

National Cancer Institute

NCI Director's Update

Dr. John E. Niederhuber
Director, National Cancer Institute

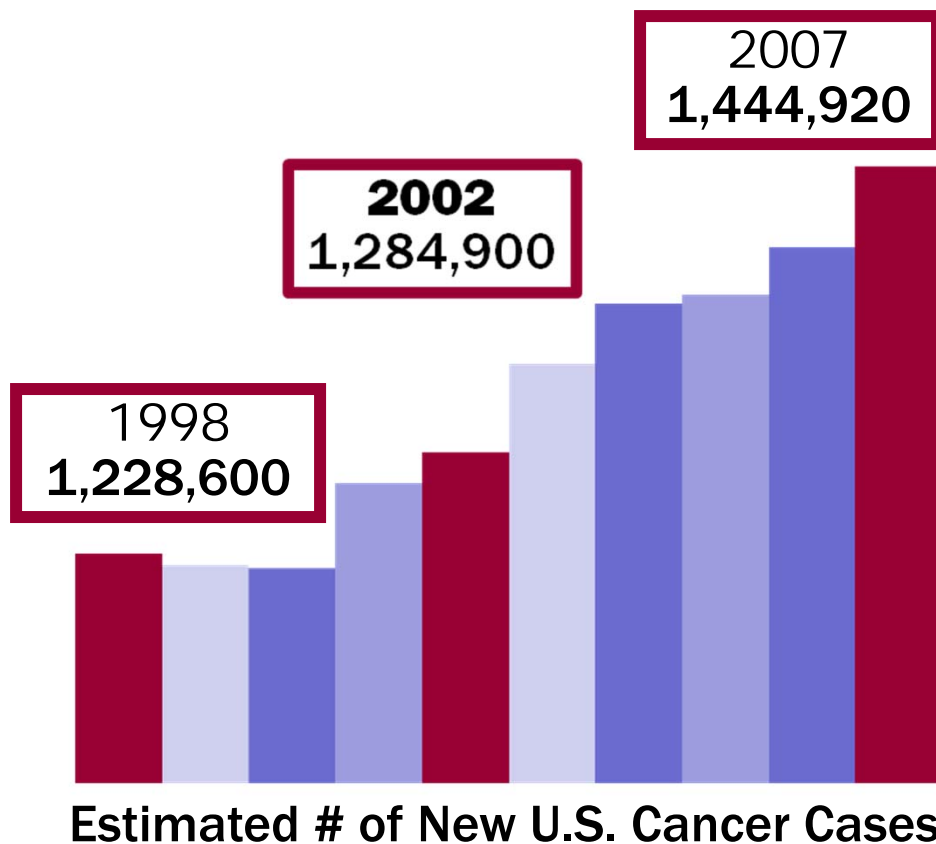
National Cancer Advisory Board
February 5, 2008

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes
of Health

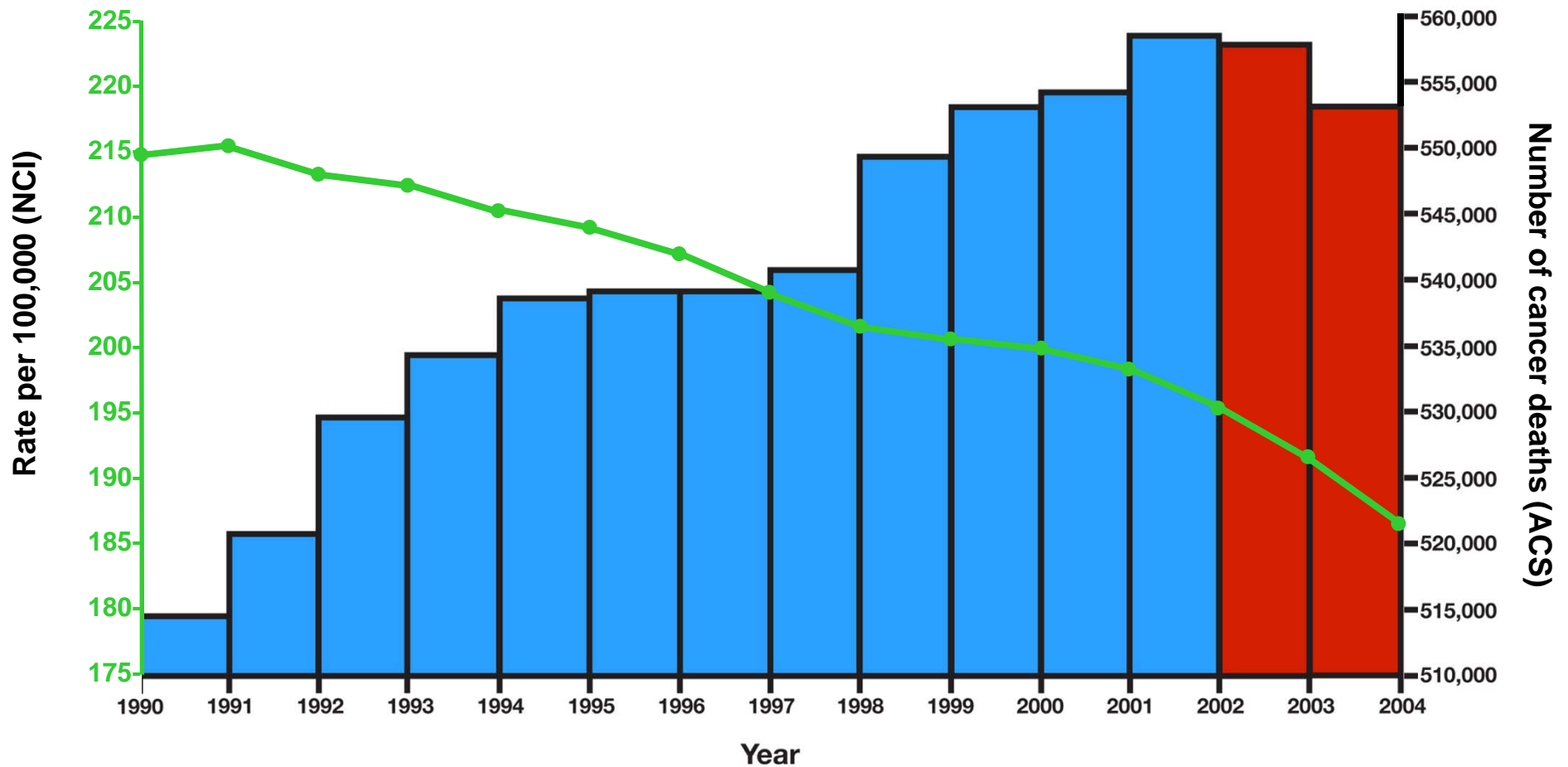
Why What We Are Doing is So Important

Human and Economic Burden of Cancer



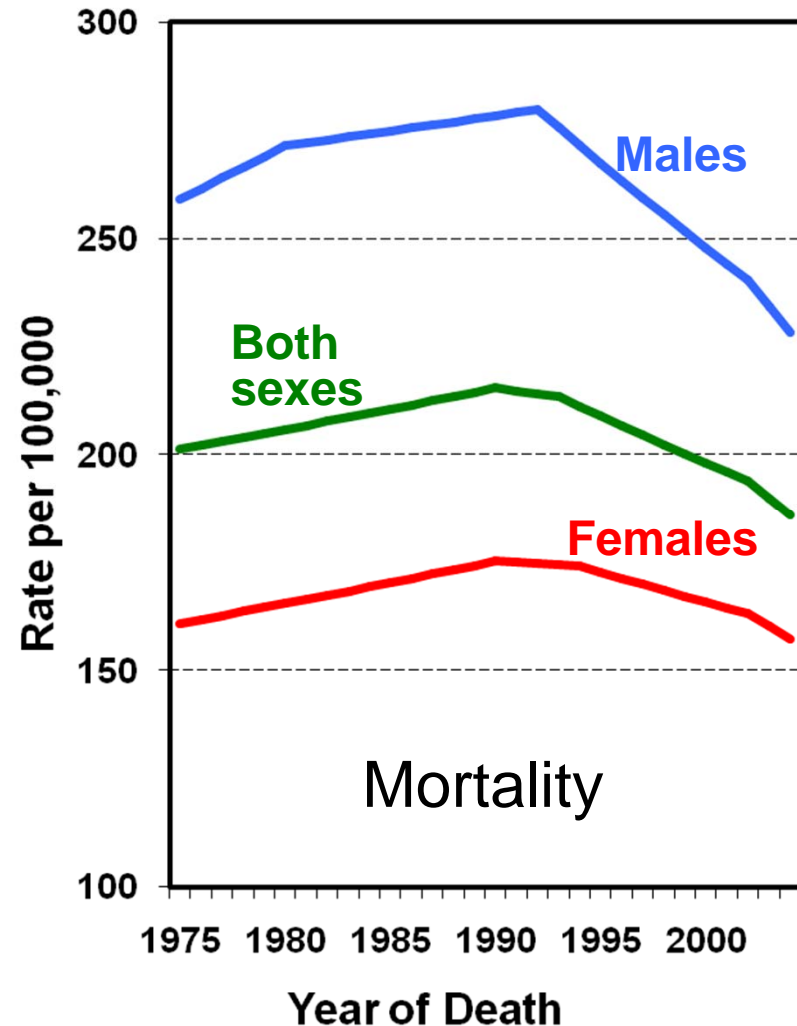
- 1,444,920 Americans were diagnosed in 2007
- 559,650 died of cancer in 2007
- \$206.3 billion spent on healthcare costs for cancer in 2006
- 47 million Americans lack health insurance

Reversing the Curve: Cancer Deaths Decline



U.S. Death Trends: Cancer of All Sites, 1975-2004

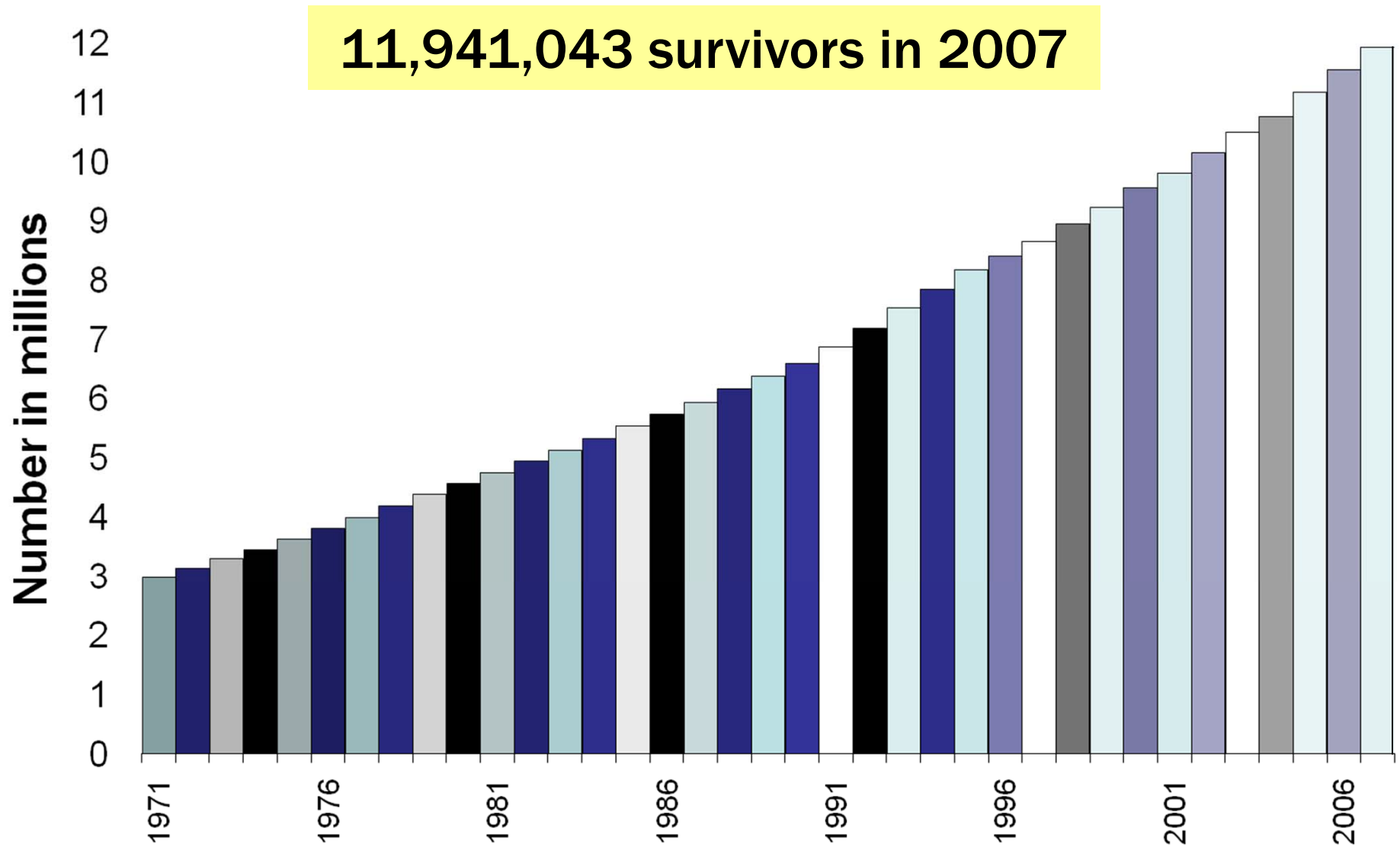
- **1993-2003: overall decline -1.1%**
 - **2002-2004: -2.1% per year**
- **1993-2002, decline for men -1.6% per year**
 - **2002-2004: -2.6% per year**
- **1992-2002, decline for women -0.8% per year**
 - **2002-2004: -1.8% per year**
- **Incidence rate for female breast cancer dropped 3.4% per year from 2001 through 2004**



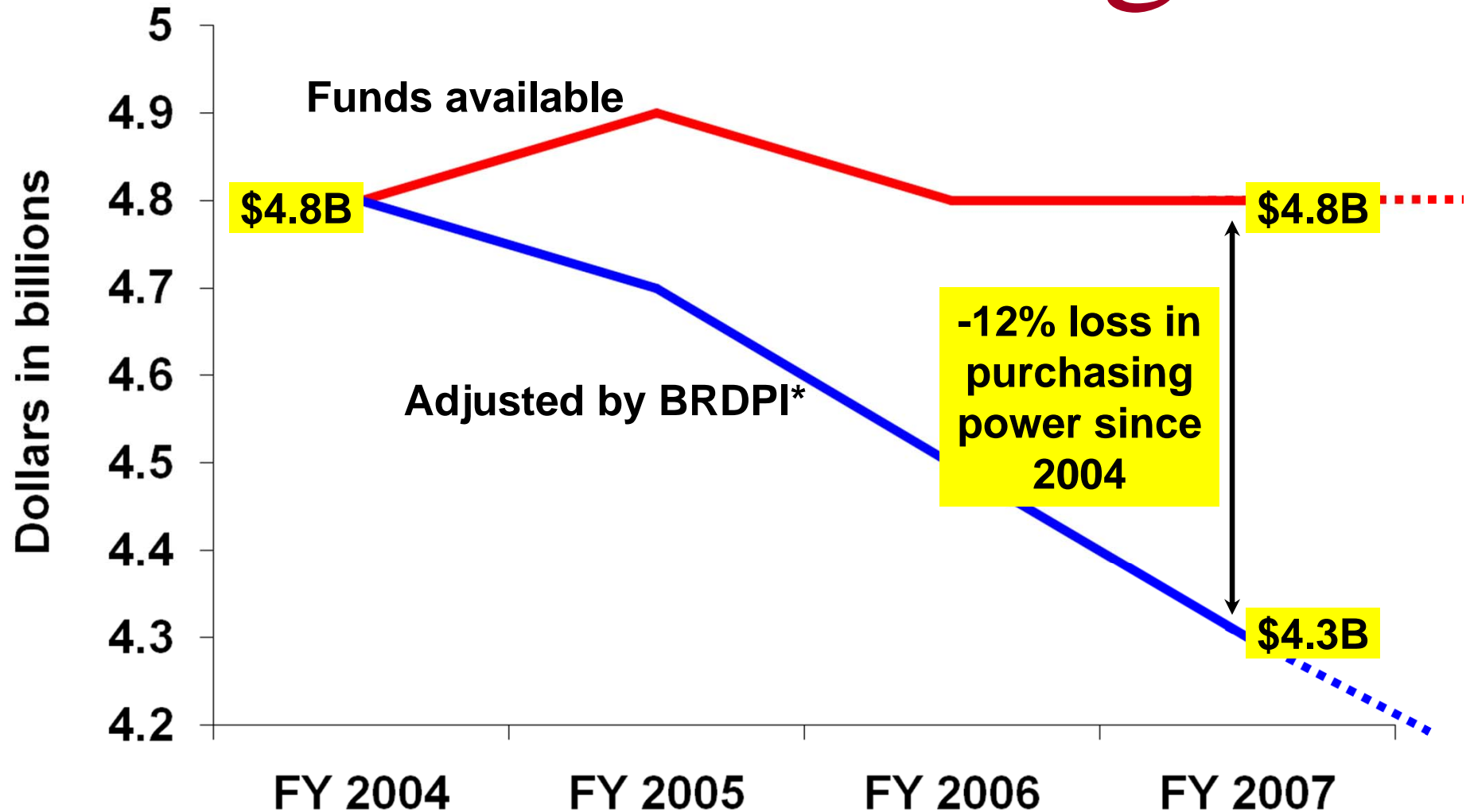
Rates are age-adjusted to the 2000 U.S. standard million population.

Sources: Incidence data – NCI SEER Program; Mortality data – CDC NCHS NVSS

Estimated Number of Cancer Survivors in the United States



NCI's Challenge



* BRDPI: Biomedical Research and Development Price Index
(<http://officeofbudget.od.nih.gov>)

Director's Update



- **NCI FY08 budget**
- **President's budget FY09**
- **Some thoughts about the future**

NCI FY 2008 Operating Budget Development

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)

NCI FY 2008 Operating Budget Development

	<u>Amount (in thousands)</u>	<u>Percent change</u>
Subtotal Available	\$7,449	0.16%
Less Est. NIH Taps/Assessments	-20,000	
• Potential NIH Director's 1% Transfer	?	
• Potential DHHS Secretary's Transfer	?	
	<hr/>	
Subtotal Available	-12,551	-0.26%

NCI FY 2008 Operating Budget Development

	<u>Amount</u> <u>(in thousands)</u>	<u>Percent</u> <u>change</u>
Subtotal Available	- \$12,551	-0.26%
NCI-wide Requirements:		
• Mandated Salary Increases	- 21,500	
• Rent/Lease/Utilities/Renovations Incr	- 10,000	
• Small Business Program Increase	0	
NCI Director's Reserve	- 25,000	
Subtotal Available	- 69,051	-1.44%

NCI FY 2008 Operating Budget Development

	<u>Amount (in thousands)</u>	<u>Percent change</u>
Subtotal Available	- \$69,051	- 1.44%
Partial Restoration of Cuts		
• Centers	- 7,855	
• SPORES	-3,588	
• Coop Groups/CCOPs	-8,504	
• Infrastructure Restorations/Increases	-6,000	
	<u><u>-94,998</u></u>	
Subtotal Available	-94,998	- 1.98%

NCI FY 2008 Operating Budget Development Process

- NCI leaders evaluated programs with an eye toward reduced or flat budgets ahead
 - FY08 operating budget target for each Division, Office and Center (DOC) is based on a 3% reduction
- Created a pool of funds for NCI-wide mandatory increases and reallocation for specific initiatives

NCI FY 2008 Operating Budget Development

	<u>Amount</u> <u>(in thousands)</u>	<u>Percent</u> <u>change</u>
Subtotal Available	- \$94,998	- 1.98%
Potential Recoveries/Redeployments:		
• Phaseouts/Reductions Res DOCs	49,382	
• Phaseouts/Reductions Infrastructure	6,778	
• Noncompeting RPGs	46,228	
• Competing RPGs	8,136	
• NCI-Frederick Redeployment	40,000	
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Available for New Initiatives/ Expansions/Restorations	\$55,526	

NCI FY 2008 Operating Budget: NCI Operating Policies

NCI operating policies

- **1% inflationary adjustments on non-competing grants**
 - **~2% decrease from commitment for non-modular grants**
- **No cut to modular non-competing grants**
- **NCI to award fewer competing RPGs than FY 2007 (1,312 to 1,283)**
- **Average cost of competing RPGs 3% above FY 2007**

NCI FY 2008 Operating Budget: NCI RPG Policies

NCI RPG policies

- **Type-2** (competing continuing grants) will receive **3%** above current levels
- **Type-2 modular grants** recommended for **7 modules or fewer** will receive **5%** above current levels
- **Type-1** (new competing grants) will be cut **~17%**

NCI FY 2008 Operating Budget: NCI RPG Paylines

NCI RPG Paylines

- R01: 12th percentile
- *R01s: 19th percentile (will hit NIH target)
- Large R01s (over \$700K):
 - 14th percentile for 1st and 2nd rounds
 - TBD for 3rd round
- P01: Selected on a case-by-case basis

Examples of Downsized and Stopped Programs

Office of Centers, Training, and Resources

- **Integrating Aging and Cancer Research (co-funded with NIA)**
 - NCI funding of \$4M-\$5M will not be renewed
- **Supplements for Imaging Response Assessment Teams in Cancer Centers**
 - NCI funding of \$2M will not be renewed

Examples of Downsized and Stopped Programs

Div. of Cancer Control & Population Sciences

- **Transdisciplinary Tobacco Use Research Centers**
 - FY2008 is final year of RFA, funded at \$7.2M. No proposed RFA renewal
 - NCI is joining a NIDA PA; For TTURC program, anticipate spending \$2M-4M, rather than \$7.2M/yr
- **Long Term Cancer Survivors research RFA**
 - FY2008 funding reduced by \$1.7M

Examples of Downsized and Stopped Programs

Division of Cancer Prevention

- **CCOP cancer treatment trial accrual**
 - FY05: 7,948 patients
 - FY06: 6,402 patients
 - FY07: 6,100 patients (estimate)
- **CCOP cancer prevention & control trials:**
 - FY05: 5,211 patients
 - FY06: 4,994 patients
 - FY07: 4,500 patients (estimate)

Examples of Downsized and Stopped Programs

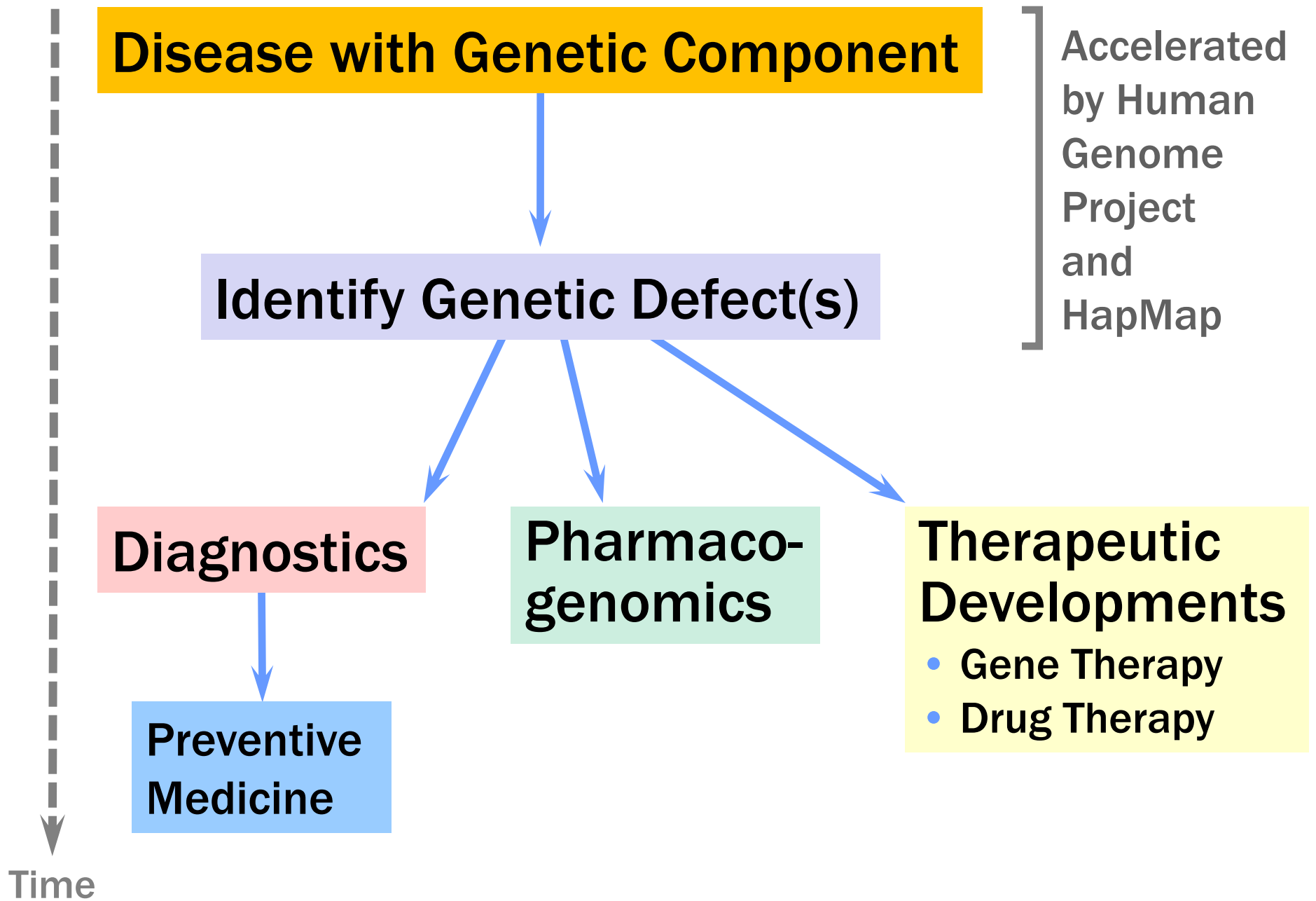
Division of Cancer Treatment and Diagnosis

- **CTEP Interdisciplinary Research Teams for Molecular Target Assessment**
 - Eliminated in FY07; \$1.4M
- **Cancer Imaging Program's Development of Contract Imaging Drugs and Enhancers**
 - Eliminated in FY07; \$1.6M
- **Cancer Diagnosis Program: breast and prostate cancer tissue resources unfunded or eliminated**

FY 2009 President's Budget

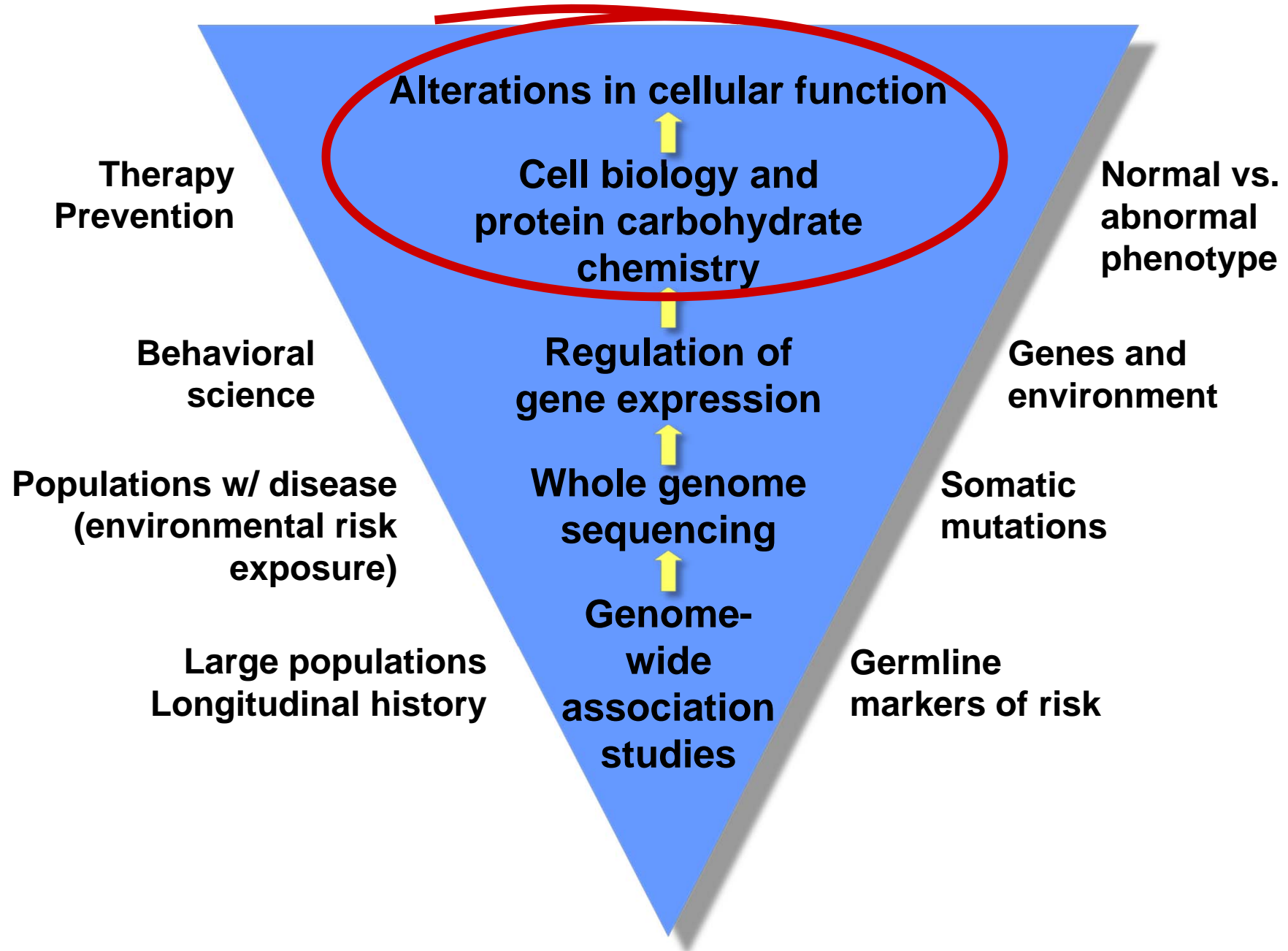
FY08 NCI appropriation	\$4,805,088
FY 2009 PB for NCI	\$4,809,088
Difference '08 to '09	\$4,000
Percent Change '08 to '09	+0.1%

(dollars in thousands)

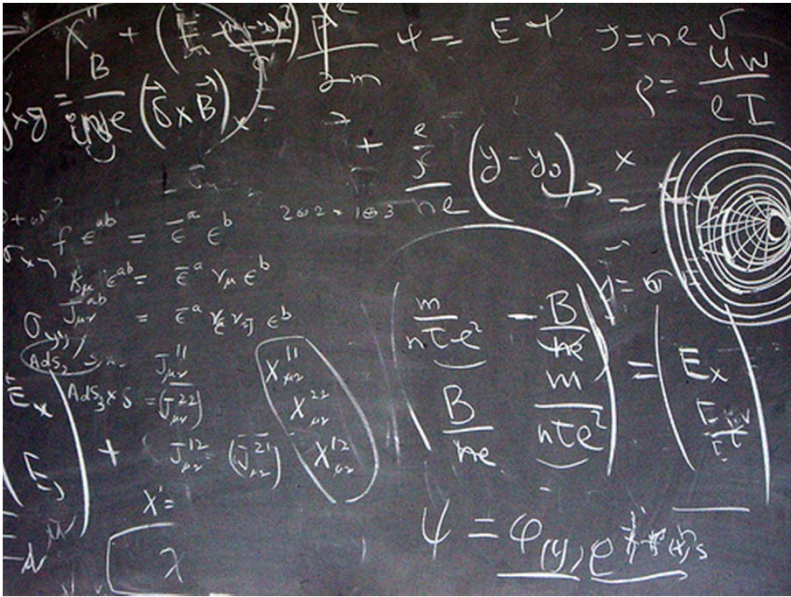


Courtesy Francis Collins, NHGRI

Functional Genomics



Theoretical Physics



- Feb. 25-27, 2008
- “Integrating and Leveraging the Physical Sciences to Open New Frontiers in Oncology”
- Workshop to explore opportunities to incentivize collaborations
- Leaders in physics, chemistry, mathematics and cancer research

AACR/NCI Cancer Prevention Think Tank

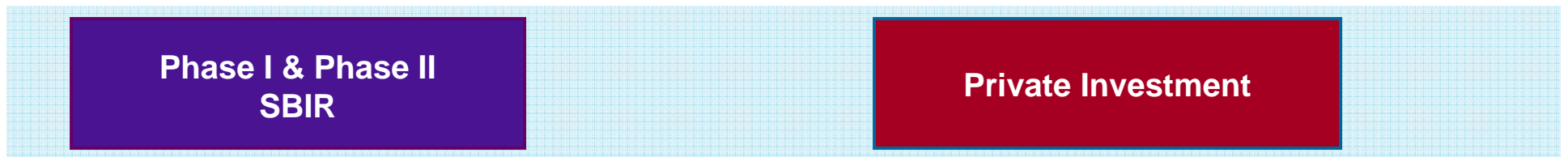
- **Bring together scientists and clinicians from basic, translational, and behavioral research areas, to think broadly about molecular prevention**
- **Develop a comprehensive cancer prevention strategy**
 - **Bring technology into prevention program**
 - **Emphasize translational science in prevention**
 - **Enhance behavioral science program**
- **Co-chairs: Raymond DuBois, John Niederhuber**

Annual Translational Research Meeting



- **Replace the summer SPORE meeting with an annual meeting**
- **Co-Chaired by Drs. Sheila Prindiville and Lynn Matrisian**
- **Planned for the Fall 2008 in Washington, D.C.**

The SBIR Bridge Award in Drug Development



The “**Valley of Death**”
is the problem

TRWG Implementation



- Dr. Lynn Matrisian (co-chair of the TRWG) now at NCI on an IPA
- Integrating with the CCCT
- **Translational Research Operation Committee planned**
 - Established under the Clinical Trials Advisory Committee (a Federal Advisory Board)

Translational Research Working Group Goals

- Improve coordination and collaboration and instill a culture of active, goal-oriented management
- Improve identification of the most promising early translation research opportunities
- Tailor new and existing programs to facilitate early translational research progress
- Enhance operational efficiency and effectiveness

Role of Clinical Research Center

NCI Initiatives

- Continue to strengthen Medical Oncology
- Recruiting new chief of Laboratory of Pathology
- Pathology space renovations in Bldg 10
- Developing an Oncology Imaging Center
- Exploration of a Satellite Center at Suburban Hospital
- Strengthening fellowship training
- Participation in rare diseases clinic

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

Principal Investigator: Frank M. Balis, M.D., 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.

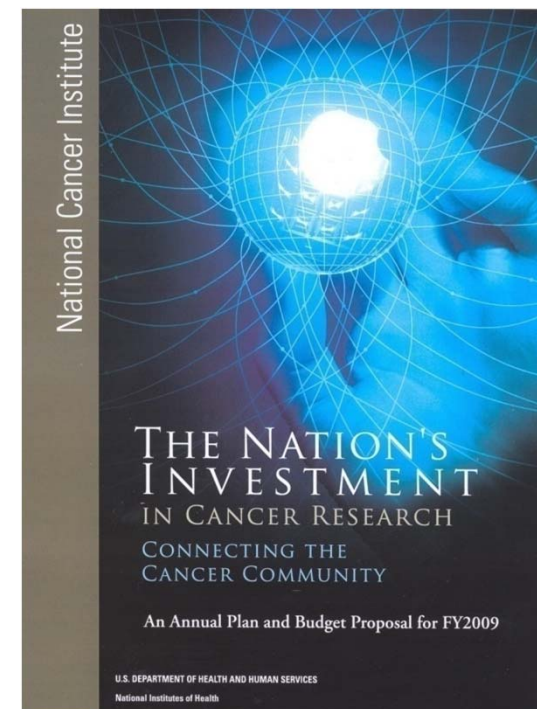
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* No clinical responsibilities

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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	
• Increase success rate for RPGs	65,000
• Basic and translational science for personalized medicine	289,902
• Linking science and technology	209,600
• Reaching all communities	72,100
• Prevention and early detection	131,406
Subtotal	768,008
Total, NCI	\$6,028,386



Dollars in thousands



