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Division of

EXTRAMURAL ACTIVITIES

1984 Annual Report
October 1, 1983-September 30, 1984

U.S. DEPARTMENT
OF HEALTH
AND HUMAN SERVICES

National
Institutes of
Health

National
Cancer
Institute



National Cancer Institute

NATIONAL CANCER INSTITUTE
DIVISION OF EXTRAMURAL ACTIVITIES
ANNUAL REPORT

October 1, 1983 - September 30, 1984

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OFFICE OF
THE DIRECTOR
DIVISION OF
EXTRAMURAL ACTIVITIES

Director: Mrs. Barbara S. Bynum

Deputy Director: Vacant

Associate Director for Program Coordination: Vincent T. Oliverio, Ph.D.

Special Review Officer: Paulette S. Gray, Ph.D.

The Division of Extramural Activities (DEA) is that component of the National Cancer Institute (NCI) which administers and directs the Institute's grant and contract review and processing activities; provides initial technical and scientific merit review of grants and contracts for the Institute; represents the Institute on overall NIH extramural and collaborative program policy committees, coordinates such policy within NCI, and develops and recommends NCI policies and procedures as related to the review of grants and contracts; coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board (NCAB); coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board (NCAB); coordinates program planning and evaluation in the extramural area; provides scientific reports and analyses to the Institute's grant and contract programs; and coordinates and administers the Institute's participation in minority research and training efforts.

The Division currently consists of the Office of the Director, four branches, and the Cooperative Minority Biomedical Program (CMBP). A current organizational chart is shown in Figure 1.

Office of the Director - Personnel Changes

- o Dr. William A. Walter, Associate Director for Review Activities and former Deputy Director, DEA, left the Division for the Office of the Director, NCI, where he was on special assignment until his retirement from government service. .
- o Dr. Mary A. Fink, Special Assistant to the Director, DEA, retired from government service.
- o Dr. Paulette S. Gray joined the DEA as Special Review Officer. She previously was Supervisor of the Clinical Microbiology Laboratory in Landstuhl Regional Medical Center, Landstuhl, Germany with the U.S. Department of the Army.
- o Dr. Lemuel A. Evans joined the staff under the Intergovernmental Personnel Act from Medger Evers College to become Director of the Cooperative Minority Biomedical Program. He was formerly the Director of the Division of Natural Science and Mathematics.
- o Ms. Jo Pelham transferred from the Division of Cancer Etiology, NCI, to assume the position of Administrative Assistant for NCAB Activities.

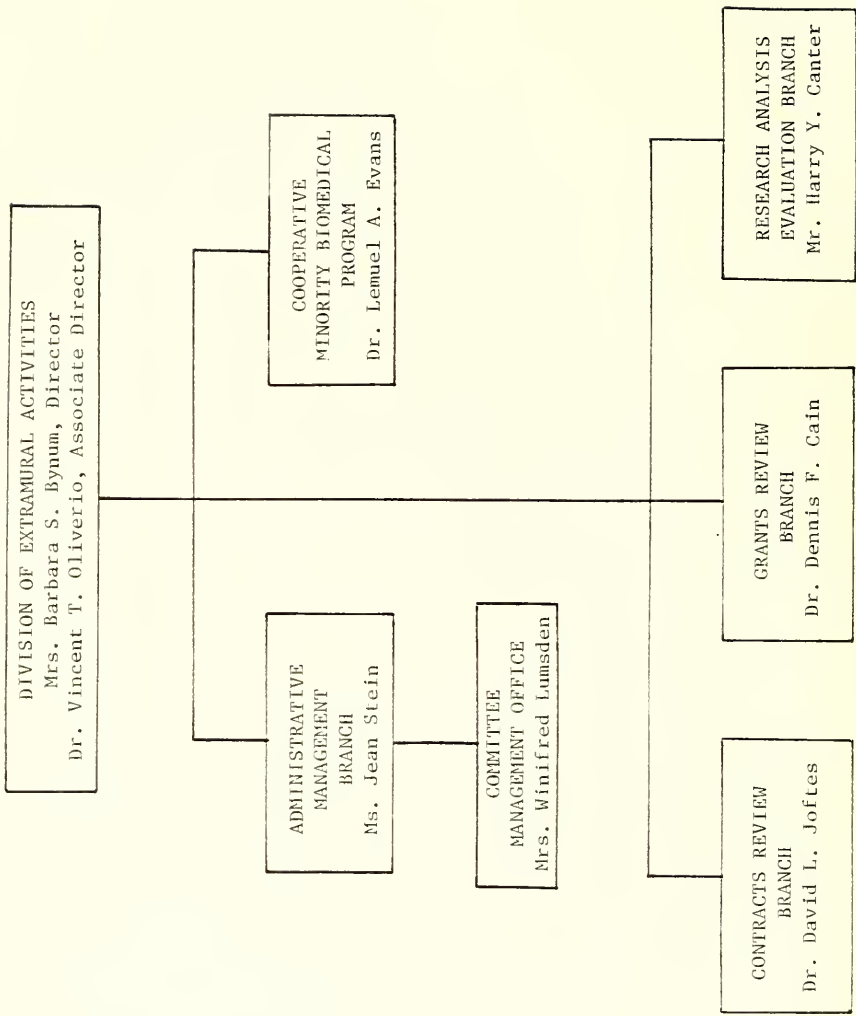


Figure 1.

Office of the Director - Highlights of Activities

Director-

In addition to having primary responsibility for the day-to-day planning, direction, implementation and evaluation of the activities of the Division, the Director has been involved in four important major interfaces with: (1) the NIH Extramural Community representing NCI through membership in the Extramural Program Management Committee (EPMC), (2) the NCI Program staff, through regular meetings with the Divisional Chiefs of Program Directors (CPDs), (3) the National Cancer Advisory Board, as Executive Secretary. The Board has responsibility for the second phase of the grant dual review process and in this role advises the Director, NCI, on policy matters regarding cancer research and training programs and/or planning and operation of the National Cancer Program, and (4) the cancer research community which NCI supports through its extramural programs, and whose members serve in an advisory capacity on Institute peer review committees and Scientific Boards.

During the past year, the Director, DEA, introduced, through presentations to the EPMC, several major initiatives, implementation of which has important implications for all NIH/BID awarding units which utilize that mechanism. Among these were: the revision and restructuring of the NCI Guidelines for the Program Project Grant; development of the Outstanding Investigator Grant, a new mechanism which offers accomplished productive investigators the opportunity to compete for a stable base of research funding for cancer-related studies. This mechanism is an option to applying for support through the usual grant mechanisms in exchange for a long term major commitment of their time and effort to research; institution of the Minority Investigator Supplement, and extrapolation of NCI's "linkage" activities, the aim of which is to engage capable minority scientists in ongoing cancer research, and; extension of the Small Grants concept, through the issuance of a Request for Applications for Small Grants in Cancer Control, the purpose being to induce investigators to pursue control research.

Associate Director for Program Coordination (ADPC)-

The role of Institute RFA Officer was delegated to the ADPC during the past year with the retirement of Dr. Mary Fink. Appropriately, this responsibility involves coordination between program areas of the Institute, Divisions, the Grants Management Office, and Grants Review Branch of NCI, the Division of Research Grants and the Office of the Associate Director for Extramural Research and Training, NIH, of the processing and clearances of Requests for Applications (RFAs), including cooperative agreements, and Program Announcements (PAs) prior to publication in the NIH Guide to Grants and Contracts in accordance with NIH and PHS policies and procedures. During the year, in conjunction with the Grants Administration Branch, new guidelines were developed and issued to NCI staff for expediting the processing and clearance of Cooperative Agreements as well as the publication of RFAs and PAs.

As Divisional representative on the Large Planning Committee of the NCI Office of Program Planning and Analysis, the ADPC had major responsibility for coordinating Divisional inputs into the revision of existing definitions and the development of new definitions of subject areas related to NCI programs with associate dollar levels for inclusion in GENIUS (Grant Elements Network - Internal Users System). The latter system is the core of the operation of the Research Analysis and Evaluation Branch, DEA, and serves as the single source of NCI programmatic information (content plus dollars). Approximately 95 subject areas have been defined and included in the system with appropriate budget information in order to respond to inquiries from congressional sources, other governmental agencies, NCI and NIH administrative and program areas, and the academic sector.

In addition to coordinating for the Institute as a whole the annual November presentation of the Divisional Program Reviews before the NCAB, the ADPC was involved in several other major activities. This included: revision of the Institute's description of programs and associated budget levels for the Catalog of Federal Domestic Assistance; topic coding for the NCI Small Business Innovation Grants for inclusion in the NIH IMPAC system and annual reporting to the Small Business Administration; preparation of descriptions and budget summaries of FY '84 NCI programs related to Women's Health Issues for the Inventory of Public Health Service Activities; revision of the NCI programs descriptions for inclusion in the annual NIH Extramural Programs Booklet; and, revision of the NCI grant referral guidelines for inclusion in the DRG Handbook for Referral to Awarding Organizations.

Special Review Officer-

The major function of the Special Review Officer is the overall planning, development and coordination of the scientific and technical review of grants and cooperative agreements in support of new or special activities of the National Cancer Institute. The more important of these include: (1) coordinating and conducting reviews of special NCI initiatives, such as the Outstanding Investigator Grant (R35); (2) coordination and management of reviews of applications not responsive to usual receipt dates, such as those within the Conference Grant Program (R13s, T14s, T35s) and including the recently announced Minority Investigator Supplement (MIS). As required, Officer serves as executive secretary for the review of applications, such as the clinical investigator awards (K08), cooperative clinical trials (U01), and program projects (P01), usually assigned to the Grants Review Branch, (GRB), DEA.

Conference Program

The NCI conference program is a program with a given budget to support high-priority conferences. Conferences are selected for payment using a variety of criteria and are approved for payment by the NCI Executive Committee. Almost all NCI Conference support is by the R13 grant. Assignment of applications is now to the Special Review Committee (SRC) instead of a No Study Section (NSS). The applications are assigned to program in this office and usually reviewed by mail ballot. A summary of conference related activities is presented in Tables 1, 2, 3, 4, 5, and 6.

Table 1: NCI-REVIEWED CONFERENCE (R13) GRANTS

<u>Reviewed:</u>	<u>Number</u>	<u>Mean Priority Score</u>	<u>Direct Costs Requested</u>	<u>Direct Costs Awarded</u>
Approved				
Awarded*	37	173	\$936,933	\$465,485
Not Awarded	0		--	--
Disapproved	2	--	--	--
Type 5s Awarded				
<u>Total Awarded</u>				\$465,485

Table 2: BID-REVIEWED CONFERENCE (R13) GRANTS--NCI-RELATED

<u>Reviewed:</u>	<u>Number</u>	<u>Mean Priority Score</u>	<u>Direct Costs Requested</u>	<u>Direct Costs Awarded</u>
Approved	28	161	\$895,488	--
Awarded by NCI*	16	154	\$575,391	\$104,931
Not Awarded by NCI	12	206	\$320,097	--
Disapproved	0			
<u>Total Awarded</u>	--			\$104,931

*Based on nine months FY 1984 awards

Table 3: NCI-REVIEWED CONFERENCE (R13) GRANTS BY CANCER ACTIVITY

<u>Cancer Activity</u>	<u>Reviewed*</u>		<u>Awarded*</u>	
	<u>Number</u>	<u>Direct Costs</u>	<u>Number</u>	<u>Direct Costs</u>
Biological Carcinogenesis	5	\$132,152	5	\$75,100
Biochemical Pharmacology	4	222,116	4	60,348
Biological Response	1	9,690		
Cancer Control	2	20,000	1	7,000
Chemical Carcinogenesis	5	115,260	5	58,560
Clinical Treatment	2	86,748	2	20,000
Diagnostic Imaging	1	10,414	1	5,000
Epidemiology	1	73,723	1	15,000
Immunology	4	53,837	4	28,188
Nutrition (DCE)	1	13,000	1	7,000
Radiation Therapy	3	67,834	3	44,304
Tumor Biology	6	135,928	6	65,062
Cancer Detection	2	51,714	2	43,214
Surgical Oncology	1	34,302	1	29,169
Community Activities	1	20,000	1	7,000
<u>Total</u>	<u>37</u>	<u>\$1,046,718</u>		<u>\$465,485</u>

* Based on nine months.

Table 4: BID-REVIEWED CONFERENCE (R13) GRANTS--NCI-RELATED
BY CANCER ACTIVITY

<u>Cancer Activity</u>	<u>Reviewed*</u>		<u>Awarded*</u>	
	<u>Number</u>	<u>Direct Costs</u>	<u>Number</u>	<u>Direct Costs</u>
Biological Carcinogenesis	6	\$211,697	2	\$22,200
Biological Response	1	17,800		
Chemical Carcinogenesis	3	111,650	2	15,000
Clinical Treatment	1	33,525	1	5,000
Diagnostic Imaging	1	60,000	1	9,000
Immunology	8	277,053	5	24,500
Nutrition (DCE)	1	15,231	1	10,231
Tumor Biology	4	124,030	3	16,000
Radiation Therapy	2	50,302		
Biochemical Pharmacology	1	12,000	1	3,000
<u>Total</u>	28	\$913,288	16	\$104,931

* Based on nine months.

Table 5: NCI-REVIEWED CONFERENCE (T14) GRANTS BY CANCER ACTIVITY

<u>Cancer Activity</u>	<u>Reviewed</u>	<u>Direct Costs Requested</u>	<u>Mean Priority Score</u>
Cancer Training	3	\$747,367	201

Table 6: NCI-REVIEWED CONFERENCE (T35) GRANTS BY CANCER ACTIVITY

<u>Cancer Activity</u>	<u>Reviewed</u>	<u>Direct Costs Requested</u>	<u>Mean Priority Score</u>
Cancer Training	1	\$533,155	152

ADMINISTRATIVE MANAGEMENT
BRANCH

Chief: Ms. Jean Stein
Deputy Administrative Officer: Mrs. Annette Romanesk
Committee Management Officer: Mrs. Winnie Lumsden

ADMINISTRATIVE MANAGEMENT BRANCH

The Administrative Management Branch provides comprehensive administrative and management support activities for the Division of Extramural Activities; advises the Division Director and staff on administrative and management problems; plans and directs administrative and management functions of the Division in the areas of general administration, budget, personnel, contracts and interagency agreements, travel, office services, procurement, space management, training and other related administrative areas; advises and assists the Division staff on the legislative, procedural, and policy aspects of administration, and administers the committee management activities of the NCI. The Branch consists of the Administrative Office and the Committee Management Office.

The Administrative Office in Building 31 is staffed by an Administrative Officer who is also Chief of the Branch, Deputy Administrative Officer, Administrative Technician, Secretary, and a Stay-In-School. The Administrative Office in the Westwood Building consists of an Administrative Assistant, a Support Services Specialist, a Grants Management Specialist, two Voucher Examiners and two Mail Clerks. The entire Administrative Office staff from both locations meet once a month to disseminate information and discuss topics of interest.

The AMB is responsible for the formulation, development, management and administration of the DEA budget which in FY 1983 was \$9,985,000. This included \$2,850,000 for the Scientific Review and Evaluation Awards (SREA) to reimburse consultants for peer review of grants and cooperative agreements. The SREA funding in FY 1983 increased \$850,000 over \$2,000,000 in FY 1982. The Cooperative Minority Biomedical Program funded \$2,087,000 in awards to minority institutions, an increase of \$73,000 over \$2,014,000 in FY 1982. The direct operating cost for DEA was \$5,048,000 in FY 1983, an increase of \$1,133,000 over FY 1982.

The Administrative Officer represents the Division as Project Officer on the support contract for assembly and distribution of materials for National Cancer Advisory Board meetings. In addition, she is Co-Project Officer on a contract which provides for support services in the performance of numerous planning and analytical tasks including data collection and analysis as well as general logistics support in the development of related or otherwise required documentation and conference activities of the DEA, GAB, and EFDB. Approximately \$400,000 was expended for contracted activities in FY 1983.

The AMB established a new SREA for the use of the Contracts Review Branch, DEA. This award will enable Contracts Review study section members to be reimbursed on a more timely basis and will allow for consistency between the Contracts Review Branch and the Grants Review Branch in the method employed for reimbursement. Two previously established SREAs are in force in the Grants Review Branch and are monitored by a Grants Management Specialist in the AMB.

The AMB has provided an office in the Westwood Building for the Administrative Officer. She now travels to the Westwood Building to spend one full day a week attending to administrative functions and meeting with DEA personnel as requested.

During 1983 when space became available in the Westwood Building, a large move was prepared by the AMB to allow the Grants Review Branch, the Contracts Review Branch, and a portion of the Office of the Director, DEA to shift offices. This move greatly alleviated an untenable situation where space was unavailable for on-board personnel.

The AMB is responsible for the travel orders, vouchers, and time cards for members of the National Cancer Advisory Board. The Branch arranges reimbursement for travel expenses and consultant fees Board members may incur relative to NCAB activities.

The DEA Awards Committee, chaired by the Administrative Officer, received five Quality Step Increases and five group and individual Cash Awards during FY 1983. The Committee's recommendations were approved by the Division Director and subsequently 14 awards were presented during the year to DEA personnel. In addition, there was one NCI EEO Award presented to a DEA employee.

The activities of the Committee Management Office encompass the development and implementation of policies, guidelines, and procedures for nomination, clearance, invitation, and appointment of members, and the establishment, utilization, financial planning and management of approximately 26 chartered NCI review and public advisory committees requiring the services of some 525 committee members. Committees are divided into two broad categories--scientific review groups and advisory groups. The primary function of the scientific review groups is to determine the scientific merit of research grant applications and contract proposals. The program advisory groups provide broad perspective on the research needs and scientific opportunities of the Institute and their social and biomedical impact.

The Committee Management Office is staffed by a Committee Management Officer, Committee Management Assistant, and a Secretary.

The Committee Management Office provides guidance to the Executive Secretaries of NCI Committees and other NCI management, identifying and advising them of any potential problems in both the nomination process and for committee chartering. The Committee Management Office manages the National Cancer Advisory Board meetings assuring a smooth flow of each meeting by arranging the many details; provides background information at the meetings to each member; keeps the National Cancer Advisory Board abreast of the activities of the NCI by providing them with data concerning the National Cancer Program as requested by NCI officials; processes all personnel papers for NCAB; and provides for the concerns of each of the members.

Among the appointments to NCI advisory committees were the nominations approved by the President of five new members and one reappointment to the National Cancer Advisory Board. Effective July 20, 1984 these members shall have terms extending through March 1990. Included in these appointments was David Korn, M.D. who will serve as Chairperson of the Board through March 1986, and as a member until March 1990.

GRANTS REVIEW BRANCH

CHIEF: DENNIS F. CAIN, Ph.D.

EXECUTIVE SECRETARIES: JOHN W. ABRELL, Ph.D.
PAMELA J. BAKER, Ph.D.
EDWIN M. BARTOS, Ph.D.
ROBERT BROWNING, Ph.D.
SUZANNE FISHER, Ph.D.
HERNON FOX, M.A.
PAUL GARDNER, Ph.D.
RICHARD HSIEH, Ph.D.
WAYNE HURST, Ph.D.
ERIC JURRUS, Ph.D.
MELODY LIN, Ph.D.
ROBERT MANNING, Ph.D.
O.M. MEREDITH, Ph.D.
LEON NIEMIEC, Ph.D.
CYNTHIA SEWELL, M.A.
CAROLYN STRETE, Ph.D.

GRANTS REVIEW BRANCH

The Grants Review Branch is responsible for: (1) internal NCI program assignment of all grant applications referred to the NCI from the Division of Research Grants, NIH; (2) assignment of grant applications for program projects, cancer center core support, construction, training, and other special-purpose grant applications to appropriate NCI review committees; (3) organization and management of the scientific merit review of the applications noted under (2) above; and (4) preparation of summary reports of the evaluations and recommendations of each site visit and each committee review. The Branch also serves as liaison between the Division of Extramural Activities, NCI, and the Division of Research Grants, NIH, in matters related to grant review and referral.

Most investigator-initiated research grant applications (R01, R23, K04) and fellowship applications (F32, F33) are reviewed in the Division of Research Grants. However, a number of special grant mechanisms have been developed to meet the particular programmatic needs of the separate NIH institutes. In the NCI, the Grants Review Branch provides for the initial peer review of a number of special grant instruments: P01 (program project grant); P30 (cancer center core support grant); C06 (construction grant); R18 (cancer control grant); R25 (cancer education grant); T32 (training grant); and U10 (cooperative clinical trials cooperative agreement). Other grant instruments are reviewed as special needs arise.

Applications are also received for ongoing NCI programs or in response to a Request for Applications (RFA) which cannot be reviewed by the chartered review committees due to workload or to the lack of appropriate scientific expertise. In this circumstance, ad hoc committees are formed to review these applications. Special Review Committees (SRC) are formed to review single applications which cannot be reviewed by a chartered committee due to conflict of interest considerations or the lack of appropriate expertise.

The appropriate balance and expertise of each committee, both chartered and ad hoc, are assured by the selection of members who are active investigators and are nationally and internationally recognized leaders in the disciplines relevant to the cancer problem. The breadth of expertise on each committee is determined by the specialty area of the applications that it reviews. Committee recommendations are reviewed by the National Cancer Advisory Board as required by the National Cancer Act.

During the time period of this report, a number of new initiatives were developed by NCI program staff soliciting applications which came to the Grants Review Branch for peer review. These initiatives routinely involve interaction between the Branch staff with the initiating program director during the process of development of the RFA. Applications received in response to each RFA are reviewed by an ad hoc committee, the composition of which is specifically tailored to the series of application under review. In the past year, applications received in response to the following RFA's were reviewed in the GRB: Clinical Investigator Awards (K08 - 37 applications); Cancer Control Supplemental Awards to

Cancer Center Core Grants (P30-S - 5 applications); Surgical Oncology Exploratory Grants (R21 - 21 applications); National Cooperative Drug Discovery Groups (U10-13 applications); Clinical Trial of Low Fat Diet in Women with Breast Cancer (U10-22 applications); Organ System Coordinating Center (U10 - 3 applications); Cancer Control Science Program (P01 - 4 applications); Cancer Construction Grants (CO6 - 6 applications), and Patterns of Care of Elderly Cancer Patients (R01 - 41 applications).

Review Committees

The Cancer Center Support (Core) Review Committee (CCS) provides merit review of Cancer Center Support Grant applications submitted by comprehensive cancer centers, laboratory cancer centers and clinical cancer centers. The peer review activities of the CCS require that the Committee members have a broad knowledge of the basic sciences that contribute new information about the cause and prevention of cancer and of the clinical sciences involved in prevention, diagnosis, and treatment of cancer. In addition, a thorough understanding of the administration and organization of medical schools, universities, and free-standing cancer research organizations is essential. Sensitivity to an institution's organizational and administrative strengths and deficiencies is important. Reviewers must be able to recognize those management practices that promote good research. Cancer Center Support Grant guidelines have been modified to include support for cancer control research programs and six applications for supplemental support for cancer control activities were reviewed. The Committee consists of twenty members who have broad experience in basic and clinical oncologic research and matters of fiscal, administrative, and biostatistical support. They provide advice to the Director, NCI and the NCAB concerning the merit review of Cancer Center Support Grant applications.

The Cancer Clinical Investigation Review Committee (CCI) has as its major function the review of applications for support of cooperative clinical trials and related areas of cancer research. The review of cooperative clinical trials requires that the reviewers be sensitive not only to the usual issues of scientific merit of clinical research, but to the special problems involved in cooperative research where the standardization and effective management of clinical research efforts at multiple institutions, sometimes distributed over wide geographic distances, are also important factors. Review by this Committee provides the NCAB and the Director, NCI, with recommendations concerning the opportunities and problems regarding the clinical assessment of chemotherapeutic agents and multimodality approaches to therapy. The Committee consists of 24 members selected primarily from the areas of medical oncology, pediatric oncology, surgical oncology, gynecologic oncology, radiation therapy, pathology, and biostatistics.

The Cancer Control Grant Review Committee (CCG) reviews applications for grants involving the demonstration and dissemination of methods to reduce the incidence, morbidity, and mortality of cancer. The methods proposed involve one or more of the full range of possible interventions--prevention, detection, diagnosis, pre-treatment evaluation, treatment, rehabilitation, and continuing

care. The Committee also reviews applications for projects involving basic research in cancer rehabilitation. The Committee is composed of 20 members, experienced in implementing cancer control programs, who represent specific disciplines in the clinical, behavioral, educational, analytical, and organizational aspects of cancer control. The Committee advises the NCAB and the Director, NCI, on the scientific merit of cancer control grant applications.

The Cancer Preclinical Program Project Review Committee (CAK) formerly the Cancer Special Program Advisory Committee, reviews applications requesting support of cancer-related program projects in the preclinical sciences. The Committee has 18 members with expertise in the basic sciences related to the cause, treatment, and prevention of cancer. The review activities of this Committee also require a thorough understanding of medical school and university organization, administration of large research programs, and a sensitivity to the effects on the applicant institution associated with large-scale research programs supported by sources external to the institution. The group advises the NCAB and the Director, NCI, regarding the scientific merit of the basic science program project grant applications submitted to the NCI.

The Cancer Regional Studies Review Committee (CRS) provides advice to the Director, NCI and the NCAB concerning the scientific merit of cooperative agreement applications for regional and disease or site-specific cooperative group clinical trials. The Committee has an eight member core group with expertise in medical, surgical, and radiation oncology and biostatistics. It is regularly supplemented by ad hoc members to provide appropriate additional expertise for the particular applications under review.

The Cancer Research Manpower Review Committee (CT) provides advice to the Director, NCI and the NCAB concerning the technical merit of National Research Service Awards which are institutional, multidisciplinary cancer research training grant applications. The Committee has 20 members with expertise in the basic and clinical sciences relating to cancer etiology, prevention, detection, diagnosis, and treatment.

The Cancer Therapeutics Program Project Review Committee (CTR) reviews program project grant applications concerned with drug development and testing, prognostic and diagnostic markers, and clinical studies of cancers. The Committee consists of 20 members with appropriate expertise and it advises the Director, NCI and the NCAB concerning the merit of the proposed program projects.

The Clinical Cancer Education Committee (CEC) was chartered in February 1984. This Committee was formerly the Professional Oncology Education Review Committee and the Clinical Education Review Committee. This Committee reviews applications for grants to stimulate and expand multidisciplinary efforts in cancer education at various educational levels so that physicians and dentists deal more effectively with the clinical aspects of cancer. The Committee consists of 15 members with special expertise in cancer education programs, and it provides advice to the Director, NCI and the NCAB regarding the quality of the proposed education programs.

The Clinical Cancer Program Project Review Committee (CCP) provides merit review of applications requesting support of clinical program projects. The review of large clinical research grant applications requires special expertise in cancer clinical trials; understanding of the special demands of research with human subjects, of hospital and medical school organization, and of the administration of program projects; and, most importantly, detailed expert knowledge of the diagnosis and treatment of all types of cancer. The program project grant applications reviewed by this Committee are primarily concerned with radiation biology and therapy, cancer clinical immunology, and surgical oncology. The Committee provides advice to the Director, NCI and the NCAB concerning the merit of program projects grant applications in these areas of clinical cancer research.

The Grants Referral Office in the Grants Review Branch is responsible for the assignment of all research grant applications to the most appropriate of the 38 separate NCI programs. During the past year, over 4,500 research grant applications (R01, R13, R23 and R43) were so assigned. In addition, the applications for the following grants were assigned to Initial Review Groups within the Branch: 77 program project grants (P01), 30 cancer center core support grants (P30), 3 specialized cancer center grants (P50), 183 cooperative clinical trial grants (U10), 57 cancer control grants (R18), 9 construction grants (C06), 73 training grants (T32), 46 clinical investigator awards (K08), and 59 Exploratory/Developmental grants (R21).

The Referral Officer also serves as the NCI contact person for the extramural scientific community concerning both new initiatives announced as RFAs or Program Announcements and also concerning general issues related to the grant application and review process.

Summary

The chartered, ad hoc, or special review committees of the Grants Review Branch organized and managed the review of 624 grant applications requesting a total of \$814,523,000. Seventy-eight percent or 489 applications were recommended for approval with budgets totaling \$422,386,000 or 52% of the total requested in all of the applications reviewed. The recommended budgets amount to 58 percent of the total requested in the applications approved. A total of \$297,493,000 was disallowed in the approved grants. The review activity of the Grants Review Branch is presented in detail in Tables I - V.

TABLE I

GRANTS REVIEW ACTIVITY - OCTOBER 1, 1983 through SEPTEMBER 30, 1984

(Dollars in Thousands - Direct Costs Only)

Committees	Applications Reviewed			Applications Approved			Overall Approval Rate		
	No.	\$ Requested	PSV	No.	\$ Recommended	\$ Deleted	\$ %	No.	\$
CHARTERED COMMITTEES	445	596,318	85	362	289,502	246,672	52%	81%	48%
AD HOC COMMITTEES	149	106,515	11	101	69,031	14,469	78%	66%	64%
SPECIAL REVIEW COMMITTEES	30	111,690	28	26	63,853	36,352	63%	87%	57%
TOTAL	624	814,523	124	489	422,386	297,493	58%	78%	52%

TABLE II

GRANTS REVIEW ACTIVITY BY CHARTERED COMMITTEES - OCTOBER 1, 1983 through SEPTEMBER 30, 1984
(Dollars in Thousands - Direct Costs Only)

Chartered Comm.	Applications Reviewed			Applications Approved			Overall Approval Rate		
	No.	\$ Requested	PSW	No.	\$ Recommended	\$ Deleted	\$ %	No.	\$
CAK (P01)	20	59,240	18	19	34,123	21,488	59%	95%	58%
CCG (R18)	57	31,645	4	21	9,228	953	60%	37%	29%
CCI (U10)	165	190,560	9	160	97,306	86,548	53%	97%	51%
CCP (P01)	18	59,527	18	18	34,564	24,963	58%	100%	58%
CCS (P30)	23	75,583	16	18	45,515	25,607	65%	78%	61%
CCG (R25)	59	40,951	0	44	12,803	19,885	41%	74%	31%
CRS (U10)	17	13,559	4	17	6,067	7,492	45%	100%	45%
CT (T32)	73	55,726	0	53	22,835	18,863	52%	73%	41%
CTR (P01)	13	70,527	16	12	27,061	40,873	42%	92%	38%
TOTAL	445	596,318	85	362	289,502	246,672	52%	81%	48%

CAK - Cancer Preclinical Program Project Review Committee
 CCG - Cancer Control Grant Review Committee
 CCI - Cancer Clinical Investigation Review Committee
 CCP - Clinical Cancer Program Project Review Committee
 CCS - Cancer Center Support Grant Review Committee
 CCG - Cancer Education Review Committee
 CRS - Cancer Regional Studies Review Committee
 CT - Cancer Research Manpower Review Committee
 CTR - Cancer Therapeutics Review Committee

TABLE III

GRANTS REVIEW ACTIVITY BY AD HOC COMMITTEES - OCTOBER 1, 1983 through SEPTEMBER 30, 1984

(Dollars in Thousands - Direct Costs Only)

Ad Hoc Committees	Applications Reviewed			Applications Approved			Overall Approval Rate
	No.	\$ Requested	PSV No.	\$ Recommended	\$ Deleted	\$ %	
Phase III Breast Trial RFA (U01)	22	20,465	0	14,991	2,856	84%	86% 73%
Patterns of Care for Elderly Cancer Patients RFA (R01)	41	14,216	0	4,174	1,362	75%	36% 29%
CCOP (U10)	4	760	0	0	0	0%	0% 0%
Construction (C06)	8	8,646	8	7,190	1,456	83%	100% 83%
Drug Discovery (U01)	13	33,824	0	17,711	7,415	70%	61% 52%
K08s	37	5,095	0	4,491	14	99%	89% 88%
Organ Systems (U01)	3	19,048	3	18,678	370	98%	100% 98%
Surgical Oncol. (R21)	21	4,461	0	1,796	996	62%	71% 40%
TOTAL	149	106,515	11	69,031	14,069	78%	66% 64%

TABLE IV

GRANTS REVIEW BY SPECIAL REVIEW GROUPS - OCTOBER 1, 1983 through SEPTEMBER 30, 1984
(Dollars in Thousands - Direct Costs Only)

SRC	Applications Reviewed		PSV	No.	Applications Approved		Overall Approval Rate		
	No.	\$ Requested			\$ Recommended	\$ Deleted	\$ %	No.	\$ %
P01	20	76,696	20	19	47,863	27,437	63%	95%	62%
P30	5	19,250	5	5	13,796	5,454	72%	100%	72%
P50	3	11,406	3	1	1,624	3,092	34%	33%	14%
R18	1	939	0	1	570	369	61%	100%	61%
U10	1	3,399	0	0	0	0	0	0	0
TOTAL	30	111,690	28	26	63,853	36,352	63%	87%	57%

TABLE V

GRANTS REVIEW ACTIVITY BY MECHANISM - OCTOBER 1, 1983 through SEPTEMBER 30, 1984

(Dollars in Thousands - Direct Costs Only)

Mechanism	Applications Reviewed			Applications Approved			Overall Approval Rate		
	No.	\$ Requested	PSV	No.	\$ Recommended	\$ Deleted	\$ %	No.	\$ %
C06	8	8,646	8	8	7,190	1,456	83%	100%	83%
K08	37	5,095	0	33	4,491	14	99%	89%	88%
P01	71	265,990	72	68	143,611	114,761	57%	96%	36%
P30	28	93,833	21	23	59,311	31,061	66%	82%	63%
P50	3	11,406	3	1	1,624	3,092	34%	33%	14%
R01	41	14,216	0	15	4,174	1,362	75%	36%	29%
R18	58	32,584	4	22	9,798	1,322	60%	38%	30%
R21	21	4,461	0	15	1,796	966	62%	71%	40%
R25	59	40,951	0	44	12,803	19,885	41%	74%	31%
T32	73	55,726	0	53	22,835	18,863	52%	73%	41%
U01	38	73,337	3	30	51,380	10,641	64%	79%	70%
U10	187	208,278	13	177	103,373	94,040	52%	95%	50%
TOTALS	624	814,523	124	489	422,386	297,493	58%	78%	52%

CONTRACTS
REVIEW BRANCH

Chief: David L. Joftes, Ph.D.

Executive Secretaries:
Courtney Michael Kerwin, Ph.D.
Nabeeh Mourad, Ph.D.
Kendal G. Powers, Ph.D.
Richard A. Rhoden, Ph.D.
Wilna A. Woods, Ph.D.

CONTRACTS REVIEW BRANCH

Introduction

This Branch is responsible for the peer review for technical merit of all research and development, scientific resource, and scientific support contract proposals submitted to the National Cancer Institute in response to Requests for Proposals (RFPs). RFPs may emanate from any Intramural or Extramural Program area, the Office of the Director, NCI, or the respective Offices of the Division Directors. Review of Interagency Agreement Proposals with research content has been made a responsibility of the Branch also. These proposals are reviewed by procedures similar to those used for noncompetitive contract proposals.

To meet its responsibilities the Branch uses five chartered committees, an intramural committee, and ad hoc review groups, as necessary. Ad hoc groups are used to avoid conflict of interest situations and/or to ensure review by peers with appropriate expertise.

Staffing

Each chartered committee is staffed by a Health Scientist Administrator (HSA) supported by a Contract Technical Assistant or a Contract Clerk. The Office of the Branch Chief is staffed by an HSA, his secretary, a Program Analyst, and a Mail and File Clerk. In addition to their chartered committee assignments, the executive secretaries are assigned to organize and support ad hoc review groups according to workload and as their own scientific backgrounds suggest.

Achievement of full staffing has been slower than anticipated but the staff is dealing with the workload without unusual delays in the process. Current restrictions on recruitment will prevent the replacement of one HSA who is leaving and the acquisition of one more support person. The Branch contains 15 people. There will be 17 people in the Branch when we reach full strength.

Operations

As will be noted from Table B, 44% of the RFPs reviewed, or projected to be reviewed this year, were reviewed by ad hoc groups. This is a reduction from last year's 60%. The great diversity of projects which the Institute supports under contract will always require that a substantial fraction of the reviews will be done by ad hoc groups simply because it is not possible to cover all the diverse types of expertise, some of which are only occasionally required, on chartered committees. Scientifically rigorous, thorough, impartial and timely review are assured whether a chartered committee or an ad hoc review group is used; each type has compensating advantages and drawbacks. The Branch has been able to meet its responsibilities using either system and we believe that good quality review has been achieved and timeliness has been maintained.

During this year all chartered committees except the Cancer Control Intervention Programs Review Committee were brought to full chartered strength. The recruitment of members for the Control Committee is now under way. The executive secretary for this Committee expects to complete the initial phases of reviewer selection before the end of this reporting period.

Reporting

The Branch publishes a monthly calendar of reviews to be done. The calendar also shows tentative dates for review meetings as far in advance as they are known. In addition, an internal status report for each RFP is prepared each Friday. RFPs are added to this report in the Request for Contract/Project Plan stage. This report is amended each week as new information is received or changes in status occur. The Branch staff uses this report to monitor progress and assess workload. This report, in conjunction with the computerized pre-award tracking system used by the Research Contracts Branch, enables advance planning to ensure timeliness of review.

A monthly report displays the number of days required to complete each major element in the review process for each RFP reviewed. The time periods followed are: number of days from receipt of proposals to review meeting; number of days from date of review meeting to completion of draft minutes; and number of days from completion of draft minutes to date of submission of official minutes. This tracking enables us to identify systematic delays and to seek ways of eliminating them. Our objective is to achieve an average of 75 days for the complete process. It is most pleasing to report that from October 1, 1983 through May 30, 1984 (the last month for which complete dates are available), the Branch has maintained an average of 68 days for the review cycle. A substantial diminution in the average occurred during the preceding fiscal year and we have been able to maintain the reduced average. Obviously, the relatively rare RFP which elicits a very large response of 30 to 50 proposals will not be completely processed within 75 days. However, the more usual RFPs with two to eight responses can frequently be completed sooner.

Interactions With Other NCI Staff

Cooperation and interaction with program and contracting staff continue to increase. Our staff communications with contracting officers and specialists are growing in number and volume and the interactions between individual staff members have become very positive and mutually supportive. Joint meetings between representatives of CRB and RCB, also attended in some instances by program staff, have helped to define responsibilities and expectations and to indicate needed adjustments in procedures. Many mutually helpful adjustments have been accomplished.

The Branch continues to pursue the objective of joint meetings with program staff of the Divisions. This year such a meeting with the staff of the Division of Cancer Treatment proved to be very helpful in improving procedures and engendering a sense of joint responsibility and cooperation.

Review Activities

Tables A and B together summarize the activities of the Branch. Table A displays the number of competitive RFPs and the number of proposals received in response to them, as well as the numbers of non-competitive renewal contract proposals reviewed. Known totals of requested direct costs for the entire period of performance of each proposal are also shown. Because of the great variability in numbers of responses per RFP and the direct costs of different contract projects, computation of averages is not informative.

Table B presents the number of meetings held and the number of appointed or ad hoc consultants used. The table is divided into known data covering the period up to the end of June 1984, projected meetings, and projected totals for the whole fiscal year. The actual data are reliable, and we have sufficiently reliable advance information to consider the estimates for the whole year to be quite firm.

THE REVIEW COMMITTEES

Biometry and Epidemiology Contract Review Committee. This committee advises the Director, NCI, as well as the Directors of the Division of Cancer Etiology and the Division of Extramural Activities, on the technical merit of contract proposals responsive to RFPs relating to cancer cause, epidemiology and biometry. The committee members must not only be experts in the various aspects of etiology, epidemiology and biometry, but they must also understand the problems and opportunities inherent in epidemiological studies. The consequences and implications of the Committee's recommendations affect a substantial part of the epidemiological research effort in cancer in the United States as well as other countries. This committee is chartered to have 14 members, and is at full strength. The Committee has been meeting regularly.

Developmental Therapeutics Contract Review Committee. This committee advises the Director, NCI, and the Directors of the Division of Cancer Treatment and the Division of Extramural Activities, on the technical merit of proposals for the development of therapeutically useful anticancer agents. The Committee is chartered to have 30 experts in the various fields and disciplines involved in drug development and biological response modifiers. The Committee is at full strength and is meeting regularly.

Clinical Trials Committee. This committee advises the Director, NCI, as well as the Directors of the Division of Cancer Treatment and the Division of Extramural Activities on the technical merit of contract proposals involving clinical trials and related studies. The committee reviews contract proposals from the other Divisions if they are clinical in nature. The committee is chartered to have 25 experts in the various fields and disciplines involved in clinical trials. Fifteen members are currently appointed and a slate of nominations for the remaining ten is being processed.

Cancer Control Intervention Programs Contract Review Committee. This committee advises the Director, NCI, and the Directors of the Division of Cancer Prevention and Control and the Division of Extramural Activities on the technical merit of contract proposals in the fields of cancer prevention, detection, diagnosis, pretreatment evaluation, treatment, rehabilitation, continuing care

and professional and lay person continuing education. Committee members must understand not only the underlying science and clinical medicine involved, but also the implications for cancer control of the activities of significance in the prevention of cancer and the reduction of its morbidity and mortality. Much of the contracts activity involves behavioral science, social science, and education. Current indications are that there will be substantial activity in this area in the future. Therefore, the charter has been retained and the membership will be brought to full strength. An Executive Secretary and a clerical support person have been recruited for this Committee. There are six members currently appointed to the Committee which is chartered to have 24 members. A slate of nominees is being prepared to complete the membership. Contracts actively in the area of this committee's responsibility is increasing and the Committee will be functioning in time to meet the increased need.

Cancer Resources and Repositories Contracts Review Committee. In past years, it became obvious that all of the NCI Divisions use contracts involving blood and/or cell banks, maintenance of tumor lines and/or special animals, information storage and retrieval, distribution of cells, compounds, or animals, and other types of less common resources. The number of RFPs and proposals related to these activities is substantial. Therefore, in the expectation that a specialized, experienced, and well oriented committee would serve the review purpose best, a charter was requested and approved for a committee to deal with the technical reviews required. The assigned Executive Secretary of this Committee will leave the Branch as of July 8, 1984. The duties of the Executive Secretary will be shared by other HSAs in the Branch until such time as it is possible to recruit another HSA. The Committee, chartered to have 20 members, is nearly at full strength and has been meeting as required.

Intramural and Administrative Support Contract Review Committee. During 1981 it was determined that it was in the best interest of NCI to separate review of intramural support contract proposals from program in the same way as extramural contracts review had been separated. The responsibility for review of the intramural laboratory support and administrative support contract proposals was assigned to this Branch. In response to the thought that the review of intramural and administrative contract proposals would be best understood and accomplished by uninvolved Federal employees familiar with the activities requiring support, a committee composed of two subcommittees was authorized by the Director, NCI, for one year as an experiment. Subcommittee A contained 20 members recruited from the senior scientific personnel of NCI Branches which use support contracts. Members do not attend meetings when proposals for contracts for their own Branches are to be reviewed. Subcommittee B is composed of 10 NCI and NIH personnel with administrative or information analysis competence and serves to review contract proposals in support of the administrative activities of the respective Offices of the Director, NCI, and the Division Directors. An Executive Secretary was recruited and a new, four year authorization was requested and approved in FY83. Appropriate Federal scientists from outside as well as within NCI and NIH are serving on this Committee in both subcommittees. The Committee is at full strength and meeting regularly.

Cost of Operation

Based on the known total of direct costs requested (excluding direct costs of proposals to be received after June 30, 1984) and the identified costs of

operation of the Branch for the first nine months of FY84, the cost of operation of the Branch is approximately 0.3% of the direct costs requested. This is an over-estimate because requested direct costs usually amount to approximately one half the total costs awarded to any given contract, and because of the exclusion of the unknown direct costs of the proposals to be reviewed after June 30, 1984.

Table A: CONTRACTS REVIEW ACTIVITY--OCTOBER 1, 1983, THROUGH JUNE 30, 1984*
(CONTRACTS REVIEW BRANCH, DEA, NCI)

Review Groups	COMPETITIVE			NON-COMPETITIVE			Total ** Requested Direct Cost
	No. of RFPs	No. of Proposals in Response	Total Requested: Direct Costs	No. of Proposals	Total Direct Costs	Total No. Proposals	
Ad Hoc	14	104	\$ 47,235,694	9	\$17,272,876	113	\$ 64,508,57
Biometry and Epidemiology	7	38	6,755,977	7	1,325,855	45	8,081,83
Clinical Trials	1	6	2,235,972	-	-	6	2,235,97
Intramural	7	23	18,521,258	3	1,208,650	26	19,729,90
Resources & Repositories	10	45	23,245,550	1	139,137	46	23,384,68
Developmental Therapeutics	5	17	17,466,596	1	780,000	18	18,246,59
Total	44	233	\$115,461,047	21	\$20,726,518	254	\$136,187,56

*As of June 30, 1984, there are fifteen additional competitive RFPs due to be reviewed in FY 1984.
A reliable projection as to the number of responses and their direct costs cannot be made at this time.
These RFPs are excluded from the table.

**Total \$ = Total Direct Costs reported for the entire proposed contract period.

Table B: MEETINGS HELD AND NUMBER OF REVIEWERS USED IN FY 1984

	<u>Actual Through June 1984</u>	<u>Total Projected FY 1984</u>
<u>Meetings</u>		
<u>Ad Hoc</u>	19	22
Chartered Committees	22	28
Site Visits	<u>2</u>	<u>4</u>
Total	43	54
 <u>Reviewers</u>		
Nominated or Officially Appointed Committee Members	107	130
<u>Ad Hoc</u> Consultants	<u>162</u>	<u>177</u> (Estimate)
Total	269	307

RESEARCH ANALYSIS
AND EVALUATION
BRANCH

Chief: Mr. Harry Y. Canter
Deputy Chief: Rosemary M. Cuddy
Scientific Analysis Section: Vivyan K. Barrett, Chief
Technical Section: Dianne G. Ostrow, Chief

RESEARCH ANALYSIS AND EVALUATION BRANCH

Overview of Branch Activities

The Research Analysis and Evaluation Branch (RAEB) serves as the major centralized source of scientific information on NCI-supported research projects. Members of the Branch analyze and index the scientific content of all grants awarded by NCI as well as NCI contracts and intramural projects, and they use an unparalleled computer system for storage and retrieval of this information. Branch members also monitor published results supported by grants through a unique literature surveillance program. This information is widely disseminated throughout NCI--to the other Divisions, Office of the Director, Office of Cancer Communications, Financial Management Branch, Program Analysis and Formulation Branch, and the International Cancer Research Data Bank; to other NIH organizations such as the Research Documentation Section and the Research Analysis and Evaluation Branch of the Division of Research Grants, to other NIH Institutes; and to other Government and private organizations. In addition, staff members compare pending grants and contracts and existing NCI-supported projects at the same institution to assure that there is no project overlap or duplicated support.

Computer Information System: GENIUS

The heart of the operation of the Research Analysis and Evaluation Branch is the Grant Elements Network-Internal Users System (GENIUS), which has been in use since 1975 and has served as a model for computer information systems in several of the other Institutes at NIH. In 1982, GENIUS was declared the official information system for scientific and administrative data related to NCI programs by the Director of NCI.

The bulk of the data base consists of scientific data for NCI grants indexed according to fixed categories as well as specific keywords or phrases taken by the indexer from the text of the grant application. Data can be retrieved in a variety of formats in order to respond to inquiries and prepare reports. Other data available from the system include administrative data from the IMPAC System of the Division of Research Grants (DRG) and an abstract of each grant from the CRISP System.

When completely operational, the Grant Elements Network-Internal Users System will include data from five separate computer information storage files: (1) active research grants and companion history file of terminated grants; (2) unfunded grants and history file; (3) active contracts and history file; (4) intramural research projects and history file; and (5) training programs.

All scientific and administrative data on the active and history files are searchable on the computer. About 86 percent of the active grants, including new proposals and type 2 requests for continuing support, and 13 percent of contracts have been indexed.

The contracts file begins with contracts active as of August 1, 1980. The contract data base is currently dependent on the Information for Management Planning, Analysis and Coordination (IMPAC) System for administrative items. Any data not available on the IMPAC System can be supplied by the Contracts Management System, maintained by the Grants Financial Data and Analysis Branch, Office of the Director, NCI. Once this Branch completes its policy statement on the use of the Contracts Management System, programming efforts will resume to augment data missing from IMPAC. After the GENIUS contract file is completed, the training file will be automated. The intramural project and unfunded grants files, put into operation several years ago, were temporarily inactivated last year due to a lack of staff. This year the unfunded grants file, along with history file, was reactivated.

GENIUS is now maintained and operated solely by the Branch. However, the Division of Computer Research and Technology (DCRT) was instrumental in developing and implementing GENIUS and assists the RAEB in refining the system and making changes to reduce costs. This year, for example, DCRT greatly improved the efficiency of the program for the special interest categories file, which is used to answer questions on topics of special interest to NCI and NIH. They also made major changes in the format of the computer records for GENIUS for the first time since the system was initiated in 1975. The changes, which include expansion of some of the sections and elimination of data no longer needed, required extensive modification of the computer programs and have resulted in greater ease of information retrieval.

Requests for Information

Requests to the Research Analysis and Evaluation Branch are made daily and vary in complexity. Most are now answered by using the GENIUS System, but other sources of information are maintained and used frequently by the Branch. These include copies of grant applications and contract proposals for active projects, progress reports, study section summary statements, reprints of published grant-supported papers, and documents concerning individual trainees and fellows. The Branch has also developed several unique files of information, including one that lists the names and backgrounds of principal investigators on all applications submitted to NCI, whether approved or not, and the names and grant support of all other professional personnel on awarded grants only. This file is used often by RAEB members and by staff of the Review and Referral Branch seeking or verifying the names of scientists with a particular expertise to send on site visits.

The number of requests for information reached 534 in calendar year 1983. Almost half (47 percent) came from the Office of Cancer Communications (OCC), Office of the Director, NCI, and included information to answer letters from the public as well as inquiries from members of Congress and the White House Staff. This high percentage reflects increasing public awareness of NCI programs and the important role the RAEB plays in helping the OCC respond to a wide variety of requests.

The next largest number of requests came from the offices of the program directors in the various divisions of NCI--92 or 17 percent of the total. In many cases, the requests are for listings of NCI awards in important areas of research that may not be adequately funded. By obtaining such information, the program directors can evaluate the need to issue an RFA (Request for Applications) for grants or an RFP (Request for Proposals) for contracts to satisfy poorly supported areas.

The remainder of the requests came from other offices under the Office of the Director, NCI, including the Budget Office; other NIH organizations; and non-NIH organizations and individuals. Because of the continued high rate and complexity of requests, much more time and effort had to be spent this year in the information retrieval process, resulting in fewer staff-hours available for scientific indexing of information for input into GENIUS.

During the past three years, the Branch has received numerous requests concerning long-expired NCI-supported research projects. The only way to obtain information on NCI projects active prior to DRG's computerization in 1960 is to inspect the NIH annual printed listings of extramural projects of all the Institutes. The RAEB has already entered 75 percent of these historical data into a computer file which, when completed, will provide automated access to all NCI research grants and contracts according to subject, principal investigator, institution, and location back to the founding of the Institute in 1937.

This is the third year that the requests, as well as an index of the requests, have been entered into the computer and put on microfiche. Data include the date, requester, and subject. This information makes for an efficient way of avoiding repetition, keeping track of past requests, and analyzing the ways in which the GENIUS system is used and by whom.

Requests cover a wide range of topics from a wide variety of sources. Some examples are given in the following table:

Information Requests to the RAEB, FY 1984

<u>Request</u>	<u>Source</u>
1. Investigators studying ataxia telangiectasia; NCI grants related to blood vessel invasion by tumor cells and lodging of tumor cells in vessels	Office of Cancer Communications (OCC)
2. NCI funding for Alzheimer's disease for FY '83	NCI Budget Office
3. Projects on radioactivity in tobacco	OCC
4. NCI grants and contracts on biotechnology for FY '82	NCI Budget Office for the Secretary, DHHS
5. NCI extramural and intramural projects on speech rehabilitation in laryngectomies	NCI Office of the Director, Congressional Liaison office

6. NCI grants and contracts related to obesity and cancer	Dr. John Cooper, Division of Cancer Etiology
7. NCI grants on diagnostic imaging related to nuclear medicine and ultrasound	OCC
8. NCI support to study effects of wood burning	OCC
9. NCI grants and contracts on laser surgery	OCC
10. NCI grants to study psychological stress factors and cancer at Johns Hopkins and Stanford Universities	OCC

Special Projects

Branch staff continued to devote much time to requests to retrieve and analyze information for special programs and activities. Mr. Harry Canter, Chief of RAEB, and Ms. Rosemary Cuddy, Deputy Chief, along with other members of the staff, were directly involved in providing the necessary information.

Diet, Nutrition and Cancer Program

This is the sixth year that Branch staff has assisted the Diet, Nutrition and Cancer Program (DNCP), established to coordinate all nutrition research supported by the various NCI programs. The function of the Nutrition Program is to collect, analyze, and disseminate information on the interrelationships between diet, nutrition, and the etiology of cancer and the therapy and rehabilitation of the cancer patient for the NIH-wide study on support of nutrition research.

Branch members played a significant role in helping DNCP implement their information function. They identified all fiscal year 1983 NCI grants, contracts, intramural and training projects; estimated the percentage of dollars spent on each award for nutrition research relevant to the Program; and entered these data on a special file, which they provided in machine-readable form to the NIH Nutrition Coordinating Committee. Branch members used these data to help compile the DNCP status report and answer inquiries on NCI support of nutrition activities.

Special Interest Categories (SIC)

In recent years the RAEB has been asked with increasing frequency not only to identify projects in a particular area of research, but also to judge the percent relevance of each topic covered by each project. Consequently, this is the second year that RAEB staff has analyzed the GENIUS indexing and abstract of each NCI project for the percent relevance to special interest research categories compiled by the Financial Management Branch; this year almost 100 categories were considered, more than twice the number of last year.

RAEB staff continually analyzes NCI projects for the special interest categories as new projects are awarded and as the GENIUS indexing is updated for older projects. The category codes and assigned percent relevance become part of the data for each project. Funding for each category can then be automatically calculated by the computer by multiplying the award for the total project by the percent relevance to the category in question.

The special interest categories are being continually updated to reflect subjects of growing interest to the public and Congress. They are used throughout the year to answer inquiries in these areas. Among the categories currently considered to be of special interest are:

- | | |
|----------------------------------|--|
| 1. Environmental carcinogenesis | 10. Chemo-prevention |
| 2. Virus cancer reasearch | 11. Acquired Immune Deficiency Syndrome (AIDS) |
| 3. Biological response modifiers | 12. Hybridomas |
| 4. Vitamin A research | 13. Human T-cell leukemias |
| 5. Birth defects | 14. Hepatitis B virus |
| 6. Ionizing radiation | 15. Childhood Cancer |
| 7. Low-level radiation | 16. Molecular biology |
| 8. Vaccines | 17. Molecular diseases |
| 9. Prevention | |

Other NIH Institutes and Divisions

As the categories of special interest to NCI have evolved, they have incorporated topics that are also of interest NIH-wide. Some of the special category computer files require the entry of special codes and use of custom formats that are consistent throughout all the NIH Institutes. Through the use of these special codes, indexing other than that done by the RAEB can piggyback on the GENIUS System. Included in these areas of common interest and support throughout NIH are the following:

1. Diabetes
2. Digestive diseases
3. Arthritis and systemic lupus erythematosus
4. Blood and blood-related research
5. Population research
6. Maternal and child health
7. Nutrition
8. Alcohol
9. Tobacco and drug abuse

COOPERATIVE
MINORITY
BIOMEDICAL
PROGRAM

Director: Lemuel A. Evans, Ph.D.
Coordinating Executive Secretary:
Ms. Nola J. Whitfield, M.Ed.

COOPERATIVE MINORITY BIOMEDICAL PROGRAM

Description

The Cooperative Minority Biomedical Program (CMBP) is an effort by the National Cancer Institute (NCI) to broaden participation by minorities in cancer-related research and training activities. The current NCI emphasis on achieving national goals in terms of cancer mortality reduction underlines the importance of increased involvement of minority institutions and individuals in the National Cancer Program (NCP).

Background Information

The NCI CMBP was formed in 1975 through two Cooperative Agreements between NCI and (1) the Division of Research Resources (DRR) and (2) the National Institute of General Medical Sciences (NIGMS). Through the DRR agreement CMBP/NCI provides support for NCI mission-related projects of the Minority Biomedical Research Support Program (MBRS). The MBRS program provides expanded opportunities for ethnic minorities to choose and participate in biomedical research careers. The program awards institutional grants for the purpose of assisting faculty at minority institutions to develop biomedical research capability; enhancing the research potential of minority institutions in biomedical science; assisting in providing and developing an appropriate setting in which research activities can best be accomplished; attracting minority graduate students into biomedical research; and exposing minority undergraduates to biomedical research thereby motivating them to pursue research careers.

In a similar arrangement with NIGMS, CMBP/NCI support is provided to recipients of Minority Access to Research Careers (MARC) awards. The MARC program was set up to help minority institutions train greater numbers of scientists and teachers in biomedical disciplines. Four methods of funding are used to achieve this goal: faculty fellowships which provide opportunities for faculty members of 4-year minority colleges, universities, or health professional schools to pursue Ph.D. degrees or obtain postdoctoral training in the biomedical sciences; visiting scientists awards which provide financial support to outstanding scientists-teachers to serve as visiting scientists at minority institutions; honors undergraduate research training, an institutional training grant program aimed at increasing the number of minority students who can compete successfully for Ph.D. degrees in the biomedical sciences and developing strong science curricula and research opportunities at minority schools; and predoctoral fellowships awarded to distinguished graduates of the MARC Honors Undergraduate Research Training Program to help cover living expenses, tuition, and laboratory supplies for these students while they pursue research training leading to the Ph.D. in a biomedical science.

The broader goal of the National Cancer Institute's Minority Program (CMBP) is to provide support to minority scientists to assist in providing increased opportunities for enlarging their capabilities in cancer research and to influence more minority scientists to develop careers as cancer researchers. The Program also seeks to promote: manpower development targeted towards minority shortage areas of specialization; specialized research training of minorities at NCI-supported centers of excellence; the involvement of affected minority populations in the implementation of cancer prevention and intervention programs as well as the participation of minority patients in clinical trials and other treatment programs, especially at minority institutions and hospitals.

Cancer Minority Program Advisory Committee

The Cancer Minority Program Advisory Committee (CMPAC) continues to play a major role in developing NCI minority policy in recommending cancer-related MBRS and MARC applications for initial funding and in evaluating the progress of NCI-supported minority scientists in order to assess their continuing needs. The committee, advisory both to the Director, NCI; Director, DEA; and Director, CMBP, exercises its responsibility in setting CMBP goals; in developing plans for their implementation; in serving as counselors and catalysts to those minority investigators and trainees already funded by the Institute; and in interacting directly with administrators, faculty, and students of minority institutions, particularly the Historical Black Institutions and the Minority Health Professional Schools. The committee has demonstrated its willingness and determination to alter the status quo and to propose innovative approaches to increasing and assuring the continued involvement of minorities in the activities of the NCP.

The advisory committee contains representation from each of the Institute's programmatic divisions and from the review and management branches.

Division of Cancer Biology and Diagnosis

Dr. Brian Kimes, Chief, Cancer Biology Branch
Dr. Collette Freeman, Chief, Tumor Biology Section
Dr. Faye C. Austin, Chief, Cellular Immunology
Section

Division of Cancer Etiology

Dr. Paul Okano, Chemical and Physical Carcinogenesis
Branch
Dr. Jack Gruber, Acting Chief, Biological Carcinogenesis
Branch

Division of Cancer Treatment

Dr. Moreshwar Nadkarni, Program Director, Biochemistry
and Pharmacology Branch
Dr. Alfred R. Smith, Acting Chief, Radiotherapy
Development Branch
Dr. Matti S. Al-Aish, Diagnostic Imaging Branch

Division of Cancer Prevention and Control

Dr. Barney Lepovetsky, Chief, Cancer Training Branch
Dr. Richard Costlow, Chief, Cancer Detection Branch
Dr. Olga G. Joly, Director, Cancer Education Program

Division of Extramural Activities

Dr. Lemuel Evans, Director, Cooperative Minority
Biomedical Program
Ms. Nola J. Whitfield, CMBP Coordinator
Mrs. Barbara S. Bynum, Director
Dr. Vincent T. Oliverio, Associate Director for
Program Coordination
Dr. Paulette Gray, Special Review Officer
Dr. Dennis Cain, Chief, Grants Review Branch
Dr. David Jofte, Chief, Contracts Review Branch
Dr. Richard Rhoden, Health Scientist Administrator, CRB

Grants Administration Branch, Office of the Director, NCI

Mr. Leo Buscher, Chief, Grants Administration Branch
Ms. Angelia Douglas, Grants Management Specialist

The Divisional Directors serve in an ex-officio capacity to the committee.

Minority Investigator Supplement

Fiscal year 1984 marked the announcement of the Minority Investigator Supplement award. This mechanism, designed to encourage participation in cancer-related research by members of under-represented ethnic American minorities will enable the NCI/CMBP to provide additional funds to NCI grantees who initiate an application to support minority researchers in their cancer research projects.

Eligibility. Any domestic institution with an active cancer research grant is eligible to submit a supplemental application on behalf of a principal investigator for the exclusive purpose of including minority researchers in the project.

- A. Minority Investigator - A minority investigator may be described as a U.S. citizen from an under-represented ethnic American nationality (e.g., Black, Hispanic, Native American, Asian, or Pacific Islander). Minority investigators are expected to provide a complete curriculum vitae which includes a list of any research publications. The investigators may be affiliated with the applicant institution(s) or some other institution. The program is not intended to pay stipends

for student trainees or support candidates lacking research background. Investigators must be willing to devote a minimum of 30 percent of their time to the research project.

- B. Research Project - The proposed project for the supplement must be closely related to the currently funded research grant. It may represent an increased effort in an already approved objective of the research project or propose to enhance the effectiveness of the overall research. The nature of the research should provide minority investigators an opportunity to contribute intellectually to the program and to broaden their own potential. The scope of the project will generally be comprehensive enough to require at least two years for completion and the supplemental application should include such a research plan and projected budget sheets. With appropriate justification a one-year supplemental may be acceptable. No new supplemental applications will be accepted in the final year of the current award.

Support. Funding will be made in accordance with the usual NIH policy for supplements. Each minority investigator budget shall not exceed \$25,000 in direct costs and may not include equipment. Funding for the supplement is always contingent on funding of the parent grant.

Progress Report

The position of the Director, CMBP was filled during the past year bringing the number of filled staff positions to three. Twenty-nine minority institutions and approximately 60 minority investigators at minority and majority institutions in the United States were supported by NCI/CMBP.

Actions have been taken to develop new CMBP initiatives in several areas. These include: an American Association of Cancer Research (AACR) oriented Visiting Professors Program which is intended to give minority institutions an opportunity to strengthen their research and teaching capabilities by drawing upon the talents of outstanding scientists from other institutions. A roster of individuals willing to serve as visiting scientists would be established. These scientists, available for visits throughout some designated portion of the academic year, will be able to spend that time in visiting, on a per diem basis, various minority institutions to engage in teaching, student evaluation, lecturing, and discussion with faculty and students. Every effort will be made to motivate students towards careers in scientific research and to establish channels of communication between the institution providing the visiting scientist and the host institution. An AACR Travel Fellowship will provide support for minority student and faculty researchers to attend the annual meeting of the Association. The intent of the program is to increase the attendance of minority scientists at the national AACR meeting and in particular to stimulate the participation of pre- and postdoctoral minority students in cancer research. Award funds would provide registration fee, transportation, meals, and lodging. Also being developed is a clinical research program designed to increase the number of minority patients involved in NCI-supported Cooperative Group Programs. This program will be a cooperative effort between the Division of Cancer Treatment (DCT) and CMBP/DEA. The Cooperative Group Program of DCT was originally initiated to test the new agents from the NCI Drug Development Program. Subsequently, its emphasis on the entire range of clinical therapy of cancer patients including immunotherapy and chemotherapy combined modality

approaches to the improved care of cancer patients. The program is expected to be of special importance in the NCI effort at reducing the mortality rate from cancer by 50 percent by the year 2000.

A significant increase in CMBP funding is projected for fiscal year 1985 for the support of ongoing activities and new initiatives involving minorities.

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