applications, but consortia activities are not limited to a specific grant/project.

The creation of a consortium is independent from funding mechanisms and does not indicate definite grant support. However, EGRP and its staff can provide supportive activities and tools.

Learn about the types of assistance available to develop and operate consortia at *http://epi.grants.cancer.gov/Consortia/support.html*. EGRP currently is facilitating and/or funding more than 30 cancer epidemiology consortia. Learn more about them at *http://epi.grants.cancer.gov/Consortia/tablelist.html*.

Breast and Colon Cancer Family Registries (CFRs)



The Breast and Colon Cancer Family Registries (CFRs) are international research infrastructures for investigators interested in conducting population- and clinic-based interdisciplinary studies on the genetic and molecular epidemiology of these cancers and their behavioral implications. A central goal of the CFRs is the translation of this research to the clinical and prevention setting for the benefit of the Registries' participants and the general public.

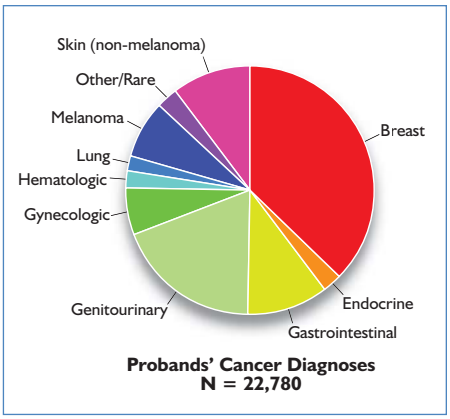
The Breast CFR has information and biospecimens contributed by more than 15,300 families across the spectrum of risk for the cancer and from population-based or relative controls. The Colon CFR has information and biospecimens on more than 14,800 families across the spectrum of risk for colon cancer and from population-based or relative controls.

Of particular interest to the CFRs are identification and characterization of cancer susceptibility genes; definition of gene-gene and gene-environment interactions in cancer etiology; and translational, preventive, and behavioral implications of research findings.

Special features of the CFRs include population-based and clinic-based ascertainment; systematic collection of validated family history; epidemiologic risk factor data; clinical and followup data; biospecimens (including tumor blocks and Epstein-Barr Virus-transformed cell lines); and ongoing molecular characterization of the participating families. Researchers who are interested in accessing data and/or biospecimens can learn more about the CFRs and the application process at the CFRs Web site: *http://epi.grants.cancer.gov/CFR*. The CFRs do not provide funding for research.

EGRP Contact: Daniela Seminara, Ph.D., M.P.H., Program Director, Office of the EGRP Associate Director, e-mail: *seminard@mail.nih.gov*.

Cancer Genetics Network (CGN)



The Cancer Genetics Network (CGN) is a national network of centers specializing in the study of inherited predisposition to cancer. The resource is available to the research community at large to support studies on the genetic basis of human cancer susceptibility; integration of this information into medical practice; and behavioral, ethical, and public health issues associated with human genetics.

The database has information on more than 22,000 individuals (16,000 families) with cancer and/or a family history of cancer. Data are available on cancer type, a four-generation cancer family history, genetic testing (if performed), genetic mutation if collected in a CGN special study, any known genetic syndromes in the family, biospecimens on many enrollees in special studies, annual followup on all enrollees, history of tobacco use, and sociodemographic information. More data are available on subsets of enrollees who have participated in CGN special studies. The population enrolled makes possible research on both common and uncommon tumors.

This unique infrastructure enables studies on genes of moderate and low penetrance, as well as more easily identified high-penetrance genes. The CGN welcomes opportunities to collaborate with research groups on important studies, and/or it can provide data and biospecimens—and a range of services and expertise—to support independent studies. Research funding is not provided.

The CGN is operated through a contract awarded by EGRP to Massachusetts General Hospital (MGH) in the spring of 2007. MGH is the Data Coordinating Center and subcontracts with 14 centers that provide the infrastructure to support studies. NCI started the CGN in 1998 through a group of EGRP-funded cooperative agreement grants. Visit the CGN Web site at *http://epi.grants.cancer.gov/CGN*.

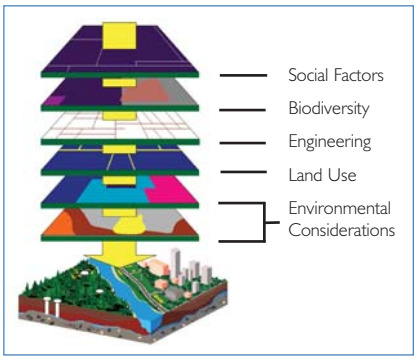
Diane M. Finkelstein, Ph.D., is MGH Program Manager/Principal Investigator, and Nora Horick, M.S., is MGH Project Manager.

EGRP Contact: Carol Kasten, M.D., Project Officer, Clinical and Translational Epidemiology Branch (CTEB), e-mail: *kastenca@mail.nih.gov*.

Geographic Information System for Breast Cancer Studies on Long Island (LI GIS)

The Geographic Information System for Breast Cancer Studies on Long Island (LI GIS) is a geographic information system combining a data warehouse and GIS, statistical, and spatial software and extensions. It is designed to study potential relationships between environmental exposures and breast cancer on Long Island (Suffolk and Nassau counties) and is available to researchers with approved protocols. The LI GIS also can be used to study other diseases.

This unique research tool has more than 80 in-depth datasets covering topographic data; demographic data; health outcome data, including relative breast cancer incidence; and environmental data for Long Island. Additional environmental data are included with less detail and geographic precision for areas 50 kilometers from the two counties, and very limited data for areas within a 100-mile radius from the midpoint of the boundary line between the two counties. The extended area includes counties in Connecticut, New Jersey, New York, Pennsylvania, Rhode Island, and Massachusetts.



Researchers can access the LI GIS online. There is no fee to use the LI GIS; however, funding for research using it is not provided and there is an application process. The LI GIS was developed as part of the Long Island Breast Cancer Study Project (LIBCSP). Visit the LI GIS Web site to learn more: *http://li-gis.cancer.gov*. Access other information about GIS at NCI at *http://gis.cancer.gov*.

Contact: Deborah Winn, Ph.D., Project Officer, EGRP Acting Associate Director, e-mail: *winnde@mail.nih.gov*.

Save the Date: Visiting Scholars Seminar Series

The EGRP Visiting Scholars Seminar Series brings outstanding scientists in the extramural population sciences community to NCI to share their latest research and facilitates an exchange of ideas on ways to continue moving the science forward. If you are visiting NCI on the day of a seminar, you are welcome to join us.

The following seminars will be held on Mondays from noon to 1 p.m. in Executive Plaza North (EPN), 6130 Executive Boulevard, Conference Room H, Rockville, MD. To obtain a visitor's pass, prior to the seminar, contact Leah Sansbury, Ph.D., M.S.P.H., Visiting Scholars Seminar Series Coordinator, and Program Director, Modifiable Risk Factors Branch, tel.: 301-496-9600, e-mail: *sansburl@mail.nih.gov.*

Refer to the following URL for more information about the series: *http://epi.grants.cancer.gov/visiting/index.html.*

Date and Time	Location	Speaker
September 8, 2008 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Marianne Berwick, Ph.D., M.P.H.** Professor and Chief, Division of Epidemiology Associate Director-CRTC Co-Leader-Population Health Sciences, Cancer Health Disparities, and Cancer Control Program University of New Mexico
October 6, 2008 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Christine B. Ambrosone, Ph.D.** Chair, Department of Cancer Prevention and Control Roswell Park Cancer Institute
November 3, 2008 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Immaculata DeVivo, Ph.D., M.P.H.** Associate Professor, Department of Epidemiology Harvard School of Public Health

Date and Time	Location	Speaker
December 8, 2008 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**John Boice, Jr., Sc.D.** Professor, School of Medicine Vanderbilt University Scientific Director International Epidemiology Institute
January 12, 2009 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Johanna W. Lampe, Ph.D., R.D.** Full Member and Associate Division Director, Cancer Prevention Program, Division of Public Health Sciences Fred Hutchinson Cancer Research Center
February 9, 2009 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Christopher I. Amos, Ph.D.** Professor, Department of Epidemiology The University of Texas MD Anderson Cancer Center
March 9, 2009 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	**Anna R. Giuliano, Ph.D.** Chair, Department of Cancer Epidemiology and Genetics Program Leader, Risk Assessment, Detection, and Intervention Program H. Lee Moffitt Cancer Center and Research Institute
April 6, 2009 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	(Speaker to be announced.)
May 4, 2009 Noon–1:00 p.m.	Executive Plaza North 6130 Executive Blvd. Conference Room H	(Speaker to be announced.)

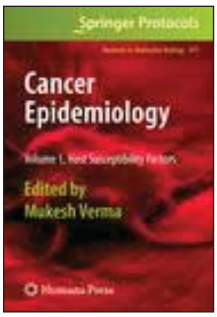
In the News

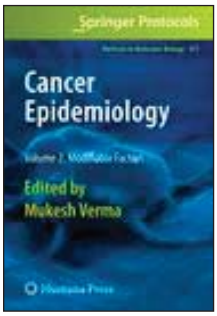
Southern Community Cohort Featured on National Public Radio

Deborah Winn, Ph.D.

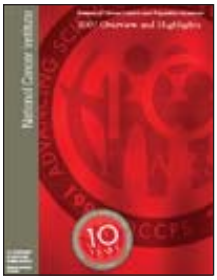
EGRP's Acting Associate Director, **Deborah M. Winn, Ph.D.,** was interviewed live on July 29 on National Public Radio (NPR) about the Southern Community Cohort Study. She appeared with Karen Brown, host of "Mississippi Edition." The study, which is led by **William J. Blot, Ph.D.,** of Vanderbilt University and International Epidemiology Institute, Ltd., should help answer questions regarding the causes of certain cancers, improve understanding of why disparities exist in cancer incidence and death across various racial and ethnic groups, and lead to the development of measures aimed at preventing cancer, especially among African Americans. Dr. Winn was joined by **Ralph Vance, M.D.,** from the University Medical Center in Jackson, MS, who spoke about preventable risk factors for cancer and cancer screening recommendations. More information about the Southern Community Cohort Study is available at *http://epi.grants.cancer.gov/ResPort/Southern.html*. The full interview from July 29, 2008, can be downloaded at *http://www.mpbonline.org/news/MississippiEdition/July2008.htm*.

New Publications





Cancer Epidemiology, Volumes 1 and 2. Population studies and epidemiology facilitate the discovery of genetic, epigenetic, and environmental determinants of cancer and the development of new approaches to cancer control and prevention; as a result, they play a central role in the creation of health policies. *Cancer Epidemiology,* available October 8, 2008, explores areas of research that cover etiologic factors or determinants that contribute to the development of cancer and describes the latest technologies in cancer epidemiology. In *Volume 1, Host Susceptibility Factors*, leading experts provide chapters on cancer incidence, prevalence, mortality, surveillance, methods, technologies, study design, and host susceptibility factors in cancer epidemiology. In *Volume 2, Modifiable Factors*, leading experts provide chapters on modifiable factors in cancer epidemiology, epidemiology of organ-specific cancer, and environmental and lifestyle factors. This two-volume series, part of the *Methods in Molecular Biology*™ series by Humana Press, is edited by Mukesh Verma, Ph.D., Chief, EGRP Methods and Technologies Branch and Acting Chief, Host Susceptibility Factors Branch. Information about these publications is available at *http://springer.com*.



DCCPS Report Highlights 10 Years of Progress

NCI's Division of Cancer Control and Population Sciences (DCCPS) recently released its ***2007 Overview and Highlights***, a report describing the Institute's return on 10 years of investment in DCCPS since its creation in 1997. The report highlights progress in research areas including epidemiology and genetics; cancer prevention and control; detection and diagnosis; tobacco control; diet, weight, and physical activity; health communication; risk factor monitoring and prediction; quality of care and health services outcomes; health disparities; cancer survivorship; surveillance; and research dissemination. The report can be viewed online at *http://cancercontrol.cancer.gov/bb/index.html*. To order a free copy of the report, go to *http://www.cancer.gov/publications* or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

The article **"Criteria for the Evaluation of Large Cohort Studies: An Application to the Nurses' Health Study"** was published in the July 2, 2008, issue of the *Journal of the National Cancer Institute*. This article proposes a set of criteria to evaluate epidemiological studies that fit within NIH's discovery, development, and delivery paradigm. The authors, Graham A. Colditz, M.D., Dr.P.H., of Washington University School of Medicine and Barnes-Jewish Hospital, St. Louis, MO, and Deborah M. Winn, Ph.D., EGRP Acting Associate Director, applied their criteria to the Nurses' Health Study, which receives funding from NCI and other NIH Institutes and Centers, as an example.

The April 2008 issue of ***Community Genetics*** is devoted to studies NCI funded through the Cancer Genetics Network (see page 10 for more information about the CGN). Each manuscript in the April 2008 issue of *Community Genetics* describes an enhanced recruitment process or procedure and presents data on its effectiveness to improve recruitment of minority participants into large, population-based studies. Overall enrollment of minority participants into the CGN was enhanced by these minority recruitment efforts.

NCI sponsored the August 2008 special supplement to the *American Journal of Preventive Medicine* titled, **"The Science of Team Science: Assessing the Value of Transdisciplinary Research."** This supplement addresses new and exciting developments in the emerging *science of team science*—a field of evaluation research concerned especially with understanding and enhancing the outcomes of collaborative research and training programs. The articles contained in the supplement are written by thought leaders in the science of team science and are drawn from the proceedings of NCI's conference on the Science of Team Science held in Bethesda, MD, during October 2006. Copies of the supplement can be downloaded or ordered at *http://dccps.nci.nih.gov/brp/scienceteam/ajpm. html*. For more information about the science of team science project in NCI's Division of Cancer Control and Population Sciences, visit *http://dccps.nci.nih.gov/brp/scienceteam/index.html*.

EGRP Staff News

Damali Martin, Ph.D., M.P.H.

Damali Martin, Ph.D., M.P.H., has joined EGRP as a Program Director in the Host Susceptibility Factors Branch. Dr. Martin holds a Ph.D. in cell biology and molecular genetics from the University of Maryland at College Park. She received an M.P.H. in Epidemiology and Biostatistics from The Johns Hopkins Bloomberg School of Public Health, where she investigated human papillomavirus (HPV) viral load and its association with stage of cervical neoplasia. Previously, Dr. Martin was a Cancer Prevention Fellow at NCI. Through the Cancer Prevention Fellowship Program, Dr. Martin worked in the Breast and Prostate Study Group in the Laboratory of Human Carcinogenesis, NCI Center for Cancer Research. Her research involved the association of DNA polymorphisms and breast cancer risk, as well as other epidemiological studies with a focus on molecular epidemiology and health disparities. In particular, her research focused on elucidating whether differences in tumor biology between African-American and European-American breast cancer patients contribute to the lower survival and higher mortality in African-American women. In addition to her responsibilities as a Program Director, Dr. Martin will collaborate with her former laboratory on prostate cancer, for which she will continue to examine biological determinants of prostate cancer survival disparity.

Rao Divi, Ph.D.

Rao L. Divi, Ph.D., has joined EGRP as a Program Director in the Methods and Technologies Branch. Dr. Divi comes to EGRP from NCI's Laboratory of Cancer Biology and Genetics. Since 1997, he was a member of the Carcinogen-DNA Interactions Section, where he focused on understanding the genotoxicity of cisplatin, tamoxifen, PHIP, and benzo(a)pyrene, as well as the mitochondrial toxicity of antiretroviral drugs. A significant portion of Dr. Divi's work focused on identifying molecular biomarkers and developing methods that can detect atto to femto mole levels of toxicity and carcinogenicity markers and validating those markers both by intra- and interlaboratory collaborations. Dr. Divi used these biomarkers in collaborative studies to assess the risk in humans who are exposed to the carcinogens. In addition, these methods currently are being used to assess the efficacy of cancer-preventive agents in several primary breast cell strains prepared from tissues obtained from mammary reduction surgery, cancer cell lines, and animal models. The information derived from these studies can serve as a basis for designing strategies that take into consideration the exposure status, genetic variability, and metabolic susceptibility of individuals and population groups for effective cancer prevention.

Prior to joining NCI, Dr. Divi worked for 4 years at the National Center for Toxicological Research, which is the research arm of the U.S. Food and Drug Administration, in Jefferson, AR, where he worked on the antithyroid activity of drugs and environmental toxicants. He also worked for 1 year on an International Atomic Energy Agency project on health effects of trace elements. Dr. Divi was born and raised in Andhra Pradesh, India. He received a B.Sc. in organic chemistry and an M.Sc. in biochemistry from Andhra University in 1981 and 1984, respectively. He received a Ph.D. from Osmania University in 1993, where he investigated mechanisms of goitrogenesis at The National Institute of Nutrition, Hyderabad, India.

Barbara Guest, M.S.W., M.P.H.

Barbara Guest, M.S.W., M.P.H., has returned to EGRP's Office of the Associate Director as a program analyst focusing on issues relating to genome-wide association studies (GWAS). For the past 2 years, Ms. Guest worked in NCI's Office of Advocacy Relations (OAR) as Executive Secretary for the NCI Director's Consumer Liaison Group, an advisory body that makes recommendations to the NCI Director about issues of concern to cancer advocates, survivors, and caregivers.

Ms. Guest originally came to EGRP's Office of the Associate Director as a program analyst in 2002. Before joining NCI, she worked as an intern and program analyst for the Centers for Disease Control and Prevention's National Institute of Occupational Safety and Health (NIOSH), where she was involved in NIOSH's responses to the September 11, 2001, terrorist attacks in New York City and the 2001 anthrax attacks in several U.S. cities. Ms. Guest joined the U.S. Department of Health and Human Services in 1998 as a Presidential Management Intern after completing her M.S.W. at the University of Maryland at Baltimore.

Ms. Guest's career in public health and social work has focused on the delivery of health services in community-based organizations and agencies located primarily in New York City, where she earned an M.P.H. from Columbia University's School of Public Health. She was appointed to the New York City Board of Health, the policymaking body for the New York City Department of Health. She also held

positions as an administrator of hospital and community-based facilities specializing in treating mental health and substance use disorders. In addition, for 10 years, Ms. Guest was a member of the editorial board of the *Journal for Public Health Policy*. She has been a member of health and mental health planning boards and currently is a Governing Councilor of the Metropolitan Washington Public Health Association, an affiliate of the American Public Health Association.

Marta Thompson

Marta Thompson has joined EGRP's Office of the Associate Director as a Program Specialist to help coordinate projects and streamline grants management and other administrative processes.

Ms. Thompson first came to NCI in 2005 as a Grants Technical Assistant with NIH's Division of Extramural Activities Support (DEAS), through which she was assigned to work in EGRP. She has a wealth of administrative and management experience in the areas of logistics, reporting, implementing policies and procedures, budgeting, and maintaining customer service relationships.

Shannon Lynch, M.P.H.

Shannon Lynch, M.P.H., a Program Analyst with EGRP since 2006, left EGRP to pursue a Ph.D. in epidemiology at the University of Pennsylvania. She plans to study genetic and molecular epidemiology under the direction of Dr. Timothy Rebbeck.

While at EGRP, Ms. Lynch was involved in grants administration, project management, and communications activities. She was instrumental in managing the program's portfolio for breast cancer and environmental research. Some of Ms. Lynch's activities included briefing NIH staff and responding to inquiries from Congress and advocates, coordinating EGRP's Breast Cancer and the Environment Research Centers (BCERC) initiative, and developing a public mapping Web site for the Long Island Geographic Information System (LI GIS).

Ms. Lynch also served as EGRP's representative to the Pancreatic Cohort Consortium (PanScan) and was PanScan's smoking working group coordinator. In addition, she collaborated with the Division of Cancer Epidemiology and Genetics on the Agricultural Health Study under the direction of Dr. Michael Alavanja. Although Ms. Lynch is leaving federal service, she will continue to work on the BCERC and PanScan projects.

Six EGRP Staff Members Recognized With NIH Director's Award

A remarkable number of NCI's Division of Cancer Control and Population Sciences colleagues were recognized in July as recipients of the NIH Director's Award. NIH has more than 18,000 employees. A tiny fraction of these are nominated each year by the NIH Institute and Center Directors for consideration for special recognition from the NIH Director. For this year's awards, 9 of the 20 nominations submitted by NCI to NIH were selected. EGRP's **Debbie Winn, Ph.D., and Daniela Seminara, Ph.D., M.P.H.**, (circled below) were part of a group receiving an award submitted by the National Heart, Lung, and Blood Institute for their work on the trans-NIH Genome-Wide Association Studies Policy Development Team. **Chinonye Harvey, M.P.H., Shannon Lynch, M.P.H., Scott Rogers, M.P.H., and Diane Horn-Cruder** (below) were nominated by EGRP to receive a group award for their outstanding initiative, cooperation, synergy, efficiency, and productivity in support of the management and scientific mission of EGRP.

Epidemiology and Genetics Research Program (EGRP) Staff

Epidemiology and Genetics Research Program
Telephone: 301-496-9600; Fax: 301-435-6609
Web site: *http://epi.grants.cancer.gov*

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Diane Horn-Cruder, Program Analyst
Christie Kaefer, M.B.A., R.D., Communications Coordinator
Scott Rogers, M.P.H., Public Health Advisor
Daniela Seminara, Ph.D., M.P.H., Scientific Consortia Coordinator and Program Director
Marta Thompson, Program Specialist

Clinical and Translational Epidemiology Branch
Deborah M. Winn, Ph.D., Acting Chief
Carol Kasten, M.D., Medical Officer, Geneticist, and Project Officer
Isis S. Mikhail, M.D., M.P.H., Dr.P.H., Program Director

Host Susceptibility Factors Branch
Mukesh Verma, Ph.D., Acting Chief
Elizabeth (Liz) M. Gillanders, Ph.D., Program Director
Damali Martin, Ph.D., M.P.H., Program Director
Sheri Dixon Schully, Ph.D., Program Director

Methods and Technologies Branch
Mukesh Verma, Ph.D., Chief
Jay Choudhry, M.S., Program Director
Rao Divi, Ph.D., Program Director
Adrienne Overton, Program Analyst

Modifiable Risk Factors Branch
Britt C. Reid, D.D.S., Ph.D., Chief
Chinonye (Nonye) Harvey, M.P.H., Public Health Advisor
Leah Sansbury, Ph.D., M.S.P.H., Program Director
Vaurice Starks, Program Director

Sources of Information on Grant Policies and Funding

- NCI Division of Cancer Control and Population Sciences (DCCPS) Home page: *http://cancercontrol.cancer.gov* for grant policy alerts and information on funding opportunities.
- NCI Division of Extramural Activities (DEA): *http://deainfo.nci.nih.gov*
- *http://grants.gov* (central resource to find and apply for U.S. grants)
- Research Resources
  - NCI directory of more than 175 products: *http://resresources.nci.nih.gov*
  - DCCPS Public Use Data Sets: *http://cancercontrol.cancer.gov/cr-dataset.html*
- Subscribe to:
  - NCI Cancer Bulletin (bi-weekly newsletter): *http://cancer.gov/ncicancerbulletin*
  - NIH Guide for Grants and Contracts: *http://grants.nih.gov/grants/guide/listserv.htm*
  - NIH Inside eRA for Partners (Electronic Research Administration or "The Commons") (occasional updates): *http://era.nih.gov/eranews*
  - NIH Extramural Nexus (bimonthly newsletter for grantees): *http://grants.nih.gov/grants/nexus.htm*
  - EGRP's Listserv, contact Christie Kaefer, e-mail: *kaeferc@mail.nih.gov*
- **Everything you wanted to know about the NCI Grants Process...but were afraid to ask** (2005). Access online at *http://www3.cancer.gov/admin/gab* or order a print copy via NCI's online Publications Locator: *https://cissecure.nci.nih.gov/ncipubs*. **(The publication does not include information about NIH's mandatory transition to electronic submission of applications and the new form; see *http://era.nih.gov/ElectronicReceipt/index.htm*.)**

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