NCI Director's Report

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February 13, 2018



FY 2019 President's Budget

Source of Funding (dollars in millions)	FY17 Enacted	FY18 Annualized CR	FY19 President's Budget	FY19 President's Budget Addendum ¹
Appropriation	\$5,389	\$5,389	\$3,756	\$5,226
Rescission	-	-\$37	-	-
Secretary's Transfer for Unaccompanied Minors	-\$12	-	-	-
OAR HIV/AIDS Transfers	-\$17	-	-	-
Subtotal, adjusted budget authority	\$5,360	\$5,352	\$3,756	\$5,226
21st Century Cures Act	\$300	\$300	\$400	\$400
Grand Total (Base & Cures)	\$5,660	\$5,652	\$4,156	\$5,626

¹Reflects NCI's portion of NIH's increase due to the Bipartisan Budget Act of 2018

Intergovernmental Affairs

Collaborating with FDA and CMS



Scott Gottlieb
Commissioner of FDA

- Oncology Center of Excellence
- Joint Training
- Data Sharing
- Compliance advice on cell manufacture



Seema Verma Director, CMS

- Help with NGS coverage decision
- Data Sharing
- Discussions over enhanced coverage of clinical trials

Interactions with HHS



Alex M. Azar II Secretary, HHS



Eric D. Hargan
Deputy Secretary, HHS

Congressional Outreach



President's Cancer Panel Report March 2018

Promoting Value, Affordability, and Innovation in Cancer Drug Treatment



A Report to the President of the United States from the President's Cancer Panel

Updates



Early Stage Investigators

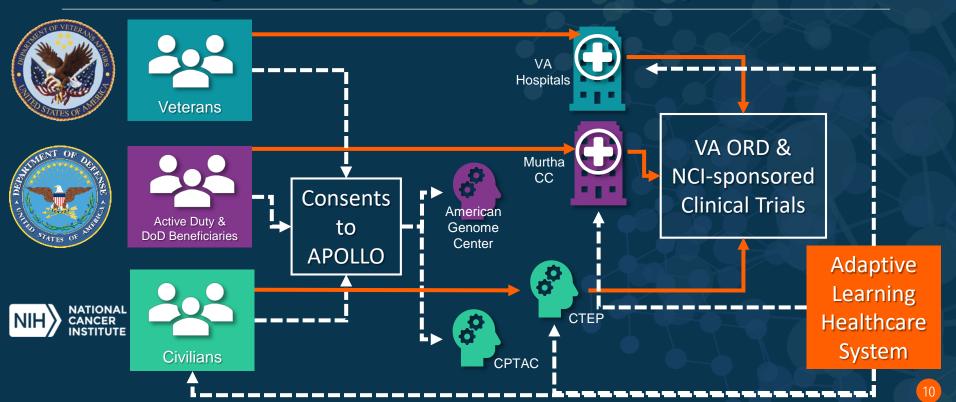
MERIT

Method to Extend Research in Time R37 Award

- NCI recognizes that Early Stage Investigators (ESI) face challenges.
- In addition to increased ESI payline, NCI is announcing its new use of the MERIT Award in 2018.
- The award gives eligible investigators applying for first R01 the opportunity to obtain up to seven years of grant funding (5+2)
- This will provide critical time for ESIs to launch their careers and become more established before attempting renewal.

Applied Proteogenomics Organizational Learning and Outcomes (APOLLO)





Global Health Working Group



Global Health

- Deborah Bruner, RN, PhD Emory University
- Satish Gopal, MD UNC Chapel Hill

Sample questions

- Balance of functions for CGH (representational vs. research)?
- 2. Portfolio analysis?
- 3. How to set priorities for NCI given the tremendous international burden of cancer?

SBIR / STTR Working Group



SBIR / STTR

- Elizabeth Jaffee, MD Johns Hopkins University
- Mel Billingsley, PhD Pennsylvania State University

Sample questions

- 1. Are award sizes for the different phases of funding for SBIR/STTR appropriate?
- 2. How to improve review?
- 3. What resources in addition to funding should SBIR provide?
- 4. How to speed delivery of funds to small companies?

Informatics Working Group



Informatics

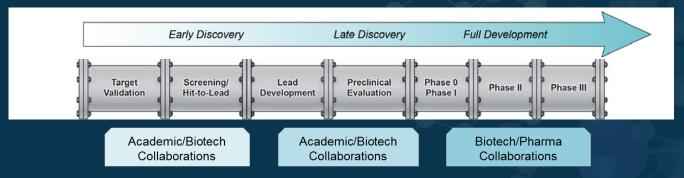
- Mia Levy, MD Vanderbilt University
- Charles Sawyers, MD Memorial Sloan Kettering Cancer Center

- Provide input into the role of the CBIIT director, focusing particularly on whether the duties of a chief information officer should be separate
- Advise on expanding funding opportunities for data science and bioinformatics research across the NCI research portfolio and building a cancer-focused data science and bioinformatics workforce
- Provide guidance for improving data sharing to maximize the impact of cancer research on patients

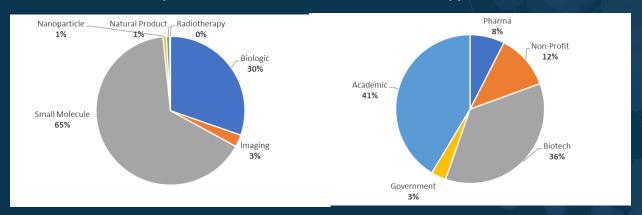
Cancer Moonshot Update

- Trans-NCI decision making process for FY18 & beyond
- Robust interest from community for all 10 recommendations
- New FY19 & reissued FY18 RFAs for NCAB approval at June & August meetings

NCI Experimental Therapeutics (NExT) Pipeline



Projects enter the pipeline on a competitive basis at any stage of the pipeline Since inception in 2009 NExT has received over 650 applications



NExT Pipeline

Artemis Endonuclease inhibitor
AAA ATPase p97 inhibitor
Taspase1 inhibitor
WDR5-MLL1 inhibitor
LDHA inhibitor
SHP2 inhibitor
PHGDH inhibitor

MCL1 Inhibitor
Mutant IDH1 inhibitor

<u>DNMT1 Inhibitors (TdCyd)</u> 11-1F4 mAb Amyloidosis

Endoxifen

Mer Kinase Inhibitors
NIR Fluorophore
EGFR Panitumumab
LUM015

Discovery

Preclinical
Development

Development

Target Validation
Exploratory Screen Development
Screening/Hit-to-Lead
Lead Development

Candidate Selection

Clinical Trials

Phase 0

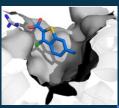
Phase 1

Phase 2

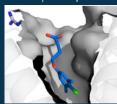
Phase 3

Mcl-1 Inhibitor Discovery by Fragment-Based Methods & Structure-Based Design

In vivo Optimization Hit to Lead **Lead Optimization**



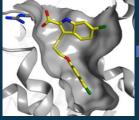
 $K_i = 131 \, \mu M$



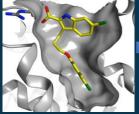
 $K_i = 60 \mu M$ **Fragment hits**

> 200,000x improvement in affinity for target

Mcl-1 K_i = 23 nM $\frac{\text{Mcl-1 K}_{i} = 0.39 \text{ nM}}{\text{H929 GI}_{50} = 1.2 \mu\text{M}}$



 $Mcl-1 K_i = 55 nM$



Structure-guided fragment merging

Binding interface **Expansion**

Structure-guided **Tethering**

Med. Chem. **Optimization**

 $Mcl-1 K_i = < 0.3 nM$

 $H929 GI_{50} = < 0.3$

μМ

Likely candidate profile

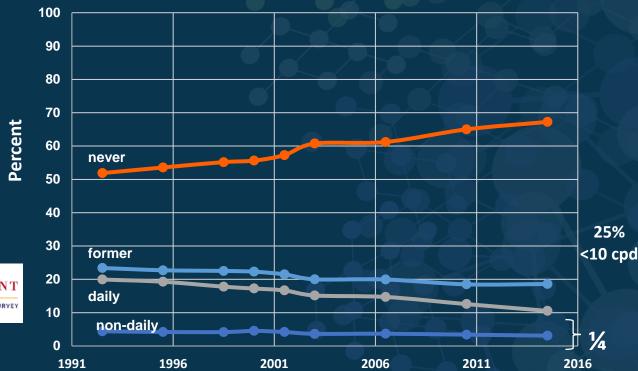
- \checkmark K_i < 0.3 nM to Mcl-1
- ✓ Cellular IC_{50} < 100 nM
- ✓ Oral bioavailability
- ✓ Robust pharmacodynamic response

Leads feature

- K_i < 0.3 nM to Mcl-1
- IC₅₀ < 300 nM in multiple cancer cell-lines
- Target-based on-mechanism activity (Caspase activation, JC-1/BH3 profiling, co-IP, multiplex PD apoptosis assays)
- Good PK properties

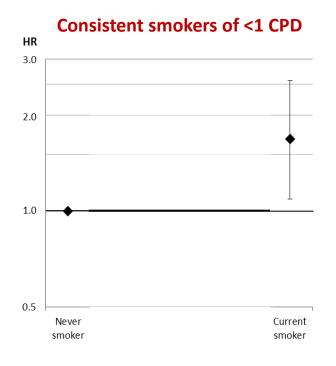
Current work focused on identification of clinical candidate by profiling compounds for in vivo efficacy and therapeutic window.

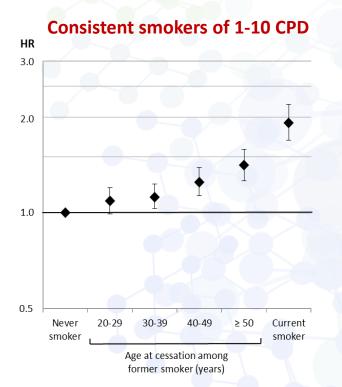
Cigarette use in the United States





Lifelong consistent low-intensity smokers had increased risk of mortality vs. never-smokers





Rural Cancer Control Update

BACKGROUND

- 14-19% of the US population lives in non-metropolitan (rural) counties
- Notable challenges, compared to urban areas:
- Higher poverty
- Lower educational attainment
- Higher proportion of elderly individuals
- Lower access to health services
- Higher rates of behavioral risk factors (tobacco use, obesity)

Rural Cancer Control Update Planning & Engagement Efforts

- Rural Cancer Control Workshop, Memphis, May 4-5, 2017
- HRSA/NCI/CDC Webinar, Aug 30, 2017
- Understanding Definitions of Rural/Rurality, Oct 27, 2017
- National Academy Workshop on Small Populations, Jan 18-19, 2018
- Rural Health Policy Institute, Feb 6-8, 2018
- National Rural Health Assoc. Annual Meeting, May 8-11, 2018

Save the Date

Accelerating Research in Rural Cancer Control

Natcher Conference Center National Institutes of Health Bethesda, Maryland May 30-31, 2018

Program Committee Chair: Robin Vanderpool, University of Kentucky https://cancercontrol.cancer.gov/research-emphasis/meetings/arcc-meeting.html.

Vision – *In progress*

- 'Listening Tour' to conclude in March
- Clearly, there are 3 Bins:
 - Things We Have to Do
 - Things We Want to Do
 - Things We Are Already Doing (but need ongoing investment)

RPG Pool



NCI Unsolicited R01 Awards

	FY2013	FY2014	FY2015	FY2016	FY2017
Number of Applications	4003	3847	4550	4758	5263
Number of Awards	582	578	623	650	650
Success rate (%)	15%	15%	14%	14%	12%
Average cost (\$M)	0.392	0.413	0.443	0.451	0.460
Total amount (\$M)	228	239	276	293	299

NCI RPG Pool (without SBIR/STTR)

	FY2013	FY2014	FY2015	FY2016	FY2017
Competing (billion)	0.404	0.450	0.508	0.513	0.514
Non- competing (\$Bn)	1.450	1.407	1.419	1.454	1.534
Non- competing support (%)	94%	97%	100%	100%	100%
Total RPG (\$Bn)	1.854	1.858	1.927	1.967	2.070



www.cancer.gov

www.cancer.gov/espanol