The Researchers' Toolbox

Division of Cancer Control and Population Sciences
NATIONAL CANCER INSTITUTE

A Newsletter of the Division of Cancer Control and Population Sciences of the National Cancer Institute May 2001

DCCPS Organizational Response to Director's Challenge on Health Disparities

Background

The President's Initiative on Race, the Institute of Medicine's (IOM) report on the *Unequal Burden of Cancer*, the National Institutes of Health (NIH) Strategic Plan to Eliminate Health Disparities, and the National Cancer Institute's (NCI) own strategic initiatives and formation of the new Center to Reduce Cancer Health Disparities (CRCHD) are clear evidence of a serious commitment to understand and reduce health disparities in this country.

NCI Center

Dr. Harold Freeman, one of the country's leading advocates for increased research on cancer among vulnerable and underserved populations, has been named the new Director of the CRCHD at NCI. Each NCI division, but especially the Division of Cancer Control and Population Sciences (DCCPS), will link its activities to CRCHD, which is charged with implementing NCI's Strategic Plan to Reduce Cancer Health Disparities, managing the new Special Populations Networks, and formulating policies that will move research into application and thus help close the "discovery into delivery" gap. CRCHD is integral to NCI's plans to meet the Challenge on Reducing Cancer-Related Health Disparities featured in the 2002 budget proposal, *The Nation's Investment in Cancer Research (http://plan.cancer.gov)*.

DCCPS Response

Senior DCCPS leadership considered and discussed a number of options to respond to the challenge. Foremost among these considerations is a desire to build and enhance research on social determinants of cancer incidence and outcomes in all DCCPS programs.

DCCPS has identified coordinators within each program and the Office of Cancer Survivorship to ensure that health disparities-related work is adequately facilitated and supported throughout the division, with appropriate linkages across NCI. A position also is being created in the DCCPS Office of the Director (OD) for a coordinator who will serve as the primary link to the CRCHD. This organizational structure will allow each program to have a specific individual to focus on health disparities research, as well as a central coordinator to ensure that research on health disparities is the cross-cutting topic it truly is.

For example, Dr. Suzanne Heurtin-Roberts, a former medical anthropologist and program director at the National Institute on Alcohol Abuse and Alcoholism, has joined NCI to coordinate health disparities initiatives within the Behavioral Research Program (BRP).

Challenge

DCCPS has an established history of focusing on surveillance and applied research that describes health disparities in cancer. It also is a leader in intervention research to change multi-level behaviors related to health disparities.

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NATIONAL CANCER INSTITUTE

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Editor

For more information, please call **301-435-1505**

Selecting Extraordinary Scientific Priorities for Cancer Research

Past discoveries have led to important advances against cancer. To continue progress in cancer research, we must pursue a path that encourages exceptional science, maintains a heightened pace of discovery and application, and optimizes our ability to overcome this disease. NCI's "extraordinary opportunities for investment" provide a solid foundation for this path to discovery.

How Opportunities Are Selected

Every three years, NCI seeks formal input from researchers, clinicians, and lay experts in the cancer field, asking them to suggest new, emerging research investment areas for the next three-year cycle. The Director of NCI, in consultation with a planning advisory committee, reviews all the ideas submitted and selects new investment areas. In 1998, at the start of the last three-year cycle, NCI received over 250 suggestions from grantees, advisory board members, and advocacy groups.

What Happens Once Opportunities Are Selected

NCI develops specific objectives and plans for each opportunity area. These plans are included in our annual plan and budget proposal, *The Nation's Investment in Cancer Research**, and implemented with input from advisory and working groups. These investments typically generate new research programs; awards; collaborative efforts with other institutes, government agencies, or the private sector; and new or expanded NCI intramural and extramural programs. Over the past few years literally dozens of initiatives have been created within these investment areas.

An extraordinary opportunity for investment is:

- A broad-based, overarching area of scientific discovery that holds tremendous promise for creating important new knowledge about cancer and dramatically advancing our progress toward reducing the human burden of this disease
- A scientific frontier – created by past scientific successes and technological breakthroughs – that, if pursued, will provide an invaluable foundation for all avenues of cancer research, and lead to new and better prevention, detection, diagnosis, and treatment strategies
- An investment that will considerably accelerate the pace of cancer research at all levels and improve our ability to better care for those whose lives have been touched by cancer

An extraordinary opportunity must:

- Respond to important recent developments in knowledge or technology.
- Be implementable with specific defined investments.
- Be described in terms of achievable milestones.
- Hold promise for making significant progress against all cancers.

Our current six areas of Extraordinary Opportunity – Genes and the Environment, Cancer Imaging, Defining the Signatures of Cancer Cells, Molecular Targets of Prevention and Treatment, Research on Tobacco and Tobacco-Related Cancers, and Cancer Communications – embody all of these criteria.

An extraordinary opportunity is not:

- A research project
- A program announcement or request for application
- An effort that focuses on just one form of cancer or advances only one area of cancer research
- A program that emphasizes a circumscribed topic in cancer research
- An effort that can be addressed with a modest commitment of time or funding

* The Nation's Investment in Cancer Research is NCI's annual plan and budget proposal. This document is provided directly to the President of the United States for formulating the budget request to Congress. To view this document, visit *http://plan.cancer.gov.* Copies of the document also can be ordered by e-mail at *cisocc@pop.nih.gov* or by phone at 1-800-4-CANCER.

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Ask the Center for Scientific Review

What are the differences between the Center for Scientific Review and Institute and Center Review processes?

Both the Center for Scientific Review (CSR) and the review units within the Institutes and Centers (ICs) provide the cornerstone of the NIH extramural program—unbiased and expert reviews. As they work toward the same goals, the differences between the two help to ensure a complete review process.

The basics of CSR and IC review are similar. They follow the same standard NIH review policies and both use the CSR Division of Receipt and Referral for receipt, initial processing, and assignment of grant applications. Also, both CSR and ICs have scientific review groups with standing membership and both use special emphasis panels that convene for a single meeting.

The differences lie in some of the details or features of the review process, including:
- types of funding mechanisms usually reviewed,
- range of primary IC assignments reviewed in a single study section meeting,
- degree of interaction between scientific review administrators (SRAs) and IC program staff.

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Types of Funding Mechanisms Usually Reviewed

Center for Scientific Review
- Trans-NIH with standard NIH features
- Investigator-initiated R01 grant applications
- R01s submitted in response to program announcements (PAs)
- Small Business Innovation Research (SBIR) applications
- Small Business Technology Transfer Research (STTR) applications
- Predoctoral and postdoctoral applications

Institute and Center Review Units
- Institute-specific with programmatic focus
- Program project grants (PO1s)
- Training grants
- Career development awards
- Large, multicenter clinical trials
- Applications submitted in response to Institute-specific requests for applications (RFAs) published in the *NIH Guide for Grants and Contracts* and on Institute pages on the NIH Web site
- Research and development contract proposals (ICs solely responsible for technical merit review)

Exceptions

Some exceptions to the general rule about CSR versus IC review exist. For example, CSR reviews:
- Some program projects for the National Institute of General Medical Sciences (PO1s)
- Career awards for the National Institute of Mental Health
- RFAs for ICs on a case-by-case basis as requested, usually for those with a large number of sponsoring Institutes.

ICs sometimes review applications that CSR typically reviews. For instance, the National Institute of Dental and Craniofacial Research reviews the Institute's postdoctoral fellowships and Phase 2 SBIR applications.

Ask CSR

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How are Reviewers Assigned?

The reviewer assignment process has specific governing guidelines that ensure fair reviews.

PHS Act

The Public Health Service (PHS) Act governs the two-stage scientific review process for NIH research grants, including the appointing of reviewers and assigning of applications. The Act gives the Director of NIH (or a Federal designee) the authority to establish scientific groups and appoint their members. As the Federal designee, the Scientific Review Administrator (SRA) recruits members to a study section and assigns them applications. Scientific review groups must have a minimum of three members. CSR special emphasis panels have a minimum of five members, and CSR standing study sections may have many more. At least three reviewers look at each application.

CSR and IC review units function somewhat differently so that between them, they provide the range of services needed for peer review at NIH.

The PHS Act directs the Federal designee to write a report of the scientific review for the appropriate advisory board or council. To ensure the effective communication of any differing views, CSR asks at least two of the assigned reviewers to write critiques before the study session meeting. At least one additional reviewer reads and prepares to discuss the application in depth. Additional reviewers may be assigned for multidisciplinary or amended applications. In practice, including a third, abbreviated, written critique usually ensures adequate coverage of the science.

SRA Considerations

Assigning applications to reviewers is one of the SRA's most important responsibilities. Assignments include reviewers with both expertise and differing scientific perspectives. Other practical details also affect an assignment, such as the reviewer's availability and workload or a possible conflict of interest. SRAs vary the groups of reviewers assigned the same applications to keep a good level of interaction. The SRA may not delegate the assignment of applications, nor may the reviewers assign themselves. The SRA may, however, seek advice from the Integrated Review Group (IRG) Chief and the study section Chair when managing the study section. In fact, the SRA shares the complete assignment list with the study section Chair.

After discussions with the Chair, the SRA may consult senior members of the study section for approval of the assignment list. The SRA may also ask for feedback from the reviewers on whether they are comfortable reviewing a particular application on the grounds of scientific expertise or conflict of interest.

A full workload for a study section member for a regular R01 meeting tends to be about eight written reviews and four reading assignments.

SRAs strive to complete all of their assignments and application mailings at least five weeks before the study section meeting. SRAs may change assignments in the event of latent conflicts of interest or reviewer discomfort with the subject area. Sometimes assignment issues are resolved through a mail review, especially if the scope of the problem is narrow, such as the need for specialized knowledge in reviewing a small part of the application.

DCCPS Organizational Response to Director's Challenge on Health Disparities

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A key measure of the organization's success will be its ability to support the Institute-wide activities in social determinants and health disparities research, especially through its links to the CRCHD. In terms of the divisional mission and goals, the greatly increased emphasis on health disparities research presents a significant opportunity to build on the achievements to date, and contribute to this ambitious new agenda for NCI.

These changes will greatly enhance NCI's ability to conduct and support a wide range of interdisciplinary research on health disparities.

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How to Propose an Extraordinary Opportunity for Investment

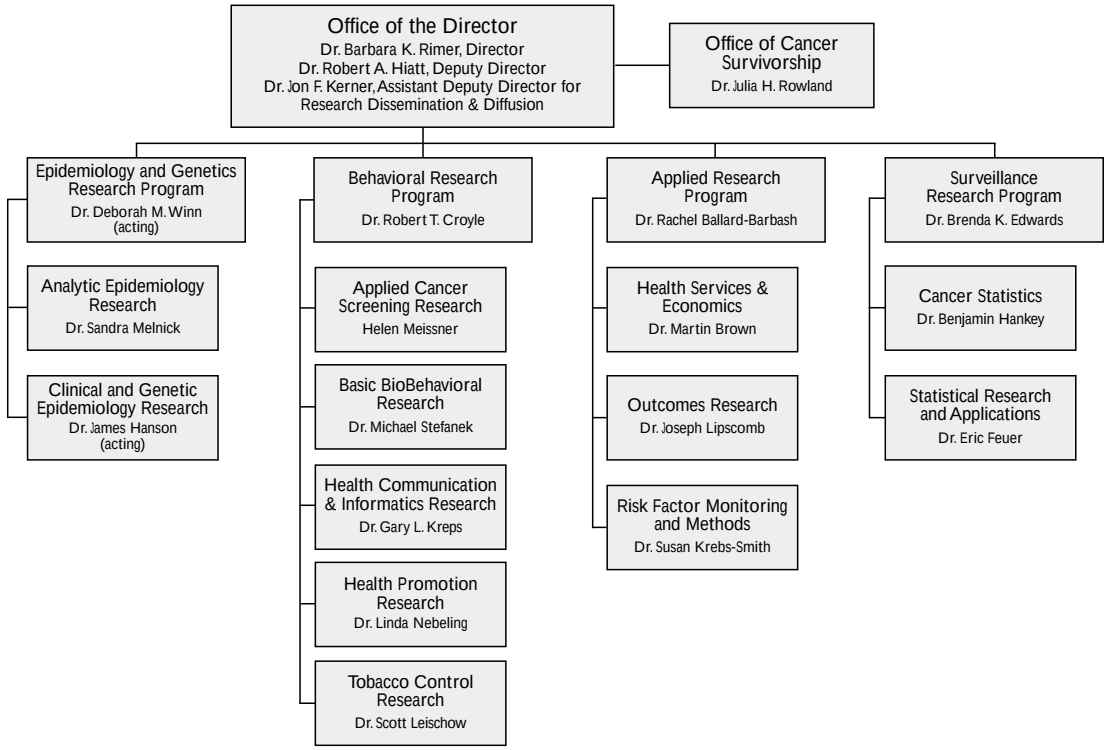
Anyone can propose a new investment opportunity. Ideas can be emailed to *extraordinaryopportunities@cancer.gov,* faxed to 301-435-3876, or mailed to:

Office of Science Planning and Assessment
National Cancer Institute
Building 31, Room 11A03
Bethesda, Maryland 20892

Please send your description **no later than October 15, 2001** and include the following:

- Overall goal
- Recent advances that make the area a timely investment
- Elements that might be included in a plan
- Benefits of investing now versus waiting

DCCPS Organizational Structure



DCCPS Health Disparities Research Coordinators

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Brenda K. Edwards, Ph.D.
Associate Director
301-496-8506
edwardsb@exchange.nih.gov

Policy Notices

Special Attention to be Given to Applications that Address Areas Described by Progress Review Groups

NCI intends to give special attention to research applications that address high-priority recommendations described in the reports of the Progress Review Groups (PRGs) or similar types of priority-setting workshops. Only research in the disease sites highlighted in announcements on the Web site *(http:// cancer.gov/scienceresources/initiatives.html)* will be considered for the purposes of this opportunity.

New announcements will be posted as PRG reports are released. In order to mark an application for special consideration, investigators will be asked to cite the relevant section(s) of the specific report along with an identifying sentence in the background section of their grant applications. Applications citing the report(s) will be identified centrally, and the relevant NCI program directors then will be notified.

Inquiries

Inquiries regarding specific NCI initiatives and grant application procedures should be addressed to the contacts indicated in the announcement. Inquiries regarding the Disease Specific Research Initiatives announcements or Progress Review Groups should be addressed to:

Progress Review Group Coordinator
Office of Science Planning and Assessment
Office of the Director, NCI
31 Center Dr., Bldg. 31, Rm. 11A03, MSC 2590
Bethesda, MD 20892-2590
Phone: 301-496-5515
Fax: 301-435-3876
E-mail: *webmasterospa@mail.nih.gov*

Education Requirement for Human Subjects

On October 1, 2000, NIH began requiring all investigators to participate in education about the protection of human research participants. This policy affects all NIH grant and contract applicants, as well as current grantees with noncompeting awards for research involving human subjects. To satisfy this requirement, the principal investigator can submit a letter, signed by a Business Official, to the NIH. Include in the letter the education completed in the protection of human subjects for each individual identified as "key personnel" in the proposed research. The letter should be filed in the official grant file.

For more information, contact:

Marvin R. Kalt, Ph.D.
Director, Division of Extramural Activities, NCI
Phone: 301-496-5147
Fax: 301-402-0956
E-mail: *kaltm@dea.nci.nih.gov*

An FAQ addresses applications of the education requirement, impact on research fellowships, key personnel, and more. To view the FAQ, please go to *http://grants.nih.gov/grants/policy/hs_educ_faq.htm*.

NIH Modular Grant Applications: Modifications and Update

In response to the many questions, comments, and suggestions received, NIH recently has modified and clarified some of the original instructions and guidance to applicants and applicant institutions regarding modular grants.

http://www.grants.nih.gov/grants/guide/notice-files/NOT-OD-00-046.html

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Publications

Adolescent Smoking

Epstein J, Griffin K, Botvin G. Competence skills help deter smoking among inner city adolescents. Tobacco control 2000; 9:33-39.

Epstein reports on the findings of a longitudinal study conducted during middle school or junior high school with a sample of 1,459 students participating. The study finds that adolescent smoking prevention programs often teach refusal skills in order to help youths resist peer pressure to smoke. The study also suggests that teaching general competence skills as well may help to reduce smoking because youths with better personal efficacy and decision-making skills are better able to implement smoking refusal strategies.

http://tc.bmjjournals.com/cgi/content/abstract/9/1/33 (A subscription is required to download.)

Epstein J, Griffin K, Botvin G. A model of smoking among inner-city adolescents: the role of personal competence and perceived social benefits of smoking. Preventive medicine 2000; 2:107-114.

This study draws from the same data that the study reported in the *Tobacco Control* article does. It tests whether a deficiency in competence (poor decision making skills and low personal efficacy) is linked to acquiring beliefs in the perceived benefits of smoking and whether these perceived benefits are then related to subsequent smoking. Findings highlight the importance of addressing decision making skills, personal efficacy, and beliefs in the social benefits of smoking within adolescent smoking prevention programs.

http://www.idealibrary.com/links/doi/10.1006/pmed.2000.0674 (A subscription is required to download.)

Social and Behavioral Factors Impacting Health

Smedley B, Syme S. Promoting health: intervention strategies from social and behavioral research. Washington, DC: Institute of Medicine, 2000.

Western health often is characterized by its organization around clinical diseases. A new Institute of Medicine report, *Promoting Health: Intervention Strategies from Social and Behavioral Research*, takes a closer look at preventing, rather than merely diagnosing and treating, disease. Factors examined in the 12 papers that comprise the report include socioeconomic and racial/ethnic disparities in health; preconception, prenatal, perinatal, and postnatal influences on health; preadolescent and adolescent influences on health; the behavioral and social dynamics of aging well; the role of mass media in creating social capital; and legal and public policy interventions to advance the population's health.

http://books.nap.edu/catalog/9939.html

Racial and Ethnic Disparities

Brown E, Ojeda V, Wyn R, Levan R. Racial and ethnic disparities in access to health insurance and health care. Los Angeles: UCLA Center for Health Policy Research, 2000.

This report by the UCLA Center for Health Policy Research and the Kaiser Family Foundation is the first of its kind to include information on health insurance coverage and access for subgroup populations of Latinos (Central and South Americans, Cubans, Mexicans, and Puerto Ricans) and Asian Americans/Pacific Islanders (Chinese, Filipino, Koreans, South East Asians, Japanese, and South Asians). It is available online at *http://www.kff.org/content/2000/1525*, or at *http://www.healthpolicy.ucla.edu*. Four new fact sheets on health insurance coverage and access for each of these minority population groups are also now available at *http://www.kff.org/content/2000/1525*. Printed copies of the full report and the individual fact sheets are available from the foundation's publications request line at (800) 656-4533.

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Online Resources

New Cancer Genetics Network Web Site

Established by the National Cancer Institute in 1998, the Cancer Genetics Network (CGN) is a national network of centers specializing in the study of inherited predisposition to cancer. CGN consists of eight centers and an Informatics and Information Technology Group that provides the supporting informatics and logistics infrastructure. A new Web site recently was launched to complement the network and its activities.

http://dccps.nci.nih.gov/CGN

Cancer Family Registries

Two international family cancer registries offer concerned families an opportunity to participate in studies and provide investigators with information and biospecimens to speed important research. One registry focuses on breast and ovarian cancer, the other on colorectal cancer.

http://www-dccps.ims. nci.nih.gov/CFRBCS/index.html (Cancer Family Registry for Breast Cancer Studies)

http://www-dccps.ims.nci.nih.gov/CFRCCS/index.html (Cancer Family Registry for Colorectal Cancer)

Research Resources at Your Fingertips

Cancer communicators and researchers can benefit from NCI Research Resources, a Web-based directory that includes over 100 products and services developed by NCI.

Go to the section on Cancer Communication Resources to find links to CancerNet, PDQ, the Cancer Information Service, and other NCI Web sites and databases. Also at this site is a one-of-a-kind collection of sites with visuals and graphics that can be especially helpful in explaining complex cancer concepts (see "Print, Visuals and Graphics"). You may want to use these materials in developing your own materials on cancer-related topics.

Please share the URL—*http://cancer.gov/resources*—with your colleagues in basic, clinical, and epidemiological research. They may be particularly interested in other components of the directory that include specimens, data sets, computer software, chemicals, animals, and more.

Health Disparities

A new Web site to profile NIH efforts to reduce gaps in racial and ethnic health disparities was launched July 21, 2000. The site includes an FAQ section, background on health disparities issues, related events, a profile of the NIH working group on the topic, and will include the Strategic Plan on Health Disparities once the draft version is finalized.

http://healthdisparities.nih.gov

Inclusion of Women and Minorities Policy Implementation Web Site

NIH's Office of Extramural Research has developed a Web site that provides links to resources, notices, guidelines, and historical documents and references on the inclusion of women and minorities in research.

http://grants.nih.gov/grants/funding/women_min/women_min.htm

Funding Opportunities

Supplements To Promote Reentry Into Biomedical and Behavioral Research Careers

The National Institutes of Health (NIH) re-announces a program for administrative supplements to promote reentry into biochemical and behavioral research careers. These supplements support individuals with high potential to reenter an active research career after taking time off to attend to family responsibilities. The aim is to encourage fully trained individuals to reenter research careers within the missions of all NIH program areas. The administrative supplements to existing NIH research grants will support these individuals in full-time or part-time research. NIH expects reentry scientists who complete a supplement to apply for a career development (K) award or for a research (R or P) award.

http://grants.nih.gov/grants/guide/pa-files/PA-99-106.html

Direct inquiries to:
National Cancer Institute
Chief, Comprehensive Minority Biomedical Branch
6130 Executive Blvd, Suite 620
Bethesda, MD 20892-7405
Telephone: 301-496-7344
Fax: 301-402-4551
E-mail: *ssl65i@nih.gov*
http://deainfo.nci.nih.gov/cmbs/intro.htm

Request For Applications—Centers of Excellence in Cancer Communications Research

RFA-CA-01-019

Objectives:
The NCI invites applications for Centers of Excellence in Cancer Communications Research (CECCRs). The centers will provide essential infrastructure to:
- facilitate rapid advances in knowledge about cancer communications,
- translate theory and programs into practice,
- train health communication scientists.

Description:
Centers must include three or more individual research projects that involve:
- hypothesis-driven research,
- pilot or developmental research projects,
- shared resources,
- career development.

To be effective, research should integrate cancer communications into one or more parts of the cancer continuum—from prevention through treatment, to survivorship and end-of-life issues.

NCI also encourages communications research about challenging topics like cancer information seeking, decision making under uncertainty, and genetic testing. CECCR research should provide insight into mechanisms underlying how people process information. NCI expects interdisciplinary efforts to result in new or improved syntheses, theories, methods, and interventions for diverse populations.

Letter of Intent Due Date: 6/14/01

Application Due Date: 7/11/01

Inquiries
Direct inquiries to:
Gary L. Kreps, Ph.D.
Chief, Health Communication and Informatics Research Branch
Behavioral Research Program
DCCPS, NCI
6130 Executive Blvd.
Bethesda, MD 20892
Telephone: 301-496-7984
E-mail: *gary.kreps@nih.gov*

http://cancercontrol.cancer.gov/communicationcenters/

Recently Cleared Concepts for Requests for Applications (RFAs) and Program Announcements (PAs)

http://deainfo.nci.nih.gov/concepts/concepts.htm

Listing potential future initiatives is meant to provide the earliest possible alert to potential applicants in order to maximize application preparation time. NCI plans to proceed with these initiatives, but their publication and timing is not certain and depends on sufficient funding.

Specific information on each initiative, including receipt date, will be available once the RFA or PA is published.

Policy Notices

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Financial Conflicts of Interest and Research Objectivity: Issues for Investigators and Institutional Review Boards

Any research links with industry raise the prospect that scientific advances will bring financial gain as well. The opportunity for investigators' personal financial gain or reward is not intrinsically unacceptable. However, recent highly publicized instances of apparent financial conflicts of interest have generated concern within the research and lay communities. Because such conflicts of interest pose complex issues and threats to the integrity of research, NIH has issued several points to consider and held a public consultation on this issue in the Summer of 2000.

http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-040.html

Monitoring and Oversight of Extramural Applications and Awards

NIH has issued two policy announcements that have implications for the monitoring and oversight of extramural applications and awards. NIH asks peer reviewers, under the general rule of human subjects issues, to consider plans to address the following two concerns in evaluation of the merit of applications:

1. Educational Requirement for Researchers Using Human Subjects (described earlier in this article) (*http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html*)

2. Data Safety and Monitoring Plans in Phase I and II Clinical Trials (*http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html*)

New Investigator R01s: Guidelines for Reviewers

NIH has a new policy to provide investigators maximum freedom to identify the level and period of support needed for their planned work. This policy encourages new investigators to submit traditional research project grant (R01) applications. The purpose is to enhance new investigators' opportunities to establish careers in research.

http://www.csr.nih.gov/guidelines/newinvestigator.htm

Inclusion of Public Representatives and Participants in Scientific Peer Review

NIH recently has recognized the potential value of public participation in the peer review of research grant applications, particularly for studies that directly involve human subjects. The Peer Review Oversight Group, which provides advice to the Director of NIH regarding peer review policies and issues, is developing general guidelines for the inclusion of public representatives as participants in the NIH peer review process.

http://grants.nih.gov/grants/peer/public_in_peer_review.htm

New Branch Formed

DCCPS established the Applied Cancer Screening Research Branch (ACSRB) on October 1, 2000. Helen Meissner heads the new branch.

ACSRB staff members Veronica Chollette, Helen Meissner, Lisa Thompson, and Arlene Coit

ACSRB plans, implements, and maintains a comprehensive research program to develop effective strategies for promoting screening methods known to reduce cancer morbidity and mortality. The branch employs interdisciplinary teamwork and collaboration with appropriate organizations and constituencies to establish a national research agenda for cancer screening.

ACSRB is charged with stimulating and facilitating innovative programs that address gaps in applied cancer screening research. It promotes programs at the Federal, State, community, and individual levels to improve the numbers of Americans from diverse socioeconomic, cultural, racial, and ethnic backgrounds who receive appropriate cancer screening and follow-up care. ASCRB will serve as a national model for supporting the development and testing of innovative methods, theories, and strategies that increase the use of proven cancer screening technologies.

Publications

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NAS Report on Future Needs for Scientists

The National Academy of Sciences' Committee on National Needs for Biomedical and Behavioral Scientists, chaired by Dr. Howard Hiatt, has released the 11th edition of the congressionally mandated study on the NIH extramural research training programs. The report, *Addressing the Nation's Changing Needs for Biomedical and Behavioral Scientists*, calls for a gradual expansion of the National Research Service Award (NRSA) program coupled with a corresponding reduction in the number of graduate students and postdoctorates supported by NIH research grants. The report also includes recommendations related to the quality of training, the racial and ethnic diversity of the research work force, and the declining participation of clinicians in biomedical research.

http://grants.nih.gov/training/nas_report/index.htm (PDF format)

http://www.nap.edu/books/0309069815/index.html (HTML format)

The Researchers' Toolbox

http://cancercontrol.cancer.gov/TOOLBOX/

Division of Cancer Control and Population Sciences
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6130 Executive Blvd. MSC 7330
Bethesda, MD 20892-7330

First-class Mail
Postage & Fees Paid
DHHS/NIH
Permit No. G-806