# NCI Director's Update

Dr. John E. Niederhuber

**Director, National Cancer Institute** 

National Cancer Advisory Board

June 17, 2008

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

### FY2008 – Final Quarter

- In these times it is difficult not to talk budget
  - -closing out 2008
  - -preparing for 2009 and 2010
- Some of the things that keep me up at night
- Opportunities still outweigh the challenges

# NCI FY 2008 Operating Budget

FY 2007 operating budget	\$4,797,639	
FY 2008 appropriation	\$4,805,088	
Difference '07 to '08	\$7,449	
Percent Change '07 to'08	+0.16%	

(dollars in thousands)

### FY2008 – Final Quarter

- End-of-year R01 payline: 14th percentile (est.)
- End-of-year \*RO1 payline: 19th percentile (est.)

	2005	2006	2007	2008 (est.)
Total RPG	5,147	5,172	5,194	5,062
Competing	1,292	1,280	1,312	1,283
New investigators	235	184	221	217 (target)

#### FY2008 – Final Quarter

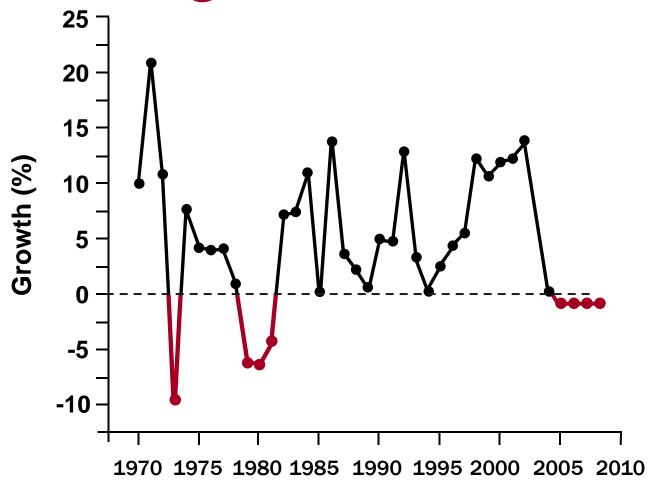
- ~11% of competing pool reserved for exceptions
- Type 5s targeted to receive a 1% COLA
- SPOREs and Centers are flat with FY07
- Groups are up about 5%
- Training is up about 5%

# FY 2009 President's Budget

FY08 NCI appropriation	\$4,805,088		
FY 2009 PB for NCI	\$4,809,819		
Difference '08 to '09	\$4,731		
Percent change '08 to'09	+0.1%		

(dollars in thousands)

# Annualized Growth of the NIH Budget, 1971 to 2008



**Fiscal Year** 

Source: Based on Loscalzo, NEJM (2006)

#### NCI Budget Planning Process

- Annual executive leadership retreat of Divisions, Offices and Centers
  - Concluding and managing FY 2008
  - Planning for FY 2009
  - Preparation for FY 2010 submission



# NCI Budget Planning Process: Concluding 2008

- At upcoming July EC retreat, update status of approved FY 2008 projects
- Address additional needs for FY 2008
  - Items not previously started, as well as current, underfunded programs
  - New scientific opportunities
  - Urgent facility or infrastructure needs

### Planning NCI FY 2009 Operating Budget

- Divisions, Offices, and Centers will plan for a 3% across-the-board cut to FY 2008 operating levels
  - Request restorations, new & expanded initiatives
- Exception: Cancer Centers, SPOREs, Clinical Cooperative Groups & CCOPs budgets will begin FY 2009 flat with FY 2008
  - Cancer Centers: \$262 million
  - -SPOREs: \$123 million
  - -Clinical Cooperative Groups: \$145 million
  - -CCOPs: \$88 million

# Preparing for 2010 Congressional Justification

- Drafting NCI progress report and bypass budget
- Preparing 2010 submission to the Office of Management and Budget

# Challenges and Opportunities

National Cancer Institute

Report of the Translational Research Working Group of the National Cancer Advisory Board

Report of the Clinical Trials Working Group National Cancer Advisory Board

Restructuring the National Cancer Clinical Trials Enterprise

June 2005

Transforming Translation— Harnessing Discovery

for Patient and Public Benefit



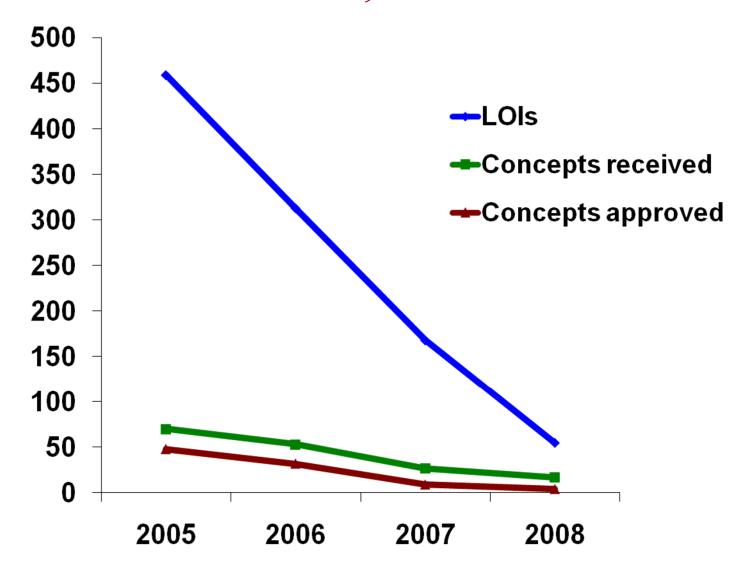


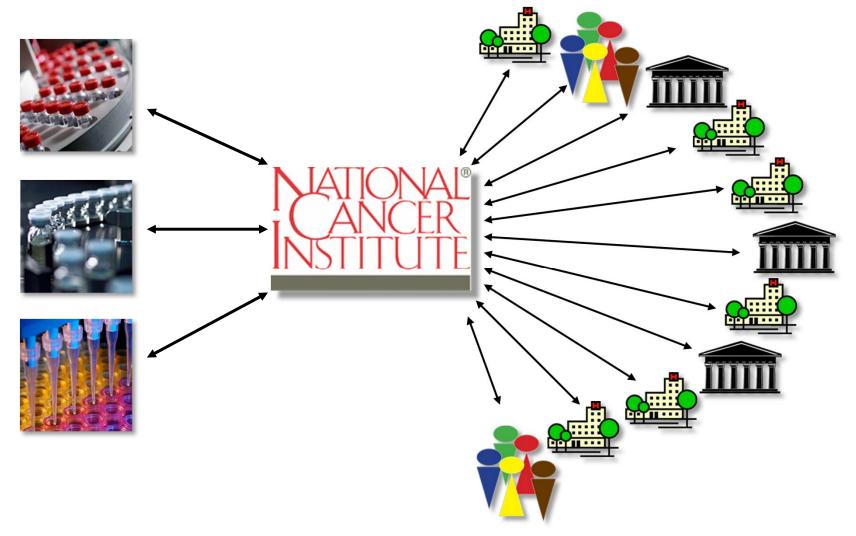
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June 2007



# Cooperative Group Concepts and Letters of Intent, 1/2005 - 5/2008



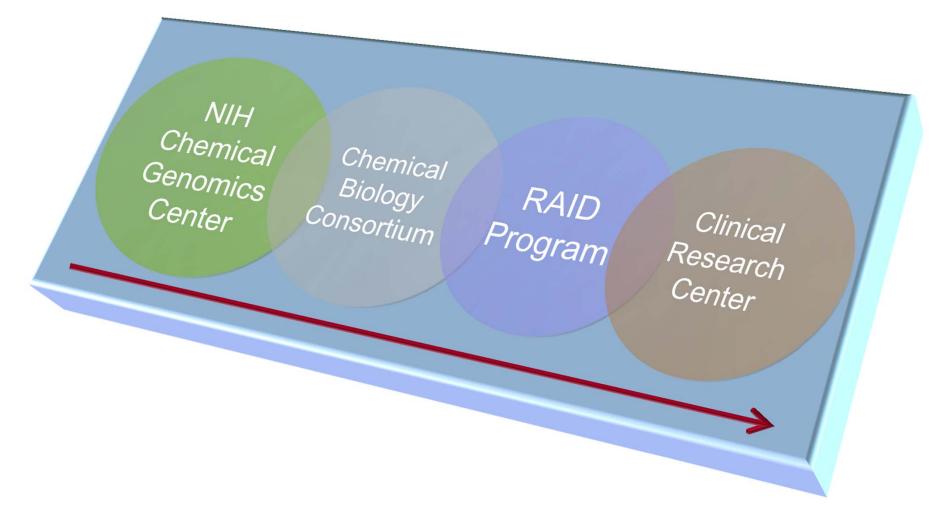


- Industry
- Pharma
- Biotechnology
- Advocacy Organizations
- Professional Societies
- Philanthropy/Foundations
- Universities
- NCI Cancer Centers
- NCI NCCCP
- NCI CCOPs

# Drug Development TRWG

- Small molecule screening and discovery
- Chemical Biology Consortium (CBC)
- Rapid Access to Intervention Development
- SBIR Phase IIB award
- Developmental Therapeutics Program
- Advanced Technology Partnerships Initiative

### NCI Drug Development Platform



#### New Agent Pipeline

- Currently in the CTEP portfolio
  - Embryonic pathway inhibitors
    - Notch: Roche gamma secretase inhibitor RO4929097
    - Hedgehog: Genentech sonic hedgehog inhibitor GDC-0449
  - CDK inhibitor: Schering-Plough SCH 727965
  - PARP inhibitor: Abbott ABT-888

#### New Agent Pipeline (cont'd)

- Actively pursuing
  - inhibitors of
    - c-Met
    - **HSP-90**
    - PI3K/Akt
    - IAP family
  - TRAIL agonist

- Wnt/ □-beta catenin
- Chk-1
- FAK

#### Advanced Technology Research Initiative



- Develop new facility and colocate advanced technologies
- Research park location encourages collaboration among partners
- Leverage NCI special authorities and resources to facilitate partnerships
  - NCI-Frederick FFRDC

# Clinical Research CTWG

- Clinical trial registration
- Phase 0 clinical trials
- NIH Clinical Research Center
- Walter Reed National Military Medical Center
- Suburban Hospital
- National Cancer Policy Forum
  - Multi-center Phase III/Cooperative Groups

#### NIH Clinical Center



# Usage of the CRC

- Since 2004, utilization of the Clinical Centers has held steady or declined
  - Overall IC census down 14% in past 3 years
  - Bed utilization at ~2/3 of capacity

#### The Clinical Research Center as a National Resource

## Phase I/II Trial of Vandetanib (ZD6474, ZACTIMA) in Children and Adolescents with Hereditary Medullary Thyroid Carcinoma

Coordinating Center: Pediatric Oncology Branch (POB), NCI

Adjunct Principal Investigator: Samuel A. Wells, Jr., M.D., Washington University St. Louis, MO

Associate Investigators: Trish Whitcomb, R.N., POB, CCR, NCI

Alberta Aikin, R.N., POB, CCR, NCI Elizabeth Fox, M.D., POB, CCR, NCI Brigitte C. Widemann, M.D., POB, CCR, NCI Seth Steinberg, Ph.D., BDMS, CCR, NCI\* Paul Meltzer, M.D., Ph.D., CGB, CCR, NCI Maria Merino-Neumann, M.D., LP, CCR, NCI Clara Chen, M.D., Nuclear Medicine Dept, CC Constantine A. Stratakis, M.D., SEGEN/DEB &

HDB. NICHD

Maya Lodish, M.D., NICHD Stephen J. Marx, M.D., NIDDK

Investigational Agent: Vandetanib (ZD6474, ZACTIMA)

Investigator IND Holder: Frank M. Balis, M.D.

IND #: 77,570

No clinical responsibilities

Pharmacology & Experimental Therapeutics Section Pediatric Oncology Branch, CCR, NCI

10 Center Drive, MSC 1206 Bldg. 10 CRC, Rm. 3-2571 Bethesda, MD 20892-1206 Phone: (301) 496-0085 Fax: (301) 496-9020

E-mail: balisf@nih.gov

#### Walter Reed National Military Medical Center







### Suburban Hospital



### Investment Opportunities

- Molecular Prevention
- Theoretical Cancer Biology
- GWAS
- Subcellular Imaging
- Shared services/resources
  - Quality biospecimens
  - caBIG
  - Biomarkers
  - Clinical assay qualification
  - Nanocharacterization

#### The Cancer Genome Atlas

- Pilot includes glioblastoma, ovarian and lung cancers
- Glioblastoma (all tissue must have tumor and matched normal DNA)
  - 200 tissues analyzed; 100 sequenced
  - Identified NF1 and Erbb2 as highly associated with GBM (EGFR, p53)
  - At least 4 subtypes emerging
- Beginning to analyze ovarian and lung
- Newer sequencing technology being applied

### Opportunities in Science

- Transcriptional regulation
- Epigenetics
- MicroRNA translational regulation
- Germline differences in predicting risk
- Whole tumor sequencing to indentify somatic changes involved in cancer
- Biomarker discovery
- Tumor microenvironment and new targets

## Connectivity Platform



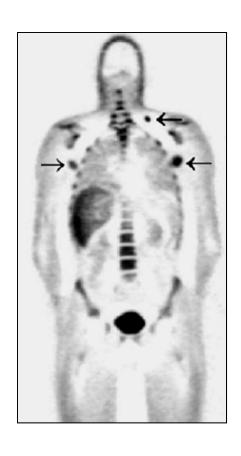
### Cancer as a Model



#### Of studying disease:

- Macular degeneration
- Diabetes
- Heart disease
- Alzheimer's
- HIV/AIDS

### Cancer as a Model



#### Of healthcare:

- Interdisciplinary clinical care teams
- Community-based research for delivery of services
- Bioinformatics/electronic medical records
- Preventative approaches/behavioral science

# Theoretical Physics Meeting



# Involving the Physical Sciences in Cancer Research

- We lack a field of Theoretical Cancer Biology
- Tumor cell complexity in association with the microenvironment requires mathematical models (cell communication, metastasis)
- Impact of basic physical principles and laws on cancer (mechanical forces, energy and energy transfer, cell shape, dimensions of time)
- The role of tumor cell evolution

# Annual Translational Research Meeting



Sheila Prindiville M.D., M.P.H.



Lynn Matrisian Ph.D.

- Replace the summer SPORE meeting with an annual translational sciences meeting
  - Co-Chaired by Drs. SheilaPrindiville and LynnMatrisian
  - Planned for November 6-8 in Washington, D.C.

# Office of Centers, Training and Resources

- Cancer Centers Program
  - Remain in the Office of the Director
- Organ Systems Branch (SPOREs)
  - Has moved to the Division of Cancer
     Treatment and Diagnosis



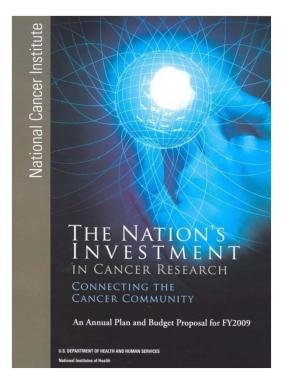
Linda K. Weiss, Ph.D.

#### Training

 Moving into a trans-NCI "center" operating out of the Office of the Director

# 2009 Professional Judgment Budget

Fiscal Year 2008 estimate	\$4,925,740
Current services increase	\$334,638
Subtotal	\$5,260,378
Fiscal Year 2009 professional judgment	
<ul><li>Increase success rate for RPGs (25%)</li></ul>	65,000
<ul> <li>Basic and translational science for personalized medicine</li> </ul>	289,902
<ul><li>Linking science and technology</li></ul>	209,600
<ul> <li>Reaching all communities</li> </ul>	72,100
<ul><li>Prevention and early detection</li></ul>	131,406
Subtotal	768,008
Total, NCI	\$6,028,386



# Challenges

- RCDC
- Roadmap/Common Fund: Transformative R01s
- Common language
- Patient reimbursement
- Aging infrastructure
- Young investigators
- International activities

# Challenges

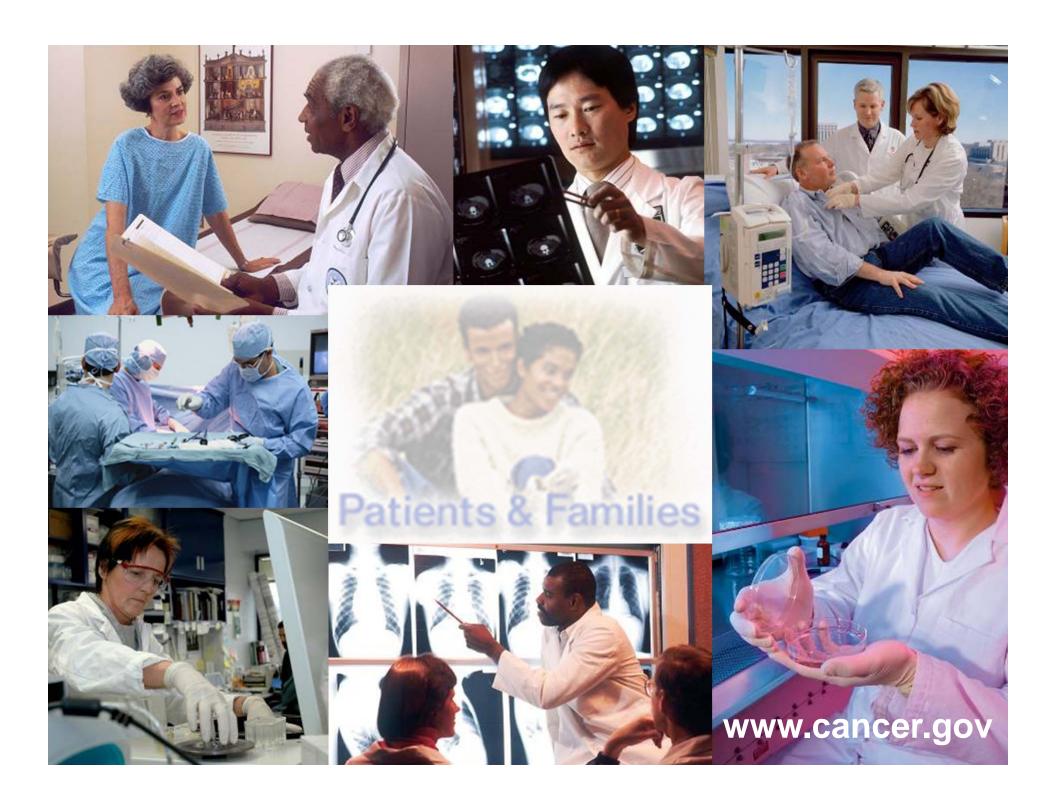
- FFRDC SAIC contract renewal
- 2010 Bypass Budget
- Molecular Prevention
- Immunology
  - Immunotherapy network
  - -AIDS/Cancer vaccine initiative
- NCCCP

"We've come a long way in fighting cancer since we passed the National Cancer Act 37 years ago."

"Americans lived in fear that they or someone they loved would be lost to this dread disease. Today, we still have that fear, but we're better equipped for the fight."



Sen. Edward M. Kennedy May 8, 2008



### SPORE Program Update

- Drs. Doroshow and Niederhuber will oversee the SPORE Program
  - Continue monthly conference calls with SPORE Executive Committee
- Dr. Toby Tucker Hecht acting head during national/international search for new SPORE Program director

### SPORE Program Update

- SPORE Program based on peer review of best science
- Stable plan for bridge funding established last year
- Make appropriate, constructive guideline changes to enhance strategic goals
- Increasingly integrate the SPORE Program into implementation of the TRWG recommendations