



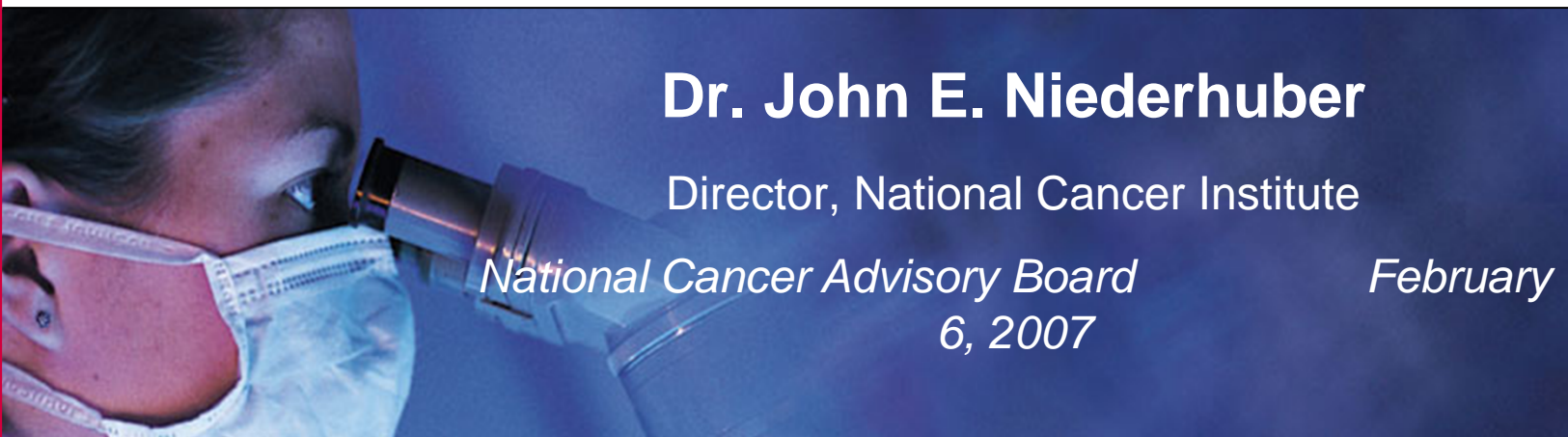
# Director's Update

**Dr. John E. Niederhuber**

Director, National Cancer Institute

*National Cancer Advisory Board  
6, 2007*

*February*



# Director's Update

- **Budget Update: 2007 and 2008**
- **President Bush's Visit to NIH**
- **NIH Reform Act of 2006**
- **Reorganization of the NCI  
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- **Clinical Trials Advisory  
Committee**

# FY 2007 President's Budget Development

(dollars in thousands)

FY 2006 obligations	\$4,790,059
FY 2007 President's Budget	\$4,753,609
Difference '06 to '07	- \$36,450
Percent Change '06 to '07	- 0.8%

After we pay for mandated increases such as taps, utilities, Roadmap, etc., our deficit is **~\$122 million (-2.6%)**.

# FY 2007 Operating Budget Development

- NCI Executive Committee Portfolio Review
  - Identified ~\$175 million of reductions and phase-outs
  - Created a pool of ~\$60 million
- EC created a list of new initiatives and previously reduced existing projects to be considered for funding from pool
  - EC members independently gave each item a priority score and recommended funding level
  - Scores were collected and items ranked
  - Prioritized list discussed by EC; adjustments made
  - Additional items on list will be considered if funds become available

# FY 2007 Operating Budget Development

## NIH Guidelines under a full year CR:

- No inflationary adjustments on non-competing grants
  - approximately 3% decrease from commitments of record for all grants
- NIH to award the **same number of competing RPGs as awarded in FY 2005** (about 9,600) with particular emphasis on new investigators
- Average cost of competing RPGs same as FY 06

# FY 2007 Budget

- January 31: House passed Revised Continuing Appropriations Resolution for the 2007 year
  - Bill provides **\$28.9 billion for NIH:** an **increase of \$620 million** over FY 2006
- February 15: Current Continuing Resolution expires

# Revised Continuing Appropriations Resolution, 2007

- **Sets the Common Fund (which includes the NIH Roadmap) in the NIH OD at \$483 million**
  - increase of about \$150 million
- **No specific increase to most ICs**
  - ICs retain funds previously earmarked for the NIH Roadmap and funds that were transferred to CMS in FY 2006 (\$267 million total)
- **NIH will also receive funds to partially pay for the 2007 COLA increases for Federal salaries**

# Revised Continuing Appropriations Resolution, 2007

	New \$	Transfers within NIH	Total adjustments
<b>Common Fund</b>			
Roadmap (PB 2007)	\$361	\$ 82	\$443
Junior Pioneer Awards	40		40
<b>Total Common Fund</b>	<b>\$401</b>	<b>\$ 82</b>	<b>\$483</b>
<b>NIH OD Programs</b>			
New Investigators	91		91
National Children's Study	58	11	69
New activities related to reauthorization bill	7		7
<b>Total OD</b>	<b>\$156</b>	<b>\$ 11</b>	<b>\$167</b>
<b>Other</b>			
NLM for NCBI	5		5
NCMHD	4		4
NCRR	34		34
HHS Transfers	20		20
<b>Total Other</b>	<b>\$ 63</b>		<b>\$ 63</b>
<b>Total</b>	<b>\$620</b>	<b>\$ 93</b>	<b>\$713</b>

(Dollars in millions)



## **Revised Continuing Appropriations Resolution, 2007**

- **NIH to fund 500 more RPGs**
- **NIH-wide: 1,500 awards to new investigators**
  - **(FY05 = 1,458; FY06 = 1,363)**
- **ICs to use half of the money they retain from Roadmap to fund additional RPGs**

# Revised Continuing Appropriations Resolution, 2007

## NCI Level

	<b>FY 2006</b>	<b>FY 2007 Annualized CR</b>	<b>FY 2007 House</b>
NCI (w/o Roadmap)	\$4,747,229	\$4,750,522	\$4,793,356 (+\$46,127)
CMS transfer	3,293		0
Roadmap	42,834	42,834	0
<b>Total</b>	<b>\$4,793,356</b>	<b>\$4,793,356</b>	<b>\$4,793,356</b>

(Dollars in thousands)

# NCI Research Project Grants

	FY 2006		FY 2007 Annualized CR		FY 2007 House (est.)	
	No.	Amount	No.	Amount	No.	Amount
Noncompeting	3,892	\$1,596,655	3,878	\$1,547,748	3,878	\$1,547,748
Admin. supplements		49,089		49,870		49,870
Competing	1,280	415,067	1,244	403,280	1,310	424,697
<b>Total</b>	<b>5,172</b>	<b>\$2,060,811</b>	<b>5,122</b>	<b>\$2,000,898</b>	<b>5,188</b>	<b>\$2,022,315</b>

Assumes that NIH will continue its current grant policies of reducing noncompeting awards 3% from the commitment of record and no increase in the average cost of competing RPGs.

(Dollars in thousands)

# NCI Research Project Grants

## Competing

	FY 2006	FY 2007 Annualized CR	FY 2007 House (est.)
<b>Average cost</b>	<b>\$324</b>	<b>\$324</b>	<b>\$324</b>
<b>R01 payline (percentile)</b>	<b>12th</b>	<b>11th</b>	<b>12th</b>
<b>Success rate</b>	<b>19.4%</b>	<b>18.0%</b>	<b>18.9%</b>

Assumes that NIH will continue its current grant policies of reducing noncompeting awards 3% from the commitment of record and no increase in the average cost of competing RPGs.

(Dollars in thousands)

# **FY 2008 President's Budget**

- **NIH PB request is \$28.849 billion:**  
**\$232 million (0.8%) over the FY 2007**  
**Annualized CR**
- **NCI PB is \$4.782 billion:** **0.2% lower**  
**(-\$9 million) than the FY 2007**  
**Annualized CR**
- **NIH Roadmap increases by \$72**  
**million to \$486 million**

# Director's Update

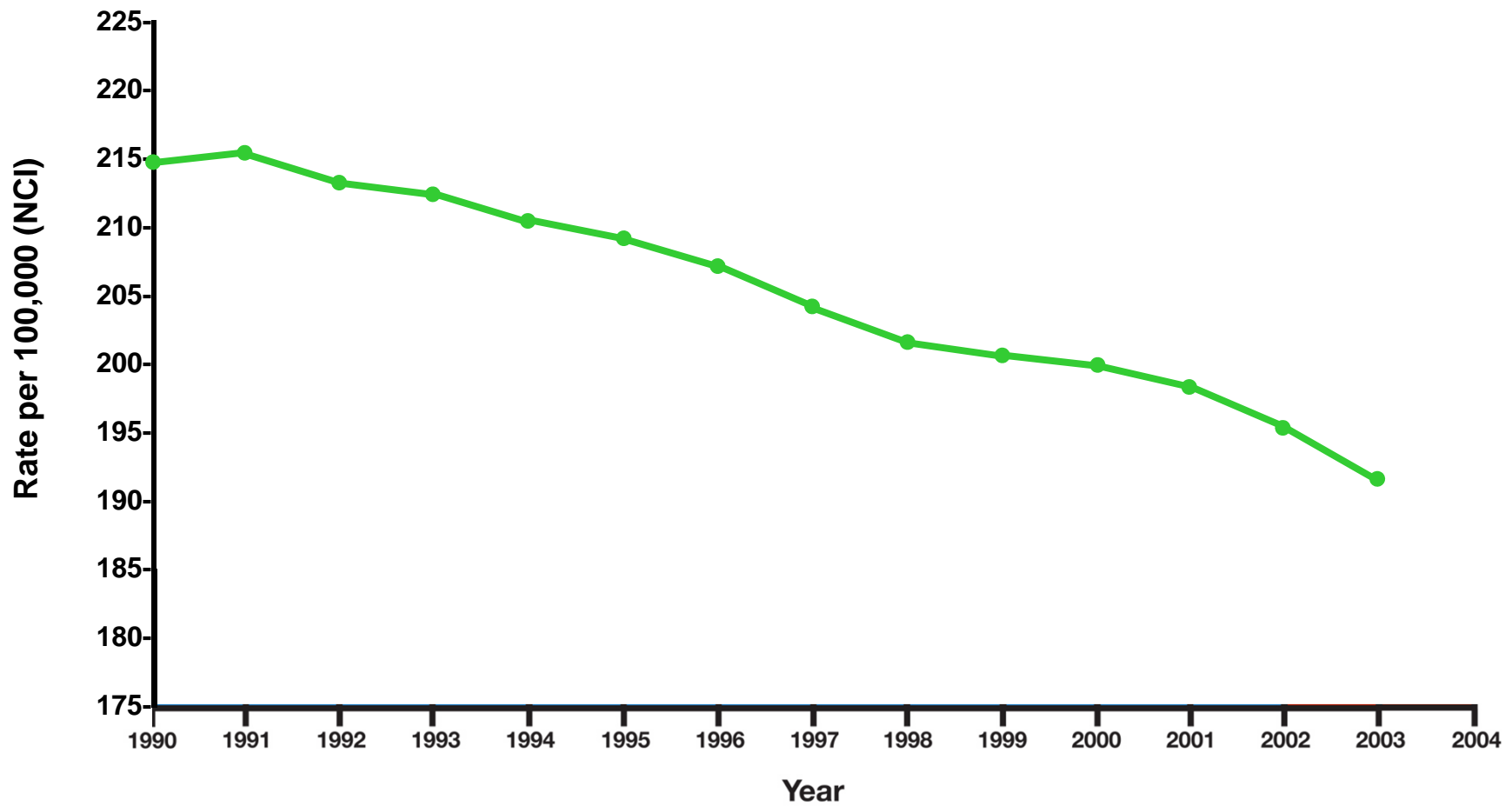
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**“I love coming to the NIH; it is an amazing place. It is an amazing place because it is full of decent, caring, smart people, all aiming to save lives.”**

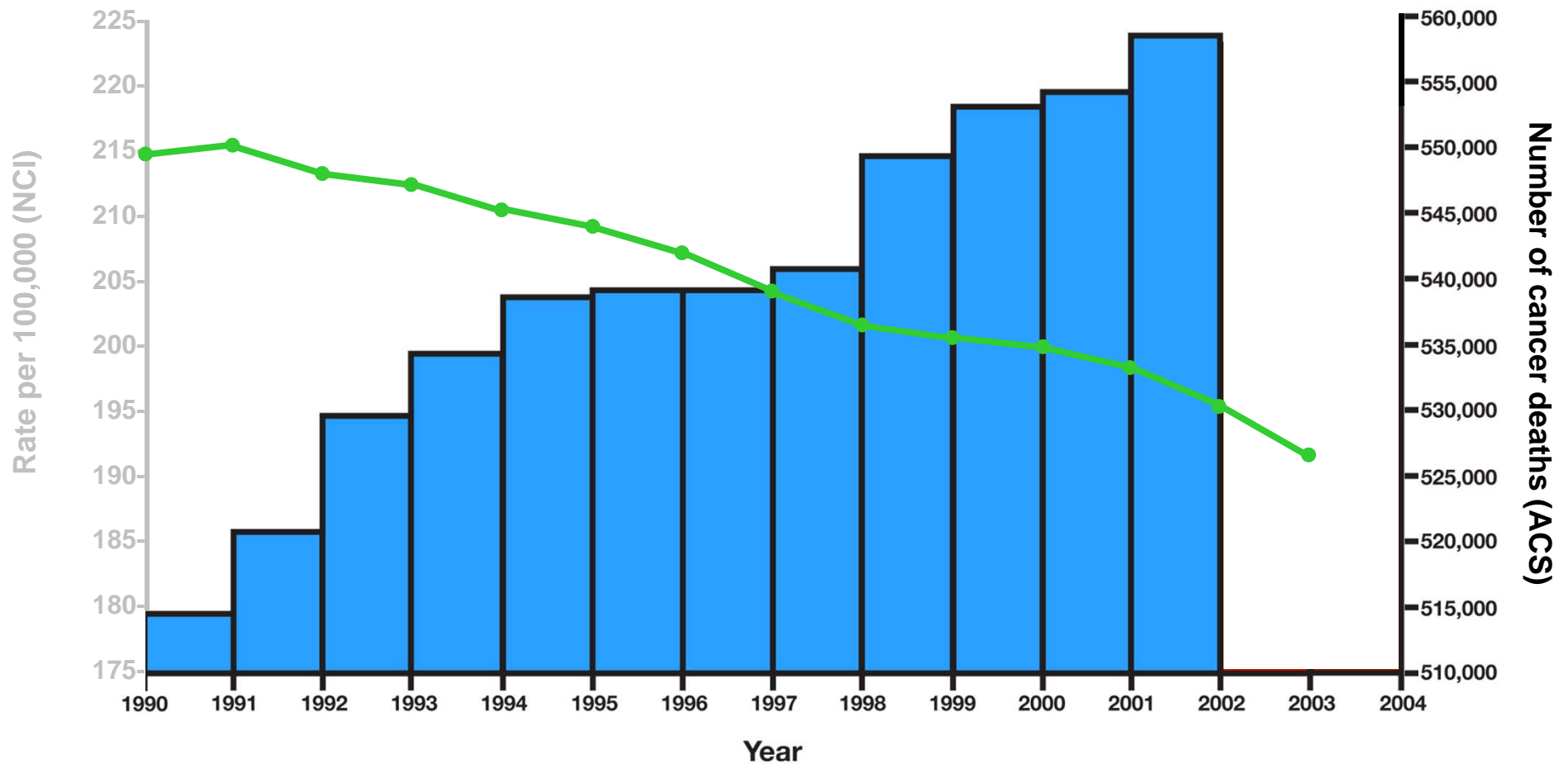


# Reversing the Curve: Cancer Deaths Decline

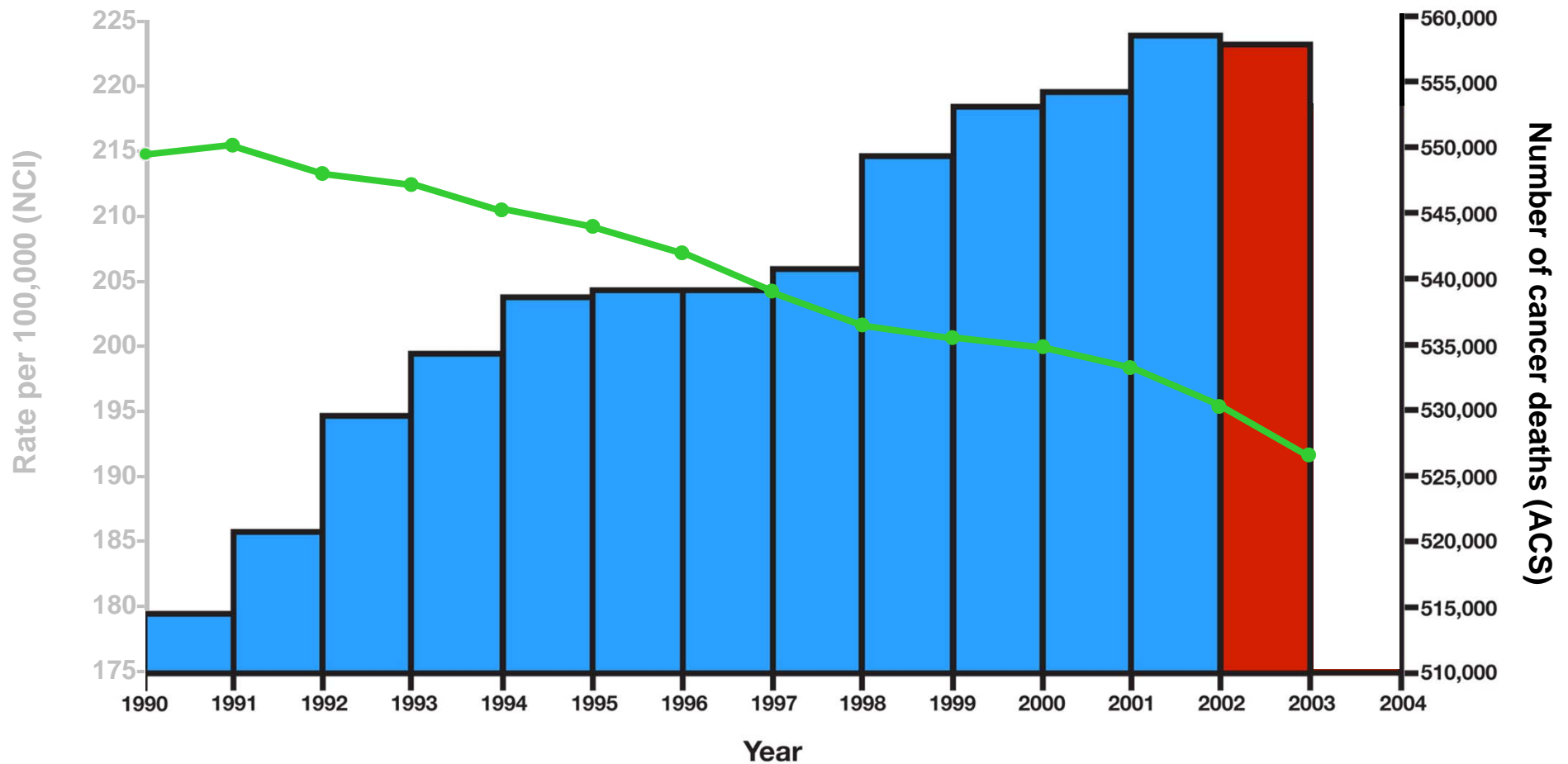




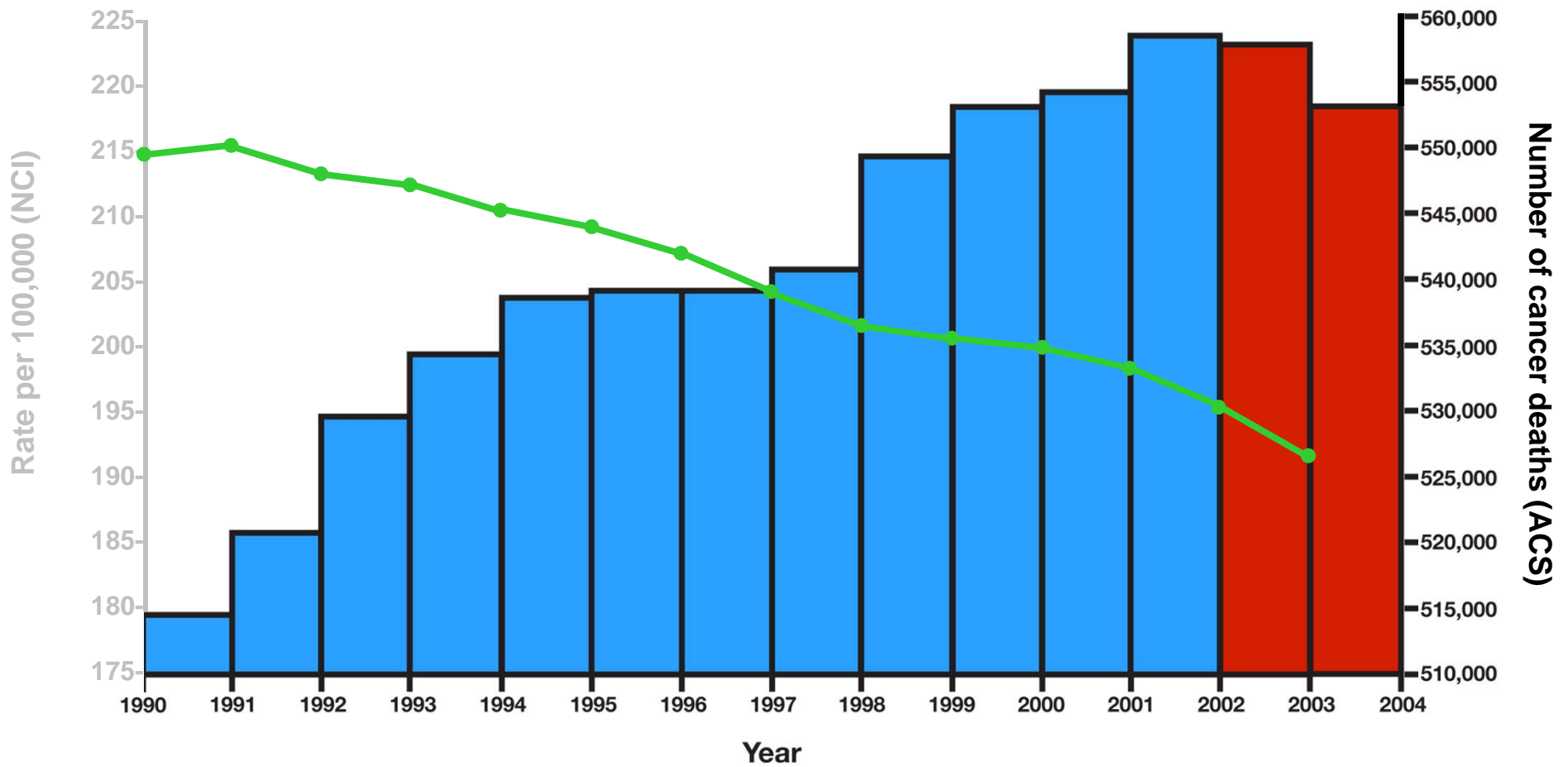
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# Reversing the Curve: Cancer Deaths Decline



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# NIH Reform Act of 2006

- **Third omnibus reauthorization in NIH history (first in 14 years)**
  - Signed by the President  
January 15, 2007
- **Key provisions**
  - Divisions of Program Coordination
  - Common Fund
  - Council of Councils
  - Scientific Management Review Board
  - Authorization of appropriations
  - Reorganization
  - Reporting



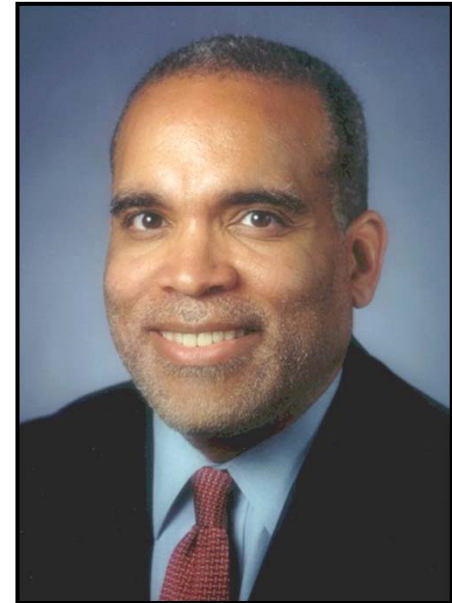
# Office of Portfolio Analysis and Strategic Initiatives (OPASI)

- **Alan M. Krensky, M.D.**, NIH Deputy Director for the Office of Portfolio Analysis and Strategic Initiatives (OPASI)
  - M.D., University of Pennsylvania, 1977
  - Served at the Stanford University School of Medicine as:
    - Professor of pediatrics
    - Chief of the Division of Immunology and Transplantation Biology
    - Assoc. Chair for Research in the Department of Pediatrics
    - Assoc. Dean for Children's Health



# NIH Reform Act of 2006: Implementation

- **Ad Hoc Working Group of the NIH Steering Committee**
  - Chaired by NIH Deputy Director **Dr. Raynard Kington**
  - Conduct detailed analysis and propose plans for its implementation
  - Comprised of IC Directors and NIH OD leadership in legislation, policy, management, communications, extramural and intramural activities, budget, and the Office of the General Counsel



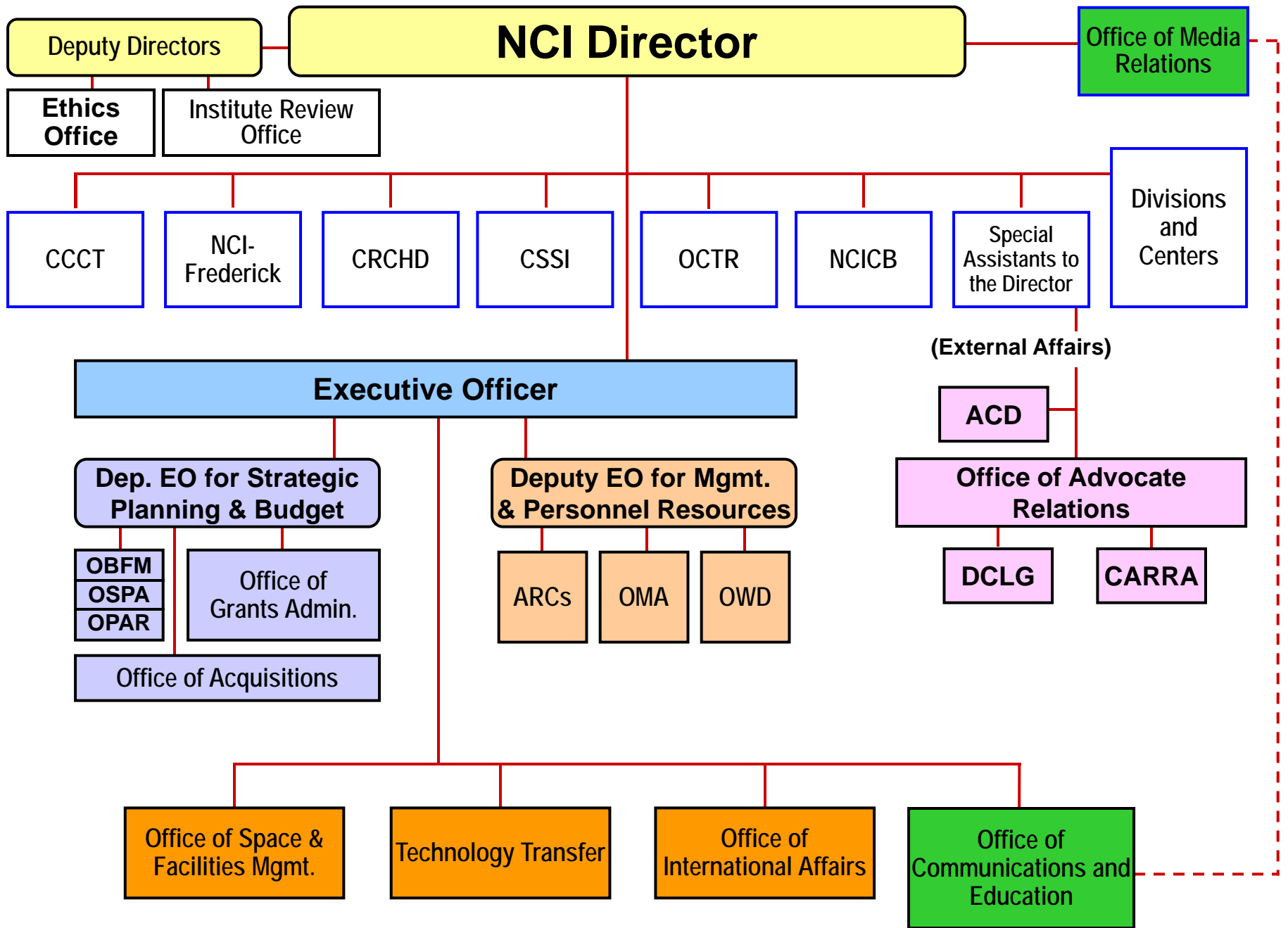
# NIH Reform Act of 2006: Implementation Groups

- **Jeremy Berg:** Organization of Division of Program Coordination, Planning and Strategic Initiatives (DPCPSI); trans-NIH coordination/planning
- **Richard Hodes:** Coding
- **Betsy Nabel:** Establishment of Scientific Management Review Board (SMRB); reorganizations; registration fees
- **John Niederhuber:** Reporting
- **Francis Collins:** Foundation of the NIH
- **Tony Fauci:** Peer review; demonstration programs; research training authority
- **Steve Katz:** Director's Discretionary Fund; 1% transfer; Clinical and Translational Science Awards (CTSA)



# Director's Update

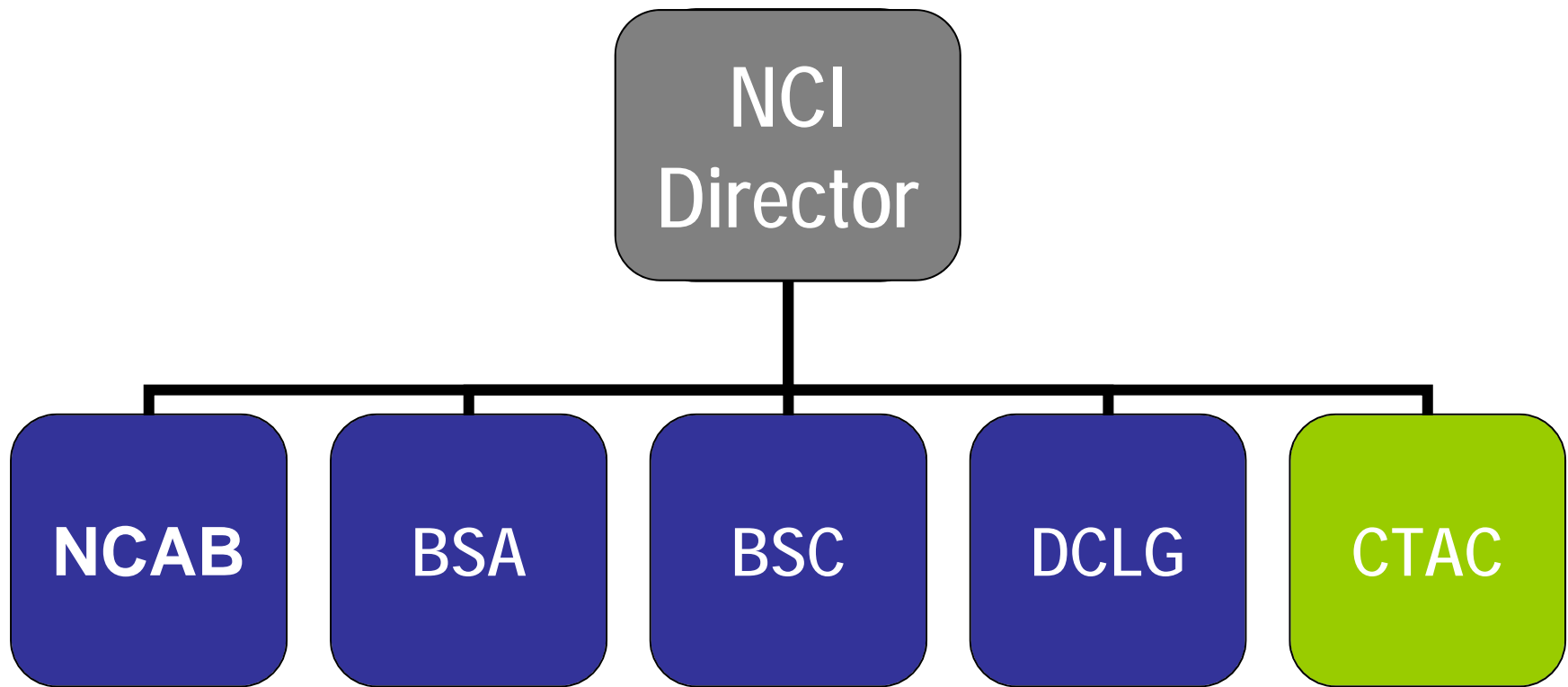
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# NCI Federal Advisory Groups

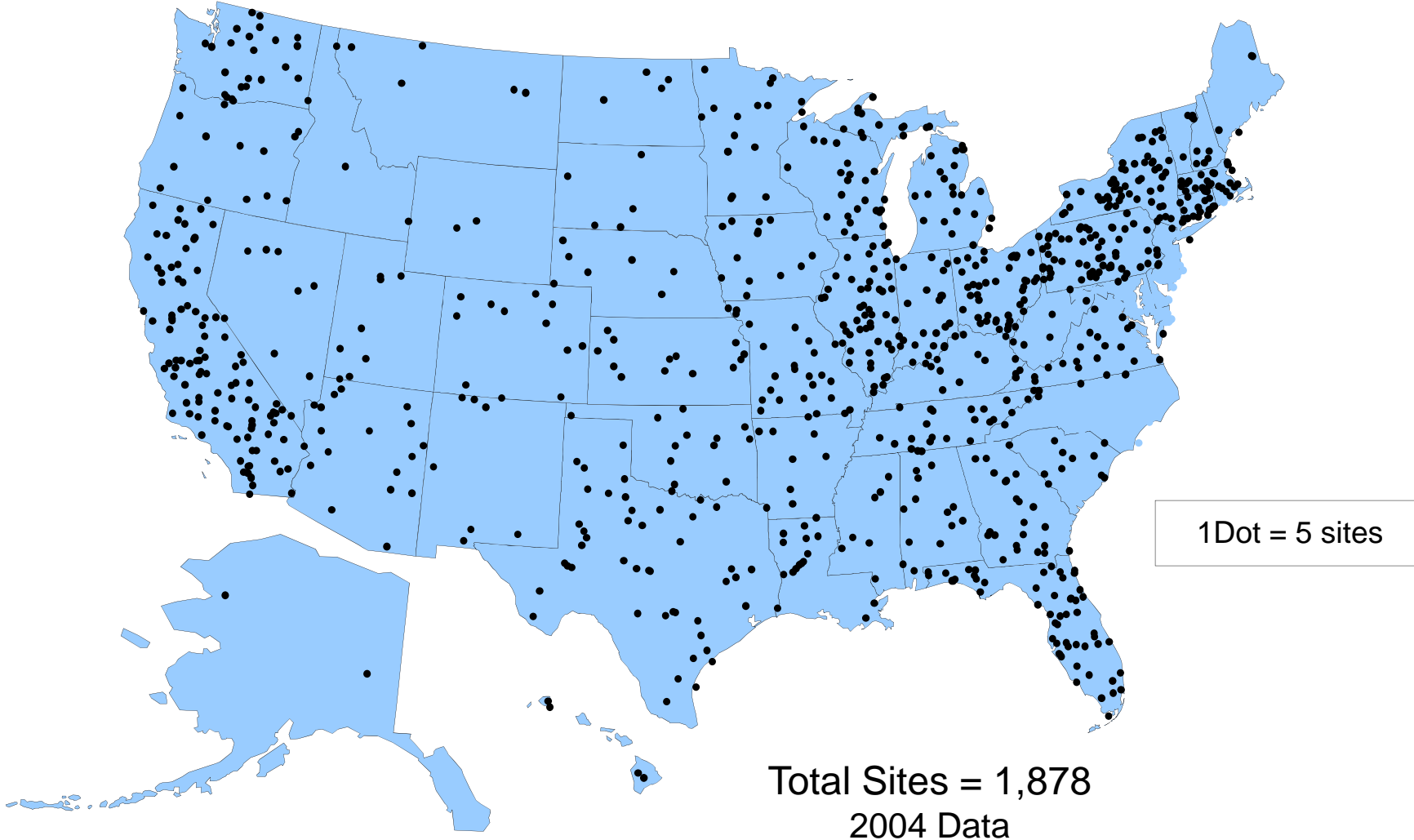


# Clinical Trials Advisory Committee

- Established in response to the Clinical Trials Working Group (CTWG) recommendations that an extramural oversight committee be formed to **advise the NCI Director on clinical trials**
- Chaired by NCI Director
- Members appointed by NCI Director
  - **10 members** hold concurrent membership on NCAB, BSA, BSC, or DCLG
  - **14 members** represent the broad clinical trials community

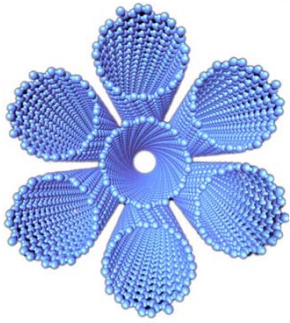
# U.S. Clinical Trials Treatment Sites

(# of Sites by State that Currently have Patients Enrolled on an Open Trials)

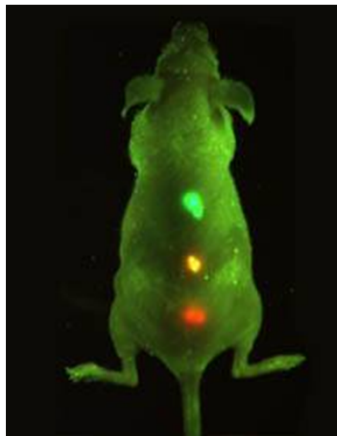
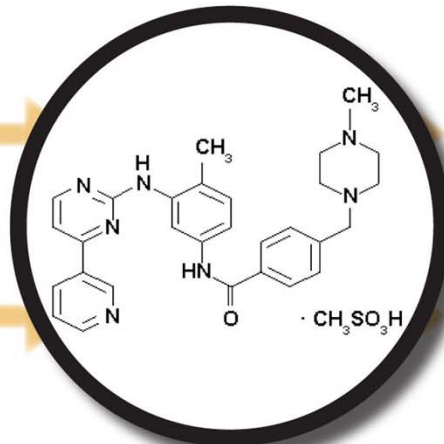
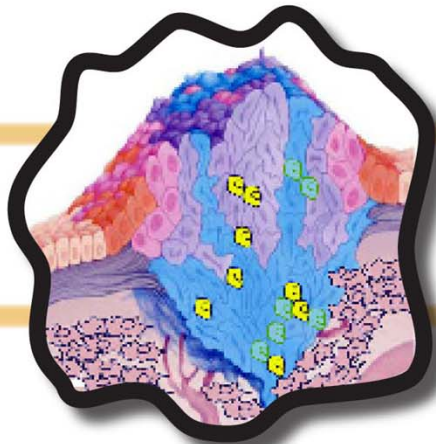
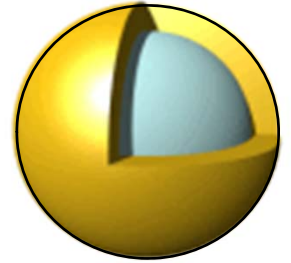


# Clinical Trials Infrastructure

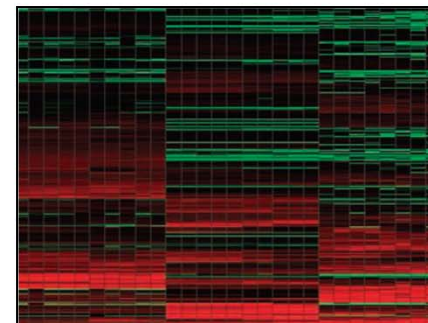
- NCI's Clinical Trials Cooperative Group Program (the "Groups") is **distinctive among NIH-supported clinical trials programs:**
  - A clinical trials infrastructure that is continuously **available to test new therapeutic strategies**
  - Consists of researchers at institutions affiliated with the Groups who **jointly develop and conduct trials in multi-institutional settings** across state boundaries
  - Flexible research agenda allows change of strategy in response to changing scientific **opportunities and new discoveries**



# A Continuum of Science

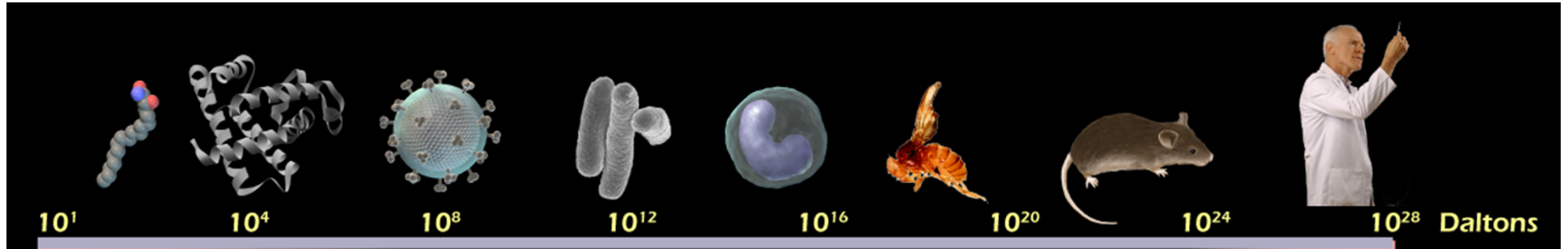


**Work in  
submolecular  
space**





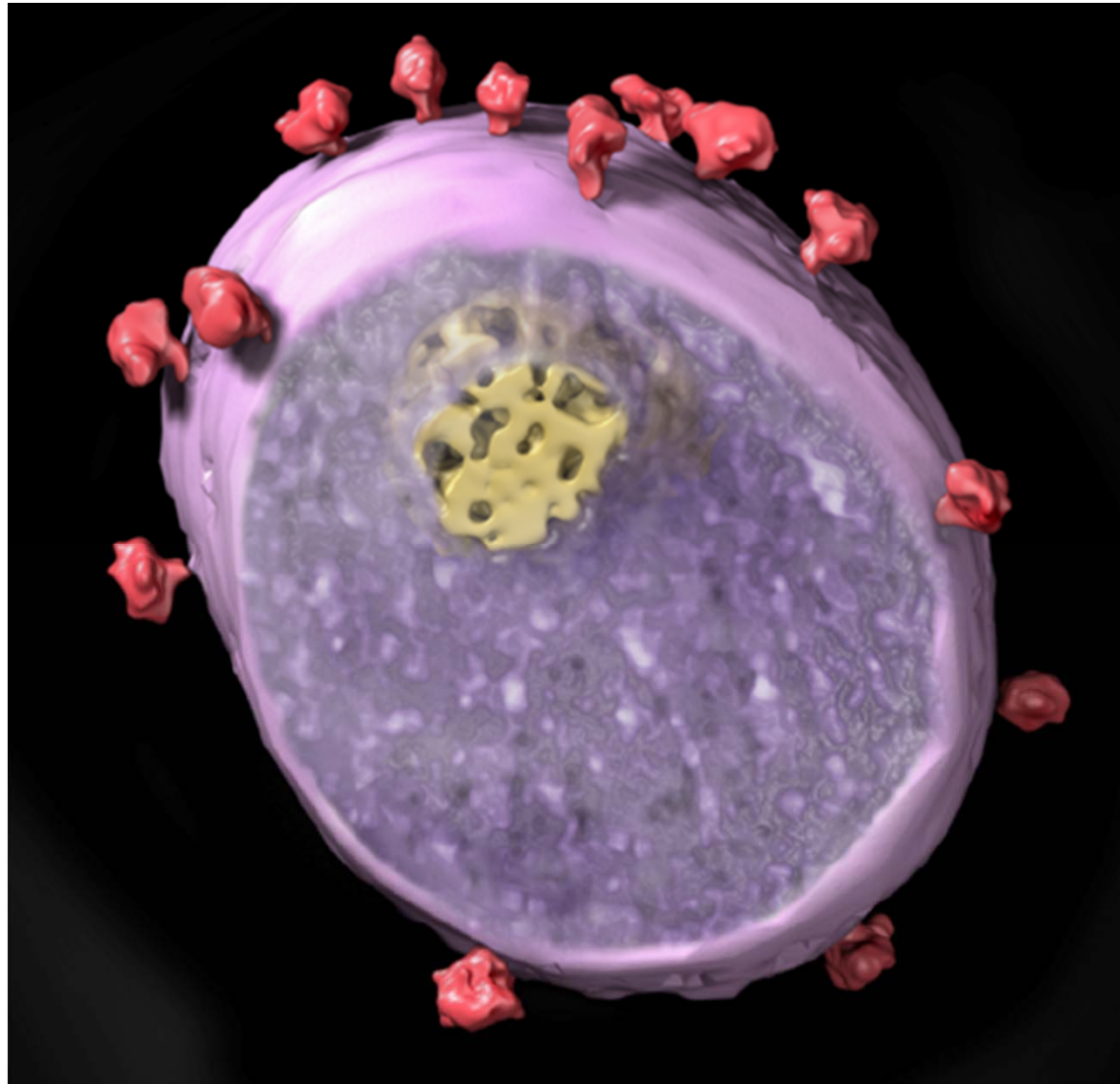
# Trans-NCI Programs



## Clinical Imaging Program

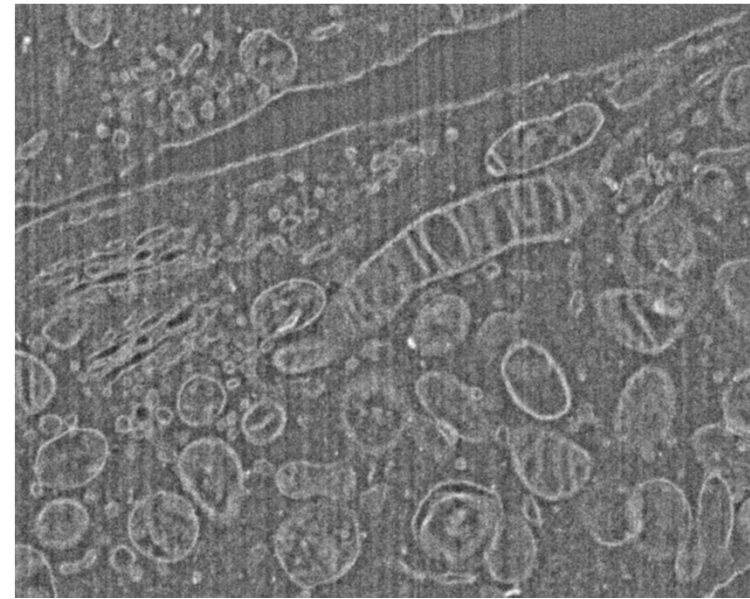
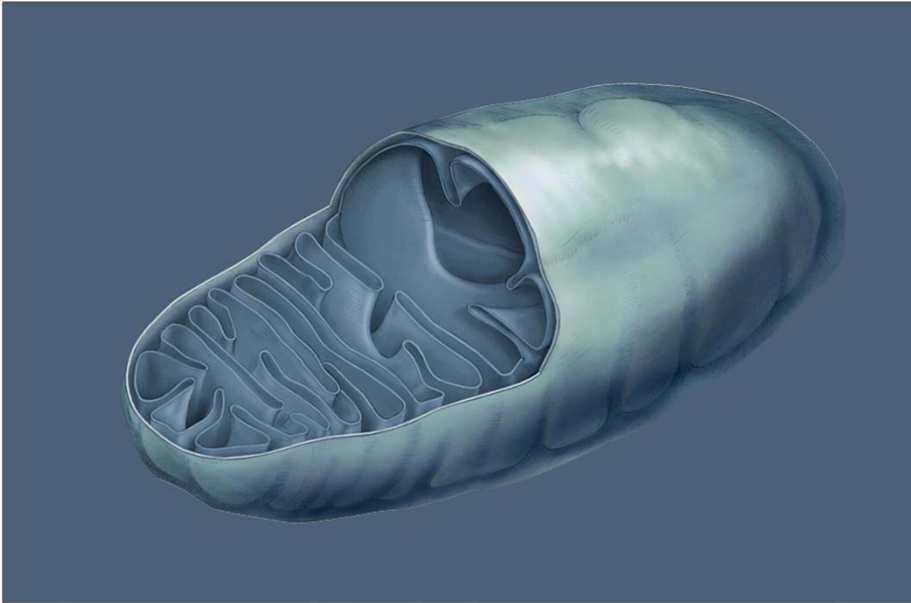
- Research and service components
- Molecular/functional imaging, profiling & therapy
- Integrates 3-D high-resolution electron microscopy
- Industry partnership for technology development
- Imaging incorporated into the majority of clinical trials at NCI

# Simian immunodeficiency virus in 3D



Sougrat, Bartesaghi, Bennett, Subramaniam (2007)

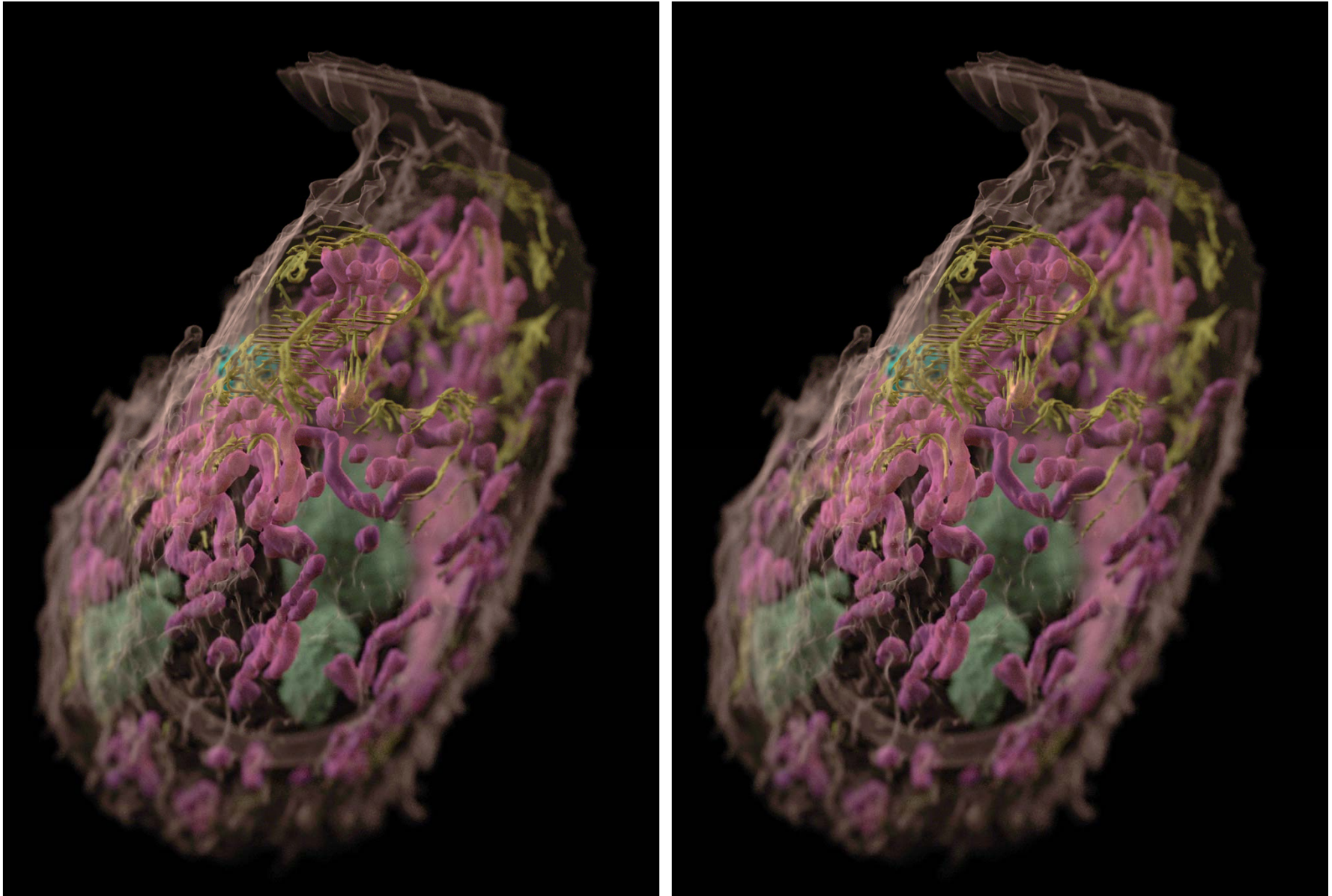
# New technologies for imaging cancer cells



**Interior of MNT-1 melanoma cell at 30 nm resolution**

**Sriram Subramaniam, CCR NCI/NIH**

# Stereo view of interior of MNT-1 melanoma cell





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

