NCI Update to SITC

SITC Annual Meeting
November 7, 2014

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Program Director
Clinical Grants & Contracts Branch
Cancer Trials Evaluation Program, DCTD
National Cancer Institute
TOPICS

• Grant Funding Update

• Current and pending Program Announcements and policy changes reminders

• NCI-held Immune Modifiers and NCI ETCTN updates
Appropriation to NCI Dollars (Millions)

National Cancer Institute
## Number of RPGs Awarded FY12-FY14

<table>
<thead>
<tr>
<th>Research Projects</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
</tr>
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<tbody>
<tr>
<td>Competing</td>
<td>1,220</td>
<td>1,195</td>
<td>1,378</td>
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<tr>
<td>Non-competing</td>
<td>3,801</td>
<td>3,621</td>
<td>3,436</td>
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<tr>
<td>Total</td>
<td>5,021</td>
<td>4,816</td>
<td>4,814</td>
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Competing RPGs FY2004-FY2013
Awarded vs. Total Requested
Decline in Success Rate from 23.6% to 13.6%
Percent Share of Total RPG Funds FY13

FY 2013 Percent Share of Total RPG Funds

- R01, 59.1%
- P01, 11.6%
- RFA, 10.2%
- R03, 0.8%
- R21, 4.1%
- R33, 0.0%
- SBIR/STTR, 3.6%
- Program Evaluation, 3.8%
- Other RPGs (U01, U19, R56, R37, R15, DP2), 6.8%

National Cancer Institute
Awards by Activity Code FY04- FY13

National Cancer Institute
FY2013 Awarded vs. Number of Applications of Percentiled R01s
Opportunity for Funding of Meritorious Applications by
“Exception”
NIH FY2015 Budget News

- NIH is currently funded under the Continuing Appropriations Act, 2015 (Public Law 113-164) which funds the government until 12/11/2014.

- Funding is continued at the FY 2014 level and all legislative mandates associated with FY 2014 remain in effect.

- See [NOT-OD-15-001](#) for additional details

- Stay tuned for additional guidance.
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Collaboration with NIH Clinical Center

• PAR-13-029: Opportunities for Collaborative Research at the NIH Clinical Center
  • Cross-institute (eg. NCI, NHLBI, NIAID) cooperative agreement
  • Take advantage of unique patient population & investigator expertise
  • Milestone Plan and Collaboration Plan with NIH clinical center
  • Requires Pre-application (X02) and letters of support from NIH clinical center officially confirming interest
  • **Budget**: $500K direct costs/yr, 3 years (maximum, shared by extramural and intramural partner)
  • Next Due dates:
    • X02 pre-application due: December 10, 2014
    • U01 application: March 20, 2015
  • Contact: Dr. Min Song, Program Director, CGCB/DCTD; songm@mail.nih.gov
Revisions (supplements) for Research on Metabolic Reprogramming to Improve Immunotherapy

• Supplement R01s (PAR-14-085), P01s (PAR-14-087), U01s (PAR-14-086)

• Stimulate collaborative, cross-disciplinary research

• Supports expansion of scope of funded project to:
  • Understand how changes in metabolic features of tumor and/or tumor microenvironment can alter immune effector functions
  • Use this information to propose ways to manipulate metabolic pathways identified to enhance tumor kill

• Next Due Date: December 14, 2014 (2 times/yr)

• Contact: Dr. Kevin Howcroft, Program Director
  • Cancer Immunology and Hematology Branch, Division of Cancer Biology (howcroftk@mail.nih.gov)

National Cancer Institute
The Pathway to Independence Award in Cancer Research (K99/R00) PA-14-042

- **Objective:** help outstanding postdoctoral researchers complete needed, mentored training and transition in a **timely** manner to independent, tenure-track or equivalent faculty positions.

- **Eligibility:**
  - US citizens or non-citizens (domestic institutions)
  - less than **4 years** of postdoctoral research training
  - Cannot have held an independent faculty or tenure-track position (at the time of application/ award)
  - No individual NIH K or R award

- **Research:**
  - Starting Feb. 2015: **all areas** of cancer research
The Pathway to Independence Award in Cancer Research (K99/R00) - Kangaroo

- **Mentored Phase (K99) (1 - 2 years):**
  Supports mentored postdoctoral research training
  Allowable Costs: Salary: $100K/year; Research Support: $30K/year

- **Tenure-track Assistant Professor Position (or Equivalent)**

- **Independent Scientist Phase (R00) (up to 3 years):**
  Supports independent research project
  Allowable Costs: Salary, fringe benefits, research support: $249K/year
Transition Career Development Award (K22) PAR-12-121

- **Objective:** support non-independent investigators in transitioning to their first independent tenure-track positions

- **Eligibility:** US citizen or permanent resident; mentored, non-independent investigators, \( \geq 2 \) and \( < 8 \) years post-doc training

- **Duration of Award:** 3 years (non-renewable)

- **Available costs:** Salary, $100K/yr; supplies, $50K/yr; F&A, 8%

- **Requirements:** Submit R01 (or equivalent) prior to the end of the 2\(^{nd}\) year of support
Program Contacts
Cancer Training Branch, Center for Cancer Training

- K99/R00: Michael Schmidt, PhD
  E-mail: mschmidt@mail.nih.gov

- K22: Sonia B. Jakowlew, PhD
  E-mail: jakowles@mail.nih.gov

- http://www.cancer.gov/CCT
Upcoming PAs/RFAs

• Assay Validation for High Quality Markers for NCI-supported Clinical Trials
  • Phased UH2/UH3 innovation/development cooperative agreements
  • UH2: analytical validation
    • Assay development
    • Validation of the assay
    • $275K/yr direct costs, 2 yrs of support
  • UH3: clinical validation
    • Support for acquiring specimens; associate marker with clinical endpoint
    • Both retrospective and prospective studies
    • Up to 4 yrs of support at $250K/yr direct costs
  • Competitive (revision) supplements to existing P01s, R01s
    • Approved concept to be published late 2014, early 2015
    • Contact: Dr. John (Kim) Jessup at CDP/DCTD/NCI: jessupj@mail.nih.gov

• Another release of Provocative Questions RFA planned for Spring, 2015
Electronic Submission Updates

Multi-Project Applications

- **ALL** multi-project application submissions have transitioned to Application Submission System and Interface for Submission Tracking (ASSIST)
- More at: NOT-OD-13-075
- Stay tuned for single-project ASSIST!

Progress Reports

- RPPR required for **ALL** type 5 progress reports (SNAP and non-SNAP) submitted on or after October 17, 2014: NOT-OD-14-092
NIH Implementation of New HHS Closeout Requirements

New requirements being implemented for all grants with project end dates of 10/1/2014 and later:

- Shorter timeframe to complete process (including resolving financial discrepancies)
- New requirements for NIH to initiate “unilateral” closeout if reports are missing or unacceptable
- May result in a debt obligation to the grantee

All close-out documents are due within 90 days of project period end date (but NIH extending the submission requirement to 120 days is anticipated)

Failure to submit timely reports may affect future funding to the organization (see NOT-OD-14-084 and Closeout FAQs)
Genomic Data Sharing Policy

- **NOT-OD-14-124** details new GDS Policy
  - Promotes sharing of large scale genomic data generated by NIH research (limited to “large scale”)
  - Includes human, non-human and model organism data
  - See [http://gds.nih.gov/pdf/supplemental_info_GDS_Policy.PDF](http://gds.nih.gov/pdf/supplemental_info_GDS_Policy.PDF)

- **NOT-OD-14-111** details GDS implementation for applications and awards
  - Becomes effective with the 1/25/15 application due date
  - GDS plan will be “commented on” in peer review, but not a factor in overall score
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IL-15

- NCI Biopharmaceutical Development Program-produced rhIL-15
- Drug Master File held at CTEP/DCTD/NCI
- **Five ongoing IL-15 IND studies:**
  - Single agent bolus infusion (closed) and low dose continuous infusion, NCI Clinical Center (open; T. Waldman & K. Conlon)
  - Subcutaneous IL-15 for patients with solid tumors (CITN)
  - Haplo-NK donor cells plus IL-15 for AML (J. Miller, U. Minnesota)
  - IL-15 for pediatric cancer (NCI Clinical Center, C. Mackall)
  - IL-15 plus IL-2 for ex vivo expansion of T cells for adoptive immunotherapy for melanoma (M. Nishimura, Loyola)
- For clinical uses, submit LOI to CTEP and cross-file CTEP IND (H. Streicher/CTEP, contact)
- For pre-clinical uses, contact J. Yovandich, BDP/NCI Frederick
Other NCI/BDP/CTEP Cytokines

- **IL-7**
  - rhIL-7 (E.coli) produced by NCI/BDP: available for pre-clinical studies (contact J. Yovandich, BDP)
  - Company-supplied GMP-grade mammalian IL-7 lots have changed hands and are now available for NCI and CITN clinical studies
  - NCI in discussions for new production lots of clinical grade IL-7

- **IL-12**: small amounts of clinical grade available from NCI (H. Streicher, CTEP)
Anti-PD1: 2 CTEP-Sponsored Agents

- CTEP has CRADAS with 2 company partners
- LOIs received in response to 2 Mass Solicitations (over 90)
- Solicitations for virally-mediated diseases, rare solid tumors (e.g. sarcoma), hematologic malignancies (e.g. AML); combinations
- Nivolumab (H. Streicher, contact)
  - 15 LOIs going forward for further review including 4 outside solicitation
- Pembrolizumab (E. Sharon, contact)
  - 3 LOIs going forward for further review from solicitation; 1 outside
  - 2 CITN protocols (Merkel Cell Carcinoma and Mycosis Fungoides) approved (outside solicitation); trial development underway
- Other checkpoint blockade inhibitors under discussion for future protocol development in the Experimental Therapeutics Clinical Trials Network (ETCTN)
Goals and Objectives of the ETCTN

• Research and Development for New Treatments
  • Dose and schedule in early treatment trials
  • Novel combination therapies
• Tumor Characterization in Biomarker-driven studies
  • Molecular characterization: expression, sequence and epigenetics
  • Validated biomarker assays in qualified labs
  • Functional imaging
• Enhanced understanding of cancer biology
  • Bedside to bench and back
• Education and Training for young investigators
Integration of NCI-Sponsored Experimental Therapeutics Programs: Team Science for Project Development

Clinical
(Experimental Therapeutics Clinical Trials Network)

Translational Components

NCI Team Science
*Project Team*

Centralized Support

Cancer Biology

National Cancer Institute
Extramural Project Team

- **Team members**
  - Clinical scientists
  - Translational scientists with biomarker and imaging expertise
  - Cancer biologists

- **Tasks**
  - Initial NCI agent drug development plan
  - Description of clinical projects/protocols
  - Biomarkers appropriate for agent development
  - Outline of preclinical studies: preliminary or concurrent

- **Presentation**
  - Initial NCI agent drug development plan
  - Input from the Investigational Drug Steering Committee
Project Team Announcement and the Project Team Member Application

• Project Team Announcement (PTA)
  • Replaced the Mass Solicitation

• Project Team Member Application (PTMA):
  • Investigator applies as either a clinical, translational, or cancer biologist
  • NIH biosketch with statement indicating pertinent expertise
  • Affiliation (UM1, U01, NCTN, Consortium) specified
  • CTEP Protocol Review Committee reviews to select PT members

• PT identifies members for developing agent development plan

• Principal Investigators on the trials are selected from PT clinicians

• Current status: Project team activities for 2 agents in late development and for 4 agents in earlier development stages
New Development Cycle for NCI Experimental Therapeutics

NExT Special Emphasis Panel and Development Committee Reviews

NCI Project Team and CTEP Program Meeting: Preliminary Development Plan

SAC I Review

CRADA negotiation

Extramural Project Team: Finalized Development Plan & IDSC Review

Sac II Review

LOI/Protocol submission

National Cancer Institute
Program Contacts

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  – Clinical Grants and Contracts Branch
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    • Percy Ivy, M.D., ETCTN Program Director: ivyp@mail.nih.gov
• Biopharmaceutical Development Program, NCI Frederick
  – Jason Yovandich, Ph.D., yovandj@mail.nih.gov
  – Steve Creekmore, Ph.D., Chief, Biological Resources Branch, DTP, DCTD, NCI: creekmos@mail.nih.gov