



MAY 23 2006

Douglas Ulman  
Chief Mission Officer  
Lance Armstrong Foundation  
P.O. Box 161150  
Austin, Texas 78716-1150

Dear Doug:

Thank you for your recent letter. The National Cancer Institute appreciates and shares the Director's Consumer Liaison Group's commitment to translational research (TR). The transformation of scientific discoveries into clinical applications to reduce cancer incidence, morbidity, and mortality lies at the core of our mission.

Your letter raises important challenges facing the nation's research enterprise, ones that will be overcome by working together to ensure the best outcomes for all despite constraints imposed by the current funding environment. I would like to directly respond to the four specific questions raised in your letter:

1. Funding for the Specialized Programs of Research Excellence (SPOREs)

The NCI is deeply committed to TR, including that done in the SPORE program. We intend to preserve or even increase the SPORE program's research allocation, but factors external to the SPORE program – such as fluxes in the overall NCI budget and the competitiveness of SPORE applications – have an impact on our ability to do so. For example, when the Institute's budget is cut, programs may be cut proportionally. Under such circumstances, as custodians of the nation's research trust, we are obliged to make the best decisions we can under the circumstances. The guiding principle for SPORE funding is the same as that for other peer-reviewed research: awards are based on scientific merit. The number of awards may fluctuate depending on available funds, but the principle holds nonetheless.

2. Funding level for organ-specific research

The NCI's goal is to advance TR, not to diminish it. SPOREs are specifically – but not uniquely – designed to execute disease-specific, patient-oriented research. As you know, many other NCI programs in TR, such as the Early Detection Research Network (EDRN), the DCTD and DCP phase I/II consortia, the cooperative groups, and much of the intramural program are organized by target organ, as well. The NCI anticipates that no significant changes in the current level of support for organ-specific TR, but as noted above, that commitment depends on our annual Congressional appropriation and the scientific merit of applications, among other factors.

3. Peer review

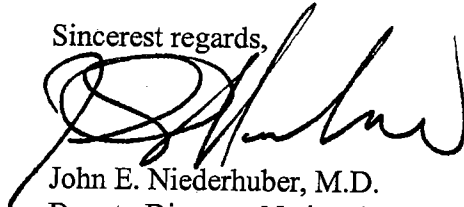
The NCI is attentive to concerns regarding the TR peer-review process. Earlier this year, we announced changes in the receipt/review processes associated with the SPORE program that are intended to improve the fairness and responsiveness of the NCI's reviews. In addition, the Translational Research Working Group (TRWG) is considering the NCI's TR enterprise and is expected to make recommendations that will improve the NCI's overall approach to TR, including its review and management. As you know, the TRWG includes many SPORE Directors and participants among its ranks. It is scheduled to make the first phase of its recommendations to the National Cancer Advisory Board as early as June 2006.

4. DCLG support of SPOREs

The NCI is indebted to advisory groups such as the DCLG for the unique perspective they provide on our programs and the research enterprise as a whole. Ongoing dialogue with your group will enhance decision-making regarding SPOREs and the NCI's many other programs in TR.

The NCI is grateful for the critical insights your group brings to the research process. Thank you for sharing your concerns and permitting us this opportunity to provide the NCI's perspective on SPOREs and its TR efforts as a whole.

Sincerest regards,

A handwritten signature in black ink, appearing to read "John E. Niederhuber", written in a cursive style.

John E. Niederhuber, M.D.  
Deputy Director, National Cancer Institute  
Deputy Director for Translational  
and Clinical Sciences