

National Cancer Institute

# NCI Director's Update

Dr. John E. Niederhuber  
Director, National Cancer Institute

Board of Scientific Advisors  
March 2, 2009

U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES

National Institutes  
of Health

# Director's Update

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- **FY 2009 Omnibus Appropriations Bill**
- **The American Recovery and Reinvestment Act of 2009**
- **Priorities of the Obama Administration**
- **Executive Committee Scientific Retreat**

# Alan S. Rabson Award

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“The NCI is directed to name a Fellowship in Surgical Pathology the ‘Alan S. Rabson Award’...

Dr. Rabson had demonstrated unequaled service in his 53

years at NIH...he has made his life passion helping cancer patients and their families come to grips with their cancer diagnosis and locating the medical treatment and provider that will help them most.”



# FY 2009 Omnibus Appropriations Bill

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**“National Institutes of Health:  
\$30.3 billion for lifesaving  
research into diseases such as  
Alzheimer’s, cancer and  
diabetes, \$938 million [+3.1%]  
above last year...”**

House Appropriations Committee statement

# NCI FY 2009 Operating Budget Development

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<b>FY 2008 operating budget (with \$25M supplemental)</b>	<b>\$4,830,647</b>
<b>FY 2009 Omnibus Appropriations Bill</b>	<b>\$4,968,973</b>
<b>Difference, FY08 to FY09</b>	<b>\$138,326</b>
<b>Percent change, FY08 to FY09</b>	<b>+2.9%</b>

(dollars in thousands)

# The American Recovery and Reinvestment Act of 2009

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- **\$10.4 billion to NIH over two years**
- **Recognizing the economic and health impact of investing in biomedical and behavioral research**
- **Impacts more than 3,000 institutions in 50 states**

**Tuesday, Feb. 17, 2009**

# Purposes of Stimulus Legislation

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- Preserve and create jobs; promote economic recovery
- **Assist Americans most impacted by the recession**
- **Spur technological advances in science and health**
- **Invest in transportation; environmental protection, and other infrastructure**
- **Stabilize state and local government budgets**

# NIH-OD

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- **\$8.2 billion to NIH for research, with \$7.4 billion to be transferred to ICs and Common Fund in the same proportion as the FY09 budget and used to support additional scientific research**
  - **\$1.26 billion to NCI, by current estimate**



Sen. Arlen Specter  
(R-Pa.)



# Distribution of Funds

	NIH	NCI est.
NIH facilities - B&F	\$ 500,000	
Office of the NIH Director	8,200,000	
Extramural construction/repair	1,000,000	
NCCR shared instrumentation	300,000	
	<b>\$10,000,000</b>	
Comparative Effectiveness transfer	400,000	
	<b>\$10,400,000</b>	
Office of the Director	8,200,000	
NIH OD, including challenge grants	-800,000	
Transfer to ICs & Common Fund	<b>\$ 7,400,000</b>	<b>\$1,260,000 (16.2%)</b>

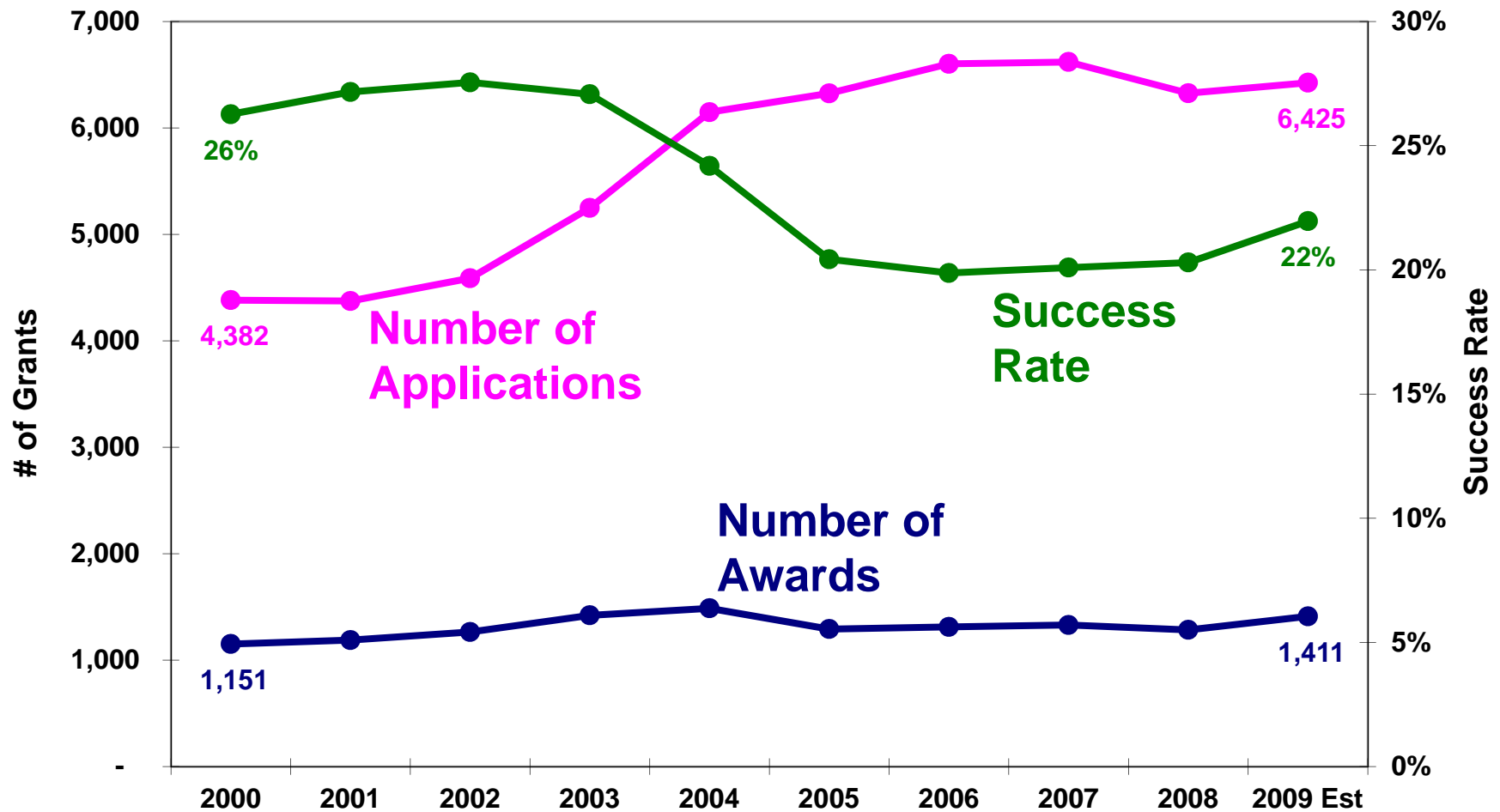
Dollars in thousands

# Many Types of Funding Mechanisms will be Supported

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- Choose from reviewed and new meritorious R01s capable of making significant advances in two years
  - Carefully model out-year challenges
- Accelerate tempo of ongoing science through carefully targeted supplements
- Explore new and innovative activities that fit ARRA goals
  - NIH and NCI RFAs
  - NIH challenge grant program

# NCI Applications, Awards & Success Rates FY 2000 to FY 2009 Estimate: Competing RPGs



Note: FY 2008 & beyond RPGs include R01s, U01/19s previously funded from Cancer Prevention & Control budget mechanism

# Challenge Grants

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- **Challenge Grants will come out of the money that OD retains; likely \$100 to \$200 million in grants – capped \$500K**
  - **RFA out in next week or two**
  - **Applications expected by end of March**
  - **Reviewed May/June by special study panels**
  - **First year \$ for grants to be distributed by end of Sept. 2009**

# NIH's NCRR

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- **\$1 billion to construct, renovate, or repair existing non-federal research facilities**
- **\$300 million for shared instrumentation and other capital equipment to recipients of grants and contracts**

# Other Funds of Interest

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- **Office of the Secretary: \$2 billion** to Office of National Coordinator for Health Information Technology (section specifies that funds “remain available until expended”)
- **Prevention and Wellness Fund: \$1 billion** administered through Office of Secretary; **\$650 million** to carry out **evidence-based clinical and community-based prevention and wellness strategies** that deliver specific, measurable health outcomes that address chronic disease rates

# NIH's Working Plan for Allocating Stimulus Funds

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- **Support the best scientific opportunities**
- **Projects with the broadest impact**
- Work that can be accomplished in two years

# Accountability and Transparency

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“Administration is committed to investing ARRA of 2009 with an unprecedented level of transparency and accountability.”

- **Accountability for every dollar spent**
- **Unprecedented level of required reporting**
- **Recovery.gov and NCI websites**



# Obama Administration

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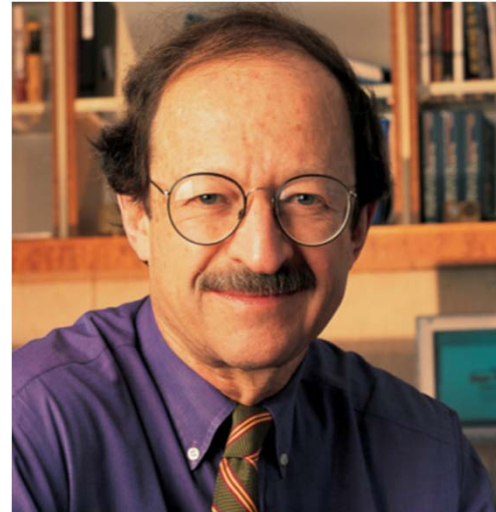
Steven Chu, Energy Secretary



Eric Lander,  
co-chair of the  
President's  
Council of  
Advisors on  
Science and  
Technology



John Holdren, Science Advisor



Harold Varmus,  
co-chair of the  
President's  
Council of  
Advisors on  
Science and  
Technology

# Priorities of New Administration

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- **Healthcare coverage and affordability**
- **Access and quality of care**
- **Innovation through science**
- **Attracting and training the next generation**

- **Cancer Centers network**
- **NCCCP network**
- **BIG Health™ Consortium and IT history with (caBIG®)**
- **Biology to translation infrastructure**
- **Clinical applications based on evidence**

National Cancer Institute

The Nation's Investment in Cancer Research



Connecting the Nation's  
Cancer Community

AN ANNUAL PLAN AND BUDGET PROPOSAL FISCAL YEAR 2010

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

# Meeting with Mark McClellan

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Follow-on to Sept. 26, 2008 Brookings  
Institution Conference on Clinical  
Cancer Research

- **Cancer can serve as a model: clinical applications based on evidence, IT infrastructure, basic biology, etc.**
  - **We must continue chipping away at barriers to clinical research and build a new model for development of targeted therapies**
- **It will be important to talk about the changes required in biomedical research within in the context of the new administration's priorities**

# Meeting with Mark McClellan

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- Cancer is the arena for the investigation of molecular medicine
  - No other disease type has the necessary expertise and infrastructure
- Need to build partnerships to develop knowledge around molecular medicine in real-time situations
- Partnerships with CMS should be developed, to pay for diagnostic tests within a set of identified circumstances to allow for further study
- The opportunity to co-develop diagnostic and preventive interventions should be further explored – including effective biomarker validation

# EC Scientific Retreat



# EC Retreat: Robert Austin

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Keynote Address: "Is Cancer a Disease?"

- Ordinary Darwinian evolution (random SNP mutations followed by natural selection) is unlikely to lead to complex organisms
- Evolution works most efficiently by large scale genomic changes/rearrangements, not SNPs
- The price of high evolution rates is cancer
- Cancer is necessary for high rates of evolution and is **not** a disease

# 2009 EC Retreat

Build interdisciplinary teams

Study individuals who are at high risk for cancer are a resistance dev

Identify predictive

Create a Google for

Integrate all 'omics'

- Real time assays of the **stressors and responses** that initiate and sustain cancer
- Model the **evolution of cancer** with a focus on alterations in the stroma/niche/microenvironment
- Understand the **epigenetic changes** that control the type and number of cancer cells

Invent the academic approach to science  
peers/change  
ward systems

Measure and model sequence of stresses in a multi-cellular system

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Improve real-time imaging of cancer

Supplement high risk projects

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populations based  
cohort studies

actual/real  
translational  
projects

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mechanisms  
of cancer



# NCI's Challenges

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- **Anticipate science:** know where science and technology are leading us
- **Improve our portfolio:** fill the gaps and strengthen by soliciting and incentivizing
- **Conduct science** at the intersection of disciplines
- **Facilitate our ability** to maximally work across divisions
- **Optimally use precious resources**
- **Ultimately, translate our findings**

# Two Cancer Leaders Lost

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**Dr. Stephen Williams**

**Founding director of Indiana University's Melvin and Bren Simon Cancer Center**



**Dr. Eugenia Calle**

**BSC member and former vice president of epidemiology at the American Cancer Society**





[www.cancer.gov](http://www.cancer.gov)

