AUTHORITY

42 U.S.C. 284(c)(3), section 405(c)(3) of the Public Health Service (PHS) Act, as amended. The National Cancer Institute Initial Review Group (IRG) is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. app.), which sets forth standards for the formation and use of advisory committees.

MEMBERSHIP AND DESIGNATION

Members, the Chair, and the Chairs of its subcommittees will be selected by the Director, NCI, or designee, from authorities knowledgeable in the various disciplines and fields relating to scientific areas relevant to carcinogenesis, cancer biology, cancer center administration, medicine, radiological and surgical oncology, cancer chemotherapy, cancer prevention, therapy and control, and other disciplines of relevance to the cancer problem, biological chemical and physical carcinogenesis, DNA repair and radiation effects, tumor biology and immunology, humoral and cellular immunity, hematopoiesis, cell differentiation and transformation, oncogenes and growth factors, molecular and structural biology and genetic regulation, viral oncology and vaccine development, medical, radiation and surgical oncology, transplantation, chemotherapy, clinical trial design, management and evaluation, pharmacology, drug development and developmental therapeutics, genetic and immunotherapies, pathology, diagnostic research and cytogenetics, biological response modifiers and imaging, nutritional and chemo-prevention of cancer and gene environment interactions, survey research, molecular epidemiology of cancer, biostatistics, rehabilitation, psychology and behavioral medicine, public health and community oncology, quality of life and pain management, cancer diagnosis, cancer treatment, training of clinical scientists, education of health and population sciences professionals, and cancer instruction curriculum development, medical oncology, surgery, radiotherapy, gynecologic oncology, pediatric oncology, pathology and biostatistics, tumorigenesis, tumor cell biology, and training of pre-clinical scientists, career development in the areas of cancer prevention and control, patient-oriented research, and population sciences.

Members will be invited to serve for overlapping terms of up to six years. All non-Federal members serve as NIH Peer Review Consultants.

The permanent membership of the IRG may be supplemented at any meeting through temporary members who have experience or expertise in the disciplines and fields related to the IRG’s function and are appointed to review some or all of the applications considered at that meeting. The individual will have all the rights and obligations of IRG membership at that meeting, including the right to vote on recommendations in which the individual fully participated as a reviewer. Temporary members will not count towards a quorum. A quorum for the conduct of business by the full IRG is five members.

DESCRIPTION OF DUTIES

The IRG provides advice and recommendations on the scientific and technical merit of applications for grants-in-aid for research, research training, or research-related grants and cooperative agreements, or contract proposals relating to scientific areas relevant to carcinogenesis, cancer biology, cancer center administration, medicine, radiological and surgical oncology, cancer chemotherapy, cancer prevention,
therapy and control, and other disciplines of relevance to the cancer problem, biological chemical and physical carcinogenesis, DNA repair and radiation effects, tumor biology and immunology, humoral and cellular immunity, hematopoiesis, cell differentiation and transformation, oncogenes and growth factors, molecular and structural biology and genetic regulation, viral oncology and vaccine development, medical, radiation and surgical oncology, transplantation, chemotherapy, clinical trial design, management and evaluation, pharmacology, drug development and developmental therapeutics, genetic and immunotherapies, pathology, diagnostic research and cytogenetics, biological response modifiers and imaging, nutritional and chemo-prevention of cancer and gene environment interactions, survey research, molecular epidemiology of cancer, biostatistics, rehabilitation, psychology and behavioral medicine, public health and community oncology, quality of life and pain management, cancer diagnosis, cancer treatment, training of clinical scientists, education of health and population sciences professionals, and cancer instruction curriculum development, medical oncology, surgery, radiotherapy, gynecologic oncology, pediatric oncology, pathology and biostatistics, tumorigenesis, tumor cell biology, and training of pre-clinical scientists, career development in the areas of cancer prevention and control, patient-oriented research, and population sciences. The members will survey as scientific leaders, the status of research and research training in their fields.

ESTIMATED NUMBER AND FREQUENCY OF MEETINGS

The full IRG will meet in plenary session as called by the DFO and meetings of each subcommittee will be held approximately three times within a fiscal year. Meetings will be open to the public unless determined otherwise by the Secretary of Health and Human Services (Secretary) in accordance with subsection (c) of section 552b of Title 5 U.S.C. In the event a portion of a meeting is closed to the public, as determined by the Secretary, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and FACA, a report will be prepared which will contain, as a minimum, a list of members and their business addresses, the IRG’s functions, dates and places of meetings, and a summary of IRG activities and recommendations made during the fiscal year. A copy of the report will be provided to the Department Committee Management Officer.