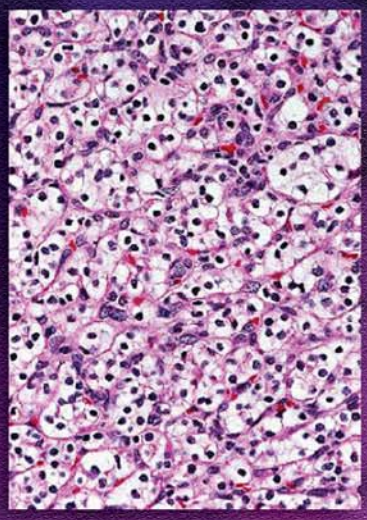
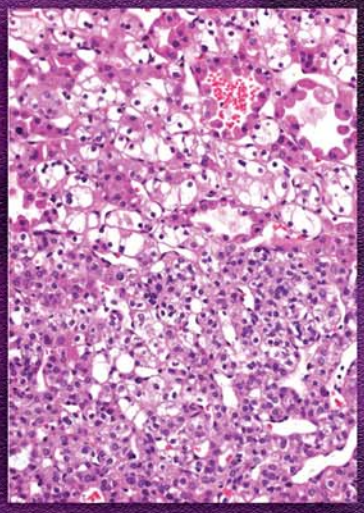
National Cancer Institute

Division of Extramural Activities
Annual Report 2006

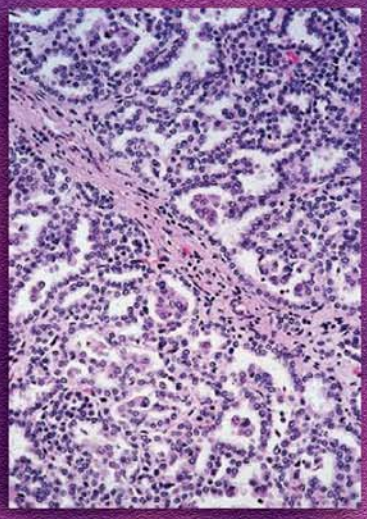
Kidney Cancer Genes



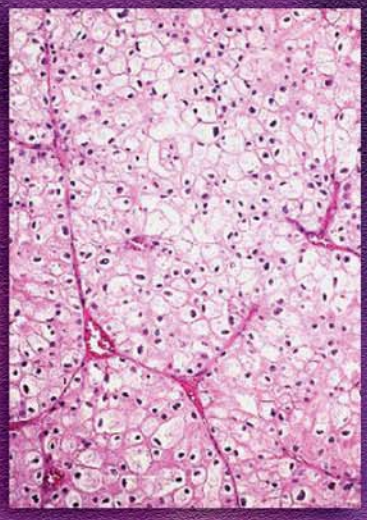
Clear Cell Carcinoma



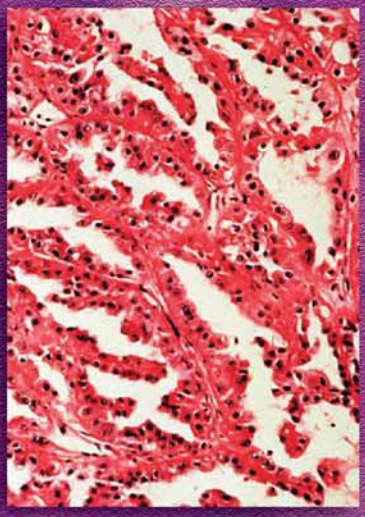
Hybrid Oncocytic Carcinoma



Papillary Type 1 Carcinoma



Chromophobe Carcinoma



Papillary Type 2 Carcinoma

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

The Genetic Basis of Kidney Cancer
Opportunities for Disease-Specific Targeted Therapy

Kidney cancer is a lethal disease that affects 39,000 Americans annually and is responsible for nearly 13,000 deaths per year in the United States. Kidney cancer is not a single disease; it is comprised of a number of different kinds of cancers that occur in the kidney. Each of these different types of kidney cancer has a different histologic type, a different clinical course, responds differently to therapy, and is caused by different genes.[1] For the past 25 years, studies have been conducted to identify the genetic basis of kidney cancer with the hope that understanding the kidney cancer gene pathways would provide the basis for the development of targeted therapeutic approaches to treat this malignancy. Studies of families with hereditary forms of kidney cancer have resulted in the identification of several genes and molecular targets specific for kidney cancers with therapeutic approaches that are in various stages of preclinical and clinical evaluation.

Clear Cell Renal Carcinoma: The *VHL* Gene. The von Hippel-Lindau (*VHL*) gene, identified in 1993, is a tumor suppressor gene for the inherited (familial) form of clear cell renal carcinoma, von Hippel-Lindau, and for the common type of sporadic (non-familial) clear cell kidney cancer.[2] The product of the *VHL* gene forms a complex with other proteins that target the hypoxia inducible factors (HIF) for ubiquitin mediated degradation, which in turn regulates transcription of several downstream genes. Understanding the *VHL* pathway has led to the development of agents such as sunitinib, sorafenib, and bevacizumab. These agents target downstream genes such as vascular endothelial growth factor (VEGF), platelet derived growth factor (PDGF), and transforming growth factor (TGFα) and have shown clinical effects in patients with clear cell renal carcinoma.

Type 1 Papillary Renal Carcinoma: The *c-Met* Gene. Hereditary Papillary Renal Carcinoma (HPRC) is an inherited cancer syndrome in which affected individuals are at risk for the development of bilateral, multifocal type 1 papillary renal carcinoma.[3] Linkage analysis in the HPRC kindreds led to the identification of the proto-oncogene, *c-Met*, as the *HPRC* gene.[3] Intense efforts are underway to target the tyrosine domain of the *c-Met* gene and other targets in the *c-Met* pathway as potential treatments for HPRC as well as sporadic type 1 papillary kidney cancer.[4]

Chromophobe/Hybrid Oncocytic Renal Carcinomas: The *BHD* Gene. Birt Hogg Dubé (BHD) is an inherited cancer syndrome in which affected individuals are at risk for the development of cutaneous tumors (fibrofolliculomas), pulmonary cysts, and kidney cancer. Study of the BHD families recently led to the identification of the *BHD* gene on chromosome 17.[5] The product of the *BHD* gene has been found to be a part of the AMP-activated protein kinase/serine-threonine kinase/mammalian target of rapamycin (AMPK/LKB1/mTOR) pathway.[6] This has provided the opportunity to target the mTOR pathway as a potential therapy for patients affected with BHD as well as sporadic chromophobe kidney cancer.

Hereditary Leiomyomatosis Renal Cell Carcinoma (Papillary Type 2): The Fumarate Hydratase Gene. Hereditary leiomyomatosis renal cell carcinoma (HLRCC) is a hereditary cancer syndrome in which affected individuals are at risk for the development of cutaneous and uterine leiomyomas and a very aggressive type of renal carcinoma. The *HLRCC* gene is the Krebs cycle enzyme, fumarate hydratase (FH). Recent studies have shown that fumarate overaccumulation can stabilize HIF, providing a potential VHL-independent mechanism for dysregulation of HIF degradation and increasing downstream gene transcription in HLRCC kidney cancer.[7] These findings provide the basis for the development of strategies that involve targeting the vascular endothelial growth factor (*VEGF*) gene pathway in HLRCC-associated renal cancer.

The genes associated with the development of cancer of the kidney have in common their interaction with pathways that control oxygen and nutrient sensing.

Cover images and narrative courtesy of W. Marston Linehan, M.D., Urologic Oncology Branch, Center for Cancer Research, National Cancer Institute, NIH.

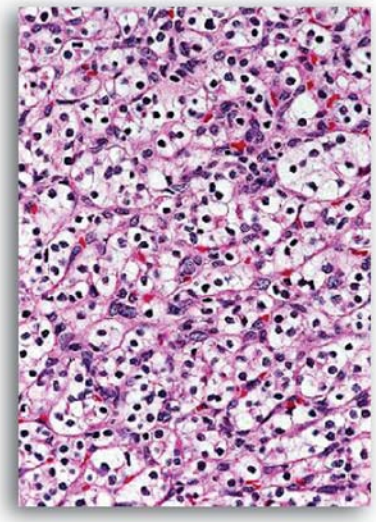
References:

[1]Linehan WM, et al. *Clin Cancer Res* 2007;13:671s-79s.
[2]Latif F, et al. *Science* 1993;260:1317-20.
[3]Schmidt L, et al. *Nat Gen* 1997;16:68-73.
[4]Peruzzi, B, et al. *Clin Cancer Res* 2006;12:3657-60.
[5]Nickerson, ML, et al. *Cancer Cell* 2002;2:157-64.
[6]Baba M, et al. *Proc Natl Acad Sci USA* 2006;103:15552-57.
[7]Isaacs S, et al. *Cancer Cell* 2005;8:143-53.

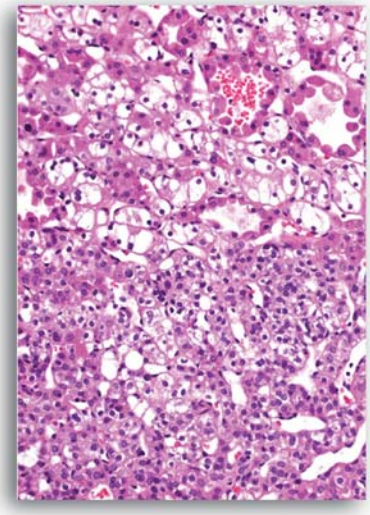
National Cancer Institute

Division of Extramural Activities
Annual Report 2006

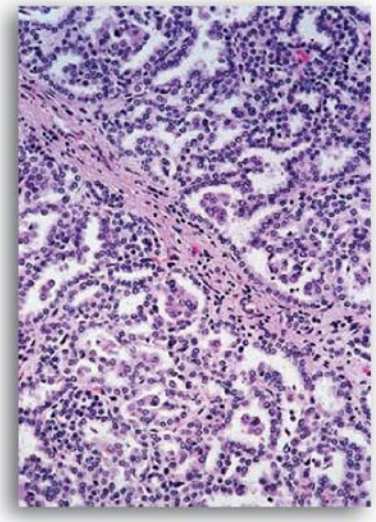
Kidney Cancer Genes



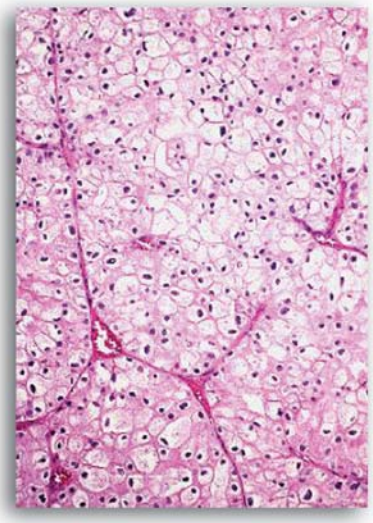
Clear Cell Carcinoma



Hybrid Oncocytic Carcinoma



Papillary Type 1 Carcinoma



Chromophobe Carcinoma

Papillary Type 2 Carcinoma

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

Contents

† Research Project Grant.

Foreword

For the second year in a row, there has been a decline in the absolute number of cancer deaths. Considering the aging of our population and the increasing number of citizens, this decline is made even more significant. The National Cancer Institute's (NCI) past expenditures in cancer research are paying real dividends, and, if we are to continue this trend, we must continue to support the very best science.

The peer review process is the first step in creating a robust research enterprise that enables us to invest in individual grants and the outstanding scientists whose creativity will continue to yield advances in our knowledge of cancer. The Division of Extramural Activities (DEA) is crucial to ensuring excellence in the review process by providing the highest quality and most effective scientific peer review of applications and oversight of NCI extramural research. In addition to conducting peer review, the DEA plays a critical role in all aspects of the grant funding process from development of funding opportunity announcements, receipt and referral of applications, administering advisory board activities for concept approval and second-level review, to coding and tracking of research after awards are made.

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

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

Introduction*†

The Division of Extramural Activities (DEA) is centrally involved in establishing and disseminating extramural policy and all aspects of grant development and tracking, from original conception of research and training programs, to issuance of announcements of such programs, receipt and referral of incoming applications, review and final approval of the applications, coding and tracking awards after disbursement of funds, and coordinating relevant advisory boards. In brief, the DEA was established to:

- Provide advice and guidance to potential and current applicants;
- Coordinate and assist in the development and publication of extramural research funding initiatives;
- Refer incoming grant applications to appropriate programs within the NCI;
- Provide the highest quality and most effective scientific peer review and oversight of extramural grant and contract research;
- Coordinate and administer advisory committee activities, such as the National Cancer Advisory Board (NCAB) and Board of Scientific Advisors (BSA), as they relate to the various aspects of the NCI mission;
- Establish and disseminate extramural policies and procedures, such as requirements for inclusion of certain populations in research, actions for ensuring research integrity, budgetary limitations for grant applications, policies to expedite funding and changes to the application and award processes; and
- Track the NCI research portfolio (more than 7,000 research and training awards) using consistent, budget-linked scientific information to provide a basis for budget projections and to serve as an NCI resource for the dissemination of information about cancer research.

In essence, the DEA is the organizational component of the NCI that coordinates the scientific and merit review of extramural research by peer review groups and advisory boards before funding and provides systematic surveillance of that research after awards are made. In this latter role, the DEA assists the NCI in its goal of achieving a balanced portfolio of research in biology, behavior, epidemiology, and cancer control, prevention, detection, diagnosis, and treatment, as well as long-term survival/survivorship, rehabilitation, and end-of-life issues. In addition, the DEA serves as a focal point for the development and dissemination of information about the NCI's extramural policies. The DEA maintains a comprehensive Web site providing detailed information related to its overall responsibilities, such as grant and contract announcements for funding opportunities, application procedures, portfolio overview, and advisory boards—**see http://deainfo.nci.nih.gov/funding.htm.**

This DEA annual report describes activities that occurred during FY2006 (October 1, 2005–September 30, 2006). Receipt, referral, and review of grant applications generally occur from 1 to 3 months prior to either February, June, or September NCAB meetings. Applications are, therefore, normally reviewed in the fall, spring, or summer prior to a February, June, or September Board meeting, respectively.

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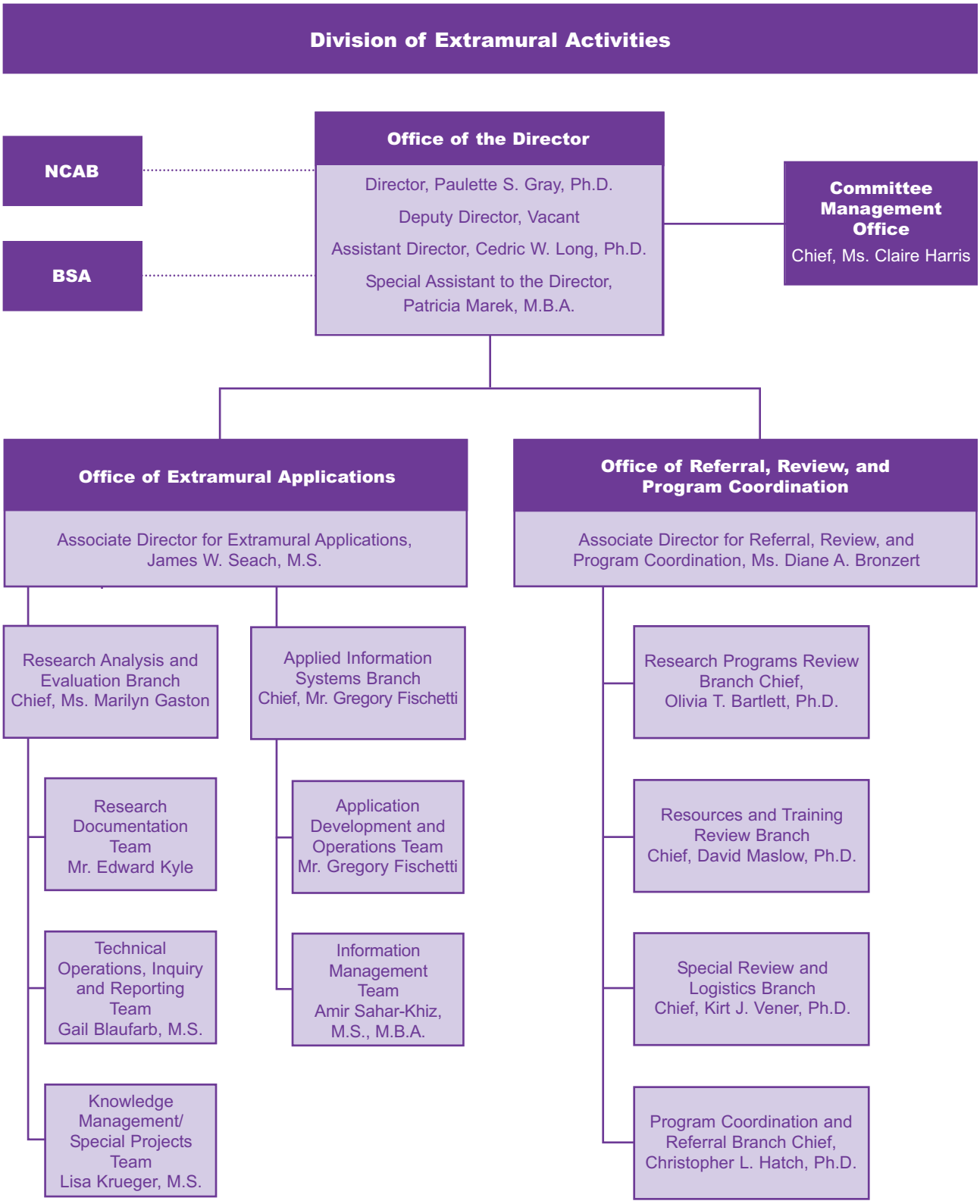
* See **Appendix F** for a **glossary of acronyms** used in this report.

† A directory of Cancer Information Sources on the Internet, including selected DEA and NCI Web sites, is included in **Appendix G**.

Organizational Chart*



* A complete organizational listing of staff begins on page 42.

Overview of the Division of Extramural Activities

An important part of DEA's mission is to manage and coordinate the second level of grants review with the National Cancer Advisory Board and the concept review of all new and reissued Request for Applications (RFAs) and Research & Development (R&D) Request for Proposals (RFPs) with the Board of Scientific Advisors (see **Appendixes A** and **B**). In addition, the DEA tracks new funding initiatives proposed by other National Institutes of Health (NIH) Institutes, Centers, and Federal agencies to consider possible NCI participation. The success of this operation is dependent on the development of clear Institute referral guidelines, also a DEA responsibility. Before the publication of an initiative, the DEA negotiates with the Center for Scientific Review (CSR), DEA review units, and scientific programmatic offices for the scheduling, timelines, and workloads. Concepts for Program Announcements (PAs) are considered by the NCI Executive Committee.

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

The DEA also provides effective and timely coordination of program initiatives from the initial concept stage through publication of RFAs, PAs, Notices, and RFPs, and, finally, through the peer review of grant applications and contract proposals. The **Office of Referral, Review, and Program Coordination** (ORRPC) with four branches was established within the DEA for coordination and execution of grant referral, development and issuance of NCI program initiatives, and management of review activities. Review activities include the organization and management of peer review for all RFAs, R&D RFPs, and Program Announcements with Special Receipt (PARs) using specialized research grant and cooperative agreement mechanisms. The program coordination responsibilities of the DEA, in cooperation with NCI Extramural Program Divisions and Offices, extend to the development of all new extramural program guidelines and funding opportunities.

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

The DEA conducts continual evaluation of program initiatives and coordinates policies and procedures to ensure that all aspects are as clear and accessible as possible to staff, advisory groups, and applicants. To facilitate this evaluation, the **Office of Extramural Applications** (OEA), through the **Applied Information Systems Branch** (AISB), maintains a Web-based information system to provide key information on new initiatives. This Web-based information system includes early notice

of approved concepts, listings of active PAs and recently published RFAs, and policies related to the clearance of new program initiatives. This information is provided in both public Internet (**http://deainfo.nci.nih.gov/funding.htm**) and NCI limited-access Intranet versions.

Additionally, the **Research Analysis and Evaluation Branch (RAEB)**, which also is a part of OEA, works closely with the NCI Office of Budget and Financial Management to provide budget-linked portfolio data. In doing so, the Institute has the capability of responding expeditiously to congressional and other inquiries. This Branch has historical budget-linked portfolio data from the 1930s to the present.

Special Activities in the Office of the Director, DEA

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

The DEA OD ensures that the NCI meets the congressional mandate to promote increased participation of women, children, and members of minority and medically underserved populations in the research areas of cancer cause, prevention, control, diagnosis, and treatment. The NIH Revitalization Act of 1993 mandates that women and members of minority groups be included as subjects in each research project, unless there are clear scientific or ethical reasons that inclusion is inappropriate with respect to the health of the subject or the purpose of the research. Administrative procedures allow NCI staff to resolve inclusion problems after initial review of grant applications that are otherwise highly meritorious. In the event that a grantee believes the proposed study does not warrant or require inclusion of women or minority groups, he or she can apply for a waiver of this requirement. The DEA Director serves as the appeals officer for the NCI, and has the authority to approve waivers. In FY2006, 31 applications with preliminary bars to award were received by the DEA. Through corrective actions, working with the applicants and program directors, all were brought into compliance before award decisions were made.

Additionally, the DEA Director serves as the locus for implementation and oversight of NIH/NCI policies concerning extramural research integrity and serves as a resource to all NCI staff with questions in this area. In this role, the DEA OD works to address concerns about extramural research misconduct, misuse of human and animal research subjects, financial mismanagement, and financial conflict of interest involving NCI-supported research. Thus, the DEA Director functions as the NCI Research Integrity Officer and receives from the appropriate sources all documents related to research misconduct for transmittal and reporting to relevant sources. In FY2006, eight cases of alleged research misconduct were opened by the Office of Research Integrity, DHHS, and referred to the Director, DEA. Six cases were under investigation, and two were in the inquiry phase. A total of nine pending cases from previous years were closed, and four of the cases were found to involve research misconduct.* Other cases from FY2006 and prior years are open, pending resolution.

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

Program Coordination: A Resource for New Initiatives

As the NCI plans new strategic initiatives, the DEA performs critical functions for the NCI and its "customers" by providing expert assistance to NCI program staff members as they work to develop and publish funding opportunity announcements (FOAs) for scientific initiatives (also called Requests for Applications and Program Announcements). In providing this service, members of the **Program Coordination and Referral Branch** (PCRB) work with the NCI program directors to appropriately write, organize, format, and edit their FOAs. To maintain consistency and completeness, all new NCI FOAs, Notices, and guidelines are centrally edited and cleared through the DEA before being forwarded to the NIH Office of Extramural Research for approval and publication in the *NIH Guide for Grants and Contracts*. The services provided by the PCRB in preparing such announcements materially ensure accuracy, clarity, quality control, and timeliness throughout the development and publication processes. PCRB staff members also facilitate the dissemination of operating policies and procedures pertaining to extramural programs.

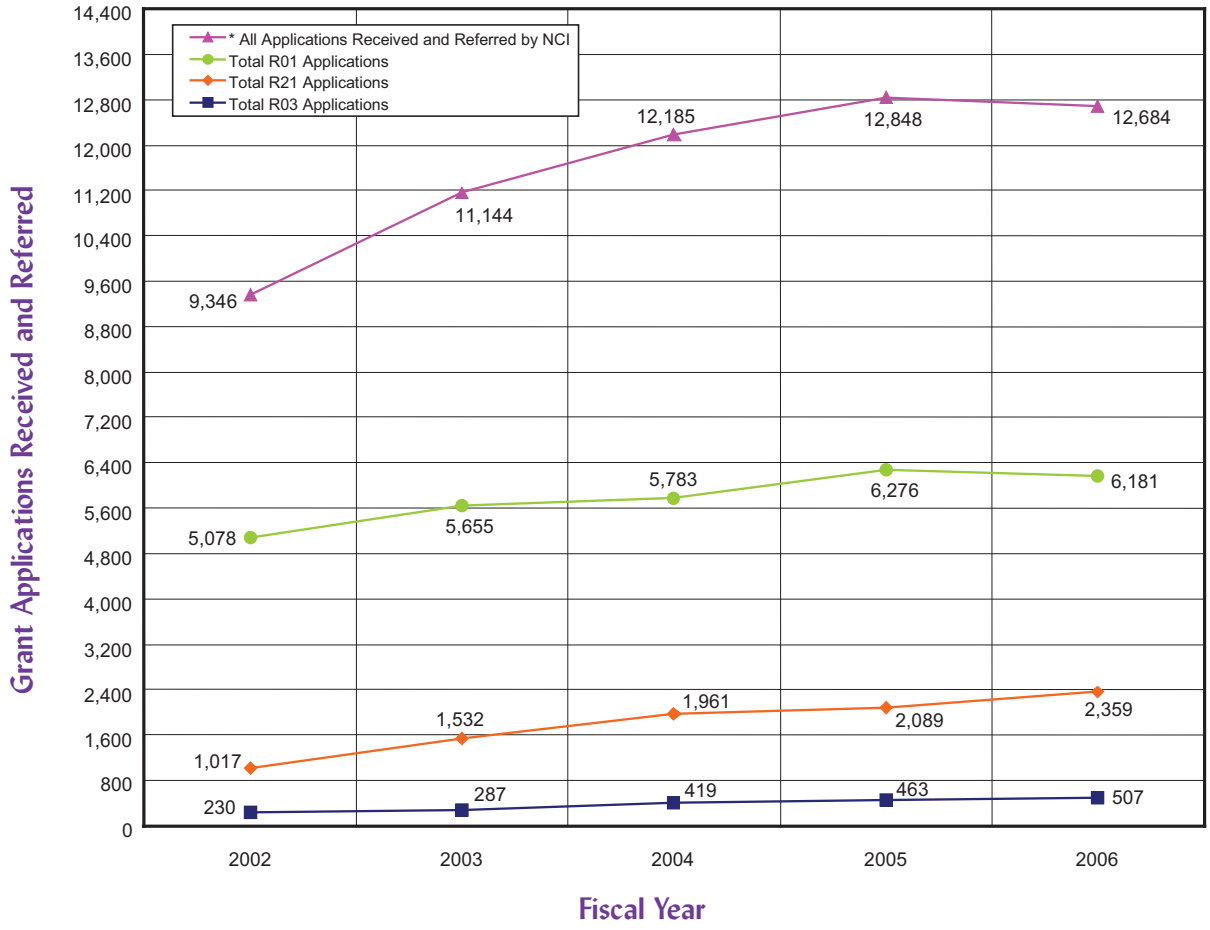
Tables 1a and **1b** show the variety of NCI issued RFAs in FY2006, and **Table 2** lists RFAs issued by other NIH institutes or centers that the NCI has joined as a participating partner. **Tables 3a** and **3b** show the variety of PAs issued by the NCI in FY2006, and **Table 4** lists PAs issued by other NIH institutes or centers that the NCI has joined as a participating partner.

In 2005, the NIH began the process of transitioning to the electronic (instead of paper-based) submission of grant applications through Grants.gov (**http://www.grants.gov**), which is the online grant application submission portal of the Federal Government. The DEA plays a lead role in helping the NCI and its customers transition to the electronic submission of all types of grant applications over at least a 2-year period (i.e., from October 2005 through October 2007 and later). During 2005, PCRB staff members were heavily involved in the re-issuance of ongoing initiatives and the development of FOAs to accept the first electronic submissions (eSubmissions) of conference grant (R13) applications and the small business innovation research (SBIR) and small business technology transfer research (STTR) grant applications submitted in December 2005. During 2006, PCRB staff members coordinated the conversions and re-issuances of all NCI FOAs involving the small (R03), medium (exploratory/developmental R21), and/or standard (research project R01) grant mechanisms so that the applications would be submitted electronically to the NIH through use of the SF424 application package and Grants.gov. As a representative on the NIH SF424 Application eSubmission IC Liaisons Group, the Chief of PCRB provided relevant information and timely updates to all NCI extramural staff members on activities and results related to the transition from paper to electronic grant applications, and he also served as a direct source guidance on this topic for individual program directors and their applicants, throughout this period. The Referral Officers (ROs) were involved in transitioning from paper-based to electronic referrals of applications as each grant mechanism transitioned from the former to the latter mode of submission. The ROs and Branch Chief also collaborated with NCI information technology staff members and their contractors to successfully develop and deploy a redesigned Referral Module for the NCI Online Workplace (NOW System), which is now called the NCI Workbench. PCRB staff members also worked with those collaborators to develop an improved electronic Awaiting Receipt of Application (ARA) management system (for permissions for special application receipts) that will handle internal requests and approvals/disapprovals and external interactions with a partner NIH system that will hopefully be released in 2007.

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

In FY2006, the NCI received more than 12,000 grant applications for referral (see **Table 5**). These included applications for 50 different types of funding award mechanisms (see **Appendix E**), including the Investigator-Initiated Research Project (R01), Career Development Awards (K series), Research Program Project (P01), Cancer Center Support Grant (CCSG, P30), Specialized Program of Research Excellence (SPORE, P50), Small Research Project (R03), Exploratory/Developmental Project (R21), Phased Innovation Project (R21/R33), Small Business Technology Transfer (STTR) Grant (R41/42), Small Business Innovation Research (SBIR) Grant (R43/44), and U-series (Cooperative Agreements) mechanisms. The past 5 years have seen a significant increase in grant applications coming to the NCI for referral. The increase in all applications has been 36 percent, while increases in R01, R21, and R03 have been 22 percent, 132 percent, and 120 percent, respectively (see **Figure 1**).

Figure 1. Receipt and Referral of NCI Applications*
FY2002–2006



* Includes NCI Primary and Secondary applications received and referred.

All applications submitted to the National Institutes of Health (NIH) are assigned to an Institute or Center (IC) in accordance with the specifications of the PHS Guidelines.

For Roadmap Initiatives, all 25 grant awarding ICs are enrolled as participants, and applications received in response to an RFA, PA, or other FOA are automatically assigned to an IC based on PHS referral guidelines.

The IC in turn has a structure in place to address internal assignments. Within the NCI, DEA's **Program Coordination and Referral Branch** (PCRB) is responsible for receipt, referral, and assignment of applications, as well as for program (i.e., scientific initiative and funding opportunity) development functions. Upon receipt of primary and secondary assignments of applications to the NCI by the NIH Center for Scientific Review (CSR), the PCRB Referral Officers (ROs): (1) assign all incoming applications to one of the 45 NCI extramural research program areas; (2) track program acceptance; and (3) whenever necessary, negotiate transfers of grant applications to and from other NIH institutes and centers (and even other DHHS research funding agencies, such as the Agency for Healthcare Research and Quality [AHRQ] and the Centers for Disease Control and Prevention [CDC]).

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

The PCRB is often the first point of contact for applicants. It is the receipt point for the recipient of Letters of Intent (L0I) from potential applicants for multiproject Program Grants (P01) and Conference Grants (R13). It is also the information and coordinating center for the submission of applications for the Academic Research Enhancement Award (AREA, R15) grants for research at institutions and organizations that have little or no current NIH grant award support; applicants contact PCRB for information about the program at the NCI, their eligibility to apply, the relevance of their proposed research to the missions of the various NCI programs, and the names and contact information of NCI program staff members who might be interested in their research and able to guide them in the application process.

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

Peer Review—The Next Step

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

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

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

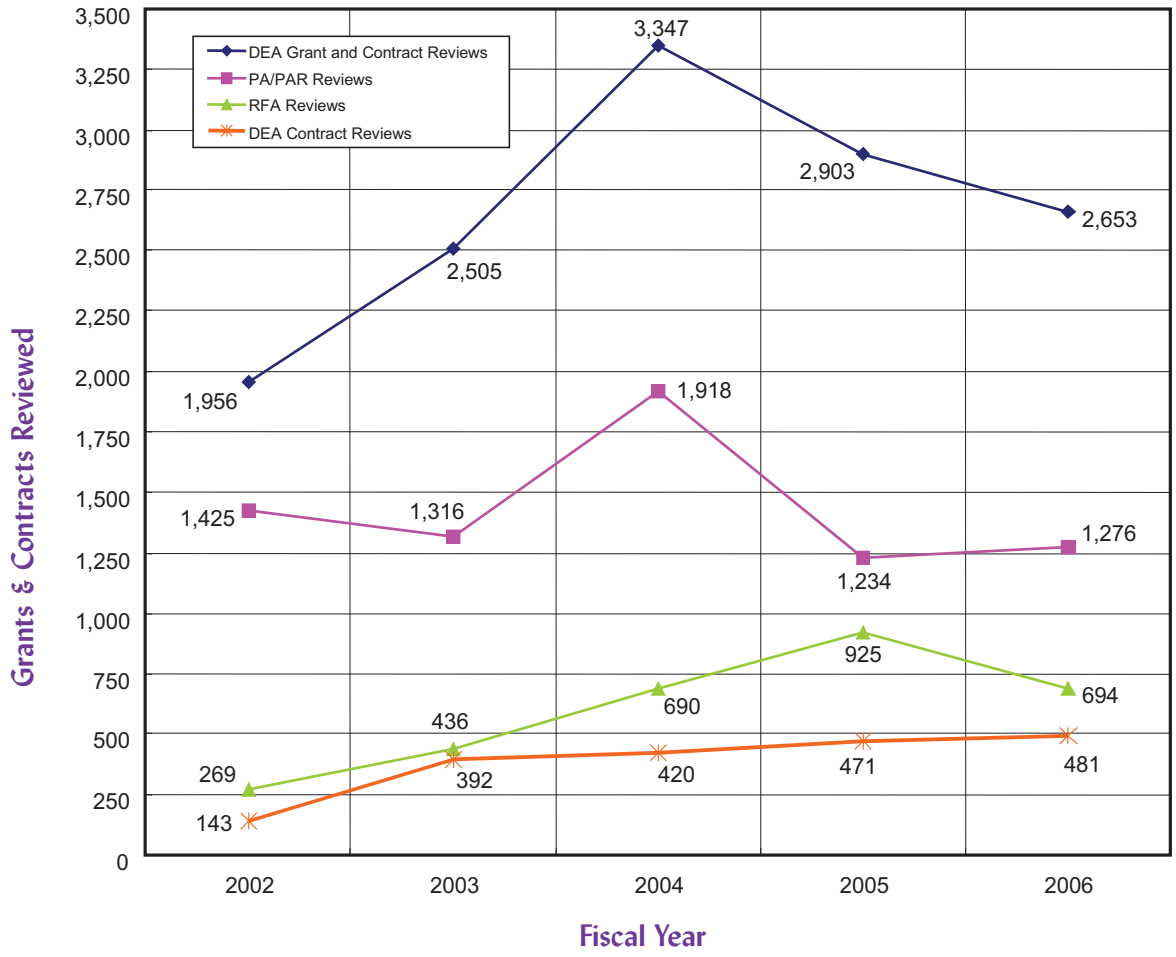
The NCI has no direct input into the selection of peer reviewers who serve on CSR study sections. In contrast, members of the NCI IRG and SEPs are selected by DEA review staff, with suggestions from program staff. All chartered DEA review subcommittee members are approved by the Director, DEA, based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

Both the SEPs and the IRG advise the Director, NCI, on the scientific and technical merit of applications for research and research training grants, cooperative agreements, and contract proposals relating to scientific areas relevant to cancer. Government-employed Scientific Review Administrators (SRAs) within the DEA manage the scientific review of applications and contract proposals, including the selection of peer reviewers and the overall administration of the peer review process.

Review Workload

In FY2006, the DEA organized, managed, and reported the review of a total of 2,172 grant and cooperative agreement applications assigned to the NCI (see **Table 6**) and 481 NCI contract proposals (see **Table 12**). There were 250 fewer grant and contract proposals reviewed in FY2006 compared with FY2005 (see **Figure 2**). The FY2006 change may be attributed to a decrease in the number of new RFA initiatives from 30 to 27 due to the flat NCI budget (see **Table 10**). **Table 7** provides a summary of the applications reviewed by NCI IRG subcommittees and SEPs. Twenty-five meetings of the NCI IRG subcommittees and 76 SEPs were convened to review and evaluate grant applications and contract proposals of various types. In addition, there were 11 site visits and 84 other review associated meetings, such as teleconferences, applicant interviews, and fact-finding review panel workgroups. Approximately 1,800 reviewers and consultants served on either the parent IRG subcommittees, SEPs, or workgroups in FY2006 (see **Appendixes C** and **D**). Members were selected because they are authorities in relevant fields of biomedical research or because they represented informed consumer perspectives.

Figure 2. DEA Review Workload* FY2002–2006



* Withdrawn applications are not included.

Bypass Budget Goals and Areas for Strategic Investment

Each year, the NCI identifies several broad priority categories that serve as the framework for strategic planning and budget development. In 2006, those categories were divided into seven "Strategic Investment Areas" in the NCI Bypass Budget (**http://plan2006.cancer.gov**). Those seven areas are: Integrative Cancer Biology; Molecular Epidemiology; Advanced Technologies; Cancer Prevention, Early Detection and Prevention; Overcoming Cancer Health Disparities; An Integrated Clinical Trials System; and Strategic Development of Cancer Interventions. As shown below, in FY2006 the Bypass Budget and areas for strategic investment translated into a variety of RFA, PA, and PAR initiatives published as Funding Opportunity Announcements (FOAs) and contract initiatives, not only for academic research centers but also for the small business community. These initiatives represent new research opportunities and areas of special emphasis for investigators. See **Tables 10** and **11** for the list of RFAs, PAs and PARs, and number of applications reviewed by DEA in FY2006. Information on the number of initiatives linked to specific Bypass Strategic Investments is provided below.

FY2006 Bypass Budget Strategic Investments* and Funding Opportunity Announcements (FOAs)

Strategic Investments	Bypass FOAs Total Number (RFA/PA)
A. Integrative Cancer Biology	30 (15/15)
B. Molecular Epidemiology	22 (14/8)
C. Advanced Technologies	23 (15/8)
D. Cancer Prevention, Early Detection, and Prevention	29 (13/16)
E. Overcoming Cancer Health Disparities	16 (4/12)
F. An Integrated Clinical Trials System	19 (7/12)
G. Strategic Development of Cancer Interventions	25 (14/11)

* See Tables 10 and 11 for several RFA, PAR, and PA titles, respectively linked to the above Bypass Budget Investments. A single RFA may include several bypass investments or research areas.

Highlights From Initiatives Reviewed by NCI in FY2006

Tumor Microenvironment Network

During FY2006, the DEA coordinated the review of applications received in response to a Request for Applications in the area of the tumor microenvironment. In February 2006, the NCI published RFA CA-06-014 to establish the Tumor Microenvironment Network using the multidisciplinary U54 mechanism. The objective was to have the applicants delineate mechanisms of tumor-stroma interactions in human cancer and to generate a comprehensive understanding of the composition of the stroma in normal tissues as well as its roles in tumor initiation progression and metastasis.

The review of the Tumor Microenvironment Network applications (37 U54 applications) represented a unique peer review challenge due to the number and size of the applications, the diverse nature and complexity of the proposed research, and the very compressed receipt and review schedule. The applications averaged 600 pages in length and contained an average of seven projects and six core resources; in total, there were more than 244 separate components to review. The large number of potential assignments (approximately 732) necessitated the recruitment of 61 reviewers with expertise in multiple scientific disciplines.

Because of the complexity of the RFA, including specific eligibility and review criteria, DEA staff and program staff from the Tumor Biology and Metastasis Branch (TBMB), Division of Cancer Biology, worked closely together in the publication and review of the initiative. An invaluable collaboration was established to facilitate the identification of potential reviewers with appropriate expertise. SRLB staff also used several new computer-based tools for identification of reviewer conflicts and assignment of reviewers. The review plan included coordination of teleconference calls for orienting reviewers to the initiative-specific goals and review criteria, and a separate teleconference to triage poor applications. The actual review meeting began with a joint session with the entire panel to score three applications for the purpose of standardizing scoring behavior and establishing review protocol among all reviewers. The panel was then divided into two groups for concurrent review sessions for the remaining 34 applications.

Loan Repaymant Plan

Another highlight of DEA reviews for FY2006 includes the Loan Repayment Program (LRP). The LRP is a Congressionally mandated program funded through the contract mechanism that is intended to forgive outstanding loan balances for clinician scientists who intend to pursue careers in general clinical or pediatric research. Contract proposals are submitted electronically to the NIH Loan Repayment Office, which then sends the applications to the Center for Scientific Review for referral of the proposals to the individual Institutes. This initiative is unique in that all of the proposals are submitted electronically and are classified as contracts. Instead of conducting a face-to-face meeting to review these proposals, staff conducted a three-part virtual meeting in which assigned reviewers submitted their evaluations electronically and those evaluations were then made available to all reviewers, and the applications were scored electronically. A total of approximately 250 potential reviewers were contacted, and 166 actually served. As shown in **Table 12** of the 405 proposals reviewed, 318 proposals responded to the Clinical Research RFP and 87 proposals responded to the Pediatric Research RFP. As a result of the review, 180 proposals were funded.

Cancer-Related Health Disparities Research

Cancer-related health disparities activities were a major NCI focus in FY2006. Significant cultural, demographic, and other issues continue to contribute to poor outcomes in minority cancer patients. Thus, the NCI has emphasized this research area through four RFA initiatives reviewed in FY2006, each of which had a slightly different focus (see **Table 10**). Specifically, the (1) Comprehensive Minority Institution/Cancer Center Partnership (CA-06-011) supports collaborative research between minority institutions and established NCI designated cancer centers, (2) & (3) Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership (CA-06-012) and the Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership

(CA-06-013) provide funds to develop new collaborations and partnerships, and (4) the NCI Competitive Supple-ments for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities (CA-06-504) enables grantees in the Community Networks Program to submit pilot studies for additional work at their respective organizations. Between the four initiatives, 86 applications were reviewed. Training initiatives relevant to health disparities include: (1) Mentored Clinical Scientist Award for Underrepresented Minorities (PAR-03-002), (2) Mentored Patient-Oriented Research for Underrepresented Minorities (PAR-03-006), (3) NCI Mentored Career Development Award to Promote Diversity (PAR-03-016 and PAR-06-220), and (4) NCI Transition Career Development Award to Promote Diversity (PAR-03-101 and PAR-05-011 (see **Table 11**).

Proteomics Initiatives

In FY2006, the NCI issued two RFAs dealing with proteomics or the measurement of proteins and peptides of interest in clinical cancer studies. In the first of these RFAs, Advanced Proteomic Platforms and Computational Sciences for the NCI Clinical Proteomics Technologies Initiative (CA-07-005), applications were to encompass the development of innovative technologies for protein and peptide detection, recognition, measurement, and characterization in biological fluids that could overcome current barriers in protein/peptide feature detection, identification, quantification, and validation. A major technical barrier to be addressed was related to the enhancement of throughput rates for measurement and data analysis. The second RFA, Clinical Proteomic Technology Assessment for Cancer (CA-07-012), solicited applications from investigators interested in participation in a collaborative network of up to five Clinical Proteomic Technology Assessment for Cancer (CPTAC) teams to be established under the initiative. The overall purpose of this initiative was to accelerate the implementation of proteomic analysis technology in monitoring cancer-relevant proteins and peptides in clinical samples (see **Table 10**).

These two initiatives, which involved the peer review of 82 applications, required the SRLB staff to contact 475 potential reviewers before 97 consultants were identified who participated in one of the two review meetings. These two initiatives and the Early Detection Research Network initiatives described in last year's report are part of a sustained effort to expedite the identification of biomarkers that allow for the earlier detection of breast, prostate, colon, lung, and other cancers.

Peer Review Functions

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

Specifically, the **Resources and Training Review Branch** (RTRB) has primary responsibility for review of applications for cancer centers, cancer training and career development, and cancer clinical trials, as well as for managing the corresponding six subcommittees of the NCI IRG. The **Research Programs Review Branch** (RPRB) has primary responsibility for review of unsolicited applications for program project grants (P01s), for Specialized Programs of Research Excellence (SPOREs, P50s) in various organ sites, and for conference grants (R13s). The RPRB also manages

the three subcommittees of the NCI IRG that are responsible for review of program project grant applications and the NCI R13 Review Committee, which is composed of NCI extramural scientific staff from all four program Divisions and the DEA. RTRB and RPRB are primarily responsible for the peer review of a variety of unsolicited multiproject and career development grant applications (see **Table 6**) and together manage the nine subcommittees of the NCI IRG (see **Appendix C**). The **Special Review and Logistics Branch** (SRLB) organizes and manages peer review primarily for grant applications in response to most of NCI's specific RFAs, PARs, and contract proposals submitted in response to Requests for Proposals; all of these reviews are conducted by Special Emphasis Panels. In addition, the **Program Coordination and Referral Branch** (PCRB) often teams with the review branches to review special initiatives. SRAs in these review units prepare the summary statements of the evaluations and recommendations for each review committee meeting and distribute these reports to program officials, the NIH data management system, and NCI's Records Management Center. Each principal investigator for an application also receives the summary statement as do the NCAB members for second level review.

Many of the reviews conducted by the RPRB and the RTRB involve complex, multidisciplinary applications. The review format for some of these applications, including the Cancer Center Support Grants (P30), Cooperative Clinical Trials Grants (U10), and Program Project Grants (P01), involved a two-tier review process (see page 15 for details of a P01 pilot, one-tier review, study). Normally, the first tier of the review involves either a site visit to the applicant's institution, an applicant interview in the Washington, DC, area, or a teleconference by an expert review panel; these review formats provide an opportunity for the reviewers to question the applicants directly to clarify issues in the application, thereby enhancing the review process. The review panel members prepare a draft review report, which is then considered, along with the application, by the relevant subcommittee of the NCI IRG. Five of the nine NCI subcommittees of the NCI IRG serve as the "parent committees" for final scoring of applications after expert panel reviews: Subcommittee A is the "parent committee" for Cancer Center Support Grant (P30) applications; Subcommittees C, D, and E are the "parent committees" for Program Project (P01) grant applications; and Subcommittee H is the "parent committee" for review of Cooperative Clinical Trials (primarily U10) applications. The other four subcommittees of the NCI IRG, Subcommittees F, G, I, and J, review all of the career development, training, education, and Population and Patient-Oriented Training grant applications submitted to the NCI.

Applications Reviewed by NCI IRG and SEPs

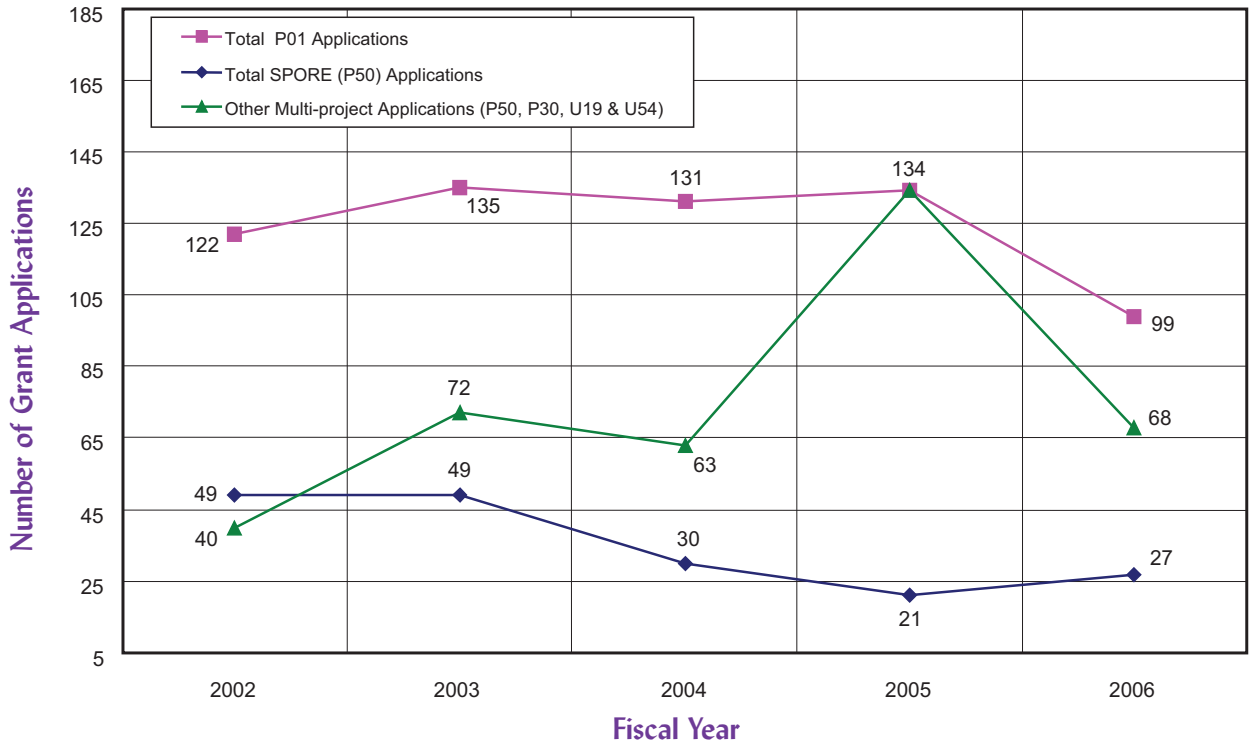
During FY2006, the nine subcommittees of the NCI IRG reviewed a total of 647 applications using 20 different grant and cooperative agreement mechanisms with requests for a total of $319,234,897 in direct costs for the first year (see **Table 7**). The FY2006 IRG workload was somewhat lower than the FY2005 workload (824 applications). In addition, SEPs were responsible for reviewing a total of 1,525 applications representing 29 different award mechanisms that were submitted in response to RFAs or applications otherwise unique to the NCI; these applications requested a total of $602,189,145 in direct costs for the first year (see **Table 7**). This is approximately the same number of applications as were reviewed by SEPs in FY2005 (i.e., 1,577).

Research Programs Review Branch

Program Project Applications (P01)

A significant proportion of the effort of the RPRB during FY2006 was associated with the review of unsolicited P01 applications. The SRAs in the RPRB organized and managed the review of 99 new, recompeting, amended, and supplemental P01 applications (see **Table 8**), a lower P01 workload than the NCI has seen in the past 5 years, as shown in **Figure 3**. Approximately 53 percent of the applications were amended. The 99 applications requested more than $245 million in total costs for the first year (see **Table 9**).

Figure 3. P01, P50 (SPORE) and Other Multi-Project Research Applications Reviewed* FY2002–2006



* Withdrawn applications are not included.

For the first two council rounds in FY2006, the RPRB continued the "cluster" review process, which was begun during FY2004, for the first tier of review for P01 applications. In this review process, two to four P01 applications on closely related topics were reviewed together by one review panel with expertise in all of the applications, rather than constituting a separate review panel for each individual application. The cluster review panel members met to discuss the applications and via teleconference asked key questions of applicants prior to scoring each component of the application. Of the 99 P01 applications, 66 reviewed by the DEA during FY2006 were reviewed in this manner.

Based on an extensive analysis of cluster reviews during the summer of 2005 and the recommendations of the NCI P01 Working Group in the fall of 2005, the review format for the remaining applications was changed for the October 2006 NCAB council round, for applications to be awarded in FY2007. Beginning with applications submitted for the February 1, 2006, receipt date for the NCAB meeting in October 2006, the DEA undertook a pilot study of reviewing P01 applications in large clusters (up to 10 applications) in a one-tier, "paper only" review process. During the pilot, all review panels are constituted as SEPs. The SEPs include members of NCI IRG subcommittees C, D, and E as well as additional scientists with appropriate expertise for the applications being reviewed. The SEP reviewers evaluate and score projects and cores and assign the overall priority score to each application.

To prepare for the first round of review under the new review format, the RPRB convened a full-day workshop of P01 review stakeholders, including SRAs and program directors with significant P01 portfolios from all four NCI extramural Divisions, early in January 2006. The goal was to group applications from several recent review rounds as well as those expected for the February 1, 2006, receipt date by topic to determine the number of SEPs that would be needed for a typical review round and the topics that would be included in each SEP. The outcome of these exercises was a general agreement on five topic areas for the P01 review SEPs: Molecular Biology; Cellular and Tissue Biology; Prevention, Epidemiology, and Control; Discovery and Development; and Clinical Studies.

The first P01 reviews in the new one-tier format were conducted in May and June 2006. To ensure that reviewers completely understood the new format, orientation teleconferences were held about 2 weeks prior to each set of review meetings. Reviewers, program staff, and SRAs were asked to provide structured feedback on the new P01 review format. As expected, some reviewers were still mourning the loss of site visits, but the overwhelming majority of reviewers thought the new process dramatically improved the efficiency of the review process without compromising the quality of the review, and that all necessary expertise was available among the SEP members. The second round of P01 reviews in the new one- or single-tier format occurred at the end of FY2006.

Specialized Centers of Research Excellence (P50)

During FY2006, the RPRB also had responsibility for the peer review of the applications received for the NCI Special Programs of Research Excellence program. These large, complex multidisciplinary P50 research center applications focus on translational research directly applicable to human disease in various organ sites. During FY2006, the RPRB organized and managed Special Emphasis Panels for the review of a total of 27 SPORE applications for research in Lung (6), Genitourinary (1), Prostate (7), Skin (4), and Breast (9) cancer (see **Figure 3**). These 27 applications requested more than $62.5 million in direct costs for the first year of support. As shown in **Figure 3**, the number of SPORE applications reviewed by the RPRB increased slightly in FY2006 compared to FY2005. The SRAs who organize the SPORE reviews routinely conduct orientation conference calls with all of the reviewers before the applications are sent to the reviewers to explain the special features of the SPORE program and the special review criteria for SPORE applications. Two RPRB SRAs also were key participants, with SPORE program staff in the NCI Organ Systems Branch, in planning and facilitating the annual SPORE Investigators Workshop.

During the summer of 2006, the NCI announced a new policy regarding SPORE submission receipt dates that that will significantly affect the number of applications submitted and reviewed by the RPRB. For the September 2006 and calendar year 2007 receipt dates, SPOREs for any organ site may be submitted for any receipt date. Therefore, as FY2006 drew to a close, preparations were being made for a significant increase in the number and diversity of SPORE applications for each receipt date, including training another SRA in SPORE review policies and procedures and doubling the pool of reviewers trained in SPORE review.

Conference Grants (R13)

During FY2006, the RPRB also continued to conduct the reviews for unsolicited R13 applications to support a wide variety of scientific conferences related to cancer research. The Chief of the RPRB organized the review of 69 applications by the NCI R13 Review Committee, which is composed entirely of NCI extramural staff. This committee uses an innovative "virtual review" format to accomplish an accelerated review of the conference grant applications, so that conference organizers can plan more effectively.

Resources and Training Review Branch

The RTRB, which administers six NCI IRG subcommittees (A, F, G, H, I, and J), has the responsibility for review of applications for multidisciplinary cancer centers, cooperative clinical trials, institutional training and education, and career development awards. Staff members from this branch also participate in the reviews of other funding mechanisms within the DEA.

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

NCI Cancer Centers

The new Cancer Center Support Grant (CCSG) Guidelines, which were approved in September 2004 and became effective with the applications that were received in February 2005, contained a number of new components. The DEA prepared documents to assist reviewers in the transition to the new Guidelines, including a list of major changes and a summary of review criteria and their appropriate component for evaluation of consortia and partnerships. RTRB review staff members institut-

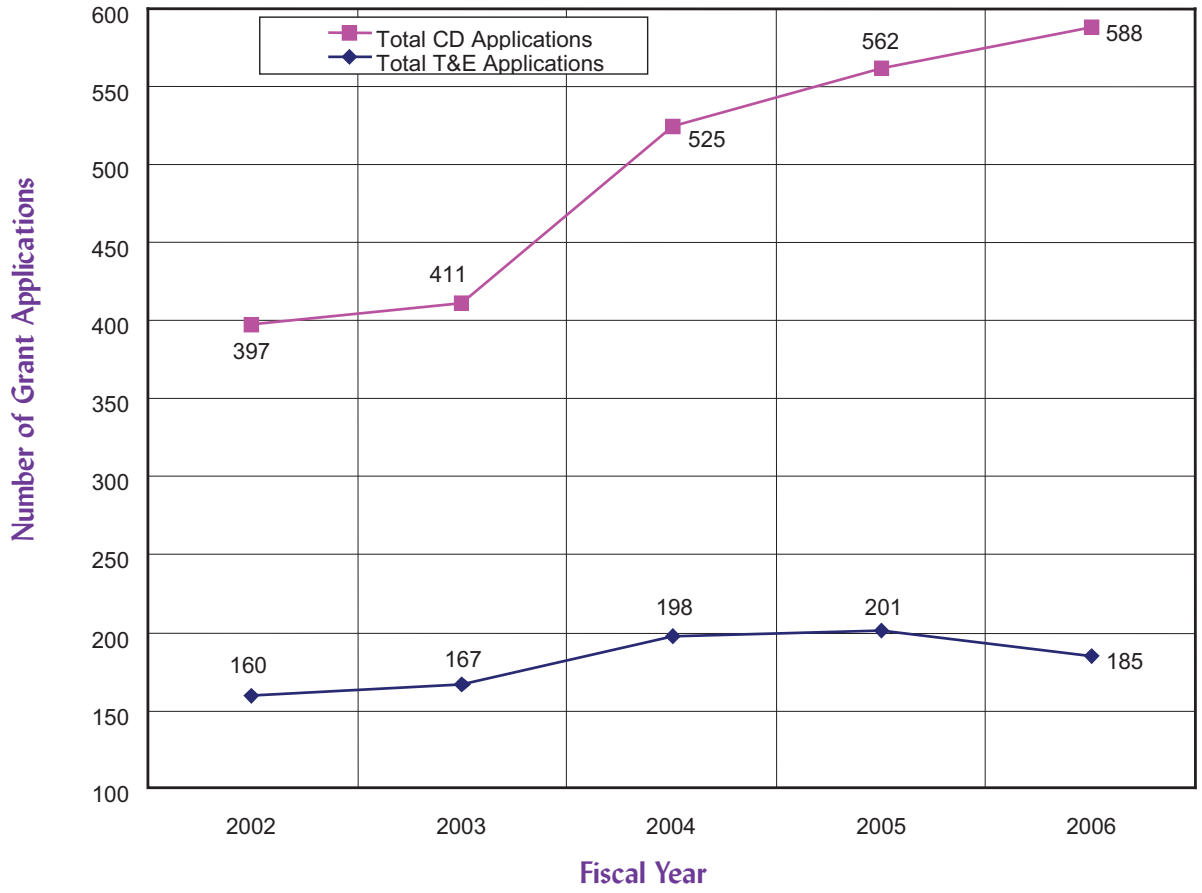
ed modifications of the review process, such as use of poster sessions for shared resource presentations, limited time for program presentations, staff selection of protocols for review, and simplified review of budgets, which have reduced the burden on peer reviewers. One of the new aspects of the Guidelines that became effective in 2006 was the transfer of responsibility for the review of the second phase of comprehensiveness, which related to non-research-related aspects, from the NCI Executive Committee to Subcommittee A. The Guidelines require that this review be done, based on a separate submission, at a meeting subsequent to the meeting at which the full CCSG application is reviewed. The first reviews of the second phase of comprehensiveness were done in 2006 for five applicants that had previously been approved for the research-related aspects of comprehensiveness. SRAs involved in CCSG review will continue to interact with staff of the Cancer Centers Branch on the implementation of these new Guidelines. During FY2006, Subcommittee A reviewed eight CCSG applications.

Training and Career Development

There was continued growth in the number of individual career development applications reviewed by RTRB in FY2006 (see **Figure 4**) albeit at a slower rate. Between 2002 and 2005, the number of career development applications reviewed in the DEA increased by 42 percent (397 to 562); in 2006 the number reviewed was 588, an increase of 5 percent for just that year. In contrast, the number of institutional training grant applications, which had increased from 160 to 201 between 2002 and 2005 (26 percent), was 185 in 2006, a decrease of 9 percent. The overall increase over the last 5 years was due, in part, to the increased number of mechanisms available and to the increased information disseminated about them. Recently, several factors have led to a severe increase in the workload for reviewers of training and career development applications. For example, reduced success rates have increased the number of amended applications each round, increases in the number of basic science-oriented applications, and additional work from new K99/R00 career development awards, all contributed to increases in the review workload of the existing subcommittees. After discussions with the leadership and staff of the Cancer Training Branch, a new subcommittee was created to share the review responsibilities. One subcommittee reviews the K07 and K23 applications and those K22 applications with clinical or prevention emphases, and the other subcommittee reviews the R25, K05, and K24 applications and the once-yearly submission of K12 applications. Because both subcommittees will have expertise in clinical and population research areas, there should be no need to create SEPs to ensure fair reviews of applications that are in conflict with members on one of the subcommittees. The new Subcommittee J was officially chartered in July 2005, and began functioning in FY2006.

The first submission deadline for the new K99/R00 applications was on a special receipt date in April 2006, and first regular submissions were received in June 2006. Both of these were reviewed in SEPs whose membership largely consisted of past and current members of other career development award committees to ensure that the appropriate sensitivity to career development issues was present. Because the NCI K01 award was a transition to independence award, with both mentored and independent phases, that award has been replaced by the K99/R00 and is now being reviewed routinely within Subcommittee F that previously reviewed the K01 applications.

Figure 4. Numbers of Career Development (CD) and Training and Education (T&E) Applications Reviewed*
FY2002–2006



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

Clinical Cooperative Groups

The SRA for Subcommittee H (Clinical Cooperative Groups) manages the review aspects of the NCI Clinical Trials Cooperative Group Program. The SRA works closely with staff of the Clinical Investigations Branch of the NCI Clinical Trials Evaluation Program (CTEP). A major revised draft of the NCI Clinical Trials Cooperative Group Program Guidelines has been completed, dated October 1, 2006, which has been approved by NCI leadership and submitted to the NIH for approval.

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

During FY2006, two competitive Clinical Cooperative Groups were reviewed and three Clinical Cooperative Groups competed for supplemental funds to their Operations Office award. The membership of Subcommittee H was significantly updated, with the appointment of 11 new members.

Other RTRB Activities

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

Special Review and Logistics Branch

The SRLB has a prominent role in the outcome of NCI initiatives tied to the NCI Bypass Budget indicated on page 11, because this branch organizes and manages peer review primarily for grant applications submitted in response to specific NCI RFAs, contract proposals submitted in response to specific Requests for Proposals (RFPs), and Program Announcements with Special Receipt (PARs). The reviews are conducted with SEPs and involve recruiting the appropriate scientific expertise for each review meeting. During FY2006, there were 133 DEA-reviewed initiatives directly related to the Bypass Budget that were recommended for funding.

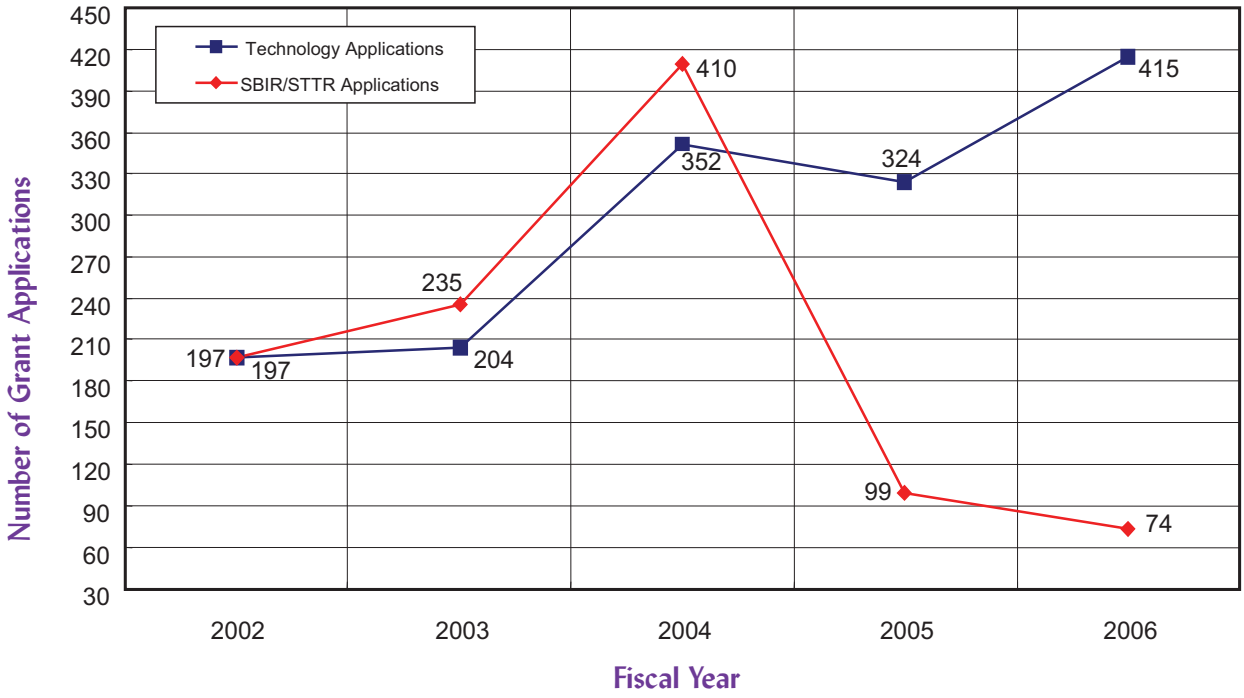
Following approval by the NCI Executive Committee and BSA, program staff, assisted by the DEA staff, prepare the initiatives for publication in the *NIH Guide for Grants and Contracts*. In an RFA, a specific, published dollar amount is set aside by the Institute, whereas for an Institute PAR (Institute Reviewed Program Announcement), there is no dollar set-aside and no requirement for BSA review. **Table 10** lists the RFAs reviewed by DEA in FY2006. **Table 11** presents those applications submitted in response to PAs or PARs, the review of which is shared by SRLB, RPRB, and RTRB. In **Tables 10** and **11**, the title of the initiative is tied to one of the specific NCI "strategic investment" areas identified on page 11. Contract proposals that were submitted in response to RFPs and reviewed by SRLB and PCRB during FY2006 are shown in **Table 12**.

Technology Research Applications

The NCI developed a grant mechanism, the R21/R33 phased application awards, for the support of innovative exploratory/developmental studies, which can rapidly move to proof-of-principle research studies if the stated milestones are met. This grant mechanism is well suited for technology development, and the number of RFA grant submissions for these initiatives has greatly expanded in the past 5 years. In FY2006, 415 technology R21/R33 and R0l grant applications were reviewed under five RFAs, which was a growth rate of 111 percent as compared to FY2002 (see **Figure 5**). In

FY2005, there was a major change in the review of SBIR applications (R41, R42, R43, R44). This change involved a decision to not renew one PAR and to move several major program announcements from NCI to CSR review. Consequently, the review load for DEA staff has been reduced to four RFAs that are in the Small Business Innovation Research (SBIR) area. They are: Innovative Technologies for the Molecular Analysis of Cancer (CA-06-005; CA-07-006); Applications of Emerging Technologies for Cancer Research (CA-06-006, CA-07-002); Innovations in Cancer Sample Preparation (CA-06-007, CA-07-010); and Circulating Cells in Cancer Detection (CA-06-001). In addition, the SBIR mechanisms were converted to electronic submission in the past year, which appears to have had an impact on the number of applications.

Figure 5. Technology Initiatives Applications Reviewed*
FY2002–2006



* Withdrawn applications are not included.

Multicomponent Research Applications

Figure 3 describes the historic and current workload for multicomponent grant applications. In addition to the SPORES and Cancer Centers, there were four initiatives that were comprised of multicomponent applications: Tumor Microenvironment Network (CA-06-014); Comprehensive Minority Institution/Cancer Center Partnership (CA-06-011); Academic Public Private Partnership Program (CA-06-501); and *In vivo* Cellular and Molecular Imaging Centers (PAR-04-069). The Tumor Microenvironment Network initiative is noteworthy because of the short turnaround time that was required to complete the review of the applications (less than 5 months from receipt to awards). In addition, two SRAs were assigned to fully execute the review process of the 37 large, multicomponent U54 applications that were submitted.

Small Grant Programs

Several recurring initiatives are stimulating increased interest in the applicant community. The small grant (R03) PARs include programs in cancer prevention (PAR-04-147); cancer epidemiology (PAR-03-0l0, PAR-04-011); and behavior research in cancer control (PAR-04-020, PAR-06-073). These initiatives support many new investigators and pilot studies. In FY2003, there were 166 applications submitted to the three initiatives (*DEA Annual Report 2003*). In FY2006, those same initiatives attracted 406 applications, an increase of 145 percent. An additional 101 R03 applications were submitted under other Program Announcements in FY2006 and reviewed in CSR.

Research and Development Contract Proposals

The DEA reviewed 489 research and development contract proposals (including 405 Loan Repayment Program applications) in response to 31 RFPs. Twenty-seven of those 31 RFPs were part of the Omnibus Solicitation for Small Business Innovation Research (SBIR) published each fall (19 Phase I topics and 8 Phase II topics) (**Table 12**). During review, several elements of each proposal are individually evaluated and scored, with the combined score indicating the overall merit. After negotiations, contract awards result from the RFP solicitation. Phase II SBIR proposals can be submitted only at the request of the Institute. To facilitate the contract review process, the SRLB has been working with the staff of the Applied Information Systems Branch to develop a series of Web-based documents to be used for contract peer review.

SRLB Teamwork, Communication, and Other Activities

The SRLB has continued to emphasize the importance of teamwork and communication in the management of its review activities. First, branch staff participate in pre-application meetings that are organized by the NCI program staff where review staff respond to questions relating to the review process. Prior to the receipt of applications, program staff participate in the review planning process to ensure that all relevant issues are discussed. After the review committee is assembled, review and program staff conduct a pre-review orientation conference call so that all reviewers understand the intent of the initiative and any special criteria that are relevant. The latter process has been exceptionally valuable in helping to provide a consistency of approach on the part of the review panel members.

In addition, the SRLB, acting in collaboration with the PCRB or the NCI Office of Acquisitions, often serves as a resource to program staff during the drafting of initiatives. Review staff members are consultants for critically reading the document with suggestions for editing, and with regard to applying review policy in the formation of initiative-specific review criteria. Notably in FY2006, SRLB staff provided support to program staff for the reissuance of the Innovative Molecular Analysis Technologies (IMAT) RFAs and the NCI Nanotechnology initiatives, as well as attending the annual IMAT meeting.

SRLB staff is active in working with NCI Division staff through working groups and participating in research meetings. An SRLB staff member was an active member of the NCI Integration and Implementation Imaging Committee and the NCI R21/R33 Working Group. SRLB staff regularly participate in the Extramural Advisory Board and the Small Business Program Managers monthly

meetings. Other activities include participation by the SRLB Branch Chief in the NCI Breast Pre-Malignancy Steering Committee and the NCI Strategic Plan Committee.

Staff Participation in Extramural Review Activities

In keeping with its mission to provide advice and guidance to potential applicants and to provide the highest quality and most effective scientific peer review and oversight of extramural research, the DEA encouraged staff to assist with extramural review activities. In FY2006, several review staff participated in the transition from paper to SF424 electronic grant submissions, committees developing new initiatives at the NCI and the NIH, staff training activities, and workshops with extramural grantees and organizations. This included SRAs from PCRB, RTRB, RPRB, and SRLB.

Electronic Grant Submissions

The NIH included representatives from all of its Institutes and Centers, including the NCI and the DEA, to help in its efforts to streamline the process for grant submissions, particularly moving from paper to electronic format. It is expected that when fully implemented this will shorten the submission and review process for grant applicants and reviewers by several weeks. DEA staff participated on: (1) the NIH SF424 Electronic Grant Applications Working Group to keep the NCI fully involved in the development, implementation, and analysis of the transition to and use of electronic grant applications by applicants, reviewers, and NIH/NCI staff; and (2) the SF424 Transition Committee for Complex Mechanisms, which developed a list of needs for these complex and large grant applications. Staff also served as Chairs or members of subcommittees, including Very Complex Mechanisms and the R25 grant mechanism.

Committees: New Initiatives at the NCI and the NIH

The DEA's involvement in other new initiatives at the NCI and the NIH included membership on the RPC subcommittee to develop and standardize review practices for the new K99/R00 mechanism, assistance to the NIH Office of Extramural Research to coordinate implementation of the Genome-Wide Association Studies and the Genes and Environment Initiatives, and participation in the retreats and other meetings of the NCI Translational Research Working Group. Assistance also was provided on the NIH-Wide Grants Business Process Modeling Initiative for Review and for Receipt and Referral, with DEA staff serving, for example, as subject matter experts (SME) for the grants business activities associated with the peer review process for grant applications.

Staff Training Activities

As a hub for information about the NCI's peer review and grants policies, the DEA works to ensure that DEA, NCI, and NIH staff are trained on relevant practices and policies. In FY2006, this included presentations on: (1) peer review practices for new NIH program, grants management, and review staff at the NIH Extramural Fundamentals course; and (2) the NIH peer review process in the NIH Clinical Center Core Curriculum in Clinical Research. The DEA also participated in the NCI Orientation for Extramural Staff. Furthermore, staff served on the trans-NIH committee to organize the first NIH-wide SRA education and training retreat in almost 10 years. The retreat, focused on improving the peer review process and recent changes in review policies and processes.

Workshops With Extramural Grantees and Organizations

To support grantees and organizations in their cancer research, DEA staff presented on various topics of NIH grants and the grant submission process, including: the meeting of Chairs of Cancer Biology Departments in Asilomar, California; the annual SPORE Investigators Workshop; the NIH Grants Workshop at the University of Texas, San Antonio, Texas; the American College of Surgeons Clinical Cancer Center Fellows and Young Investigators Retreat; the Second Biennial Development Workshop to Increase Diversity in Research Funding; and the Professional Development and Peer Review Workshop run by the Comprehensive Minority Biomedical Branch. DEA staff also served as SRAs for model study sections at the American College of Surgeons Young Investigators Workshop and helped organize a model study section for the Second Biennial Development Workshop to Increase Diversity in Research Funding.

Other Review Staff Activities

- Chief, RPRB, represented the NCI on the NIH Review Policy Committee (RPC) and served as Chair over the past year. She also chaired the Team PSA Review User Group.
- SRA, RPRB, served on the NIH Internet Assisted Focus Group. This module allows reviewers to log-in through the NIH eRA Commons and post their preliminary critiques and preliminary scores on a secure Web site prior to the review meeting.
- Associate Director, ORRPC, represented the NCI on the NIH Locus of Review Working Group charged with providing greater consistency across the NIH on the assignment of specific grant mechanisms to CSR or IC for review.
- SRA, RTRB, served on the Review Users Group and on the NIH "Virtual A3" Resubmission Working Group that recently published a new policy on resubmissions.
- Associate Director, ORRPC, served as one of the NCI representatives on the NIH Clinical Workforce Steering Committee, a subcommittee of the NIH Roadmap Committee for Re-engineering the Clinical Research Enterprise. She also served on the NIH Multiple PI Working Group that is piloting the first initiatives using multiple PIs this year, and co-chaired the subcommittee organizing the NIH training session on multiple PIs in December 2006. SRAs from RTRB and SRLB also participated in the subcommittee because they were serving as the SRAs on two pilot studies.
- Staff from RPRB served on the NIH DEAS Re-engineering Committee, and on the DEAS Task Refinement Group. The Associate Director ORRPC represented the DEA on the NCI DEAS Steering Committee.

Grant Funding Trends

In **Table 13**, a comparison is made of the average cost and number of NCI R01, P01, R03, R13, R21, P30, P50, U01, U10, and U19 grants awarded in FY2003 through FY2006 according to the extramural division and office. **Table 14** presents a summary for FY2006 of total funding of NCI grant awards by mechanism. Trends in grant funding according to scientific discipline and organ/related site are described on pages 37 and 38 and in **Tables 15** and **16**. Several grant awards made during a fiscal year may have been for grant applications reviewed in a prior fiscal year.

Supporting Peer-Review Consultants

Ensuring that highly qualified individuals are available for expert review of grant applications and contract proposals requires an efficient administrative support system. The DEA's Scientific Review and Evaluation Activities (SREA) unit, residing within the NCI **Committee Management Office** (CMO), supports the NCI peer review process by compensating consultants for their services on the NCI IRG subcommittees or SEPs and by reimbursing them for their travel and other expenses (see **Appendixes C** and **D**). The SREA staff also approves and processes payments for other activities related to review, including contract-supported ticketing services. During FY2006, more than 1,600 consultants were reimbursed flat-rate payments and honoraria for serving at more than 100 peer review meetings (**Appendix D**). Teleconference meeting costs and airline tickets were paid expeditiously throughout the year.

In FY2006, the SREA procedures for reimbursing reviewers and consultants changed entirely at the NIH. To keep the peer review community as well as the NCI abreast of these changes, the CMO held several orientation and training sessions on the new procedures. They also developed internal control processes to ensure that the new NIH procedures were followed in a consistent and timely manner.

The NCI SREA program is a multi-million dollar program. The staff members of CMO have overseen the successful reconciliation of peer review costs charged against the SREA account; identified numerous erroneous charges; met for countless hours with CSR SREA staff to review invoicing issues; and kept an extensive tracking sheet on all costs related to approximately 200 peer review associated meetings to successfully manage the budget. The CMO is able to provide the DEA Director with a clear picture of the invoicing issues associated with the previous logistics contractor to keep her abreast of funds needed and provide her with budget estimates throughout the year to ensure there are enough funds to cover all NCI peer review activities.

Another important aspect of the new SREA Program is the conversion to electronic payment of reviewers. In the past year, staff have worked together to manage and update the new database for tracking reviewer registrations in Dun and Bradstreet numbering system (DUNS) and U.S. Treasury Central Contractor Registry. At the beginning of the year, SRAs were hearing concerns from peer reviewers about having to enroll in these systems and the complexity of the enrollment process. These concerns have disappeared due to the efforts of CMO staff members who have guided the reviewers through the registration process. Staff members took the lead in answering reviewer questions about the registration process and assisting them through the various steps. Additionally, because e-mail reminders were sent prior to and after each and every meeting, the majority of reviewers who attended meetings are now registered. At recent meetings of up to 60 reviewers, only three to six reviewers were not already registered prior to the meeting. The SRAs have expressed their gratitude to the members of the SREA team for tracking the reviewers and ensuring that they would be reimbursed. In the past year, more than 1,700 reviewers have registered in the new electronic payment system.

Additionally, the Office has been heavily involved in staff training to successfully pay NCI peer review consultants in a timely manner. This effort required extensive tracking of peer review

NCI Advisory Boards

New NCAB Members with Dr. Niederhuber, from left Mr. Ingram, Drs. Chabner, Meneses, Niederhuber, Coffey, and Everson

Dr. Carolyn Runowicz, NCAB Chair, and Dr. John Niederhuber, NCI Director

Continued on page 28.

payments that were sent back to the NIH Office of Financial Management (OFM) because of incorrect bank account information, contacting hundreds of consultants to alert them to correct their bank account information, and the tracking of peer reviewers who did not receive honoraria and flat-rate payments due to the lack of their registration in the Central Contractor Registry. As a result of the CMO's management of these activities, the NCI has been able to successfully pay the vast majority of peer review consultants for their services in a timely manner.

Throughout the year, the SREA process and procedures continued to change and constantly had to be refined. The CMO kept the DEA review staff abreast of all of these changes and revised internal processes as they occurred. Committee Management staff continued to be active members of the SREA Administrators Group, which meets on a monthly basis to review issues regarding the SREA process. The SREA administrative function is critical to the success of the peer review system because any error, inconvenience, or delay in reimbursement that reviewers experience is likely to discourage their future service. Excellent customer service has remained a constant goal of the NCI SREA staff.

DEA's Role in Advisory Activities

Beyond the central role in coordinating the referral and peer review of grant applications, perhaps the most far-reaching role the DEA plays across the NCI is the coordination and administration of NCI's 10 chartered Federal advisory committees (see **Appendix C**). The activities and membership of these advisory bodies are coordinated by the **Office of the Director**, DEA, and the **Committee Management Office**, DEA. A primary responsibility of the DEA is coordination of the activities of the NCAB, whose members are appointed by the President and whose responsibilities include conducting the second-level review of grants and cooperative agreements, as well as advising the NCI Director on policy for the conduct of the National Cancer Program. The DEA also coordinates administration of the Board of Scientific Advisors, the body responsible for the oversight and concept review of the extramural programs and initiatives of the NCI. As such, the DEA plays a major role in the development and issuance of PAs, PARs, and RFAs, the major extramural program initiatives used by the NCI. The DEA Director serves as Executive Secretary to the NCAB and to the BSA. (See **Appendixes A** and **B** for highlights of the activities of these Boards in FY2006.)

Each year, the NCI relies on thousands of individuals with special expertise to advise and support staff in its mission to win the war against cancer. These individuals provide advice and guidance to NCI staff on countless research projects, scientific concepts, and programmatic and administrative issues relating to NCI research initiatives and priorities. During FY2006, more than 1,800 consultants were asked to serve as standing, temporary, and ad hoc members on NCI's chartered advisory committees, panels, site visits, and work groups. Under the various chartered committees, working groups are formed to address several important areas of cancer research related to clinical trials, diverse populations, and cancer advocacy, treatment, prevention, communication, and education. (See **Appendix C** for a list of chartered committee members and **Appendix D** for a list of consultants.)

NCI Advisory Boards (Continued)

Retiring NCAB Members, from left Drs. Freedman, Abu-Ghazaleh, and Armitage

BSA Members with Dr. Gray, from left Dr. Gray, Ms. Kim, Drs. Anton-Culver, Mueller, Horowitz, and Spitz

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Major NCI Advisory Bodies Administered by the DEA

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

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

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

The BSA believes it is important to interact with and receive feedback from the clinical, population science, and laboratory research communities that are affected by the NCI's policies. To this end, the NCI has established BSA-sponsored "NCI Listens" sessions at national association meetings (see **Appendix B**). BSA members and NCI staff invite conference participants to join them for these sessions. A brief presentation is given by NCI staff emphasizing the status of grant funding, the Bypass Budget, and the status of several new initiatives. The brief presentation is followed by an open question-and-answer period. The NCI is committed to providing a written response to the scientific society hosting the meeting concerning issues raised during the session. The BSA hopes that conference participants will take advantage of this opportunity to present any ideas or concerns they may have.

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

Advisory Committee to the Director, NCI. The **ACD** advises and makes recommendations to the Director, NCI, for the oversight and integration of various planning and working groups serving the broad programmatic and institutional objectives of the Institute. The Committee serves as the official

NCI Advisory Boards (Continued)

BSA Members

Retiring BSA Member, Dr. Susan Horwitz, with Drs. Niederhuber and Young

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channel through which the findings and recommendations emerging from these groups are submitted to the NCI. The Committee may consider the reports of the various working groups as informational, advisory, or as recommendations, and provides the NCI with assistance in identifying opportunities to be pursued within the areas of cancer research that cut across the intramural and extramural NCI programs.

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

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

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

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

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

NCI Advisory Boards (Continued)

Retiring BSA Member, Dr. Esther Chang, with Drs. Niederhuber and Young

Retiring BSA Member, Dr. Kenneth Kinzler, with Drs. Niederhuber and Young

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Other Advisory Groups

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

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

NCI Advisory Boards (Continued)

BSA/BSC Members

Retiring BSC Chairs Drs. Tempero and Tlsty with
Drs. Niederhuber and von Eschenbach

Committee Management Activities

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

Some highlights of FY2006 activities include:

- Participated in various NIH-wide Information for Management, Planning, Analysis, and Coordination (IMPAC II) software application user group meetings, such as the CM Users Group (CMUG) and pilots, and provided advice on the modification of the Committee Management Web Module. In FY2006, the CMO continued to provide IMPAC II training to DEA staff on Coding Meeting Attendees in IMPAC II and on How To Use the CM Web Module. The CMO created a user-friendly booklet that includes screen shots from the CMO Module and step-by-step instructions on how to code the various types of meeting attendees (i.e., mail reviewers, ad hoc reviewers, temporary members, regular members, telephone reviewers).

- Refined the nomination and recruitment process, and reviewed and revised an Orientation booklet for the Director's Consumer Liaison Group. At the September DCLG Meeting, the CMO provided training on "Lobbying and Political Activities" pertaining to Special Government Employees.

- Provided orientation and training for the Director, Coordinating Center for Clinical Trials, and Executive Secretary of the Clinical Trials Advisory Committee on managing NIH advisory committees and the role of a Designated Federal Official. Additionally, provided logistical advice to Coordinating Center staff in preparation for their first CTAC meeting.

- Provided advice on Federal advisory committee rules and regulations for the Director and Deputy Director, Division of Cancer Treatment and Diagnosis, regarding activities of the RAID (Rapid Access to Interventional Development) Program. As a result, RAID activities are now conducted using the Special Emphasis Panel (SEP) mechanism.

- Provided an orientation of the rules, regulations, policies, and procedures governing the BSA Subcommittee on "The Childhood Cancer Therapeutically Applicable Research to Generate Effective Treatments" (TARGET) for the Cancer Therapy Evaluation Program (CTEP) staff.

In concert with the automation of the NIH-wide committee management functions, the CMO continued to work closely with other DEA staff to streamline general committee management and review procedures related to member travel, vouchering, mail review, and teleconference reimbursements. The same procedures were used to facilitate more effective management of all other NCI chartered advisory committees.

The Committee Management Office and the SREA unit are critical to the continued success of all NCI Federal Advisory Committee activities, including Boards, Advisory Committees, working groups, and review panels.

Portfolio Tracking and Analysis

The DEA's **Research Analysis and Evaluation Branch** (RAEB) is the officially designated contact for scientific information on NCI-supported research. The RAEB provides consistent budget-linked scientific information across all NCI scientific programs to analyze the Institute's grant portfolio, makes budget projections, and disseminates information about cancer. The DEA conducts analyses to project future NCI research expenditures and to provide budget justifications to Congress. The work of the RAEB allows the DEA to respond immediately to requests for information from NCI staff, the broader NIH community, and requesters nationally and worldwide. The RAEB reviews both unfunded applications and funded extramural grants supported by the NCI to consistently link scientific categories to budget categories on all Institute programs.

These capabilities are based on a sophisticated system of indexing, in which research documentation staff analyze grant applications to classify each project for its degree of relevance to Special Interest Category (SIC) and Organ Site (SITE) Codes. SIC Codes are meant to describe in a consistent way the major scientific disciplines that are of stated or growing interest to the NIH, DHHS, Congress, and the public. A critical characteristic of these data is comparability from one fiscal year to the next. Trends in funding between FY2002 and FY2006 for selected SIC Codes and organ sites are presented in **Tables 15** and **16**.

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

FY2006 Highlights include:

- Updated Special Interest Categories by adding new SICs at the request of the DHHS and the NIH for Molecular Targeted Prevention and Sleep Disorders.
- Assumed reporting responsibility for NCI budget data on diagnostic radiology.
- Coded Translational Research projects.
- Provided information to numerous requesters, notably the National Academy of Sciences and the American Society of Hematology.
- Indexed and coded more than 8,000 funded and unfunded applications.
- Coordinated with the Financial Management Branch (FMB) a process to update and align budget reporting categories between DEA and FMB reporting systems.
- Chaired the NCI Accrual Working Group to prepare data for biannual reporting of NCI compliance with Congressional Health Disparities reporting requirements, and represented the NCI on the NIH Population Tracking and Inclusion Committee.

- Assisted DEA Review Branches in finding qualified scientists to serve as reviewers for high-profile and multi-project RFAs that cover broad areas of science, as well as assisted in the management of the review activities.

- Served as the NCI Lead for the NIH Research, Conditions, and Disease Categorization (RCDC) Initiative, coordinating the NCI's involvement in the creation of new trans-NIH definitions for more than 300 Congressional reporting categories. Staff recruited more than 70 NCI subject matter experts to assist in this project.

- Represented the DEA on the trans-NCI Health Disparities Database Committee.

- Provided expertise for a P01 disease clustering pilot for DEA Review Branches.

Information Resources Management

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

All of the Division's Information Technology and Information Systems contracts are consolidated under the AISB. The AISB has a computer support team to track staff requests, manage the Division's computer equipment inventory, and provide computer-related training, as needed. Specific projects utilizing the technologies and services provided by the AISB are described under the appropriate functions of the DEA throughout this report. For FY2006, the following specific accomplishments are highlighted:

- Collaborated with NCI's Information Systems and Computer Services (ISCS) to migrate the DEA computer network environment to the NIH domain. This activity involved renaming and assigning workstations to NCI conventions and sub-domain, coordinating network printer migration to NCI servers, and updating DEA e-mail groups.

- Migrated all DEA data backup routines to NCI's backup process, which involved the installation of client software on DEA servers and testing the new backup process.

- Developed the Reviewer Assignment application. This MS Excel-based application automates the assignment of grant reviewers to grant applications based on the reviewer's experience and expertise.

- Implemented an electronic process with the DEA's Program Coordination and Referral Branch for updating the Program Director Contact List, thus reducing the distribution of printed attachments to numerous NCI staff.

- Made available the DEA's Template/Document system to all NIH staff through the use of the IMPAC II login. The Template/Document system enables review staff to merge IMPAC II data into MS Word or Corel WordPerfect documents and labels.

- Piloted and implemented a new electronic wireless scoring and reporting system for grant application review meetings.

- Performed enhancements, upgrades, and maintenance on the following production systems:

  - DEA Internet and Intranet:
    - Created "Clinical Trials Advisory Committee" Web site to provide a comprehensive source of information about the Committee's members, activities, objectives, meeting schedules, and meeting minutes.
    - Upgraded the DEA's Internet Web searching capability by implementing the latest features provided by the FirstGov.gov.
    - Upgraded "SRA Resources" Web site to satisfy users' requirements. This site provides useful information for the SRAs.

- Maintained and improved the contents of both Internet and Intranet Web sites to provide the most up-to-date information and satisfy the requirements of the user community.

- Enhanced the Reviewer CD application to handle electronic applications and appendixes. The Web-based Reviewer CD application allows review staff to create customized CDs (Compact Discs) containing grant applications and other related materials for the grant reviewers. A version of this application has been utilized by the National Heart, Lung, and Blood Institute (NHLBI). The DEA provides technical support for hosting and upgrading this version.

- Enhanced the RFA/PA system to automatically generate Web pages on the DEA Internet Web site to disseminate RFA/PA (Request for Applications/Program Announcements) information for the public. The RFA/PA system is a collection of automated processes, which integrates information from various database sources to manage the tracking and reporting of the NCI RFAs and PAs.

- Enhanced the DEA's Staff Listing Web site by implementing advanced scripting techniques and multiple data sources to improve retrieval of the most up-to-date information.

- Enhanced and upgraded the Formula Coding application by incorporating new requirements to the reporting module and enhancing its efficiency. This application automatically generates scientific indexing and calculates percent relevance for the P30 Cancer Center Support Grant (CCSG), Clinical Trials Cooperative Group Program (COOP), and Community Clinical Oncology Program (CCOP) grants.

- Enhanced and upgraded the Fiscal-Linked Analysis of Research Emphasis (FLARE) system and environment by adding new features that included:
  - Enhanced the features of Coding grid by implementing new technology, adding several new functionalities, and providing the capability to track multiple PI (principal investigator) degrees and related specialties.
  - Enhanced the Query module for better and more efficient searches.
  - Enhanced and improved the features and efficiency of the Reporting module by implementing the latest version of third-party reporting software system engine; adding new Knowledge Management for Disease Coding (KMDC) detail report used for KMDC data calls; improving the financial reports for the budget office; and other related enhancements.
  - Continued to convert historical data (1990 back to 1937) into the FLARE database.
  - Completed major updates to the FLARE environment documentations.
  - Enhanced and improved FLARE backup and recovery features by implementing new technology.
  - Initiated the design of new modules to archive disease coding for unfunded grant applications.

  FLARE is a software application that provides the functionality for the Research Analysis and Evaluation Branch staff to consistently input disease coding data, search for disease-related data, and respond to requests from various sources, both internal and external to the NCI. The system provides a basis for budget projections and serves as a resource for the dissemination of information about cancer. It disseminates information on cancer by distributing the disease coding data in various configurations to sources internal and external to NCI via various Web sites, centralized databases, and other means. Over the past few

years, the following Institutes and Centers have implemented and utilized modified versions of the FLARE application:

National Center for Complementary and Alternative Medicine (NCCAM), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Biomedical Imaging and Bioengineering (NIBIB), National Institute on Deafness and Other Communication Disorders (NIDCD), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Human Genome Research Institute (NIGRI), National Institute of Mental Health (NIMH), National Institute of Nursing Research (NINR), National Heart, Lung, and Blood Institute (NHLBI), and Fogarty International Center (FIC).

- Improved the search capability of the NCI Funded Research Portfolio system by implementing new database indexing features and enhanced its authentication mechanism by converting to the NIH/NCI credentials. The Web-based NCI Funded Research Portfolio Application enables various user groups to search information regarding the NCI funded grants and contracts and their associated disease coding data.

- Worked closely with the RAEB to provide assistance such as:
  - Generating quarterly AIDS reports for the NCI Financial Management Branch (FMB), which is forwarded to the Office of AIDS Research (OAR).
  - Deployment and integration of RAEB coding data into the NCI and NIH various databases.
  - Supporting RAEB to create special ad hoc reports requested by internal and external NCI and NIH interested groups and individuals.
  - Assisting the RAEB on "Minority Health and Health Disparities Coding" report and "HBCU and Tribal Colleges" report for the Health Policy Branch in the NCI Center to Reduce Cancer Health Disparities.
  - Providing RAEB data electronically to the Human Nutrition Research Information Management system (HNRIM) for the Nutritional Science Research Group in the Division of Cancer Prevention.
  - Providing RAEB data electronically for staff in the Cancer Centers Branch, Office of the Deputy Director for Extramural Science, for P30 Ratio reporting.
  - Providing RAEB data to the Office of Science Planning and Assessment (OSPA) for use in the "NCI Initiatives and Projects System (NIPS)" on the "Enterprise System for Performance Results and Information (ESPRI)" on the **www.cancer.gov** site.

AISB staff are involved with many NCI and NIH information systems and information technology groups and organizations, including:

- NCI Office of Information Systems and Computer Services
- NCI Institute Information Systems Advisory Group
- NCI Change Management Group
- NCI Knowledge Management for Disease Coding (KMDC)—Working Group
- NCI Intranet Advisory Board
- NCI Leadership Focus Group
- eRA Technical Coordinators Group
- IMPAC II Joint Applications Development and Critical Design Review Groups
- NIH Electronic Council Book and Query View Reporting Steering Committee
- NIH Architecture Review Board
- NIH Automatic Data Processing Extramural Coordination Committee
- NIH A-76 Preplanning Teams
- NIH A-76 Requirements Document Committees
- NIH Knowledge Management for Disease Coding (KMDC)—Technical Advisory Group (TAG)

Organizational Structure of the Division of Extramural Activities

Office of the Director

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

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

Committee Management Office, OD

- Coordinates functionally related advisory committee activities across the Institute and its Client-Institutes. The office manages NCI advisory committees, a DHHS committee, and two National Center on Complementary and Alternative Medicine (NCCAM) committees to ensure that appropriate policies and procedures are in place to conduct the designated mission of each committee.

- As a Service Center, provides committee management services to the Office of Biotechnology Activities, Office of the Director, NIH, and the National Center for Complementary and Alternative Medicine.

- Provides consultation services to NCI and Client-Institute staff on administrative and technical aspects of Federal Advisory Committees; coordinates activities with all other NCI advisory committees; implements policies and procedures designed to avoid conflicts in the nomination, selection, and recruitment of board members; implements CM Web Module guidelines and procedures to ensure that all committee-related data are correctly entered into the database for preparation and submission of required annual reports to the President of the United States, DHHS, and NIH; provides logistical support for NCAB and BSA meetings, subcommittees, and work groups; and facilitates NCAB and BSA committee-related travel.

- Provides administrative support for the peer review system by compensating consultants for their services on NCI IRG subcommittees and SEPs; reimburses consultants for travel and other expenses; and approves and processes payments for other activities related to review, such as meeting room rental, hotel lodging, and teleconferencing.

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

* Left in 2006.
† Joined in 2006.

Office of Referral, Review, and Program Coordination, OD

- Coordinates program concept development; publication functions; and receipt, referral, and assignment of all NCI applications.

- Coordinates review activities of the SRLB, RTRB, RPRB, and PCRB.

Diane Bronzert.....Associate Director
Catherine Battistone .....Program Analyst
Linda Brown .....Program Specialist
Linda Coleman* .....Committee Management Specialist

* On detail from the CMO.

Special Review and Logistics Branch

- Plans, manages, and assists in the scientific merit review of special grant and cooperative agreement applications (RFAs and PAs) and the technical merit review of contract proposals (RFPs).

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- Identifies and recommends appropriate review committee members and site visitors, as required for the peer review of assigned applications and proposals.

- Assigns the SRA and other support staff for the technical review committees.

- Provides input and advice on grant and contract review policy and procedures, application and proposal submission, and research trends and other related information, as required.

- Coordinates second-level review activities of the NCAB with staff of other NCI Divisions, other Branches of the Division, and the Office of Grants Administration.

- Provides logistical support for first- and second-level review activities in support of other Division and Institute units.

Kirt Vener, Ph.D. .....Chief
Thomas Vollberg, Ph.D. .....Deputy Chief
Kenneth Bielat, Ph.D. .....Scientific Review Administrator
Sherwood Githens, Ph.D. .....Scientific Review Administrator
C. Michael Kerwin, Ph.D., M.P.H. .....Scientific Review Administrator
Gerald Lovinger, Ph.D. .....Scientific Review Administrator
Irina Gordienko, Ph.D.† .....Scientific Review Administrator
Timothy Meeker, M.D.** .....Scientific Review Administrator
Lalita Palekar, Ph.D. .....Scientific Review Administrator
Joyce Pegues, Ph.D. .....Scientific Review Administrator
Phuong Pham* .....Program Analyst
Rhonda Moore, Ph.D.† .....Scientific Review Administrator
Marvin Salin, Ph.D. .....Scientific Review Administrator
Mary Jane Slesinsky, Ph.D.* .....Scientific Review Administrator

Review Processing and Distribution Unit

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

* Left in 2006.
** Transferred to RTRB in 2006.
† Joined in 2006.

Program Coordination and Referral Branch

- Serves as the information and coordination point within the NCI for the development, clearance, publication, and tracking of all NCI extramural program initiatives, which include all RFAs, PAs, and Notices submitted for publication in the *NIH Guide for Grants and Contracts*, and also on Grants.gov, which is a Federal-wide online portal for electronic submission of grant applications.

- Coordinates the development and periodic revision of referral guidelines within the NCI for both external and internal use.

- Coordinates the development of shared (referral) interest statements with other NIH Institutes and Centers so that grant applications of possible or real mutual interest can be properly assigned for receipt, review, and/or funding.

- Serves as liaison to the Center for Scientific Review (CSR), NIH, to ensure the appropriate referrals (i.e., assignments) of grant applications to the Institute and the transfers of grant applications between the NCI and other NIH Institutes and Centers.

- Refers new (Type 1) applications to the appropriate cancer activity area(s) according to the NCI Internal Referral Guidelines that define the program interests of each of the 45 cancer activity areas (which typically represent program branches in the NCI extramural divisions and offices).

- Semi-automatically refers amended and competing continuation (Type 2) applications to the cancer activity area that accepted the previously submitted application (with quality control measures performed to ensure the accuracy of referrals).

- Coordinates requests from program staff for application status changes (including corrections of application assignments and numbers, which is done in collaboration with NCI program staff, CSR referral staff, and referral staff of other Institutes and Centers and agencies) and for acceptance of grant assignments.

- Serves as the NCI contact point and liaison to involved parties at the NIH for approval of the use of cooperative agreement mechanisms and for conversion of grants to cooperative agreements.

- Works with NCI program and review staff and with NIH referral liaisons to address unresolved referral and review issues with the CSR and other NIH Institutes and Centers.

- Receives and distributes advance copies of applications to review and program staff.

- Receives Letters of Intent from applicants (principal investigators) intending to submit large budget grants (including, but not limited to, program projects and cooperative agreements for clinical trials) and also from prospective R13 (conference grant) applicants.

- By handling communications with applicants and NCI program staff members, coordinates approvals (and disapprovals) of the NCI to sponsor the submission of individual conference (R13) grant applications.

- Serves as the primary point of contact and assistance at the NCI for applicants who wish to apply for an Academic Research Enhancement Award (i.e., the NIH R15 grant mechanism).

- Processes Awaiting Receipt of Application (ARA) request forms through the NCI Online Workplace (NOW) system to the CSR.

- Maintains database records of prospective large budget grant and conference grant applications for each council round.

- Serves as the primary NCI information and referral point for the extramural scientific community on a broad range of subjects, including grant guidelines, application information, new initiatives announced as RFAs or PAs, and the review process.

- Assists the extramural community in navigating the NIH and NCI Web pages to help users obtain current information, forms, and guidelines.

- Directs applicants to the appropriate Program Directors and SRAs for information regarding the status of the review and award of their grant applications.

- Tracks and analyzes trends of CSR referral to study sections and resultant review outcomes.

- Provides data and data analyses on funding opportunities and on the receipt and referral of grant applications to NCI senior staff members and committees.

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

Research Programs Review Branch

- Plans, coordinates, and manages the scientific merit review of program project grants, specialized centers, and other grant mechanisms, as necessary, by chartered review committees and Special Emphasis Panels.

- Arranges and manages onsite assessments of the research capabilities and facilities of selected applicants.

- Identifies and recommends appropriate review committee members and site visitors, as required, for the peer review of assigned applications.

- Provides input and advice on grant review policy and procedures, application patterns, research trends, and other related information, as required.

- Coordinates grant review activities with staff of other NCI Divisions and other DEA Branches.

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

* Left in 2006.
† Joined in 2006.

Resources and Training Review Branch

- Plans, coordinates, and manages the scientific merit review of cancer center, clinical cooperative group, training, education, and career development grant and cooperative agreement applications by chartered review committees and Special Emphasis Panels.

- Arranges and manages onsite assessments of the research capabilities and facilities of selected applicants.

- Identifies and recommends appropriate review committee members and site visitors, as required, for the peer review of assigned applications.

- Provides input and advice on grant review policy and procedures, application patterns, and research trends and other related information, as required.

- Coordinates grant review activities with staff of extramural NCI Divisions, other DEA Branches, and the Center for Scientific Review.

David E. Maslow, Ph.D. .....Chief
Lynn Amende, Ph.D. .....Scientific Review Administrator
Robert Bird, Ph.D. .....Scientific Review Administrator
Gail Bryant, M.D. .....Scientific Review Administrator
Deborah Jaffe, Ph.D.* .....Scientific Review Administrator
Jeannette Korczak, Ph.D.† .....Scientific Review Administrator
Ilda McKenna, Ph.D. .....Scientific Review Administrator
Timothy Meeker, M.D.‡ .....Scientific Review Administrator
Isla Norwood .....Program Specialist
Raymond Petryshyn, Ph.D.* .....Scientific Review Administrator
Sonya Roberson, Ph.D. .....Scientific Review Administrator

* Left in 2006.
† Joined in 2006.
‡ Transferred from the SRLB in 2006.

Office of Extramural Applications

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

James W. Seach, M.S. .....Associate Director

Research Analysis and Evaluation Branch

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

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

Research Documentation

- Analyzes and indexes grants and contracts for the Branch's computerized systems.
- Analyzes extramural projects for relevance to Special Interest Categories (SICs) and Anatomic Sites to determine the officially reported figures for Institute support and to provide a basis for budget projections.
- Ensures that terms and categories for indexing are updated and reflect current trends in cancer research, and maintains a thesaurus of term definitions.
- Maintains liaison with other offices within the Institute to ensure consistent reporting of data.
- Monitors the results of Institute grant-supported research.

- Assists other NCI organizations by indexing NCI research projects for attributes other than SICs and Sites, for example, Common Scientific Outline (CSO) Codes, AIDS Categories, and so on.

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

Technical Operations, Inquiry, and Reporting

- Provides specialized data querying, archiving, and reporting functions for the Division, the Financial Management Branch, and the Institute.

- Coordinates Institute data reporting with the NCI Financial Data Branch, NIH Population Tracking and Inclusion Committee, and others.

- Answers inquiries from Congress, the public, the press, and others concerning any phase of Institute-supported work.

- Conducts in-depth analyses of extramural research data, including trends analysis.

- Identifies emerging priority areas for data collection and analysis.

- Manages RAEB's FLARE grants documentation and indexing database, ensuring reliability and completeness of its contents. Maintains and updates archival document files.

- Works with the AISB and contractors to refine RAEB's computer applications to meet the Branch's needs, and resolve FLARE computer application problems for the Branch.

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

Knowledge Management/Special Projects

- Represents the NCI on new scientific reporting initiatives, such as the NIH Research, Conditions and Disease Categorization (RCDC) Initiative. This Initiative is the result of a recommendation from the NIH Director's Steering Committee and has the goal of developing an advanced Knowledge Management technology to enhance and standardize disease coding at the NIH.

- Serves as the Lead on the Fingerprint Working Group for the RCDC Initiative, coordinating the NCI's involvement in the creation of new trans-NIH definitions (i.e., fingerprints) for more than 300 Congressional reporting categories.

† Joined in 2006.

- Represents the DEA on the trans-NCI Health Disparities Database Committee. This Committee, led by NCI's Center to Reduce Cancer Health Disparities, was formed to create a systematic process to identify, track, and report on cancer health disparities and minority health-related research.

- Collaborates with staff in DEA Review Branches to assist in finding qualified scientists to serve as peer reviewers for high-profile RFA reviews, as well as reviews of applications that cover broad areas of research and require a broad spectrum of expertise.

- Works with NCI staff in other Divisions and Offices to uncover needs for new coding and reporting areas, to facilitate collaboration and sharing of expertise.

- Represents the DEA in the "This Week at NCI" weekly Office of Communications meetings.

Lisa Krueger, M.S. .....Lead Biologist
Beth Buschling .....Biologist
Michele Vos† .....Biologist
Vacant .....Biologist

† Joined in 2006.

Applied Information Systems Branch

- Fulfills the information technology (IT) requirements of the Division; coordinates information resources management (IRM) activities with other relevant NCI and NIH units; and provides high-quality information analysis, design, development, and coordination of applications in support of Divisional business processes.

- Serves as the focal point for the Division in the development, deployment, and application of specialized software and databases required for the conduct of review, referral, coding, advisory, and other extramural applications.

- Serves as the liaison with the NCI Information Services Technology Branch (ISTB); other NCI computer professionals; other NCI units charged with execution of extramural IRM functions; other trans-NIH functional units such as the CSR, Office of Policy for Extramural Research Administration (OPERA), and Office of Extramural Research (OER); and the IMPAC II and NIH eRA (electronic Research Administration) systems.

- Supports Internet and Intranet applications connectivity and design.

- Establishes, administers, and monitors commercial support contracts to provide design, production, and maintenance for microcomputer equipment and information storage and retrieval systems not covered by the NCI's Core Services.

- Formulates DEA-specific office automation policy.

- Provides staff/lead users with technical support and training for DEA IT applications.

- Coordinates general user support and training with NCI and NIH services.

- Provides Division-specific applications of video teleconferencing and audiovisual services in support of review and Board activities.

- Provides management with recommendations for establishing and implementing policies for conducting Division computer-assisted presentations, as necessary.

- Reviews user-created applications and recommends and/or designs changes to improve efficiency and effectiveness.

Gregory Fischetti.....Chief

Application Development and Operations Team

- Analyzes and coordinates life-cycle development of software for the Division; develops and designs applications to support the Division's business practices, including user guides.

- Develops, administers, and monitors contracts for acquisition, support, and maintenance of database systems.

- Administers office automation contracts as well as DEA-wide Blanket Purchase Agreements for microcomputer equipment maintenance and supplies.

- Formulates office automation policy, system development, and IMPAC II operations for the Division.

- Coordinates internal user groups and the provision of training for specific DEA applications and the use of office automation equipment technology.

Gregory Fischetti .....Acting Team Leader
Deborah Buranich .....Information Technology Specialist
Charles Conley.....Information Technology Specialist
Lauren Lawson* .....Information Technology Specialist
Teresa Park .....Information Technology Specialist
Hector Reyes* .....Information Technology Specialist

Information Management Team

- Designs and maintains the Division's Intranet and Internet, and identifies documents to be placed on the NCI Web site to make Division information more accessible to the public.

- Develops new Web-based software applications that will enhance the productivity and efficiency of extramural processes within the DEA and the distribution of Division information throughout the NCI.

- Establishes partnerships and ongoing communications with staff and external customers to foster openness and collaboration in accomplishing the information initiatives of the Division.

- Works with DEA staff to ensure the current utility and linkages of documents placed on the Web.

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

* Left in 2006.

Table 1a. Requests for Applications (RFAs) Published by the NCI in FY2006

Sorted by Date of Publication

Date of Publication	RFA	Mechanism	Title	Division and Office
12/8/2005	CA-07-001	R21, R33	Innovative Technologies for Molecular Analysis of Cancer	OTIR
12/8/2005	CA-07-002	R21, R33	Application of Emerging Technologies for Cancer Research	OTIR
12/8/2005	CA-07-003	R21, R33	Innovations in Cancer Sample Preparation	OTIR
12/8/2005	CA-07-005	R01, R21, R33	Advanced Proteomic Platforms and Computational Sciences for the NCI Clinical Proteomic Technologies Initiative	OTIR
1/26/2006	CA-07-006 CA-07-007	R41, R42 R43, R44	Innovative Technologies for the Molecular Analysis of Cancer (SBIR/STTR)	OTIR
1/26/2006	CA-07-008 CA-07-009	R41, R42 R43, R44	Applications of Emerging Technologies for Cancer Research (SBIR/STTR)	OTIR
1/26/2006	CA-07-010 CA-07-011	R41, R42 R43, R44	Innovations in Cancer Sample Preparation (SBIR/STTR)	OTIR
2/1/2006	CA-06-014	U54	Tumor Microenvironment Network (TMEN)	DCB
2/1/2006	CA-06-015	R21	Exploratory Grants for Increasing the Utilization and Impact of the National Cancer Institute's Cancer Information Service	DCCPS
2/7/2006	CA-07-012	U24	Clinical Proteomic Technology Assessment for Cancer	OTIR
2/10/2006	CA-07-004	U24	Small Animal Imaging Resource Program	DCTD
3/2/2006	CA-06-504	U01	NCI Competitive Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	CRCHD
3/6/2006	CA-06-012	U56	Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership	OCTR
3/6/2006	CA-06-013	P20	Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership	OCTR
3/10/2006	CA-07-014	U24	Cancer Genome Characterization Centers	OCG
5/2/2006	CA-07-015 CA-07-016	R21 R33	Innovative Technologies for Molecular Analysis of Cancer	OTIR
5/2/2006	CA-07-017 CA-07-018 CA-07-019	R21 R33 R21/R33	Application of Emerging Technologies for Cancer Research	OTIR
5/2/2006	CA-07-022 CA-07-023 CA-07-024	R21 R33 R21/R33	Innovations in Cancer Sample Preparation	OTIR
6/14/2006	CA-07-021	R21	Development of Novel Genomic Characterization Technologies	OCG
6/14/2006	CA-07-029 CA-07-030	R43, R44 R41, R42	Development of Advanced Genomic Characterization Technologies	OCG
6/16/2006	CA-07-020	U01	Alliance of Glycobiologists for Detection of Cancer and Cancer Risk	DCP

(Continued)

Table 1a. Requests for Applications (RFAs) Published by the NCI in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	RFA	Mechanism	Title	Division and Office
6/28/2006	CA-07-025	U10	Community Clinical Oncology Program	DCP
6/28/2006	CA-07-026	U10	Minority-Based Community Clinical Oncology Program	DCP
7/28/2006	CA-07-027 CA-07-028	R41, R42 R43, R44	Exfoliated Cells and Circulating DNA in Cancer Detection and Diagnosis	DCP
9/7/2006	CA-07-502	U01	Pediatric Phase I/Pilot Consortium	DCTD

Table 1b. Requests for Applications (RFAs) Published by the NCI in FY2006

Sorted by Division and Office

Division and Office	RFA	Mechanism	Title	Date of Publication
CRCHD	CA-06-504	U01	NCI Competitive Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	3/2/2006
DCB	CA-06-014	U54	Tumor Microenvironment Network (TMEN)	2/1/2006
DCCPS	CA-06-015	R21	Exploratory Grants for Increasing the Utilization and Impact of the National Cancer Institute's Cancer Information Service	2/1/2006
DCP	CA-07-020	U01	Alliance of Glycobiologists for Detection of Cancer and Cancer Risk	6/16/2006
DCP	CA-07-025	U10	Community Clinical Oncology Program	6/28/2006
DCP	CA-07-026	U10	Minority-Based Community Clinical Oncology Program	6/28/2006
DCP	CA-07-027 CA-07-028	R41, R42 R43, R44	Exfoliated Cells and Circulating DNA in Cancer Detection and Diagnosis (SBIR/STTR)	7/28/2006
DCTD	CA-07-004	U24	Small Animal Imaging Resource Program	2/10/2006
DCTD	CA-07-502	U01	Pediatric Phase I/Pilot Consortium	9/7/2006
OCG	CA-07-014	U24	Cancer Genome Characterization Centers	3/10/2006
OCG	CA-07-021	R21	Development of Novel Genomic Characterization Technologies	6/14/2006
OCG	CA-07-029 CA-07-030	R41, R42 R43, R44	Development of Advanced Genomic Characterization Technologies (SBIR/STTR)	6/14/2006
OCTR	CA-06-012	U56	Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership	3/6/2006
OCTR	CA-06-013	P20	Feasibility Studies for Collaborative Interaction for Minority Institution/Cancer Center Partnership	3/6/2006

(Continued)

Table 1b. Requests for Applications (RFAs) Published by the NCI in FY2006 (Continued)

Sorted by Division and Office

Division and Office	RFA	Mechanism	Title	Date of Publication
OTIR	CA-07-001	R21, R33	Innovative Technologies for Molecular Analysis of Cancer	12/8/2005
OTIR	CA-07-002	R21, R33	Application of Emerging Technologies for Cancer Research	12/8/2005
OTIR	CA-07-003	R21, R33	Innovations in Cancer Sample Preparation	12/8/2005
OTIR	CA-07-005	R01, R21, R33	Advanced Proteomic Platforms and Computational Sciences for the NCI Clinical Proteomic Technologies Initiative	12/8/2005
OTIR	CA-07-006 CA-07-007	R41, R42 R43, R44	Innovative Technologies for the Molecular Analysis of Cancer (SBIR/STTR)	1/26/2006
OTIR	CA-07-008 CA-07-009	R41, R42 R43, R44	Applications of Emerging Technologies for Cancer Research (SBIR/STTR)	1/26/2006
OTIR	CA-07-010 CA-07-011	R41, R42 R43, R44	Innovations in Cancer Sample Preparation (SBIR/STTR)	1/26/2006
OTIR	CA-07-012	U24	Clinical Proteomic Technology Assessment for Cancer	2/7/2006
OTIR	CA-07-015 CA-07-016	R21 R33	Innovative Technologies for Molecular Analysis of Cancer	5/2/2006
OTIR	CA-07-017 CA-07-018 CA-07-019	R21 R33 R21/R33	Application of Emerging Technologies for Cancer Research	5/2/2006
OTIR	CA-07-022 CA-07-023 CA-07-024	R21 R33 R21/R33	Innovations in Cancer Sample Preparation	5/2/2006

Table 2. NCI Participation in Trans-NIH Requests for Applications (RFAs) in FY2006

Sorted by Date of Publication

Date of Publication	RFA	Mechanism	Title	Division and Office
10/19/2005	ES05-007	R01, R21	Environmental Influences on Epigenetic Regulation	DCCPS
6/26/2006	NR07-001	R01	Research on Research Integrity	DCP
7/10/2006	AT06-004 AT06-005	R01 R21	Mechanisms of Immune Modulation	DCP
8/22/2006	HL07-007	R21	Bioengineering Approaches to Energy Balance and Obesity	DCP
8/24/2006	EB06-003	R21	Technology Development of Image-Guided Interventions: Phase I	DCTD
9/29/2006	ES06-008	R01	Manufactured Nanomaterials: Physico-Chemical Principles of Biocompatibility and Toxicity	OTIR

Table 3a. Program Announcements (PAs) Published by the NCI in FY2006

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
11/3/2005	PA-06-045 PA-06-046	R41, R42, R43, R44	Novel Technologies for *In Vivo* Imaging (SBIR/STTR)	DCTD
11/3/2005	PA-06-051 PA-06-052	R42 R44	NCI Phase II Small Business Innovation Research Renewal Awards for Cancer Diagnosis, Prevention, and Treatment (SBIR/STTR)	DCTD
11/15/2005	PAR-06-073	R03	Small Grants for Behavioral Research in Cancer Control	DCCPS
11/21/2005	PA-06-031	R41, R42	Image-Guided Cancer Interventions (STTR)	DCTD
11/21/2005	PA-06-032	R43, R44	An SBIR Initiative for Image-Guided Cancer Interventions	DCTD
12/23/2005 3/2/2006	PAR-06-104 PAR-06-103	R01 R21	Improving Diet and Physical Activity Assessment	DCCPS
3/8/2006	PAR-06-220	K01	NCI Mentored Career Development Award to Promote Diversity	OCTR
3/8/2006	PAR-06-221	K08	NCI Mentored Clinical Scientist Award to Promote Diversity	OCTR
3/9/2006	PAR-06-222	K23	Mentored Patient-Oriented Research Award to Promote Diversity	OCTR
3/24/2006	PA-06-277	R21	*In Utero* Exposure to Bioactive Food Components and Mammary Cancer Risk	DCP
3/26/2006	PA-06-296	R21	Correlative Studies with Specimens from Multi-Site Trials	DCTD
3/27/2006	PA-06-280 PA-06-281	R01 R21	Understanding the Effects of Emerging Cellular, Molecular, and Genomic Technologies on Cancer Health Care Delivery	DCCPS
3/28/2006	PA-06-282	R21	Stem Cells and Cancer	DCB
3/28/2006	PA-06-283	R21	Diet-Induced Changes in Inflammation as Determinants of Colon Cancer	DCP
3/29/2006	PA-06-289 PA-06-290	R01 R21	Immunoregulation of Gastrointestinal Carcinogenesis	DCB
3/29/2006	PA-06-292	R21	Research on the Economics of Diet, Activity, and Energy Balance	DCCPS
3/29/2006	PA-06-295	R21	Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	DCP
3/29/2006	PA-06-297	R21	Protein Biomarkers of Infection-Associated Cancers	DCP
3/29/2006	PA-06-299	R25	Exploratory Studies in Cancer Detection, Diagnosis, and Prognosis	DCTD
3/29/2006	PAR-06-293	R21	Quick-Trials for Imaging and Image-Guided Interventions: Exploratory Grants	DCTD
3/29/2006	PAR-06-294	R03	Small Grants Program for Cancer Epidemiology	DCCPS

(Continued)

Table 3a. Program Announcements (PAs) Published by the NCI in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
3/31/2006 4/4/2006	PA-06-303 PA-06-314	R21 R03	Pilot Studies in Pancreatic Cancer	DCCPS
3/31/2006	PA-06-304	R21	Studies of the Economics of Cancer Prevention, Screening, and Care	DCCPS
3/31/2006	PA-06-305	R21	Decision Making in Cancer: Single-Event Decisions	DCCPS
4/4/2006	PAR-06-313	R03	Cancer Prevention Research Small Grant Program	DCP
4/7/2006	PA-06-338	R21	Research on Malignancies in AIDS and Acquired Immune Suppression	DCCPS
4/12/2006	PA-06-348	R03	The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery	DCCPS
4/12/2006	PA-06-351	R21	Exploratory Grants for Behavioral Research in Cancer Control	DCCPS
4/13/2006	PA-06-349 PA-06-350	R21 R01	Memory T Lymphocytes in Cancer Immunology	DCB
4/13/2006	PA-06-359	R21	Exfoliated Cells, Bioactive Food Components, and Cancer	DCP
4/18/2006	PA-06-361	R21	Testing Tobacco Products Promoted to Reduce Harm	DCCPS
4/27/2006	PA-06-371	R21	*In Vivo* Cancer Imaging Exploratory/Developmental Grants	DCTD
4/27/2006	PAR-06-381	K07	Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award	OCTR
5/2/2006	PA-06-404	R01	Studies of Energy Balance and Cancer in Humans	DCCPS
5/4/2006	PA-06-385 PA-06-386	R01 R21	Cancer Surveillance Using Health Claims-Based Data	DCCPS
5/9/2006	PA-06-398 PA-06-399	R21/R33 R33	Novel Technologies for *In Vivo* Imaging	DCTD
5/9/2006	PA-06-400	R21	Developmental Projects in Complementary Approaches to Cancer Care	DCTD
5/9/2006	PA-06-405	R21	Studies of Energy Balance and Cancer in Humans	DCCPS
5/9/2006	PAR-06-406	P50	*In Vivo* Cellular and Molecular Imaging Centers (ICMICs)	DCTD
5/16/2006	PA-06-412 PA-06-413 PA-06-414	R01 R21 R03	Diet, Epigenetic Events, and Cancer Prevention	DCP
5/18/2006	PA-06-423	R21	Circulating Cells in Cancer Detection	DCB
5/23/2006	PA-06-425	R33	Phase II Developmental Research in Cancer Prognosis and Prediction	DCTD

(Continued)

Table 3a. Program Announcements (PAs) Published by the NCI in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
5/23/2006	PA-06-434	R21/R33	Phased Innovation Research in Cancer Prognosis and Prediction	DCTD
6/7/2006	PAR-06-449	K12	Paul Calabresi Career Development Award for Clinical Oncology	OCTR
6/9/2006	PAR-06-451	R21	Quick-Trials for Novel Cancer Therapies: Exploratory Grants	DCTD
6/12/2006	PAR-06-455	K22	The NCI Transition Career Development Award	OCTR
6/12/2006	PAR-06-458	R03	Small Grants for Behavioral Research in Cancer Control	DCCPS
6/12/2006	PAR-06-459	R01	Bioengineering Research Partnerships (BRP)	DCTD
7/28/2006	PA-06-499	R21	Exfoliated Cells and Circulating DNA in Cancer Detection and Diagnosis	DCP
8/2/2006	PAR-06-505	P50	Specialized Programs of Research Excellence (SPOREs) in Human Cancer for the Year 2007	OCTR
8/30/2006	PAR-06-540	R25	Cancer Education Grants Program	OCTR

Table 3b. Program Announcements (PAs) Published by the NCI in FY2006

Sorted by Division and Office

Division and Office	PA	Mechanism	Title	Date of Publication
DCB	PA-06-282	R21	Stem Cells and Cancer	3/28/2006
DCB	PA-06-289 PA-06-290	R01 R21	Immunoregulation of Gastrointestinal Carcinogenesis	3/29/2006
DCB	PA-06-349 PA-06-350	R21 R01	Memory T Lymphocytes in Cancer Immunology	4/13/2006
DCB	PA-06-423	R21	Circulating Cells in Cancer Detection	5/18/2006
DCCPS	PAR-06-073	R03	Small Grants for Behavioral Research in Cancer Control	11/15/2005
DCCPS	PAR-06-104 PAR-06-103	R01 R21	Improving Diet and Physical Activity Assessment	12/23/2005 3/2/2006
DCCPS	PA-06-280 PA-06-281	R01 R21	Understanding the Effects of Emerging Cellular, Molecular, and Genomic Technologies on Cancer Health Care Delivery	3/27/2006
DCCPS	PA-06-292	R21	Research on the Economics of Diet, Activity, and Energy Balance	3/29/2006
DCCPS	PAR-06-294	R03	Small Grants Program for Cancer Epidemiology	3/29/2006

(Continued)

Table 3b. Program Announcements (PAs) Published by the NCI in FY2006 (Continued)

Sorted by Division and Office

Division and Office	PA	Mechanism	Title	Date of Publication
DCCPS	PA-06-303 PA-06-314	R21 R03	Pilot Studies in Pancreatic Cancer	3/31/2006 4/4/2006
DCCPS	PA-06-304	R21	Studies of the Economics of Cancer Prevention, Screening, and Care	3/31/2006
DCCPS	PA-06-305	R21	Decision Making in Cancer: Single-Event Decisions	3/31/2006
DCCPS	PA-06-338	R21	Research on Malignancies in AIDS and Acquired Immune Suppression	4/7/2006
DCCPS	PA-06-348	R03	The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery	4/12/2006
DCCPS	PA-06-351	R21	Exploratory Grants for Behavioral Research in Cancer Control	4/12/2006
DCCPS	PA-06-361	R21	Testing Tobacco Products Promoted to Reduce Harm	4/18/2006
DCCPS	PA-06-404	R01	Studies of Energy Balance and Cancer in Humans	5/2/2006
DCCPS	PA-06-385 PA-06-386	R01 R21	Cancer Surveillance Using Health Claims-Based Data	5/4/2006
DCCPS	PA-06-405	R21	Studies of Energy Balance and Cancer in Humans	5/9/2006
DCCPS	PAR-06-458	R03	Small Grants for Behavioral Research in Cancer Control	6/12/2006
DCP	PA-06-277	R21	*In Utero* Exposure to Bioactive Food Components and Mammary Cancer Risk	3/24/2006
DCP	PA-06-283	R21	Diet-Induced Changes in Inflammation as Determinants of Colon Cancer	3/28/2006
DCP	PA-06-295	R21	Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	3/29/2006
DCP	PA-06-297	R21	Protein Biomarkers of Infection-Associated Cancers	3/29/2006
DCP	PAR-06-313	R03	Cancer Prevention Research Small Grant Program	4/4/2006
DCP	PA-06-359	R21	Exfoliated Cells, Bioactive Food Components, and Cancer	4/13/2006
DCP	PA-06-412 PA-06-413 PA-06-414	R01 R21 R03	Diet, Epigenetic Events, and Cancer Prevention	5/16/2006
DCP	PA-06-499	R21	Exfoliated Cells and Circulating DNA in Cancer Detection and Diagnosis	7/28/2006
DCTD	PA-06-045 PA-06-046	R41, R42 R43, R44	Novel Technologies for *In Vivo* Imaging (STTR/SBIR)	11/3/2005
DCTD	PA-06-051 PA-06-052	R44 R42	NCI Phase II Small Business Innovation Research Renewal Awards for Cancer Diagnosis, Prevention, and Treatment (SBIR/STTR)	11/3/2005

(Continued)

Table 3b. Program Announcements (PAs) Published by the NCI in FY2006 (Continued)

Sorted by Division and Office

Division and Office	PA	Mechanism	Title	Date of Publication
DCTD	PA-06-031	R41, R42	Image-Guided Cancer Interventions (STTR)	11/21/2005
DCTD	PA-06-032	R43, R44	An SBIR Initiative for Image-Guided Cancer Interventions	11/21/2005
DCTD	PA-06-296	R21	Correlative Studies with Specimens from Multi-Site Trials	3/26/2006
DCTD	PA-06-299	R25	Exploratory Studies in Cancer Detection, Diagnosis, and Prognosis	3/29/2006
DCTD	PAR-06-293	R21	Quick-Trials for Imaging and Image-Guided Interventions: Exploratory Grants	3/29/2006
DCTD	PA-06-371	R21	*In Vivo* Cancer Imaging Exploratory/Developmental Grants	4/27/2006
DCTD	PA-06-398 PA-06-399	R21/R33 R33	Novel Technologies for *In Vivo* Imaging	5/9/2006
DCTD	PA-06-400	R21	Developmental Projects in Complementary Approaches to Cancer Care	5/9/2006
DCTD	PAR-06-406	P50	*In Vivo* Cellular and Molecular Imaging Centers (ICMICs)	5/9/2006
DCTD	PA-06-425	R33	Phase II Developmental Research in Cancer Prognosis and Prediction	5/23/2006
DCTD	PA-06-434	R21/R33	Phased Innovation Research in Cancer Prognosis and Prediction	5/23/2006
DCTD	PAR-06-451	R21	Quick-Trials for Novel Cancer Therapies: Exploratory Grants	6/9/2006
DCTD	PAR-06-459	R01	Bioengineering Research Partnerships (BRP)	6/12/2006
OCTR	PAR-06-220	K01	NCI Mentored Career Development Award to Promote Diversity	3/8/2006
OCTR	PAR-06-221	K08	NCI Mentored Clinical Scientist Award to Promote Diversity	3/8/2006
OCTR	PAR-06-222	K23	Mentored Patient-Oriented Research Award to Promote Diversity	3/9/2006
OCTR	PAR-06-381	K07	Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award	4/27/2006
OCTR	PAR-06-449	K12	Paul Calabresi Career Development Award for Clinical Oncology	6/7/2006
OCTR	PAR-06-455	K22	The NCI Transition Career Development Award	6/12/2006
OCTR	PAR-06-505	P50	Specialized Programs of Research Excellence (SPOREs) in Human Cancer for the Year 2007	8/2/2006
OCTR	PAR-06-540	R25	Cancer Education Grants Program	8/30/2006

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2006

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
10/4/2005	PA-06-001	K01	Mentored Research Scientist Development Award	OCTR
10/17/2005	PA-06-006	R43, R44	Small Business Innovation Research Program Parent Announcement (SBIR [R43/R44]): Electronic Submission of Grant Application	OTIR
10/18/2005	PA-06-003 PA-06-004	R43, R44 R41, R42	Small Business Innovation Research to Improve the Chemistry and Targeted Delivery of RNAi Molecules (SBIR/STTR)	DCTD
10/18/2005 10/20/2005	PA-06-008 PA-06-009	R41, R42 R43, R44	Bioengineering Nanotechnology Initiative (STTR/SBIR)	OCTR
10/20/2005	PA-06-012 PA-06-013	R41, R42 R43, R44	Manufacturing Processes of Medical, Dental, and Biological Technologies (STTR/SBIR)	OCTR
10/21/2005	PA-06-010 PA-06-011	R41, R42 R43, R44	Integration of Heterogeneous Data Sources (STTR)	DCB
10/25/2005	PAR-06-039	R01	Dissemination and Implementation Research in Health	DCCPS
10/26/2005	PA-06-041	R13, U13	NIH Support for Conferences and Scientific Meetings	DEA
10/26/2005	PA-06-042	R15	Academic Research Enhancement Award	DEA
11/18/2005	PA-06-077	R01	Research on Clinical Decision Making in Life-Threatening Illness	DCCPS
11/25/2005	PA-06-055 PA-06-056	R43, R44 R41, R42	Bioengineering Approaches to Energy Balance and Obesity (SBIR/STTR)	DCP
12/1/2005	PA-06-081	R01	Research on Social Work Practice and Concepts in Health	DCCPS
12/2/2005	PA-06-087	K25	Mentored Quantitative Research Development Award	OCTR
12/2/2005	PA-06-101	R21	Research on Clinical Decision Making in Life-Threatening Illness	DCCPS
12/17/2005	PA-06-007	R41, R42	Small Business Technology Transfer Program Parent Announcement (STTR): Electronic Submission of Grant Application	OTIR
12/19/2005	PAR-06-089	R41, R42	Innovations in Biomedical Computational Science and Technology Initiative (STTR)	DCB
1/20/2006	PA-06-119	R01	Structural Biology of Membrane Proteins	DCB
1/20/2006	PA-06-120	R43, R44	PHS 2006-02 Omnibus Solicitation of the NIH, CDC, and FDA for Small Business Innovation Research Grant Applications (Parent SBIR)	OTIR
1/20/2006	PA-06-121	R41, R42	PHS 2006-2 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications (Parent STTR)	OTIR
1/27/2006	PA-06-133	K99, R00	NIH Pathway to Independence (PI) Award	OCTR

(Continued)

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
3/2/2006	PA-06-148	R21	Pilot and Feasibility Program Related to the Kidney	DCB
3/2/2006	PA-06-149	R21	Innovative and Exploratory Research in Digestive Diseases and Nutrition	DCP
3/2/2006	PA-06-156	R21	Pilot and Feasibility Program in Urology	DCB
3/2/2006	PA-06-167 PA-06-168	R01 R21	Ubiquitin and Ubiquitin-Like Modifications Regulating Disease Processes	DCB
3/2/2006	PA-06-173	R01	Diet Composition and Energy Balance	DCP
3/2/2006	PAR-06-132	R03	Understanding and Promoting Health Literacy	DCCPS
3/3/2006	PA-06-198	R21	Characterization, Behavior and Plasticity of Pluripotent Stem Cells	DCB
3/3/2006	PA-06-213	R21	Pilot Studies: Oral Complications of Cancer Therapies	DCTD
3/3/2006	PAR-06-091	R21	NCCAM Exploratory/Developmental Grant for Clinical Studies	DCP
3/7/2006	PAR-06-213	R21	Clinical Trials: Oral Complications of Cancer Therapies	DCTD
3/9/2006	PA-06-224 PA-06-225 PA-06-226	R21 R03 R01	Information Technologies and the Internet in Health Services and Intervention Delivery	DCCPS
3/9/2006	PAR-06-171	R03	Endoscopic Clinical Research in Pancreatic and Biliary Diseases	DCP
3/10/2006	PA-06-231 PA-06-232	R01 R21	Developmental Biology and Regeneration of the Liver	DCB
3/10/2006	PA-06-233 PA-06-234	R03 R21	Research on Social Work Practice and Concepts in Health	DCCPS
3/16/2006	PA-06-238	R21	Research on Sleep and Sleep Disorders	DCP
3/17/2006	PA-06-138	R21	The Secretory Pattern of Senescent Cells	DCB
3/17/2006	PA-06-254 PA-06-255	R01 R21	Basic Research in the Bladder and Lower Urinary Tract	DCB
3/17/2006	PA-06-256	R21	Exploratory/Developmental Clinical Research Grants in Obesity	DCP
3/17/2006	PAR-06-247	R21	Community Participation in Research	DCCPS
3/24/2006	PA-06-269 PA-06-270	R01 R21	Mechanisms of Alcohol-Associated Cancers	DCP
3/29/2006	PA-06-298	R21	Understanding Mechanisms of Health Risk Behavior Change in Children and Adolescents	DCCPS
3/29/2006	PAR-06-291	P30	Centers for AIDS Research: D-CFAR, CFAR	DCTD
3/31/2006	PA-06-306	R21	The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery	DCCPS

(Continued)

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
4/4/2006	PA-06-315	R21	Basic and Preclinical Research on Complementary and Alternative Medicine (CAM)	DCP
4/5/2006	PA-06-321 PA-06-322	R21 R03	Cross-Disciplinary Translational Research at NIH	DCP
4/14/2006	PA-06-343 PA-06-344	R21 R03	Methodology and Measurement in the Behavioral and Social Sciences	DCCPS
4/25/2006	PA-06-367 PA-06-368 PA-06-369	R21 R03 R01	Research on Ethical Issues in Human Subjects Research	DCTD
4/27/2006	PA-06-373	F32	Ruth L. Kirschstein National Research Service Awards (NRSA) for Individual Postdoctoral Fellows	OCTR
4/27/2006	PAR-06-372	R21	CAM at Minority or Health Disparities Research Centers	DCP
5/1/2006	PA-06-380	R01	Basic and Translational Research in Emotion	DCCPS
5/5/2006	PAR-06-394	R01	Global Research Initiative Program, Basic/Biomedical Sciences	DCB
5/8/2006	PA-06-396 PA-06-397	R41, R42 R43, R44	New Technologies for Liver Disease (STTR/SBIR)	DCP
5/15/2006	PAR-06-410	R01	Innovations in Biomedical Computational Science and Technology	DCB
5/15/2006	PAR-06-411	R21	Exploratory Innovations in Biomedical Computational Science and Technology	DCB
5/17/2006	PA-06-418	R21	Exploratory/Developmental Bioengineering Research Grants (EBRG)	DCTD
5/17/2006	PA-06-419	R01	Bioengineering Research Grants (BRG)	DCTD
5/22/2006 5/23/2006	PA-06-415 PA-06-417 PA-06-416	R01 R21 R03	School-Based Interventions to Prevent Obesity	DCCPS
5/23/2006	PA-06-435	R33	Phase II Developmental Research in Cancer Prognosis and Prediction	DCTD
5/25/2006	PA-06-440	R01	Basic and Preclinical Research on Complementary and Alternative Medicine (CAM)	DCP
6/12/2006	PAR-06-459	R01	Bioengineering Research Partnerships (BRP)	DCTD
6/16/2006	PA-06-468	T32	Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants	OCTR
6/25/2006	PAR-06-088	R43, R44	Innovations in Biomedical Computational Science and Technology Initiative (SBIR)	DCB
7/10/2006	PAR-06-475	R21	Nanoscience and Nanotechnology in Biology and Medicine	OTIR

(Continued)

Table 4. NCI Participation in Trans-NIH Program Announcements (PAs) in FY2006 (Continued)

Sorted by Date of Publication

Date of Publication	PA	Mechanism	Title	Division and Office
7/21/2006	PA-06-481	F31	Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellows to Promote Diversity in Health-Related Research	OCTR
7/31/2006	PA-06-500 PA-06-501 PA-06-502	R01 R21 R03	Pathophysiology of Bisphosphonates-Associated Osteonecrosis of the Jaw	DCTD
8/4/2006	PA-06-510	R21	Exploratory/Developmental Grant for Clinical Studies of Complementary and Alternative Medicine	DCP
8/7/2006	PA-06-512	K08	Mentored Clinical Scientist Research Career Development Award	OCTR
8/10/2006	PA-06-522	R01	Networks and Pathways Collaborative Research Projects	DCP
8/10/2006	PAR-06-520 PAR-06-521	R03 R21	Dissemination and Implementation Research in Health	DCCPS
8/22/2006	PA-06-533	R21	Functional Links Between the Immune System, Brain Function and Behavior	DCCPS
8/23/2006	PAR-06-534 PAR-06-535	R41, R42 R43, R44	Innovations in Biomedical Computational Science and Technology Initiative (STTR)	DCB
8/31/2006	PA-06-542 PA-06-543 PA-06-544	R21 R03 R01	Mechanisms, Models, Measurement and Management in Pain Research	DCP

Table 5. Applications Received for Referral by the NCI/DEA in FY2006*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
International Training Grant in Epidemiology (FIC)	D43	6	0	6	0
NIH Director's Pioneer Award (NDPA)	DP1	2	0	0	2
Predoctoral Individual National Research Service Award	F31	98	0	60	38
Postdoctoral Individual National Research Service Award	F32	521	137	199	185
National Research Service Award for Senior Fellows	F33	11	2	7	2
Research Scientist Development Award—Research and Training	K01	152	41	61	50
Research Scientist Award	K05	18	4	4	10
Academic/Teacher Award	K07	92	32	27	33
Clinical Investigator Award	K08	117	36	47	34
Physician Scientist Award (Program)	K12	11	11	0	0
Career Transition Award	K22	84	23	30	31
Mentored Patient-Oriented Research Development Award	K23	65	16	28	21
Midcareer Investigator Award in Patient-Oriented Research	K24	20	7	9	4
Mentored Quantitative Research Career Development	K25	21	5	12	4
Career Transition Award	K99	85	0	0	85
Research Program Project	P01	106	41	30	35
Exploratory Grant	P20	19	0	1	18
Center Core Grant	P30	17	10	1	6
Biotechnology Resource Grant Program	P41	1	0	0	1
Specialized Center	P50	30	10	11	9
Research Project	R01	6,181	2,005	2,193	1,983
Small Research Grant	R03	507	156	182	169
Conferences	R13	124	44	43	37
Academic Research Enhancement Award (AREA)	R15	141	42	40	59
Exploratory/Developmental Grant	R21	2,359	693	809	857
Resource-Related Research Project	R24	3	2	0	1

(Continued)

* Source: IMPACII. Includes NCI Primary and Secondary assigned applications and withdrawn applications. Of the 12,684 applications reviewed during the year, 5,009 were not recommended for further consideration by initial review committee, and an additional 5,445 received scores in the bottom 33 percent and were not submitted for NCAB action.

Table 5. Applications Received for Referral by the NCI/DEA in FY2006* (Continued)

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
Education Project	R25	82	24	38	20
Exploratory/Developmental Grant Phase II	R33	69	21	31	17
Method to Extend Research in Time (MERIT) Award	R37	20	5	6	9
Small Business Technology Transfer (STTR) Grant—Phase I	R41	216	69	66	81
Small Business Technology Transfer (STTR) Grant—Phase II	R42	37	16	12	9
Small Business Innovation Research Grant (SBIR)—Phase I	R43	714	289	227	198
Small Business Innovation Research Grant (SBIR)—Phase II	R44	249	83	99	67
High Priority, Short-Term Project Award	R56	3	1	2	0
Minority Biomedical Research Support (MBRS)	S06	9	3	5	1
Continuing Education Training Program	T15	15	11	2	2
Institutional National Research Service Award	T32	100	30	45	25
Research Project (Cooperative Agreement)	U01	260	60	148	52
Cooperative Clinical Research (Cooperative Agreement)	U10	12	4	1	7
Resource-Related Research Project (Cooperative Agreement)	U24	38	2	0	36
Small Business Innovation Research (SBIR) Cooperative Agreement—Phase I	U43	1	0	1	0
Specialized Center (Cooperative Agreement)	U54	58	14	0	44
Exploratory Grant—Cooperative Agreement (NCI)	U56	10	0	0	10
Total		**12,684**	**3,949**	**4,483**	**4,252**

Table 6. Grant and Cooperative Agreement Applications Reviewed by the NCI/DEA in FY2006*

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
Postdoctoral Individual National Research Service Award	F32	14	0	14	0
National Research Service Award for Senior Fellows	F33	2	0	2	0
Research Scientist Development Award—Research and Training	K01	136	41	51	44
Research Scientist Award	K05	17	4	4	9
Academic/Teacher Award	K07	89	31	27	31
Clinical Investigator Award	K08	94	29	39	26
Physician Scientist Award (Program)	K12	11	11	0	0
Career Transition Award	K22	78	21	30	27
Mentored Patient-Oriented Research Development Award	K23	53	16	20	17
Midcareer Investigator Award in Patient-Oriented Research	K24	17	5	9	3
Mentored Quantitative Research Career Development	K25	17	3	10	4
Career Transition Award	K99	71	0	0	71
Research Program Project	P01	99	38	28	33
Exploratory Grant	P20	18	0	0	18
Center Core Grant†	P30	9	2	1	6
Specialized Center	P50	30	10	11	9
Research Project	R01	63	25	7	31
Small Research Grant	R03	447	146	150	151
Conference	R13	70	25	24	21
Exploratory/Developmental Grant	R21	359	82	89	188
Resource-Related Research Project	R24	3	2	0	1
Education Project	R25	75	22	37	16
Exploratory/Developmental Grant Phase II	R33	53	16	24	13
Small Business Technology Transfer (STTR) Grant—Phase I	R41	12	3	6	3
Small Business Innovation Research Grant (SBIR)—Phase I	R43	53	26	24	3

(Continued)

* Source: IMPACII. Includes NCI Primary and Secondary assigned applications. Withdrawn applications have been subtracted from the total count. Of the 2,172 applications reviewed during the year, 135 applications were withdrawn, 674 were not recommended for further consideration by the initial review committee, and an additional 828 received scores in the bottom 33 percent and were not submitted for NCAB action.

† Includes administrative supplement.

Table 6. Grant and Cooperative Agreement Applications Reviewed by the NCI/DEA in FY2006* (Continued)

Sorted by Mechanism

Mechanism	Activity Code	Totals by Activity	Applications by Board		
			Feb	June	Sept
Small Business Innovation Research Grant (SBIR)—Phase II	R44	8	8	0	0
Continuing Education Training Program	T15	4	0	2	2
Institutional National Research Service Award	T32	95	28	42	25
Research Project (Cooperative Agreement)	U01	61	2	8	51
Cooperative Clinical Research (Cooperative Agreement)	U10	10	3	1	6
Resource-Related Research Project (Cooperative Agreement)	U24	37	1	0	36
Small Business Innovation Research (SBIR) Cooperative Agreement—Phase I	U43	1	0	1	0
Specialized Center (Cooperative Agreement)	U54	56	12	0	44
Exploratory Grant—Cooperative Agreement (NCI)	U56	10	0	0	10
Total		**2,172**	**612**	**661**	**899**

Table 7. Applications Reviewed by NCI IRG Subcommittees and Special Emphasis Panels (SEPs) in FY2006*

NCI IRG Subcommittee	Types of Applications Reviewed	Number of Applications	Total Costs Requested First Year
A—Cancer Centers†	P30, R13	9	$38,533,933
C—Basic and Preclinical	P01, R01	23	51,330,648
D—Clinical Studies	P01, R01, U01	30	71,402,017
E—Cancer Epidemiology, Prevention, and Control	P01, R01, R24, U01	19	43,506,308
F—Manpower and Training	K01, T32	134	29,648,815
G—Education	K01, K05, K24, R25	79	21,805,119
H—Clinical Groups	U10, U24	11	15,282,749
I—Career Development	K01, K08, K22, K25, T15, T32	189	27,390,205
J—Population and Patient-Oriented Training	K01, K07, K22, K23	153	20,335,103
Total NCI IRG Subcommittees		**647**	**$319,234,897**
Total SEPs	F32, F33, K01, K05, K07, K08, K12, K24, K25, K99, P01, P20, P30, P50, R01, R03, R13, R21, R24, R25, R33, R41, R43, R44, T32, U01, U24, U43, U54	**1,525**	**$602,189,145**
IRG & SEP Totals		**2,172**	**$921,424,042**

* Source: IMPACII. Application count includes Secondary assignments. There were 121 withdrawn applications subtracted from the total count.
† Includes administrative supplements.

Table 8. Summary of Investigator-Initiated P01 Applications Reviewed for Each NCAB Meeting in FY2006

Type of Application	Applications by Board			
	February 2006	June 2006	September 2006	FY 2006 Total
New	7	7	9	23
New Amended	11	6	8	25
Recompeting	10	7	5	22
Recompeting Amended	9	8	9	26
Supplement	1	0	1	2
Supplement Amended	0	0	1	1
Total	**38**	**28**	**33**	**99**

Table 9. Summary of Investigator-Initiated P01 Applications Reviewed by NCI Program Division/Office in FY2006

Division/Office	Number of Applications	Total Costs	
		First Year Requested Total Costs	Total Costs for Requested Period
Division of Cancer Biology (DCB)	33	$74,613,430	$384,707,845
Division of Cancer Control and Population Sciences (DCCPS)	7	24,224,149	125,206,073
Division of Cancer Prevention (DCP)	9	18,608,264	97,833,219
Division of Cancer Treatment and Diagnosis (DCTD)	49	125,534,593	655,312,108
Office of Centers, Training and Resources (OCTR)	1	2,170,820	11,103,164
Total	**99**	**$245,151,256**	**$1,274,162,409**

Table 10. Requests for Applications (RFAs) Reviewed by the NCI/DEA in FY2006*

Title of Initiative	Bypass Initiative	RFA Number	Activity Codes	Applications by NCAB Round				Total Costs
				Totals	Feb	June	Sept	Requested First Year†
Circulating Cells in Cancer Detection	A, B, C, D, G	CA-06-001	R43	10	3	7	0	$0
Innovative Technologies for the Molecular Analysis of Cancer	A, B, C, D, G	CA-06-002 CA-07-001	R21	115	37	44	34	29,897,309
			R33	20	2	12	6	13,202,857
Applications of Emerging Technologies for Cancer Research	A, B, C, D	CA-06-003 CA-07-002	R21	106	25	27	54	30,281,251
			R33	27	13	8	6	14,015,910
Innovations in Cancer Sample Preparation (SBIR/STTR)	A, B, C, D, G	CA-06-004 CA-07-003	R21	37	6	18	13	8,090,732
			R33	6	1	4	1	2,476,702
Innovative Technologies for Molecular Analysis of Cancer (SBIR/STTR)	A, B, C, D, G	CA-06-005	R41	5	2	3	0	0
			R43	16	11	5	0	99,797
			R44	5	5	0	0	1,800,382
Applications of Emerging Technologies for Cancer Research (SBIR/STTR)	A, B, C, D, G	CA-06-006	R41	2	0	2	0	0
			R43	12	4	8	0	0
			R44	3	3	0	0	1,287,649
			U43	1	0	1	0	0
Innovations in Cancer Sample Preparation (SBIR/STTR)	A, B, C, D, G	CA-06-007 CA-07-010	R41	2	1	1	0	219,919
			R43	13	8	4	1	576,876
Multidisciplinary Career Development in Cancer Nanotechnology Research	C	CA-06-010	F32	14	0	14	0	0
			F33	2	0	2	0	0
Comprehensive Minority Institution/ Cancer Center Partnership	B, E, F, G	CA-06-011	U54	7	0	0	7	9,551,114
Cooperative Planning Grant for Comprehensive Minority Institution/Cancer Center Partnership	B, E, F, G	CA-06-012	U56	10	0	0	10	3,806,927

(Continued)

* Source: IMPACII. Includes NCI Primary and Secondary assigned applications. There were 78 withdrawn applications subtracted from the total count.

† Requested first-year costs equal $0 when indirect costs are not yet negotiated.

Table 10. Requests for Applications (RFAs) Reviewed by the NCI/DEA in FY2006* (Continued)

Title of Initiative	Bypass Initiative	RFA Number	Activity Codes	Applications by NCAB Round				Total Costs
				Totals	Feb	June	Sept	Requested First Year
Feasibility Studies for Collaborative Interaction for Minority Institution/ Cancer Center Partnership	E, F	CA-06-013	P20	18	0	0	18	3,148,673
Tumor Microenvironment Network (TMEN)	A	CA-06-014	U54	37	0	0	37	47,010,729
Exploratory Grants for Increasing the Utilization and Impact of the National Cancer Institute's Cancer Information Service	C, E	CA-06-015	R21	47	0	0	47	10,049,041
Academic Public Private Partnership Program (AP4) Center Grant	A, C, D, G	CA-06-501	U54	12	12	0	0	12,631,408
AIDS Malignancy Clinical Trial Consortium	F	CA-06-502	U01	1	1	0	0	4,000,000
Breast Cancer Family Registries	B, G, F	CA-06-503	U01	6	0	6	0	7,488,665
NCI Competitive Supplements for Pilot Projects for Community Networks Program to Reduce Cancer Health Disparities	E, F	CA-06-504	U01	51	0	0	51	3,236,707
Advanced Proteomic Platforms and Computational Sciences for the NCI Clinical Proteomic Technologies Initiative	A, B, C, D, G	CA-07-005	R01	28	0	0	28	14,534,684
			R21	40	0	0	40	10,766,477
Innovative Technologies for the Molecular Analysis of Cancer (SBIR)	A, B, C, D, G	CA-07-006	R41	1	0	0	1	98,500
			R43	1	0	0	1	100,000
Innovative Technologies for the Molecular Analysis of Cancer (STTR)	A, B, C, D, G	CA-07-007	R41	2	0	0	2	225,635
Applications of Emerging Technologies for Cancer Research (SBIR)	A, B, C, D, G	CA-07-008	R43	1	0	0	1	191,958
Clinical Proteomic Technology Assessment for Cancer	A, B, C, D, G	CA-07-012	U24	14	0	0	14	32,986,680
Cancer Genome Characterization Centers	A, C, F	CA-07-014	U24	22	0	0	22	63,234,747
Total				**694**	**134**	**166**	**394**	**$325,011,329**

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2006*

Title of Initiative	Bypass Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
				Totals	Feb	June	Sept	Requested First Year
Mentored Clinical Scientist Development Award	A	PA-00-003	K08	85	25	36	24	$11,743,720
Mentored Patient-Oriented Research Career Development Award	F	PA-00-004 PA-05-143	K23	47	15	17	15	6,262,376
Mentored Research Scientist Development Award	A, C	PA-00-019	K01	4	0	4	0	602,966
Academic Career Award	D, G	PA-00-070	K07	1	0	0	1	315,963
NIH National Research Service Award Institutional Research Training Grants	A, C	PA-02-109	T32	46	13	20	13	15,510,627
Mentored Quantitative Research Career Development Award	C	PA-02-127	K25	13	3	10	0	1,805,967
Clinical Cancer Therapy and Prevention Research	D, F	PA-04-046	R01	1	1	0	0	1,492,905
Midcareer Investigator Award in Patient-Oriented Research	F, G	PA-04-107	K24	14	2	9	3	2,588,222
Research on Mind-Body Interactions and Health	D, F	PA-05-027	R01	1	0	1	0	708,211
Etiology, Prevention, and Treatment of Hepatocellular Carcinoma	A, D, G	PA-05-138	P01	1	0	1	0	1,665,841
Mentored Research Scientist Development Award	A, C	PA-06-001	K01	1	0	1	0	483,067
NIH Support for Conferences and Scientific Meetings (R13/U13)	N/A	PA-06-041	R13	44	0	24	20	1,619,775
Small Grant Program for Conference Support	N/A	PA-06-074	R13	1	0	0	1	17,900
Mentored Quantitative Research Development Award	A, C	PA-06-087	K25	4	0	0	4	469,474
NIH Pathway to Independence (PI) Award (K99/R00)	A, G	PA-06-133	K99	71	0	0	71	7,179,877
Midcareer Investigator Award in Patient-Oriented Research	F, G	PA-98-053	K24	2	2	0	0	317,889

(Continued)

* Source: IMPACII. Includes NCI Primary and Secondary assigned applications. There were 50 withdrawn applications subtracted from the total count.

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2006* (Continued)

Title of Initiative	Bypass Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
				Totals	Feb	June	Sept	Requested First Year
DCTD Clinical Trials Cooperative Groups	F	PA-99-058	U10	1	0	0	1	$408,444
Mentored Clinical Scientist Award for Underrepresented Minorities	A, E, G	PAR-03-002	K08	6	2	3	1	726,735
Mentored Patient-Oriented Research for Underrepresented Minorities	E, F, G	PAR-03-006	K23	5	1	3	1	651,971
Small Grants Program for Cancer Epidemiology	B, G	PAR-03-010	R03	41	40	1	0	3,282,338
NCI Mentored Career Development Award for Underrepresented Minorities	A, E	PAR-03-016	K01	33	14	15	4	3,781,494
Endoscopic Clinical Research in Pancreatic and Biliary Diseases	C, D, F	PAR-03-033	R03	1	0	1	0	149,000
NCI Transition Career Development Award for Underrepresented Minorities	A, D, E	PAR-03-101	K22	0	0	0	0	161,730
The Howard Temin Award	A, C	PAR-03-104	K01	91	27	29	35	11,548,981
Cancer Education and Career Development Program	B, D, E	PAR-03-148	R25	23	5	13	5	10,658,227
Established Investigator Award in Cancer Prevention, Control, Behavioral and Population Sciences	D, E	PAR-03-149	K05	6	4	2	0	821,635
Conference Grants	N/A	PAR-03-176	R13	25	25	0	0	608,870
Cohort Studies in Cancer Epidemiology	B, F	PAR-04-011	R01	1	0	1	0	3,611,538
Small Grants Program for Behavioral Research in Cancer Control	B, D	PAR-04-020 PAR-06-073	R03	89	25	34	30	6,816,216
Colorectal Cancer Screening in Primary Care Practice	D, E	PAR-04-036	R01	23	23	0	0	13,548,766
Colorectal Cancer Screening in Primary Care Practice	D, E	PAR-04-036	R21	14	14	0	0	2,900,544
NCI Transition Career Development Award	D, E	PAR-04-040	K22	57	14	21	22	8,942,340

(Continued)

Table 11. Program Announcements (PAs) Reviewed by the NCI/DEA in FY2006* (Continued)

Title of Initiative	Bypass Initiative	PA/PAR Number	Activity Codes	Applications by NCAB Round				Total Costs
				Totals	Feb	June	Sept	Requested First Year
Cancer Prevention, Control, Behavioral, and Population Sciences Cancer Development Award	D, G	PAR-04-055	K07	87	31	27	29	$11,594,695
In Vivo Cellular and Molecular Imaging Centers (ICMICs)	A, C	PAR-04-069	P50	3	3	0	0	5,985,274
Paul Calabresi Award for Clinical Oncology	N/A	PAR-04-096	K12	11	11	0	0	6,784,496
Cancer Prevention Research Small Grant Program	D	PAR-04-147	R03	228	81	71	76	17,570,772
Small Grant Program for Cancer Epidemiology	B, G	PAR-04-159	R03	89	0	44	45	6,724,723
NCI Transition Career Development Award to Promote Diversity	A, D, E	PAR-05-011	K22	21	7	9	5	3,087,740
Specialized Programs of Research Excellence (SPOREs) in Human Cancer	F	PAR-05-042 PAR-05-156	P50	27	7	11	9	62,508,497
Cancer Education Program (R25E)	D, E, G	PAR-05-065	R25	50	17	23	10	15,033,159
Established Investigator Award in Cancer Prevention and Control	B, D, G	PAR-05-145	K05	11	0	2	9	1,514,982
NCI Mentored Career Development Award to Promote Diversity	A, E	PAR-06-220	K01	2	0	0	2	339,655
Total				**1,281**	**412**	**433**	**436**	**$252,547,602**

Table 12. Requests for Proposals (RFPs) Reviewed by the NCI/DEA in FY2006*

Announcement Number	Announcement Title	Workload Round	No. of Proposals
Topic 181 (Phase II)	Clinical Trial Data Collection Using Handheld Technology	2/06	1
Topic 186 (Phase II)	Radioprotectors Targeting p53	2/06	1
Topic 200 (Phase II)	A Software Program to Develop Logic Models	2/06	1
Topic 201 (Phase II)	Research-Based Health Information Communications Network Targeting Minority Populations	2/06	1
Topic 202 (Phase II)	Develop ACR BIRADS/BCSC: A Standardized Computerized Mammography Data System	2/06	1
RFP N01 CP 55049-40	Laboratory Assessment of Tobacco Use Behavior and Exposure to Toxins—New Tobacco Products Promoted to Reduce Harm	2/06	2
Topic 196	Antibody Array for Cancer Detection	6/06	5
Topic 197	Early Detection Research Network Bioinformatics Research Program	6/06	6
Topic 204	Plant Genomic Models for Establishing Physiological Relevance of Bioactive Components as Cancer Protectants	6/06	2
Topic 205	Metabolomics for Early Cancer Detection	6/06	2
Topic 206	Methods for Innovative Pharmaceutical Manufacturing and Quality Assurance	6/06	7
Topic 208	Targetry Systems for Production of Research Radionucleides	6/06	6
Topic 216	Development of Inhibitory Reagents for the Study of Protein Function	6/06	1
Topic 217	Nanoparticle Biosensors for Recognition of Exposure and Risk Analysis in Cancer	6/06	1
Topic 219	Platform Biosensor Technologies for Point-of-Care Cancer Diagnostics	6/06	4
Topic 220	Chemical Optimization and Structure-Activity Relationship	6/06	3
Topic 221	Oral Bioavailability Enhancement of Drug Candidates Using Innovative Excipients	6/06	5
Topic 222	Investigation of the Production Parameters of Microbial Natural Product	6/06	1
Topic 223	Synthesis and High-Throughput Screening of *In Vivo* Cancer Molecular Imaging Agents	6/06	2
Topic 224	Developing Diagnostically Aided Active Targeted Delivery Systems for Chemotherapeutic Agents	6/06	2
Topic 225	Home Centered Coordinated Cancer Care System	6/06	4

(Continued)

* NCI reviewed a total of 481 proposals. The proposals were in response to RFPs (4); the SBIR contract solicitations—Phase II: 2002 (1), 2003 (7), 2004 (1); the 2005 SBIR contract solicitations Phase 1 (63) and FastTrack Phase II (8); and the Loan Repayment Program (405).

Table 12. Requests for Proposals (RFPs) Reviewed by the NCI/DEA in FY2006* (Continued)

Announcement Number	Announcement Title	Workload Round	No. of Proposals
Topic 226	A Clinical Decision Support Tool to Promote Evidence-Based Screening and Intervention in Tobacco Users	6/06	3
Topic 227	Quantum Dot Nanotechnology to Detect Oncogenic Human Papillomaviruses	6/06	3
Topic 228	Quantum Dot Nanotechnology to Quantify Marker Expression in Breast Cancer	6/06	3
Topic 207	Synthesis Modules for Radiopharmaceutical Production	6/06	3
RFP N01-55014-76	Cancer Genetics Network (CGN)	6/06	2
NOT-OD-05-058	Loan Repayment Program for Clinical Research (L30)	8/06	318
NOT-OD-05-057	Loan Repayment Program for Pediatric Research (L40)	8/06	87
Topic 185 (Phase II)	Development of Novel Agents Directed Against Childhood Cancer Molecular Targets	9/06	1
Topic 196 (Phase II)	Antibody Array for Cancer Detection	9/06	2
Topic 207 (Phase II)	Multi-Purpose Radiopharmaceutical Synthesis Platforms	9/06	1
Total			**481**

Table 13. Average Total Cost and Number of Research Project Grant Awards for FY2003-FY2006†

Sorted by Division and Office

	FY2003		FY2004		FY2005		FY2006		Percent Change FY2003-FY2006	
	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost
R01										
NCI Overall	3,573	$338,000	3,780	$338,000	3,848	$341,000	3,909	$331,000	9.4%	-2.1%
DCB	2,028	304,000	2,139	305,000	2,132	306,000	2,132	300,000	5.1%	-1.3%
DCP	151	452,000	169	412,000	203	418,000	225	394,000	49.0%	-12.8%
DCTD	973	306,000	1,027	314,000	1,057	319,000	1,087	312,000	11.7%	2.0%
DCCPS	418	518,000	441	501,000	453	502,000	459	464,000	9.8%	-10.4%
OD (CRCHD, OCCAM, OCTR, etc.)	3	2,886,000	4	N.A.	3	N.A.	6	N.A.	N.A.	N.A.
P01										
NCI Overall	178	1,891,000	177	1,946,000	176	1,924,000	173	1,963,000	-2.8%	3.8%
DCB	70	1,651,000	66	1,702,000	67	1,717,000	70	1,677,000	0.0%	1.6%
DCP	12	2,014,000	13	2,065,000	15	2,047,000	12	2,133,000	0.0%	5.9%
DCTD	83	1,988,000	86	2,040,000	84	2,027,000	82	2,148,000	-1.2%	8.0%
DCCPS	13	2,321,000	12	2,375,000	9	2,358,000	8	2,270,000	-38.5%	-2.2%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.	1	1,426,000	1	N.A.	N.A.	N.A.
R03										
NCI Overall	203	75,000	240	75,000	223	76,000	218	76,000	7.4%	1.3%
DCB	3	85,000	7	76,000	5	70,000	3	78,000	0.0%	-8.2%
DCP	74	74,000	137	74,000	85	76,000	96	76,000	29.7%	2.7%
DCTD	1	72,000	5	80,000	5	82,000	3	95,000	200.0%	31.9%
DCCPS	125	74,000	91	76,000	128	76,000	116	75,000	-7.2%	1.4%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.		N.A.	0	N.A.	N.A.	N.A.
R21										
NCI Overall	360	188,000	425	183,000	430	178,000	405	174,000	12.5%	-7.4%
DCB	37	149,000	70	157,000	75	150,000	59	145,000	59.5%	-2.7%
DCP	24	166,000	76	151,000	42	176,000	47	166,000	95.8%	0.0%
DCTD	231	200,000	241	202,000	240	193,000	228	191,000	-1.3%	-4.5%
DCCPS	41	157,000	37	177,000	72	153,000	70	150,000	70.7%	-4.5%
OD (CRCHD, OCCAM, OCTR, etc.)	27	205,000	1	277,000	1	455,000	1	N.A.	N.A.	N.A.

(Continued)

† Courtesy of the Extramural Financial Data Branch, NCI.

Table 13. Average Total Cost and Number of Research Project Grant Awards for FY2003-FY2006 (Continued)

Sorted by Division and Office

	FY2003		FY2004		FY2005		FY2006		Percent Change FY2003-FY2006	
	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost
U01/U19										
NCI Overall	198	898,000	174	942,000	164	969,000	146	1,040,000	-26.3%	15.8%
DCB	20	809,000	27	748,000	27	782,000	26	840,000	30.0%	3.8%
DCP	10	938,000	9	907,000	10	831,000	9	696,000	-10.0%	-25.8%
DCTD	121	902,000	103	952,000	85	1,076,000	65	1,251,000	-46.3%	38.7%
DCCPS	47	903,000	35	1,060,000	42	902,000	45	921,000	-4.3%	2.0%
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.		N.A.	1	N.A.	N.A.	N.A.
R13										
NCI Overall	108	23,000	112	19,000	99	23,000	92	25,000	-14.8%	8.7%
DCB	48	11,000	56	9,000	55	9,000	44	9,000	-8.3%	-18.2%
DCP	11	14,000	13	13,000	13	14,000	10	11,000	-9.1%	-21.4%
DCTD	30	20,000	22	20,000	13	33,000	15	27,000	-50.0%	35.0%
DCCPS	12	53,000	15	26,000	10	63,000	13	42,000	8.3%	-20.8%
OD (CRCHD, OCCAM, OCTR, etc.)	7	82,000	6	110,000	8	64,000	10	N.A.	N.A.	N.A.
U10—Includes Cancer Control										
NCI Overall	151	1,654,000	139	1,785,000	136	1,732,000	123	1,912,000	-18.5%	15.6%
DCB		N.A.		N.A.		N.A.		N.A.		N.A.
DCP	73	1,247,000	74	1,258,000	73	1,269,000	60	1,485,000	-17.8%	19.1%
DCTD	78	2,026,000	65	2,373,000	63	2,266,000	63	2,316,000	-19.2%	14.3%
DCCPS		N.A.		N.A.		N.A.		N.A.		N.A.
OD (CRCHD, OCCAM, OCTR, etc.)		N.A.		N.A.		N.A.		N.A.	N.A.	N.A.
P30—Includes Cancer Control										
NCI Overall	63	3,596,000	63	3,798,000	63	3,945,000	63	4,098,000	0.0%	14.0%
DCB		N.A.		N.A.		N.A.		N.A.		N.A.
DCP	2	728,000	2	960,000	2	818,000	2	823,000	0.0%	13.0%
DCTD		N.A.		N.A.		N.A.		N.A.		N.A.
DCCPS		N.A.		N.A.		N.A.		N.A.		N.A.
OD (CRCHD, OCCAM, OCTR, etc.)	61	3,640,000	61	3,834,000	61	3,982,000	61	4,134,000	0.0%	13.6%

(Continued)

Table 13. Average Total Cost and Number of Research Project Grant Awards for FY2003-FY2006 (Continued)

Sorted by Division and Office

	FY2003		FY2004		FY2005		FY2006		Percent Change FY2003-FY2006	
	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost	No.	Average Cost
P50—Includes Cancer Control										
NCI Overall	66	2,377,000	83	2,204,000	76	2,197,000	75	2,138,000	13.6%	-10.1%
DCB		N.A.	6	2,189,000		N.A.		N.A.		N.A.
DCP		N.A.		N.A.		N.A.		N.A.		N.A.
DCTD	7	2,010,000	7	2,249,000	7	1,984,000	8	1,974,000	14.3%	-1.8%
DCCPS	12	2,042,000	12	1,830,000	12	1,868,000	12	1,830,000	0.0%	-10.4%
OD (CRCHD, OCCAM, OCTR, etc.)	47	2,518,000	58	2,278,000	57	2,292,000	55	2,229,000	17.0%	-11.5%

Table 14. Summary of NCI Grant Awards by Mechanism in FY2006†

Mechanism	Award Count	Dollars in Thousands: Dollars	Dollars in Thousands: Average Cost	% of NCI Total: Number	% of NCI Total: Dollars	Competing Requested	Competing Awarded	Success Rate
Research Project Grants (RPG)								
R01—Traditional Research Grant	3,909	1,293,881	331	55.1%	40.1%	4,292	807	18.8%
P01—Program Project Grant	173	339,615	1,963	2.4%	10.5%	103	36	35.0%
R03—Small Grant	218	16,561	76	3.1%	0.5%	429	132	30.8%
R21—Exploratory/ Developmental Grant	405	70,650	174	5.7%	2.2%	1,370	202	14.7%
R33—Phased Innovation Grant (Phase 2)	73	28,725	393	1.0%	0.9%	7	2	28.6%
R56—Bridge Award	2	649	325	0.0%	0.0%	1	1	100.0%
R37—MERIT Award	76	40,066	527	1.1%	1.2%	17	14	82.4%
R15—Academic Research Enhancement Award (AREA)	14	2,983	213	0.2%	0.1%	70	13	18.6%
R55—Shannon Award	—	—	—	0.0%	0.0%	—	—	—
Program Evaluation (tap)	0	58,720	—	—	1.8%	—	—	—
Request for Applications—RFA (R01, R03, R21, R33, P01)	156	57,135	366	2.2%	1.8%	289	53	18.3%
RFA—Cooperative Agreements (U01, U19)	117	116,169	993	1.6%	3.6%	14	14	100.0%
Cooperative Agreements—not RFA	29	35,657	1,230	0.4%	1.1%	10	6	60.0%
Small Business Innovation Research (U43, U44, R43, R44)—SBIR	224	84,888	379	3.2%	2.6%	802	147	18.3%
Small Business Technology Transfer Research (R41, R42)—STTR	39	11,167	286	0.5%	0.3%	178	28	15.7%
Subtotal, RPG	**5,435**	**2,156,866**	**397**	**76.6%**	**66.8%**	**7,582**	**1,455**	**19.2%**
Centers								
P30—CFAR*	0	5,083	—	0.0%	0.2%	0	0	—
P20—Planning Center	27	7,725	286	0.4%	0.2%	27	7	25.9%
P30—Cancer Center	61	252,195	4,134	0.9%	7.8%	6	6	100.0%
P50, P20—SPORE Grant	58	124,933	2,154	0.8%	3.9%	25	8	32.0%
U54—Specialized Center (Cooperative Agreement)	44	73,924	1,680	0.6%	2.3%	46	14	30.4%
Subtotal, Centers	**190**	**463,860**	**2,441**	**2.7%**	**14.4%**	**104**	**35**	**33.7%**

(Continued)

*Centers for AIDS Research (co-funded with the NIAID).
†Courtesy of the Extramural Financial Data Branch, NCI.

Table 14. Summary of NCI Grant Awards by Mechanism in FY2006* (Continued)

Mechanism	Award Count	Dollars in Thousands: Dollars	Dollars in Thousands: Average Cost	% of NCI Total: Number	% of NCI Total: Dollars	Competing Requested	Competing Awarded	Success Rate
Other Research (A)								
U13—Conference (Cooperative Agreement)	—	12	—	0.0%	0.0%	—	—	0.0%
D43, R13—Conference Grant	85	1,629	19	1.2%	0.1%	72	53	73.6%
T15—Training Conference Grant	7	669	96	0.1%	0.0%	4	4	100.0%
R24, U24—Research Resource Grant	53	48,400	913	0.7%	1.5%	28	16	57.1%
U10—Clinical Cooperative Group	63	145,919	2,316	0.9%	4.5%	13	9	69.2%
S06—Minority Biomedical Research Support	1	2,914	2,914	0.0%	0.1%	1	1	100.0%
R09, U09—Scientific Evaluation	—	—	—	—	—	—	—	—
U56—Exploratory Grant—Cooperative Agreement	26	12,153	467	0.4%	0.4%	9	2	22.2%
Subtotal, Other Research (A)	**235**	**211,696**	**901**	**3.3%**	**6.6%**	**127**	**85**	**66.9%**
Other Research (B)—Career								
R25—Cancer Education	99	34,561	349	1.4%	1.1%	76	24	31.6%
K08—Mentored Clinical Scientist	136	16,850	124	1.9%	0.5%	88	24	27.3%
K07—Preventive Oncology Award	117	14,658	125	1.6%	0.5%	95	25	26.3%
K12, K14—Mentored Career Award	16	9,438	590	0.2%	0.3%	11	4	36.4%
K01—Temin Award	136	18,825	138	1.9%	0.6%	131	33	25.2%
K22—Clinical Research Track	38	5,817	153	0.5%	0.2%	65	15	23.1%
K23—Mentored Patient-Oriented Research Career Development Award	60	7,618	127	0.8%	0.2%	48	14	29.2%
K24—Mid-Career Investigator in Patient-Oriented Research Award	17	2,557	150	0.2%	0.1%	15	6	40.0%
K25—Mentored Quantitative Research Career Development Award	11	1,506	137	0.2%	0.0%	14	3	21.4%
K30—Institutional Curriculum Award	2	1,394	697	0.0%	0.0%	0	0	—
K05—Established Investigator in Cancer Prevention and Control	17	2,173	128	0.2%	0.1%	8	2	25.0%
Subtotal, Other Research (B)—Career	**649**	**115,397**	**178**	**9.1%**	**3.6%**	**551**	**150**	**27.2%**
Subtotal, Other Research (A+B)	**884**	**327,093**	**370**	**12.5%**	**10.1%**	**678**	**235**	**34.7%**

(Continued)

Table 14. Summary of NCI Grant Awards by Mechanism in FY2006* (Continued)

Mechanism	Award Count	Dollars in Thousands		% of NCI Total		Competing Requested	Competing Awarded	Success Rate
		Dollars	Average Cost	Number	Dollars			
Ruth Kirschstein National Research Service Awards (NRSA)								
T32, T34, T35, T36—NRSA Institutional Award	170	57,125	336	2.4%	1.8%	80	35	43.8%
F30, F31, F32, F33, F34—NRSA Fellowship	220	9,493	43	3.1%	0.3%	423	101	23.9%
NRSA Nanotechnology Fellowship	—	—	—	—	—	—	—	—
Subtotal, NRSA	**390**	**66,618**	**171**	**5.5%**	**2.1%**	**503**	**136**	**27.0%**
Cancer Control								
Cancer Prevention and Control	199	213,482	1,073	2.8%	6.6%	18	17	94.4%
Cancer Control Special Populations	—	—	—	—	—	—	—	—
Subtotal, Cancer Control	**199**	**213,482**	**1,073**	**2.8%**	**6.6%**	**18**	**17**	**94.4%**
Total, All NCI Grants	**7,098**	**3,227,919**	**455**	**100.0%**	**100.0%**	**8,885**	**1,878**	**21.1%**

Table 15. NCI Special Interest Category (SIC) Dollars for FY2002-FY2006 – Annual Percent Change*

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

Special Interest Categories (SIC)	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Adoptive Cell Immunotherapy	62,020,806	65,348,655	70,375,002	70,072,700	77,231,307	3,802,625	5.71
Adv. Manufacturing Technology	14,271,896	9,841,911	12,662,969	16,171,766	12,137,985	-533,478	0.10
Aging	139,110,456	165,960,180	160,302,073	171,633,181	159,035,657	4,981,300	3.91
AIDS	60,954,602	119,070,648	130,840,621	131,010,836	116,787,294	13,958,173	23.63
Alternative Medicine, Direct	32,950,143	57,481,994	62,596,463	59,802,451	65,332,949	8,095,702	22.03
Alternative Medicine, Indirect	29,685,596	28,482,503	33,406,568	25,822,838	21,292,360	-2,098,309	-6.75
Alzheimer's Dementia	1,030,384	1,621,994	1,558,931	1,536,040	874,500	-38,971	2.25
Arctic Research	2,824,330	4,052,599	3,477,543	2,227,788	1,569,039	-313,823	-9.05
Arthritis	1,120,913	1,584,332	1,515,693	1,007,647	902,084	-54,707	-1.75
Asbestos	1,836,892	4,491,877	2,255,176	2,728,981	3,507,819	417,732	36.07
Ataxia Telangiectasia	7,950,411	6,837,168	4,569,973	4,746,714	4,234,624	-928,947	-13.52
Autoimmune Diseases	7,067,297	8,686,585	9,958,212	9,037,735	7,958,704	222,852	4.09
Behavior Research	238,366,446	275,849,766	284,166,605	295,139,435	282,212,112	10,961,417	4.56
Bioengineering	281,461,832	294,659,713	293,329,685	207,349,791	195,581,838	-21,469,999	-7.69
Bioinformatics	100,558,934	104,554,183	124,834,295	147,062,040	175,997,702	18,859,692	15.21
Biological Carcinogenesis Non-Viral	2,598,885	5,797,028	6,128,334	5,956,723	7,500,235	1,225,338	37.97
Biological Response Modifiers	701,465,562	741,430,361	750,275,261	887,217,706	880,071,661	44,651,525	6.08
Biomaterials Research	23,938,815	33,558,137	39,745,363	37,785,085	29,846,909	1,477,024	8.17
Birth Defects	8,368,607	8,859,294	8,894,762	9,889,474	9,956,995	397,097	4.53
Bone Marrow Transplantation	65,937,038	62,342,401	57,457,088	49,480,615	52,200,213	-3,434,206	-5.42
Breast Cancer Detection	88,646,269	90,193,676	97,976,659	101,390,086	111,131,349	5,621,270	5.87
Breast Cancer Early Detection	32,888,952	37,243,747	43,101,816	48,551,540	55,723,001	5,708,512	14.10
Breast Cancer Education	15,776,265	16,917,838	19,386,970	19,854,753	18,302,054	631,447	4.11
Breast Cancer Epidemiology	67,786,774	69,296,280	70,470,523	63,832,544	60,364,732	-1,855,511	-2.73
Breast Cancer Genetics	78,890,543	76,659,752	77,442,317	81,815,294	94,109,611	3,804,767	4.72
Breast Cancer Prevention	30,679,526	34,660,141	32,510,070	32,360,672	33,363,774	671,062	2.35
Breast Cancer Rehabilitation	12,294,656	13,111,191	15,549,473	18,220,763	17,438,406	1,285,938	9.53
Breast Cancer Screening	27,483,358	27,174,072	26,554,448	25,913,420	26,400,323	-270,759	-0.99
Breast Cancer Treatment	145,793,684	151,796,777	155,143,128	154,285,405	152,504,604	1,677,730	1.15
Breast Cancer, Basic	124,478,880	141,314,873	143,663,931	143,175,326	153,408,211	7,232,333	5.50
Cancer Survivorship	123,650,648	159,528,445	144,326,030	145,043,558	182,562,991	14,728,086	11.46
Carcinogenesis, Environmental	519,803,912	534,983,057	540,898,673	542,772,539	508,632,113	-2,792,950	-0.48
Cervical Cancer Education	1,988,194	449,332	4,271,351	4,178,353	5,056,722	767,132	198.01
Chemoprevention	137,699,833	171,216,267	187,160,162	187,622,217	178,294,664	10,148,708	7.23
Chemoprevention, Clinical	57,915,038	64,878,256	61,170,813	63,463,878	62,232,663	1,079,406	2.03
Chemotherapy	405,576,212	440,643,645	465,719,189	479,353,115	492,096,516	21,630,076	4.98
Child Health	42,750,912	46,876,216	53,727,243	61,887,153	63,340,710	5,147,450	10.45
Childhood Cancers	134,662,114	145,491,219	155,350,035	159,567,547	162,737,733	7,018,905	4.88
Chronic Myeloproliferative Disorders	20,780,473	27,032,001	30,942,794	36,959,663	39,593,377	4,703,226	17.78
Clinical Trials, Diagnosis	91,207,850	130,311,300	125,946,948	113,103,165	102,442,171	2,808,580	4.98
Clinical Trials, Other	11,642,674	15,562,589	24,130,327	54,757,357	69,989,916	14,586,811	60.87
Clinical Trials, Prevention	65,484,612	79,553,001	71,998,187	68,628,972	69,044,253	889,910	1.98
Clinical Trials, Therapy	383,915,169	411,687,228	419,641,529	401,297,009	421,686,177	9,442,752	2.47
Combined Treatment Modalities	242,999,243	233,777,421	315,475,918	330,666,739	314,506,511	17,876,817	7.77

(Continued)

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

Table 15. NCI Special Interest Category (SIC) Dollars for FY2002-FY2006 – Annual Percent Change* (Continued)

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

Special Interest Categories (SIC)	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Cost Effectiveness	†	†	†	23,995,438	23,921,107	-74,331	-0.31
Diabetes	7,375,423	7,548,368	6,353,949	10,440,254	8,964,992	397,392	9.18
Diagnosis	502,737,788	564,021,884	580,801,202	618,317,471	623,326,562	30,147,194	5.61
Diagnostic Imaging	237,057,220	277,178,915	294,539,520	317,336,979	316,552,835	19,873,904	7.67
Diethylstilbestrol	2,110,511	1,443,103	1,677,478	2,222,054	1,822,731	-71,945	-0.22
Dioxin	1,203,176	1,184,362	1,258,661	194,225	1,211,643	2,117	110.99
DNA Repair	133,358,200	153,415,262	163,589,431	157,358,768	152,063,390	4,676,298	3.62
Drug Development	404,887,431	447,881,008	516,896,095	559,855,963	547,465,176	35,644,436	8.03
Drug Discovery	39,935,561	46,425,752	54,828,594	66,215,930	70,219,959	7,571,100	15.29
Drug Resistance	91,682,326	106,373,506	115,298,251	120,398,474	110,355,246	4,668,230	5.12
Drugs-Natural Products	135,213,972	136,685,224	138,003,587	132,933,883	136,300,671	271,675	0.23
Early Detection	183,145,249	245,520,500	271,300,826	301,025,316	301,289,984	29,536,184	13.90
Effectiveness Research	†	†	†	68,702,939	55,680,495	-13,022,444	-18.95
Endocrinology	161,408,991	186,968,577	178,585,401	183,285,587	179,691,910	4,570,730	3.01
Energy Balance	†	29,829,583	26,440,260	38,184,297	37,257,614	2,476,010	10.21
Epidemiology, Biochemical	251,966,498	245,341,226	219,502,809	206,718,733	186,779,069	-16,296,857	-7.16
Epidemiology, Environmental	223,777,515	218,722,428	215,241,204	218,875,075	189,175,911	-8,650,401	-3.93
Epigenetics	18,498,512	51,759,530	65,005,515	94,971,910	108,953,373	22,613,715	66.55
Gene Mapping, Human	234,642,282	247,040,795	217,496,425	182,663,241	156,498,765	-19,535,879	-9.25
Gene Mapping, Non-Human	100,405,277	94,748,524	80,515,173	67,952,386	62,725,805	-9,419,868	-10.99
Gene Transfer, Clinical	19,026,602	20,278,841	20,661,840	17,254,725	19,282,015	63,853	0.93
Genetic Testing Research, Human	222,300,181	225,895,895	191,499,674	196,298,554	195,880,886	-6,604,824	-2.83
Genomics	†	14,134,782	16,217,856	24,245,008	63,935,842	16,600,353	75.98
Health Literacy	†	†	†	2,001,381	4,490,912	2,489,531	124.39
Health Promotion	181,819,192	214,599,231	211,627,936	238,467,719	223,190,419	10,342,807	5.73
Helicobacter	2,155,965	4,242,773	4,423,309	3,815,249	4,831,420	668,864	28.48
Hematology	416,103,247	445,442,843	447,179,086	450,398,699	448,191,248	8,022,000	1.92
Hematopoietic Stem Cell Research	89,663,101	95,335,267	99,710,757	105,121,325	123,066,724	8,350,906	8.35
Hormone Replacement Rx	12,170,912	13,502,323	12,859,852	14,254,242	11,719,547	-112,841	-0.19
Hospice	1,554,969	5,429,050	6,272,396	8,671,792	9,281,180	1,931,553	77.49
Iatrogenesis	53,708,534	58,816,401	54,060,109	56,013,837	52,112,380	-399,039	-0.48
Infant Mortality	415,516	137,648	131,431	216,858	209,577	-51,485	-2.44
Information Dissemination	327,420,863	364,362,635	365,997,428	390,365,620	352,206,158	6,196,324	2.15
Mammography	34,681,607	36,033,787	38,427,220	36,724,102	35,098,510	104,226	0.42
Metastasis	253,373,096	296,031,487	309,340,607	310,478,648	323,687,694	17,578,650	6.49
Mind-Body Research	11,405,866	16,186,181	20,374,850	19,535,017	17,114,346	1,427,120	12.82
Molecular Disease	1,170,777,839	1,262,060,208	1,339,620,569	1,432,200,446	1,505,288,239	83,627,600	6.49
Molecular Targeted Therapy	47,514,280	57,225,106	86,681,914	168,524,743	235,736,478	47,055,549	51.55
Nanotechnology	126,332,277	156,533,223	162,067,173	160,886,764	139,280,697	3,237,105	3.32
Neurofibromatosis	5,720,563	5,297,104	4,440,584	5,441,436	6,196,638	119,019	3.21
Nursing Research	9,702,363	11,916,138	12,314,520	12,875,140	14,431,353	1,182,248	10.70
Nutrition	190,887,074	212,521,117	211,442,595	225,476,479	209,329,870	4,610,699	2.58
Nutrition Fiber	12,665,694	12,613,110	11,497,589	10,944,448	8,727,644	-984,513	-8.58
Nutrition Monitoring	38,850,410	36,098,086	25,273,055	27,724,349	21,030,276	-4,455,034	-12.88

(Continued)

† Coding was not required or requested.

Table 15. NCI Special Interest Category (SIC) Dollars for FY2002-FY2006 – Annual Percent Change* (Continued)

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

Special Interest Categories (SIC)	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Obesity	28,476,238	31,488,991	29,053,667	47,654,377	47,392,071	4,728,958	16.58
Occupational Cancer	13,853,744	15,206,346	11,920,612	12,431,237	12,471,937	-345,452	-1.81
Oncogenes	551,639,242	620,478,436	634,237,576	650,329,143	635,069,232	20,857,498	3.72
Organ Transplant Research	75,564,744	72,356,860	73,412,458	65,746,345	65,707,332	-2,464,353	-3.32
Osteoporosis	1,372,960	1,168,234	1,141,017	1,657,557	1,536,104	40,786	5.18
Pain	9,302,205	14,411,836	17,002,607	20,644,937	18,649,226	2,336,755	21.17
Palliative Care	16,548,850	21,296,057	22,501,723	24,483,291	23,757,110	1,802,065	10.05
Pap Testing	13,654,479	14,509,718	17,012,637	18,343,787	17,521,998	966,880	6.71
Pediatric Research	163,639,187	215,691,002	227,132,843	240,263,190	240,581,866	19,235,670	10.76
Pesticides	4,284,987	4,131,483	3,576,795	2,300,012	2,502,883	-445,526	-10.97
Prevention, Primary	319,636,000	363,759,578	392,570,979	407,329,290	398,996,283	19,840,071	5.86
Proteomics	†	16,447,068	23,290,691	37,141,648	68,071,793	17,208,242	61.45
Radiation Electromagnetic Fields	467,375	495,945	427,464	580,932	591,341	30,992	7.50
Radiation, Ionizing	42,101,953	40,875,195	39,238,254	43,059,514	43,805,949	425,999	1.14
Radiation, Ionizing Radiotherapy	215,846,842	203,836,509	222,200,058	233,258,022	224,914,720	2,266,970	1.21
Radiation, Magnetic Resonance Imaging	67,609,501	83,051,490	67,077,228	69,701,604	73,324,083	1,428,646	3.18
Radiation, Non-Ionizing	34,240,777	36,893,495	39,381,363	38,469,271	41,765,880	1,881,276	5.19
Radiation, Non-Ionizing Dx or Rx	88,065,469	98,809,611	82,190,194	107,407,913	126,381,286	9,578,954	10.93
Radiation, UV	32,083,519	35,021,219	37,662,847	36,599,581	34,863,897	695,095	2.28
Radon	3,062,288	2,247,435	311,741	2,064,419	1,877,626	-296,166	110.11
Rare Diseases	38,638,903	41,841,085	42,994,896	41,827,984	40,951,967	578,266	1.56
Rehabilitation	23,997,685	25,558,259	28,124,501	33,264,360	33,023,938	2,256,563	8.52
Rural Populations	41,581,846	43,782,335	42,209,191	49,888,988	47,378,913	1,449,267	3.72
Sexually Transmitted Diseases	41,861,170	46,790,495	49,370,699	53,246,020	49,404,310	1,885,785	4.48
Small Molecules	†	†	†	72,467,673	75,198,858	2,731,185	3.77
Smokeless Tobacco	9,187,608	8,052,530	3,235,635	3,157,981	5,455,151	-933,114	-0.46
Smoking and Health	132,181,616	136,772,177	140,691,633	131,902,138	116,460,252	-3,930,341	-2.90
Smoking Behavior	74,377,943	78,958,064	77,398,392	65,185,509	57,593,749	-4,196,049	-5.81
Smoking, Passive	5,229,306	6,088,321	6,163,806	5,646,628	5,916,667	171,840	3.51
Structural Biology	305,817,182	341,881,210	370,571,496	382,597,297	373,716,079	16,974,724	5.28
Surgery	140,614,550	135,887,501	137,281,620	102,248,250	68,506,434	-18,027,029	-15.21
Taxol	73,334,203	71,638,234	79,061,172	67,584,901	67,818,280	-1,378,981	-1.53
Telehealth	142,577,583	136,729,979	137,081,094	122,527,280	114,070,880	-7,126,676	-5.34
Therapy	1,031,798,021	1,126,832,535	1,217,391,826	1,272,641,374	1,266,274,256	58,619,059	5.32
Tropical Diseases	9,238,519	11,812,651	10,255,864	11,102,730	11,470,288	557,942	6.56
Tumor Markers	424,350,478	489,114,837	451,794,712	434,204,129	379,942,155	-11,102,081	-2.19
Underserved Populations	102,897,644	130,143,998	138,519,933	177,574,214	185,053,103	20,538,865	16.33
Vaccine Development	11,587,466	14,453,579	21,617,405	27,059,011	28,477,513	4,222,512	26.18
Vaccine Production	392,138	774,562	1,976,306	1,693,418	2,554,459	540,580	72.30
Vaccine Research	39,766,490	39,445,936	41,596,477	40,521,325	40,811,267	261,194	0.69
Vaccine Testing	32,958,589	43,526,814	44,774,687	45,170,380	41,589,965	2,157,844	6.97
Virus Cancer Research	180,659,962	196,287,543	194,880,644	191,052,843	184,005,089	836,282	0.57
Virus, Epstein-Barr	21,842,219	23,278,988	23,134,534	24,534,511	24,823,910	745,423	3.30
Virus, Genital Herpes	791,268	666,153	670,672	507,354	297,627	-123,410	-20.21
Virus, Hepatitis B	11,227,777	10,387,770	8,795,216	7,739,861	9,761,386	-366,598	-2.17
Virus, Hepatitis C	3,747,069	4,715,540	4,263,315	4,890,912	5,314,150	391,770	9.91

(Continued)

Table 15. NCI Special Interest Category (SIC) Dollars for FY2002-FY2006 – Annual Percent Change* (Continued)

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

Special Interest Categories (SIC)	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Virus, Herpes	49,648,779	51,778,550	53,522,401	52,021,227	50,636,437	246,915	0.55
Virus, HHV6	48,563	40,917	42,500	51,916	48,840	69	1.09
Virus, HHV8	12,455,991	17,787,658	17,648,098	19,069,528	19,444,589	1,747,150	13.01
Virus, HTLV-I	6,502,070	8,443,640	7,369,926	8,734,324	9,255,632	688,391	10.41
Virus, HTLV-II	272,629	15,161	39,299	246,497	180,823	-22,952	141.34
Virus, HTLV-Unspecified	225,104	69,094	72,443	76,253	72,673	-38,108	-15.97
Virus, Papilloma	39,498,156	49,870,165	51,897,332	56,846,619	48,746,509	2,312,088	6.40
Virus, Papova	49,274,609	61,875,739	65,462,575	69,718,574	63,010,553	3,433,986	7.06
Virus, SV40	1,813,705	8,645,371	10,130,358	10,464,181	10,663,884	2,212,545	99.76
Vitamin A	26,006,509	22,486,845	22,194,566	23,874,074	18,860,654	-1,786,464	-7.07
Vitamin C	6,379,668	6,809,996	5,566,346	5,490,209	4,567,404	-453,066	-7.42
Vitamins, Other	13,889,605	21,073,817	19,859,860	23,430,615	22,232,900	2,085,824	14.71

Table 16. NCI Organ and Related Site-Specific Dollars for FY2002-FY2006 – Annual Percent Change*

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

Organ/Related Site	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Adrenal	2,461,533	3,960,952	2,593,630	2,717,779	2,022,497	-109,759	1.40
Anus	2,830,955	4,356,693	6,178,964	6,313,360	1,903,513	-231,861	7.01
Bladder	27,301,423	29,375,431	29,192,500	25,392,413	19,803,683	-1,874,435	-7.01
Bone Marrow	19,677,230	18,738,105	16,859,731	17,969,897	22,465,093	696,966	4.20
Bone, Cartilage	17,247,451	22,398,965	21,436,315	20,296,744	21,063,492	954,010	6.01
Brain	83,839,618	95,279,466	105,526,751	101,434,991	105,060,878	5,305,315	6.02
Breast	481,369,725	499,135,321	514,406,565	510,552,531	527,807,370	11,609,411	2.35
Buccal Cavity	5,228,865	5,622,264	6,480,376	5,494,543	8,081,757	713,223	13.67
Central Nervous System	17,612,827	18,946,339	20,699,745	17,192,652	14,061,106	-887,930	-4.58
Cervix	60,044,335	72,057,870	72,682,867	75,787,307	73,228,337	3,296,001	5.44
Childhood Leukemia	47,525,099	47,389,916	48,088,942	45,113,301	38,504,393	-2,255,177	-4.91
Colon, Rectum	239,871,854	243,188,189	245,543,444	238,230,314	228,997,550	-2,718,576	-1.13
Connective Tissue	7,857,870	7,572,951	7,094,659	7,558,119	11,474,292	904,106	12.10
Embryonic Tissue, Cells	10,165,631	7,746,541	6,559,473	5,318,429	4,184,399	-1,495,308	-19.84
Esophagus	16,192,090	19,039,683	19,382,040	20,378,823	18,672,533	620,111	4.04
Eye	2,504,907	2,432,688	1,513,506	2,465,231	1,689,222	-203,921	-2.32
Gall Bladder	222,092	757,328	872,737	899,162	1,186,770	241,170	72.81
Gastrointestinal Tract	13,671,557	15,872,991	19,597,757	21,145,926	17,155,752	871,049	7.15
Genital System, Female	2,355,030	1,935,489	5,172,691	4,794,366	2,823,806	117,194	25.26
Genital System, Male	2,718,076	3,167,731	2,262,682	4,243,858	2,308,078	-102,500	7.48
Head and Neck	26,533,478	35,716,098	44,167,285	44,641,240	41,555,151	3,755,418	13.11
Heart	6,634,127	6,774,839	4,909,069	4,452,774	4,255,232	-594,724	-9.79
Hodgkin's Lymphoma	11,314,844	15,895,958	16,247,077	16,354,733	19,636,312	2,080,367	15.86
Kaposi Sarcoma	16,570,217	18,753,497	18,688,727	20,071,159	20,133,663	890,862	5.13
Kidney	19,229,812	23,012,397	22,618,493	24,984,890	22,472,490	810,670	4.59
Larynx	1,538,946	1,239,045	777,411	491,395	353,412	-296,384	-30.40
Leukemia	169,411,195	192,741,377	196,638,676	201,052,444	198,818,288	7,351,773	4.23
Liver	54,405,285	54,925,839	54,341,107	52,888,388	53,472,232	-233,263	-0.42
Lung	224,762,518	254,003,512	253,490,911	245,457,301	220,104,368	-1,164,538	-0.17
Lymphatic System	2,068,357	1,772,709	1,130,650	424,632	718,819	-337,385	-10.92
Lymph Node	678,029	418,211	1,247,100	4,350,116	3,744,942	766,728	98.70
Melanoma	75,164,281	83,252,560	86,725,177	94,558,088	94,920,227	4,938,987	6.09
Muscle	9,793,642	10,585,789	9,961,120	9,250,584	7,605,653	-546,997	-5.68
Myeloma	18,118,361	23,458,037	21,375,570	25,085,863	27,013,588	2,223,807	11.41
Nervous System	3,523,660	2,947,832	2,859,805	2,909,612	3,302,967	-55,173	-1.02
Neuroblastoma	16,908,206	23,109,752	22,723,369	22,004,713	19,558,040	662,459	5.18
Non-Hodgkin's Lymphoma	79,556,172	87,701,313	91,103,091	94,545,180	98,911,228	4,838,764	5.63
Nose, Nasal Passages	2,019,221	1,889,287	2,435,202	1,759,357	956,549	-265,668	-12.73
Ovary	87,731,619	94,278,381	93,598,684	91,509,918	87,686,822	-11,199	0.08
Pancreas	31,603,349	40,665,106	50,924,876	64,697,347	70,407,600	9,701,063	22.44
Parathyroid	144,535	103,368	206,013	186,052	187,134	10,650	15.43
Penis	555,233	570,915	1,007,097	1,777,028	2,938,868	595,909	55.26
Pharynx	3,054,679	3,496,979	3,610,213	3,405,521	3,703,659	162,245	5.20
Pituitary	2,330,309	2,223,903	1,958,668	1,904,001	1,726,533	-150,944	-7.15
Prostate	259,183,447	282,162,848	283,487,876	281,876,087	262,443,938	815,123	0.47
Respiratory System	2,231,189	1,752,342	477,322	447,805	413,800	-454,347	-27.00

(Continued)

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

Table 16. NCI Organ and Related Site-Specific Dollars for FY2002-FY2006 – Annual Percent Change*

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

Organ/Related Site	2002	2003	2004	2005	2006	Average Dollar Change/Yr.	Average Percent Change/Yr.
Reticuloendothelial System	25,012,807	22,633,635	19,752,858	16,748,919	14,526,383	-2,621,606	-12.68
Retinoblastoma	2,013,370	2,275,980	2,470,155	3,716,422	3,340,918	331,887	15.48
Salivary Glands	439,828	335,590	305,461	247,997	209,785	-57,511	-16.72
Skin	57,899,330	60,107,917	63,687,265	63,603,865	59,159,876	315,137	0.66
Small Intestine	1,940,181	2,744,882	1,592,051	1,956,314	3,736,917	449,184	28.34
Spleen	334,096	397,133	561,467	314,378	413,583	19,872	11.95
Stomach	8,653,038	10,410,995	9,841,719	9,259,931	9,655,711	250,668	3.30
Testis	5,435,641	6,182,273	6,584,671	6,138,620	7,345,304	477,416	8.28
Thymus	1,011,485	830,245	625,911	1,102,792	1,285,454	68,492	12.56
Thyroid	3,948,141	4,832,175	5,729,563	6,696,420	9,035,918	1,271,944	23.19
Trachea, Bronchus	779,957	156,675	256,373	272,569	209,385	-142,643	-8.29
Urinary System	703,615	540,930	263,840	360,645	87,407	-154,052	-28.35
Uterus	21,863,181	24,399,854	24,678,691	29,654,053	17,863,777	-999,851	-1.71
Vagina	690,010	542,925	571,670	922,677	405,092	-71,230	-2.68
Vascular	51,851,720	49,015,750	44,089,096	35,543,894	30,549,373	-5,325,587	-12.24
Wilms Tumor	4,499,303	4,773,264	4,243,617	3,394,348	4,070,329	-107,244	-1.28

Appendix A: Activities of the National Cancer Advisory Board

Originally established as the National Advisory Cancer Council in 1937, the NCAB consists of 18 members who are appointed by the President and 12 nonvoting *ex officio* members. The NCAB advises, assists, consults with, and makes recommendations to the Secretary, DHHS, and to the NCI Director with respect to the activities carried out by and through the Institute and on policies pertaining to these activities. It is authorized to recommend support for grants and cooperative agreements, following technical and scientific peer review. The Director of the DEA serves as Executive Secretary of the NCAB. In fulfilling its role as the locus for second-level review of all peer reviewed applications involving requests for more than $50,000 in direct costs, the Board reviewed a total of 6,556 applications in FY2006.

The Board heard presentations, discussed, and provided advice on a variety of topics and NCI activities in FY2006, such as:

- NCI Director's Report
- President's Cancer Panel Report
- Legislative Update
- Recent Advances for Therapy of Malignant Gliomas
- Cancer Statistics: Partnerships, Rates, Trends, and Disseminations
- NCI's First Generation Best Practices Guidelines for Biorepositories
- Program Review of the Center for Cancer Research:
  - Development of Molecularly Targeted Agents
  - Imaging: From Molecules to Man
- Center for Cancer Research and Division of Cancer Epidemiology and Genetics: HPV Prophylactic Vaccines To Prevent Cervical Cancer
- Program Review of the Division of Cancer Epidemiology and Genetics:
  - High-Yield Cancer Data From Low-Dose Radiation Exposures
  - Absolute Risk in Clinical Research and Patient Management
  - Interlymph: Discovering the Heritability of Non-Hodgkin Lymphoma
  - The CGEMS Project: **C**ancer **G**enetics **M**arkers of **S**usceptibility
- Subcommittee Report: Communications Subcommittee
- Annual Report: American Association for Cancer Research
- Intraperitoneal Chemotherapy for Women With Ovarian Cancer
- Cancer Stem Cells

- Annual Delegations of Authority
- Review of Program Project Grant Applications
- Tobacco Control Research:
  - CDC and NCI Collaboration in Tobacco Control
  - Media Influences on Adolescent Smoking Behavior
  - Improving Pharmacotherapy for Nicotine Dependence: From Mouse to Man
- Subcommittee Report: Planning and Budget
- Director's Consumer Liaison Group Report
- Special Recognition of Retiring Members
- NCI Alliance for Nanotechnology in Cancer: Research Advances and Develoment of Clinical Applications
- NIH Director's Report
- NCI/CMS/FDA Collaboration
- Update: Implementation of Clinical Trials Working Group Recommendations
- Update: NCI Training Commission Report
- Status Report: Translational Research Working Group
- Status Report: The Cancer Genome Atlas Pilot Project
- Update: Cancer Intervention and Surveillance Modeling Network:
  - Breast Cancer Initiative
  - Colorectal Cancer Initiative
  - Scientific Opportunities and Policy Implications
- Update: Integrative Cancer Biology Program:
  - ICBP Modeling Processes
  - Cancer as Information
- American Society for Clinical Oncology Report
- NCI Community-based Cancer Centers Pilot Program
- Tamoxifen and STAR Trial Results
- Adolescent and Young Adult Oncology Report

- Scientific Update: Center for Cancer Research:
  - Influence of Immunogenetic Variation on HIV Disease
  - Microarrays and Artificial Intelligence for Diagnosis, Prognosis, and Selection of Therapeutic Targets in Cancer
  - Research Program of the Redox Faculty
  - The Trans-NIH Angiogenesis Research Program

- NCI Cancer Centers Director's Report

- Report of the Workshop To Review the NCI's Rapid Access to Intervention Development (RAID) Program

- Progress Report: NCI Innovative Molecular Analysis Technology (IMAT) Program:
  - IMAT Program Overview
  - Developing Tests for Bcr-Abl Activity and Gleevec® Resistance in CML Patients
  - IMAT Facilities Technology Exploration To Advance Clinical Translation

- Annual Cancer Statistics Report

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

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

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

Appendix B: Activities of the Board of Scientific Advisors

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

In addition to approving a number of extramural program initiatives (see below), the BSA also heard presentations on the following in FY2006:

- Report of the Director
- NCI/Congressional Relations
- Acting Director's Report
- NIH Director's Report
- BSA at National Meetings: Reports
- NCI Listens Subcommittee Report
- Office of Liaison Activities: Process for Meeting With Professional Societies
- Special Recognition of Retiring Members
- Update: Nanotechnology Program
- Update: National Biospecimen Network Program
- Update: Division of Cancer Prevention:
  - Study of Tamoxifen and Raloxifen (STAR) Trial
  - Recent Findings From the Prostate Cancer Prevention Trial (PCPT)
  - Pancreatic Cancer Biomarker Research
- Update: NCI/FDA/CMS Memo of Understanding and Imaging Component
- Update: Review of Program Project Applications
- Update: Clinical Trials Working Group (CTWG) Recommendations
- Status Report: Cancer Research Network
- Status Report: Translational Research Working Group
- Status Report: Colorectal Cancer Family Registry (CFR)
- National Biospecimen/Biorepositories

- American College of Radiology Imaging Network (ACRIN) Update
- Reinventing Early Drug Development at the NCI

RFA Concept Re-Issuances

Office of the Director

- Minority Institution Cancer Center Partnership (MI/CCP) (RFA/Cooperative Agreement)

Division of Cancer Control and Population Sciences

- Cancer Research Network (RFA/Cooperative Agreement)

Division of Cancer Treatment and Diagnosis

- Supplements for Image-Guided Interventions in SPOREs (RFA)
- Cooperative Trials in Diagnostic Imaging (RFA/Cooperative Agreement)
- Pediatric Phase I/Pilot Consortium (RFA/Cooperative Agreement)
- Early Clinical Trials of New Anti-Cancer Agents With Phase I Emphasis (RFA/Cooperative Agreement)
- Advanced Technology Radiation Therapy Clinical Trials Support (RFA/Cooperative Agreement)

Combined RFA/Cooperative Agreements Approved

Office of the Director

- The Human Cancer Genome Project

Office of the Director and Division of Cancer Control and Population Sciences

- Increasing the Utilization and Impact of the NCI's Cancer Information Service (CIS)

Division of Cancer Biology

- Tumor Microenvironment Consortium

Division of Cancer Prevention

- Alliance of Glycobiologists for Detection of Cancer and Cancer Risk

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

NCI Listens: BSA at National Association Meetings

Society of Behavioral Medicine (SBM)

San Francisco, CA, March 24, 2006
NCI Listens, March 24, 2006

Robert Croyle, Ph.D. .....National Cancer Institute
Susan J. Curry, Ph.D. .....University of Illinois at Chicago
Paulette S. Gray, Ph.D. .....National Cancer Institute

Oncology Nursing Society (ONS)

Boston, MA, May 5, 2006
NCI Listens, May 5, 2006

Lester Gorelic, Ph.D. .....National Cancer Institute
Paulette S. Gray, Ph.D. .....National Cancer Institute
Ann O'Mara, Ph.D. .....National Cancer Institute

Appendix C: List of Chartered Committees, FY2006

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Michael O. Leavitt .....U.S. Department of Health and Human Services
The Honorable Dr. Michael J. Kussman .....U.S. Department of Veterans Affairs
The Honorable John H. Marburger III, Ph.D. .....Office of Science and Technology Policy
Nancy A. Nord .....Consumer Product Safety Commission
Ari Patrinos, Ph.D. .....U.S. Department of Energy
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Elias A. Zerhouni, M.D. .....National Institutes of Health

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Career Development

Cancer Epidemiology, Prevention, and Control

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Initial Review Group Subcommittees (Continued)

Manpower and Training

Education

Clinical Trials

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Initial Review Group Subcommittees (Continued)

Clinical Studies

Population and Patient-Oriented Training

Special Emphasis Panels

Clinical Program Project

Molecular Biology

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Total Number of D-2 Reviewers: 160

3. Consultants Serving on Special Emphasis Panels (SEPs) in FY2006

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Total Number of D-3 Reviewers: 1,251

Appendix E: NCI Grant Guidelines and Descriptions

Below is a brief description of NIH grants, contracts, and extramural policy. Additional information about these and other administrative supplements to research grants, guidelines, study section rosters, and information on the Center for Scientific Review, NIH, may be obtained by contacting the NIH Referral Office, Office of Extramural Research, or by viewing the NCI DEA Web page on Grants Guidelines and Descriptions at: **http://deainfo.nci.nih.gov/flash/awards.htm**.

C Series: Research Construction Programs

C06 Research Facilities Construction Grants

To provide matching Federal funds up to 75 percent for construction or major remodeling to create new research facilities that, in addition to basic research laboratories, may include under certain circumstances animal facilities and/or limited clinical facilities where they are an integral part of an overall research effort.

F Series: Fellowship Programs

F31 Predoctoral Individual National Research Service Award (NRSA)

To provide predoctoral individuals with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).

F31 Predoctoral Fellowship—Minority Students

A fellowship award that provides predoctoral minority students with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).

F31 Predoctoral Fellowship—Students with Disabilities

A fellowship award that provides predoctoral students with disabilities with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.).

F32 National Research Service Award for Individual Postdoctoral Fellows

To provide postdoctoral research training to individuals to broaden their scientific background and extend their potential for research in specified health-related areas.

F33 National Research Service Award for Senior Fellows

To provide opportunities for experienced scientists to make major changes in the direction of research careers, broaden scientific backgrounds, acquire new research capabilities, enlarge command of an allied research field, or take time from regular professional responsibilities to increase capabilities to engage in health-related research.

K Series: Career Development Programs

K01 The Howard Temin Award (no longer supported through the use of the K01 by the NCI; see the K99/R00)

A previously used NCI-specific variant of the NIH Mentored Research Scientist Development Award that is designed to provide research scientists with an additional period of sponsored research experience as a way to gain expertise in a research area new to the applicant or in an area that would demonstrably enhance the applicant's scientific career.

K01 Mentored Career Development Award for Underrepresented Minorities

To support scientists committed to research who are in need of both advanced research training and additional experience.

K05 Established Investigator Award in Cancer Prevention, Control, Behavioral, and Population Sciences Research

To support scientists qualified to pursue independent research that would extend the research program of the sponsoring institution, or to direct an essential part of this program.

K07 Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award

To support the postdoctoral career development of investigators who are committed to academic research careers in cancer prevention, control, behavioral, epidemiological, and/or the population sciences. It supports up to 5 years of combined didactic and supervised (i.e., mentored) research experiences to acquire the methodological and theoretical research skills needed to become an independent scientist. The very broad nature of the prevention, control, and population sciences makes it applicable to those individuals doctorally trained in the basic sciences, medicine, behavioral sciences, and/or public health. The K07 award has been expanded from a scope limited to "preventive oncology" to include the entire spectrum of fields that are of vital importance to cancer prevention and control such as nutrition, epidemiology, and behavioral sciences.

K08 Mentored Clinical Scientists Development Award

To provide the opportunity for promising medical scientists with demonstrated aptitude to develop into independent investigators, or for faculty members to pursue research in categorical areas applicable to the awarding unit, and to aid in filling the academic faculty gap in specific shortage areas within U.S. health professions institutions.

K08 Mentored Clinical Scientists Development Award—Minorities in Clinical Oncology

A specialized type of Mentored Clinical Scientist Developmental Awards (K08s) that support the development of outstanding clinical research scientists, with this type being reserved for qualified individuals from underrepresented minority groups. Both types of K08 awards support periods of specialized study for clinically trained professionals who are committed to careers in research and who have the potential to develop into independent investigators. The K08 awards for Minorities in Clinical Oncology are distinct and important because they provide opportunities for promising medical scientists with demonstrated aptitudes who belong to underrepresented minority groups to develop into independent investigators, or for faculty members who belong to underrepresented minority groups to pursue research aspects of categorical areas applicable to the awarding unit(s), and aid in filling the academic faculty gaps in these shortage areas within U.S. health professions institutions.

K12 Institutional Clinical Oncology Research Career Development Award

To support a newly trained clinician appointed by an institution for development of independent research skills and experience in a fundamental science within the framework of an interdisciplinary research and development program.

K22 The NCI Transition Career Development Award for Underrepresented Minorities

To provide support to outstanding newly trained basic or clinical investigators to develop their independent research skills through a two-phase program: an initial period involving an intramural appointment at the NIH and a final period of support at an extramural institution. The award is intended to facilitate the establishment of a record of independent research by the investigator to sustain or promote a successful research career.

K22 The NCI Scholars Program

To provide an opportunity for outstanding new investigators to begin their independent research careers, first within the special environment of the NCI and then at an institution of their choice. Specifically, this Program provides necessary resources to initiate an independent research program of 3 to 4 years at the NCI followed by an extramural funding mechanism (K22) to support their research program for 2 years at the extramural institution to which they are recruited.

K23 Mentored Patient-Oriented Research Career Development Award

To provide support for the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for a 3-year minimum up to a 5-year period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators.

K23 Mentored Patient-Oriented Research Career Development Award for Underrepresented Minorities

To support the career development of investigators who have made a commitment to focus their research on patient-oriented research. This mechanism provides support for a period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators in patient-oriented research.

K24 Mid-Career Investigator Award in Patient-Oriented Research

To provide support for clinicians to allow them protected time to devote to patient-oriented research and to act as mentors for beginning clinical investigators. The target candidates are outstanding clinical scientists engaged in patient-oriented research who are within 15 years of their specialty training, who can demonstrate the need for a period of intensive research focus as a means of enhancing their clinical research careers, and who are committed to mentoring the next generation of clinical investigators in patient-oriented research.

K25 Mentored Quantitative Research Career Development Award

This award allows an independent scientist in a highly technical field of research to identify an appropriate mentor with extensive experience in cancer research and to receive the necessary training and career development required to become involved in multidisciplinary cancer research.

K99/R00 NIH Pathway to Independence (PI) Award

The Pathway to Independence Award, which is part of the NIH Roadmap Initiative but is known as the Howard Temin Award within the NCI, will provide up to 5 years of support consisting of two phases. The initial phase will provide 1 to 2 years of mentored support for highly promising, postdoctoral research scientists. This phase will be followed by up to 3 years of independent support contingent on securing an independent research position. Award recipients will be expected to compete successfully for independent R01 support from the NIH during the career transition award period. The PI Award is limited to postdoctoral trainees within 5 years of completion of their training who propose research relevant to the mission of one or more of the participating NIH Institutes and Centers.

P Series: Research Program Projects and Centers

P01 Research Program Projects

To support multidisciplinary or multifaceted research programs that have a focused theme. Each component project should be directly related to and contribute to the common theme.

P20 Exploratory Grants

To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of the NIH. These exploratory studies may lead to specialized or comprehensive centers.

P30 Center Core Grants

To support shared use of resources and facilities for categorical research by investigators from different disciplines who provide a multidisciplinary approach to a joint research effort, or by investigators from the same discipline who focus on a common research problem. The core grant is integrated with the Center's component projects or Program Projects, though funded independently from them. This support, by providing more accessible resources, is expected to ensure greater productivity than that provided through the separate projects and Program Projects.

P50 Specialized Center Grants

To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. This spectrum of activities comprises a multidisciplinary attack on a specific disease or biomedical problem area. These grants differ from Program Project grants in that they are usually developed in response to an announcement of the programmatic needs of an Institute or Division, and subsequently receive continuous attention from its staff. Centers also may serve as regional or national resources for special research purposes.

R Series: Research Projects

R01 Research Project

Grants are awarded to institutions to allow a Principal Investigator to pursue a scientific focus or objective in his or her area of interest and competence. Institutional sponsorship assures the NIH that the institution will provide facilities necessary to conduct the research and will be accountable for the grant funds. Applications are accepted for health-related research and development in all areas within the scope of the NIH's mission.

R03 Small Research Grants

Small grants provide research support, specifically limited in time and amount, for activities such as pilot projects, testing of new techniques, or feasibility studies of innovative, high-risk research, which would provide a basis for more extended research.

R13 Conferences

The NIH provides funding for conferences to coordinate, exchange, and disseminate information related to its program interests. Generally, such awards are limited to participation with other organizations in supporting conferences rather than provision of sole support. Costs eligible for support include salaries, consultant services, equipment rental, travel, sup-

plies, conference services, and publications. Prospective applicants are encouraged to inquire in advance concerning possible interest on the part of an awarding Institute/Center (IC), and to obtain more information on application procedures and costs.

R15 The NIH Academic Research Enhancement Awards (AREA)

To enhance the research environment of educational institutions that have not been traditional recipients of NIH research funds, this award provides limited funds to those institutions' faculty members to develop new research projects or expand ongoing research activities in health sciences and to encourage students to participate in the research activity. As funds are anticipated to continue to be available each year, the NIH is now inviting applications for AREA grants through a standing, ongoing Program Announcement.

R21 Exploratory/Developmental Grants

To encourage the development of new research activities in categorical program areas. (Support generally is restricted in the level of support and duration.)

R24 Resource-Related Research Projects

To support research projects that will enhance the capability of resources to serve biomedical research.

R25E Cancer Education Grant Program (CEGP)

A flexible, curriculum-driven program aimed at developing and sustaining innovative educational approaches that ultimately will have an impact on reducing cancer incidence, mortality, and morbidity, as well as on improving the quality of life of cancer patients. The CEGP accepts investigator-initiated grant applications that pursue a wide spectrum of objectives ranging from short courses; to the development of new curricula in academic institutions; to national forums and seminar series; to hands-on workshop experiences for the continuing education of health care professionals, biomedical researchers, and the lay community; to structured short-term research experiences designed to motivate high school, college, medical, dental, and other health professional students to pursue careers in cancer research. Education grants can focus on education activities before, during, and after the completion of a doctoral-level degree, as long as they address a need that is not fulfilled adequately by any other grant mechanism available at the NIH, and are dedicated to areas of particular concern to the National Cancer Program.

R25T Cancer Education and Career Development Program

To support the development and implementation of curriculum-dependent, team-oriented programs to train predoctoral and postdoctoral candidates in cancer research team settings that are highly interdisciplinary and collaborative. This specialized program is particularly applicable to the behavioral, prevention, control, nutrition, and population sciences but also should be considered by other areas of research (e.g., imaging, pathology) that will require sustained leadership, dedicated faculty time, specialized curriculum development and implementation, interdisciplinary research environments, and more than one mentor per program participant to achieve their education and research career development objectives.

R33 Exploratory/Developmental Grants, Phase II

To provide a second phase for support of innovative exploratory and developmental research activities initiated under the R21 mechanism. Although only R21 awardees are generally eligible to apply for R33 support, specific program initiatives may establish eligibility criteria under which applications could be accepted from applicants who demonstrate program competency equivalent to that expected under R33.

R21/ R33 NIH Phased Innovation Grants, Phase II

The NIH Phased Innovation (combined R21 [Phase I, Exploratory]/R33 [Phase II, Developmental]) grant award, introduced by the NCI initially to support technology development, provides an appropriate mechanism to support the development of new prognostic and predictive markers. The R21/R33 award permits an investigator to perform initial developmental work in the R21 phase (i.e., Phase I), to demonstrate feasibility by meeting a set of quantitative, peer-reviewed milestones, and then to move directly into the clinical study in the R33 phase (i.e., Phase II).

R37 Method to Extend Research in Time (MERIT) Award

To provide long-term grant support to investigators whose research competence and productivity are distinctly superior and who are highly likely to continue to perform in an outstanding manner. Investigators may not apply for a MERIT Award. Program staff and/or members of the cognizant National Advisory Council/Board will identify candidates for the MERIT Award during the course of review of competing research grant applications prepared and submitted in accordance with regular PHS requirements.

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

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

R41 STTR Grants, Phase I

To support cooperative research and development (R&D) projects between small business concerns and research institutions, limited in time and amount; to establish the technical merit and feasibility of ideas that have potential for commercialization.

R42 STTR Grants, Phase II

To support in-depth development of cooperative R&D projects between small business concerns and research institutions, limited in time and amount, whose feasibility has been established in Phase I and that have potential for commercial products or services.

R43 SBIR Grants, Phase I

To support projects, limited in time and amount, to establish the technical merit and feasibility of R&D ideas that may ultimately lead to commercial products or services

R44 SBIR Grants, Phase II

To support in-depth development of R&D ideas whose feasibility has been established in Phase I and that are likely to result in commercial products or services.

R55 James A. Shannon Director's Awards; Guidelines

To provide a limited award to investigators to further develop, test, and refine research techniques; perform secondary analysis of available data sets; test the feasibility of innovative and creative approaches; and conduct other discrete projects that can demonstrate their research capabilities and lend additional weight to their already meritorious applications.

R56 High-Priority, Short-Term Project Award

Beginning in FY2005, this grant provides funds for 1 or 2 years of high-priority, new or competing renewal R01 applications that fall just outside the limits of funding of the participating NIH Institutes and Centers (ICs); recipients of R56 awards will be selected by IC staff from R01 applications that fall at or near the payline margins. (Investigators may not apply for an R56 grant.)

S Series: Research-Related Programs

S06 Minority Biomedical Research Support (MBRS)

To strengthen the biomedical research and research training capability of ethnic minority institutions, and thus establish a more favorable milieu for increasing the involvement of minority faculty and students in biomedical research.

S07 Biomedical Research Support Grants (NCRR BRSG)

As an example of this funding mechanism, the NIH issued a Request for Applications (RFA) in FY2004 to provide short-term interim support for institutional activities that will strengthen oversight of human subjects research at institutions that receive significant NIH support for clinical research. Although there is considerable flexibility in the types of activities that could be supported under the BRSG program, that RFA emphasized the importance of efforts to enhance the protection of research subjects by means that would be sustained by the recipient institution after the award period ends. Awardees also are required to collaborate with other institutions conducting human subjects research and are not currently funded under this program, and to share educational resources, computer technologies, best practices, etc. Although all NIH components supporting clinical research (including the NCI) are providing support for this program, it is administered by the National Center for Research Resources (NCRR).

S10 Biomedical Research Support Shared Instrumentation Grants (NCRR SIG)

The National Center for Research Resources (NCRR) initiated its competitive Shared Instrumentation Grant (SIG) Program in FY1982. Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. This program is designed to meet the special problems of acquisition and updating of expensive shared-use instruments that are not generally available through other NIH funding mechanisms, such as the regular research project, program project, or center grant programs. Applications for funds to design or to advance the design of new instruments are not accepted. The objective of the program is to make available to institutions with a high concentration of NIH-supported biomedical investigators expensive research instruments that can only be justified on a shared-use basis and for which meritorious research projects are described.

T Series: Training Programs

T15 Continuing Education Training Grants

To assist professional schools and other public and nonprofit institutions in the establishment, expansion, or improvement of programs of continuing professional education, especially for programs of extensive continuation, extension, or refresher education dealing with new developments in the science and technology of the profession.

T32 NIH National Research Service Award—Institutional Research Training Grants

To enable institutions to make National Research Service Awards to individuals selected by them for predoctoral and postdoctoral research training in specified shortage areas.

U Series: Cooperative Agreements

U01 Research Projects

To support a discrete, specified, circumscribed project to be performed by the named investigators in an area representing their specific interests and competencies.

U10 Cooperative Clinical Research—Cooperative Agreements

To support clinical evaluation of various methods of therapy and/or prevention in specific disease areas. These represent cooperative programs between participating institutions and Principal Investigators, and are usually conducted under established protocols.

U13 Conference—Cooperative Agreements

To coordinate, exchange, and disseminate information related to its program interests, an NIH Institute or Center can use this type of award to provide funding and direction for appropriate scientific conferences. These cooperative agreements allow the NCI to partner with one or more outside organizations to support international, national, or regional meetings, conferences, and workshops that are of value in promoting the goals of the National Cancer Program.

U19 Research Program—Cooperative Agreements

To support a research program of multiple projects directed toward a specific major objective, basic theme, or program goal, requiring a broadly based, multidisciplinary, and often long-term approach.

U24 Resource-Related Research Projects—Cooperative Agreements

To support research projects contributing to improvement of the capability of resources to serve biomedical research.

U54 Specialized Center—Cooperative Agreements

To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. The spectrum of activities comprises a multidisciplinary attack on a specific disease entity or biomedical problem area. These differ from program projects in that they are usually developed in response to an announcement of the programmatic needs of an Institute or Division and subsequently receive continual attention from its staff. Centers also may serve as regional or national resources for special research purposes, with assistance from staff of the funding component in identifying appropriate priority needs.

U56 Exploratory Grants—Cooperative Agreements

To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of the NIH. These exploratory studies may lead to specialized or comprehensive centers. Substantial Federal programmatic staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of the award.

Appendix F: Glossary of Acronyms

ACD	Advisory Committee to the Director
AHRQ	Agency for Healthcare Research and Quality
AISB	Applied Information Systems Branch
ARA	Awaiting Receipt of Application
AREA	Academic Research Enhancement Award
B-CFR	Breast/Ovarian Cancer Family Registries
BMTCTN	Blood and Marrow Transplant Clinical Trials Network
BRP	Bioengineering Research Partnerships
BRSG	Biomedical Research Support Grant
BSA	Board of Scientific Advisors
BSC	Board of Scientific Counselors
CCOP	Community Clinical Oncology Program
CCR	Center for Cancer Research
CCSG	Cancer Center Support Grant
CD	Career Development
CD	Compact Disk
CDC	Centers for Disease Control and Prevention
CEGP	Cancer Education Grant Program
CGN	Cancer Genetics Network
CIT	Center for Information Technology
CM	Committee Management
CMO	Committee Management Office
CMUG	Committee Management Users Group
COOP	Clinical Trials Cooperative Group Program
CPTAC	Clinical Proteomic Technology Assessment for Cancer
CSR	Center for Scientific Review
CTAC	Clinical Trials Advisory Committee
CTEP	Cancer Therapy Evaluation Program
DCB	Division of Cancer Biology
DCCPS	Division of Cancer Control and Population Sciences
DCEG	Division of Cancer Epidemiology and Genetics
DCLG	Director's Consumer Liaison Group
DCP	Division of Cancer Prevention
DCTD	Division of Cancer Treatment and Diagnosis
DEA	Division of Extramural Activities
DEAS	Division of Extramural Activities Support
DHHS	U.S. Department of Health and Human Services
EDD	Extramural Division Directors
EPMC	Extramural Program Management Committee
eRA	Electronic Research Administration
ESPRI	Enterprise System for Performance Results and Information
FACA	Federal Advisory Committee Act
FDA	U.S. Food and Drug Administration
FLARE	Fiscal Linked Analysis of Research Emphasis
FMB	Financial Management Branch
FOA	Funding Opportunity Announcements
FY	Fiscal Year
HNRIM	Human Nutrition Research Information Management
IC	Institute/Center
IDeA	Institutional Development Award
IMAT	Innovative Technology for the Molecular Analysis of Cancer
IMPAC	Information for Management, Planning, Analysis, and Coordination
IRG	Initial Review Group
IRM	Information Resources Management
ISCS	Information Systems and Computer Services
ISTB	Information Services Technology Branch
IT	Information Technology
KMDC	Knowledge Management for Disease Coding
LOI	Letters of Intent
LRP	Loan Repayment Program
MBRS	Minority Biomedical Research Support

MERIT	Method to Extend Research in Time
NATIc	National Advanced Technologies Initiative
NCAB	National Cancer Advisory Board
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NCRR	National Center for Research Resources
NDPA	NIH Director's Pioneer Award
NIH	National Institutes of Health
NIPS	NCI Initiatives and Projects System
NLST	National Lung Screening Trial
NOW	NCI Online Workplace
NRSA	National Research Service Award
OAR	Office of AIDS Research
OCTR	Office of Centers, Training and Resources
OD	Office of the Director
OEA	Office of Extramural Applications
OER	Office of Extramural Research
OFM	Office of Financial Management
ONS	Oncology Nursing Society
OPERA	Office of Policy for Extramural Research Administration
ORRPC	Office of Referral, Review, and Program Coordination
OSPA	Office of Science Planning and Assessment
PA	Program Announcement
PAR	Reviewed Program Announcement
PCP	President's Cancer Panel
PCRB	Program Coordination and Referral Branch
PHS	Public Health Service (DHHS)
PI	Pathway to Independence (Award)
PI	Principal Investigator
PRG	Progress Review Group
RAEB	Research Analysis and Evaluation Branch
RCDC	Research, Conditions and Disease Categorization
R&D	Research and Development
REAP	Research Enhancement Awards Program
RFA	Request for Applications
RFP	Request for Proposals
RO	Referral Officer
RPC	Review Policy Committee
RPG	Research Project Grant
RPRB	Research Programs Review Branch
RTRB	Resources and Training Review Branch
SAIRP	Small Animal Imaging Resource Project
SBIR	Small Business Innovation Research
SBM	Society of Behavioral Medicine
SDMC	Statistics and Data Management Centers
SEP	Special Emphasis Panel
SIC	Special Interest Category
SIG	Shared Instrumentation Grant
SITE	Organ Site Codes
SME	Subject Matter Experts
SPORE	Specialized Program of Research Excellence
SRA	Scientific Review Administrator
SREA	Scientific Review and Evaluation Award
SRLB	Special Review and Logistics Branch
STTR	Small Business Technology Transfer Research
TAG	Technical Advisory Group
TARGET	Therapeutically Applicable Research to Generate Effective Treatments
TBMB	Tumor Biology and Metastasis Branch
T&E	Training and Education
TMEN	Tumor Microenvironment Network

Appendix G: Cancer Information Sources on the Internet

NCI Web Site

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

DEA Web Sites

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

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

Advisory Boards and Groups

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

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

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

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

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

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

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

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

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

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

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

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

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

Funding Opportunities

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

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

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

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

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

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

http://deainfo.nci.nih.gov/whatsnew/news.htm
Extramural events and updates.

NIH Web Sites

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

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