National Cancer Institute

Cancer Prevention Fellowship Program

2016 Application Catalog

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Cancer Prevention Fellowship Program

APPLICATION DEADLINE: AUGUST 25

Contact Information:
David E. Nelson, M.D., M.P.H.
Director
Cancer Prevention Fellowship Program
National Cancer Institute
9609 Medical Center Dr.
Room 2W138, MSC 9712
Bethesda, MD 20892-9712

For overnight delivery:
9609 Medical Center Dr. Room 2W138
Rockville, MD 20850

Further inquiries:
Program Coordinator
Cancer Prevention Fellowship Program
Telephone (240) 276-5626
Fax (240) 276-7883
E-mail cpfpcoordinator@mail.nih.gov

Website:
http://cpfp.nci.nih.gov

IMPORTANT DATES:

Application deadline: August 25
All application materials must be submitted by this date.

One-day interview: October

Notification: Mid-November

Appointment starts: June

Table of Contents

3 **Director's Message**

4 **Program Description**
4 **Overview**
5 **Master of Public Health**
6 **Mentored Research**
7 **Additional Research Opportunities**
7 Ireland-Northern Ireland-NCI Cancer Consortium
8 NCI-FDA Joint Training in Cancer Prevention
9 Clinical Cancer Prevention Research
10 **Master in Clinical Investigation**
11 **NCI Summer Curriculum in Cancer Prevention**
15 **Other Program Components**
15 Molecular Prevention Laboratory Course
15 Annual Cancer Prevention Fellows' Scientific Symposium
15 Fellows' Research Meetings
15 Cancer Prevention and Control Colloquia Series
16 Grants and Grantsmanship Workshop
16 Presentation Skills Course
17 Leadership and Professional Development Training
17 Additional Training
17 Field Experiences

18 **Program Information**
18 **Eligibility**
19 **Stipends and Benefits**
19 **Selection and Interview**
19 **Start and Duration of Appointment**

20 **Guidelines for Application**
20 **Application Materials**
21 **Information to Include in *Curriculum Vitae***
22 **How to Submit Application Materials**

23 **Preceptorships**

37 **Post-Fellowship Employment**

39 **Life Outside the NCI**

Cancer Prevention Fellowship Program 2014

Bottom Row L-R; *Gabriella Anic, TusaRebecca Schap, Ashley Vargas, Sarah Nash, Krystle Kuhs, Kristin Litzelman, Stephanie Fowler, Sarah Keadle*

Second Row L-R; *Ashley Felix, Minal Patel, Annalisa Gnoleba, Nish McCree, Felisa Gonzales, Naomi Walsh, Jocelyn Lee*

Third Row L-R; *Dan Beachler, Maeve Mullooly, Marie Bradley, Kenneth Gibbs, Farzana Walcott, Mateo Banegas*

Fourth Row L-R; *Shakira Nelson, Ron Eldridge, Shelley Bluethmann, Britni Belcher, Lisa Signorello*

Top Row L-R; *Tamika McKay, Emily Vogtmann, Jeanne Murphy, David Nelson, Matthew Thompson*

Not Pictured; *Mandeep Virk-Baker, Vinay Prasad, Qian Xiao*

DIRECTOR'S MESSAGE

Preventing cancer is one of the most important scientific and public health goals of the 21st Century. To achieve that goal, the Nation needs leaders: scientists and health professionals trained in the principles and practice of cancer prevention and control. At the National Cancer Institute (NCI) the Cancer Prevention Fellowship Program (CPFP) provides state-of-the-art training in cancer prevention and control.

The centerpiece of the CPFP is mentored research at the NCI. With input from senior scientific mentors and from program scientific staff, each fellow develops original scientific projects and reports findings at scientific meetings and in leading journals. The primary goal is for each fellow to develop an independent research program in cancer prevention.

Research opportunities for Cancer Prevention Fellows reflect the broad origins and applications of many biomedical sciences relevant to public health and clinical medicine. Opportunities exist for basic science laboratory studies, clinical studies, epidemiologic studies, intervention trials, health services research, and studies of the biological and social aspects of health behavior. Examples of specific research opportunities and individual mentors at the NCI are found in this catalog and on our website. Further, an initiative of the NCI and the Food and Drug Administration (FDA) affords fellows the prospect of applying research in drugs, biologics, medical devices, or other areas to the field of cancer prevention.

The CPFP also offers an opportunity for fellows to receive a Master of Public Health (M.P.H.) degree at any 12-month accredited program in the United States. Other educational activities include the NCI Summer Curriculum in Cancer Prevention, weekly seminars, and professional development workshops.

Our program is regularly evaluated and growing. Our alumni can be found across the country taking the lead at cancer centers, universities, government agencies, research firms, policy organizations, and in clinical practice. Many former fellows now act as mentors, assisting those who are following in their footsteps.

As Director of the CPFP, I am committed to providing a comprehensive postdoctoral program that is flexible enough to permit individual creativity and resourceful enough to provide opportunities for meaningful discoveries. Structured to promote a collaborative spirit of fellowship, the program recruits diverse applicants. We work hard to provide an equitable and competitive application process. We believe that the CPFP provides a solid foundation upon which fellows can build knowledge and experience and become leaders.

On behalf of all of us who are committed to eliminating death and suffering from cancer—patients, physicians and nurses, researchers, other scientists, and the general public—I urge you to join us in this endeavor. Please read the eligibility requirements and submit your application. We look forward to hearing from you.

David E. Nelson, M.D., M.P.H.
Director, Cancer Prevention Fellowship Program
National Cancer Institute

Program Description

Overview

The overarching goal of the CPFP is to provide a strong foundation for scientists and clinicians to train in the field of cancer prevention and control. As part of the program, we offer training toward an M.P.H. degree (if necessary) at an accredited university during the first year, followed by mentored research with investigators at the NCI. Outstanding opportunities for cutting-edge research in the basic, quantitative, social and behavioral sciences, in clinical cancer prevention, and in other areas have been the hallmarks of the CPFP since its inception in 1987. Furthermore, a partnership between the NCI and FDA provides opportunities for prevention research in drugs, biologics, and medical devices. Other educational opportunities are provided throughout the fellowship to complement the research training, including the NCI Summer Curriculum in Cancer Prevention; the Molecular Prevention Laboratory; the NCI Cancer Prevention and Control Colloquia Series; and the weekly Fellows' Research Meeting. Additional leadership and professional development training opportunities are available within the NCI and elsewhere. These aspects of the program, as well as eligibility requirements, application procedures, and a glimpse at life in the Washington, D.C. area, are described in this catalog. Additional information about the CPFP can be found on our website at **http://cpfp.nci.nih.gov**.

Master of Public Health

One of the unique features of the CPFP is the opportunity to receive formal, academic training in public health. By pursuing an M.P.H. degree, fellows learn about the current role of cancer prevention in public health and understand cancer prevention in the historical context of public health. The M.P.H. provides individuals with a strong foundation in the quantitative sciences of epidemiology and biostatistics. Fellows who already possess an M.P.H. degree, a Dr.P.H. degree, or a Ph.D. degree in biostatistics or epidemiology typically come directly to the NCI to begin their research.

Once accepted into the CPFP, each fellow is responsible for arranging admission to a university offering an M.P.H. program that can be completed in 12 months or less. The NCI will pay the tuition, fees, book allowance, and fellow's stipend during this year. It is expected that all M.P.H. requirements will be completed by the start of the NCI Summer Curriculum in Cancer Prevention.

It is the fellow's responsibility to check with the university about admission, courses, and GRE requirements, as well as to ensure that the M.P.H. can be completed within the 12-month time frame. Typically, universities require mathematics, biology, and chemistry courses at the undergraduate level; a current (usually within 5 years) GRE score; and completion of the TOEFL (for foreign education) before acceptance into an M.P.H. program. To obtain information about the GRE, call (609) 771-7670; write to the Graduate Record Examination at P.O. Box 6000, Princeton, NJ 08541-6000; or visit the website **http://www.gre.org**.

Listed below are examples of one-year accredited M.P.H. programs (as of January 2015). Cancer Prevention Fellows have graduated from the universities marked **. For additional and updated information on M.P.H. programs, refer to the Association of Schools of Public Health website **http://www.asph.org**.

- Columbia University**
- Dartmouth
- Harvard University**
- Johns Hopkins University**
- Tulane University
- Uniformed Services University of the Health Sciences**
- University of Buffalo**
- University of California–Berkeley**
- University of Kansas Medical Center**
- University of Miami
- University of Minnesota**
- University of Southern Mississippi
- University of Virginia
- Virginia Commonwealth University
- Yale School of Public Health

Mentored Research

Under the shared guidance of an individual NCI preceptor and the CPFP scientific staff, fellows will develop original research projects in cancer prevention and control. An overview of the preceptorships is provided in this catalog (refer to *Preceptorships* section), and a more complete listing is provided on our and other NCI websites.

http://cpfp.nci.nih.gov
http://prevention.cancer.gov/
http://ccr.cancer.gov/
http://cancercontrol.cancer.gov/index.html
http://dceg.cancer.gov/

"The CPFP is the gift that keeps on giving – best thing that's happened to me career-wise and continues to be. The Fellowship is where I learned team science and team work and how to be a good collaborator. I love collaborating and working with folks. I don't have the entire skill set or breadth required to adequately address the issues we face in the field of cancer prevention, so by collaborating we can cover a lot more ground.""

Stephen Hursting, Ph.D., M.P.H.
Fellow Alumnus, University of North Carolina, Gillings School of Global Public Health, Chapel Hill, NC

Collaboration with investigators throughout the NCI is encouraged. Research opportunities include, but are not limited to:

- Biomarker development
- Chemoprevention studies
- Clinical cancer prevention research
- Communication
- Effectiveness and outcomes research
- Epidemiology (clinical, environmental, genetic, molecular, nutritional)
- Health disparities and special populations
- Health services research
- Laboratory-based research (chemoprevention, molecular biology, multi-omics, genetics, and nutritional science)
- Screening and early detection
- Social and behavioral research
- Statistical methodology (biometry and bioinformatics)
- Survivorship

"I cannot speak highly enough about the post-doctoral training experience in the Cancer Prevention Fellowship Program at NCI. This program has given me the opportunity to expand my research interests in pediatric energy balance behaviors in ways that I never thought possible. The immense resources, flexibility to design my own research agenda, and opportunities for transdisciplinary collaboration have made it possible for me to pursue population-based research and conduct my own laboratory-based behavioral research study at NIH. The research experiences and collaborations that I built during this time will continue to influence and strengthen my future research."

Britni Belcher, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program

Additional Research Opportunities

IRELAND-NORTHERN IRELAND-NCI CANCER CONSORTIUM

The NCI has formed a multilateral partnership with Ireland and Northern Ireland to promote cooperation in all aspects of cancer research, treatment, and prevention. As part of this Consortium, the CPFP is open to applicants from Ireland. It is intended that individuals applying through the Consortium will pursue careers in cancer prevention in Ireland upon completion of the fellowship.

The program provides M.P.H. training in Ireland (year 1), the NCI Summer Curriculum in Cancer Prevention, and mentored research at the NCI (years 2–4). If the applicant already possesses an M.P.H. degree and a primary degree in a health-related discipline or a Ph.D. in epidemiology or biostatistics, the fellowship will typically begin directly at the NCI (years 1–4).

"The Cancer Prevention Fellowship Program has provided me with fantastic opportunities to develop my research across multiple disciplines. This fellowship provides training, mentoring and career development for my individual needs, allowing professional growth and career progression. Specifically, the CPFP has encouraged and facilitated my continued access to Irish research connections and networks".

Naomi Walsh, Ph.D., M.P.H.
Fellow Alumnus, National Institute for Cellular Biotechnology, Dublin City University, Dublin, Ireland.

To be eligible to apply through the Consortium, the applicant must:

- Possess a doctoral degree (M.D., Ph.D., J.D., or equivalent) or expect to complete the degree requirements by the start date of the fellowship. Assurance that all requirements will be completed must be supplied in writing by the chair of the dissertation committee (e.g., Ph.D. candidates) or dean of the school (e.g., M.D. candidates).
- Be an Irish citizen of the Republic of Ireland, or a citizen of the European Union (EU) currently employed on the island of Ireland. Proof of citizenship (birth certificate or passport) and proof of employment is required.

Prior to applying to the CPFP through the Consortium, applicants must contact the Health Research Board to ensure that eligibility criteria are satisfied. Applicants should allow sufficient time to obtain approval through the Consortium prior to the August 25 application deadline. For more information, please call the Cancer Prevention Fellowship Program Office at 240-276-5626 or email us at cpfpcoordinator@mail.nih.gov.

NCI-FDA JOINT TRAINING IN CANCER PREVENTION

Cancer Prevention Fellows are eligible to participate in the NCI-FDA joint training in cancer prevention initiative, under the auspices of the Interagency Oncology Task Force (IOTF) Track 4. This component of the CPFP provides training in cancer prevention and in the development and approval processes of drugs, biologic agents, devices, or nutritional products. The program's interdisciplinary training will enable scientists to more rapidly move novel chemopreventive agents and early detection methods from the laboratory to the community.

Background and Rationale. In 2003, the NCI Director and the FDA Commissioner joined forces to more rapidly identify effective cancer preventive agents and cancer treatments, thereby accelerating the process of introducing new agents into the clinic. Arising from this joint commitment was an initiative to train postdoctoral scientists and clinicians in research in cancer prevention, drug development, and regulatory review. Research training opportunities exist in several centers at the FDA.

"The CPFP is a fantastic program, offering unparalleled research and training opportunities in a genuinely supportive environment. This fellowship has encouraged me to collaborate with experts across NCI and NIH, allowing me to refine my research interests and develop my skills as an independent scientist."

Jada Hamilton, Ph.D., M.P.H.
Fellow Alumna, Memorial Sloan Kettering Cancer Center, New York, NY

The NCI-FDA joint training in cancer prevention initiative will provide the opportunity for fellows to participate in all the activities of the CPFP at the NCI and in research and product development and regulatory review at the FDA. Combining training in public health, cancer prevention, and product development and regulatory research will allow individuals to develop expertise across three disciplines.

Research Opportunities. General categories of research topics include:

- Cancer risk of drug, device, and gene therapy products
- Cellular substrates in vaccine development
- Clinical trial design and analytic methodology
- Development and selection of biomarkers and clinical endpoints in clinical trials
- Development of chemopreventive agents
- Genetic toxicology and cancer prevention
- Genomic and proteomic approaches to early detection of cancer
- Molecular and genetic approaches in product development
- Nutrition science and policy
- Screening and early detection
- Tobacco control and prevention
- Vaccination and cancer prevention

Further information is available at **http://iotftraining.nci.nih.gov.**

CLINICAL CANCER PREVENTION RESEARCH

Clinicians have the opportunity to participate in multidisciplinary research, the hallmark of the CPFP, in order to help bridge the gap between clinical and pre-clinical cancer prevention science.

Background and Rationale. Clinical research is fundamental to the practice of cancer prevention. Over the past decades, with advances in the basic sciences, innovations in bioengineering, and findings from epidemiologic studies, the multidisciplinary field of cancer prevention has flourished. Through clinical research, the application of these discoveries has led to the identification of effective chemopreventive agents, novel early detection technologies, and recognition of individuals at high risk of developing cancer. Additionally, clinical intervention trials, as exemplified in the nutritional and behavioral sciences, have yielded successful cancer prevention strategies.

The design, implementation, analysis, and interpretation of clinical prevention studies is a research area for which few clinicians are adequately trained. The opportunity now exists within the CPFP for postdoctoral clinicians, including physicians, nurses, psychologists, and pharmacists, to combine formal training in clinical research methodology with their clinical acumen and interest in cancer prevention.

Research Opportunities. General categories of research topics include:

- Behavioral intervention research
- Biomarker development
- Clinical studies in high-risk populations
- Clinical trials of chemopreventive agents
- Design and analysis of prevention trials
- Epidemiology (clinical, molecular, genetic, nutritional, environmental)
- Ethical issues in clinical prevention
- Ethics and evidence-based clinical decision making (theoretical and practical studies)
- Evaluation and outcomes research of clinical prevention practices
- Health disparities and special populations research
- Laboratory-based research (chemoprevention, molecular biology, multi-omics, genetics, and nutritional science)
- Nutritional intervention studies
- Screening and early detection trials
- Studies of genetic susceptibility and cancer

"The CPFP is a superb training program. It has given me the opportunity to work with leading researchers across various disciplines and to capitalize on the immense data resources at the NCI. Most importantly, the program has offered me the support and freedom to pursue my own research interests."

Paul Han, M.D., M.A., M.P.H.
Fellow Alumnus, Maine Medical Center Research Institute

Master in Clinical Investigation

Fellows pursuing clinical cancer prevention research or participating in the NCI-FDA joint training in cancer prevention may elect to obtain a master's degree in clinical investigation or its equivalent.

Once accepted into the CPFP, each fellow is responsible for arranging admission to an accredited university offering a master's program that can be completed in 12 months or less. The NCI will pay the tuition, fees, book allowance, and fellow's stipend during this year. It is expected that all master's degree requirements will be completed by the start of the NCI Summer Curriculum in Cancer Prevention.

Located to the right are some of the accredited institutions currently offering a one-year master's program in clinical investigation (as of January 2015). Individuals wishing to attend an institution not listed below should contact the CPFP staff prior to application to the master's degree program. It is the responsibility of each fellow to ensure that the master's degree training can be completed within the one-year time frame.

Boston University School of Medicine
M.A. in Clinical Investigation

Columbia University Mailman School of Public Health
M.S. in Biostatistics:
Clinical Research Methods Track

Duke University Medical Center
M.H.S. in Clinical Research

Harvard T.H. Chan School of Public Health
M.P.H. in Clinical Effectiveness

NIH Warren G. Magnuson Clinical Center/ Duke University Medical Center
M.H.S in Clinical Research

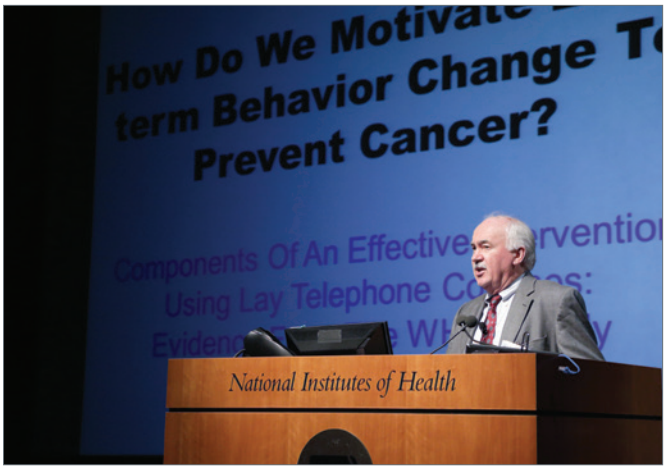
Stanford University Clinical Research Training Program
M.S. in Clinical Epidemiology

The Dartmouth Institute for Health Policy & Clinical Practice
M.S. in Healthcare Research

The Johns Hopkins Schools of Medicine and Bloomberg School of Public Health
M.H.S. in Clinical Investigation

University of Alabama at Birmingham
M.S.P.H. in Clinical Research

University of Virginia
M.S. in Health Evaluation Sciences:
Clinical Investigation Track



2014 Annual Advances Keynote Speaker
Dr. John P. Pierce

NCI Summer Curriculum in Cancer Prevention

Principles and Practice of Cancer Prevention and Control Course. This four-week summer course provides specialized instruction in the principles and practice of cancer prevention and control. It focuses on concepts, methods, issues, and applications related to this field. Participants will gain a broad-based perspective in terms of available resources, scientific data, and research methods. The course topics include:

- Introduction to the Cancer Problem
- Generating and Interpreting Epidemiologic Evidence
- Cancer Surveillance
- Epidemiology, Prevention, and Control of Site-Specific Tumors
- Global Cancer Prevention
- Cancer Risk Modeling
- Chemoprevention
- Lifestyle and Cancer Prevention
- Environmental and Occupational Exposures
- Cancer Screening
- Health Disparities and Cancer Prevention in Special Populations
- Dissemination and Implementation Science
- Health Education, Literacy, and Communication
- Team Science
- Behavioral Science
- Community Interventions
- Cancer Survivorship
- Annual Advances in Cancer Prevention Lecture

Molecular Prevention Course. This one-week course on molecular aspects of cancer prevention follows the *Principles and Practice of Cancer Prevention and Control* course. It provides a strong background in the molecular biology and genetics of cancer and an overview of basic laboratory approaches applied to cutting-edge research in the fields of molecular epidemiology, chemoprevention, biomarkers, and translational research. Typically the following topics are presented:

- An Overview of Carcinogenesis
- Oncogenes, Tumor Suppressor Genes, and Other Cancer-Related Genes
- Translational Genomics
- Molecular Pathology and Tumor Subtypes
- microRNA
- Epigenetics
- Telomeres
- Metabolomics
- The Human Microbiome
- Immunoprevention
- Application of Molecular Markers in Cancer Prevention
- Bioinformatics Tools for Multi-Omic Data

Annual Advances in Cancer Prevention Lecture. A special keynote lecture became part of the NCI Summer Curriculum in Cancer Prevention in 2000. The lecture is usually held the last week of July on the main campus of the National Institutes of Health, Bethesda, Maryland. The keynote speaker, date, and time will be announced on our website.

In 2014, John P. Pierce, Ph.D., a professor in the Department of Family and Preventive Medicine at the University of California, San Diego and Director of Population Science at Moores Cancer Center, presented "How Do You Motivate Long-Term Behavior Change to Prevent Cancer?"

In 2013, Diana Petitti, M.D., M.P.H, F.AC.P.M., an epidemiologic expert on women's health and evidence based medicine, with posts as vice chair and spokesperson for the U.S. Preventive Service Task Force, presented "Screening Mammography: Science, Policy and Politics–The Good, the Bad and the Ugly."

In 2012, Walter C. Willett, M.D., Chair of the Department of Nutrition at the Harvard School of Public Health, presented "Diet and Cancer: The Fourth Paradigm"

In 2011, Judith Mackay, MBChB, FRCP (Edin), FRCP (Lon), an international expert from Hong Kong in tobacco control, with posts as a senior advisor for the World Lung Foundation and the Bloomberg Initiative to Reduce Tobacco Use, presented "Cancer Control: A Look to the Future"

In 2010, Andrea De Censi, M.D., Director of the Division of Medical Oncology, E.O. Ospedali Galliera Genova, Italy presented "Cancer Prevention Therapy: Accomplishments And Challenges."

In 2009, Olufunmilayo F. Olopade M.D., F.A.C.P., Professor of Medicine and Human Genetics and Director of the Cancer Risk Clinic Department of Medicine BSD Section of Hematology/ Oncology University of Chicago presented "Clinical Cancer Genetics and Prevention."

In 2008, Patricia Ganz, M.D., Professor of Health Services in the School of Public Health, Professor of Medicine in the David Geffen School of Medicine at UCLA and Vice Chair of the Department of Health Services, Los Angeles, CA, presented, "Cancer Survivors: Charting an Agenda for Research, Treatment, and Quality of Care."

In 2007, Barnett S. Kramer, M.D., M.P.H., Associate Director for Disease Prevention and Director of the Office of Medical Applications of Research in the Office of Disease Prevention, Office of the Director, National Institutes of Health, Bethesda, MD, presented "Cancer Prevention: Distinguishing Strength of Evidence from Strength of Opinion."

In 2006, Frank L. Meyskens, Jr., M.D., Professor of Medicine and Biological Chemistry; Director, Chao Family Comprehensive Cancer Center; Senior Associate Dean of Health Sciences, University of California, Irvine, CA, presented "The Promises and Perils of Clinical Chemoprevention: 1980–2030."

In 2005, John Potter, M.B.B.S., Ph.D., Senior Vice President and Division Director, Fred Hutchinson Cancer Research Center, Seattle, WA, presented "What We Know and Don't Know About Colorectal Neoplasia."

In 2004, Waun Ki Hong, M.D., American Cancer Society Professor; Samsung Distinguished University Chair in Cancer Medicine at the University of Texas M. D. Anderson Cancer Center, Houston, TX, presented "Convergence of Molecular Targets for Cancer Prevention and Therapy."

In 2003, Elio Riboli, M.D., Sc.M., M.P.H., Chief, Unit of Nutrition and Cancer at the International Agency for Research on Cancer, Lyon, France, presented "Cancer Prevention: A European Perspective."

The Faculty. NCI Summer Curriculum in Cancer Prevention faculty consists of approximately 85 leading scientists at NCI, NIH, other government agencies, academia, cancer centers, and public and private organizations throughout the United States. The faculty is listed on our website **http://cpfp.nci.nih.gov**. The courses are designed to provide an interactive training experience to allow participants to develop a thorough knowledge of the activities in cancer prevention and control.

Eligibility. Both courses are open to physicians, scientists, and other health care professionals who have an interest in cancer prevention and control. Acceptance into the CPFP is not necessary for participation in either course. Individuals from cancer centers, universities, health departments, industry, U.S. Federal Government, and from across the United States and around the world have previously attended.

Recommended prerequisite courses are epidemiology, biostatistics, and cancer biology. Preference is given to individuals with a doctoral degree and/or relevant experience in cancer prevention and control. There is no cost to register or to participate in either course. Room, board, and transportation expenses are the responsibility of the participant.

Molecular Prevention Course Participants 2014

Dates/Times/Location. The *Principles and Practice of Cancer Prevention and Control* course is four weeks long and usually offered from July through early August. The *Molecular Prevention* course is a one week course usually offered in early August.

Both courses are held in the Bethesda area of Maryland. Lectures are scheduled Monday through Friday, 8:30 am–2:30 pm (occasionally lecture times will vary).

Registration. Registration is required due to space limitations. The registration period ends March 15 for domestic applicants. To register, please apply at our website (http://cpfp.nci.nih.gov) by clicking on the Summer Curriculum tab. The following information is required:

- Curriculum vitae (include complete work address, telephone, fax, and e-mail)
- Letter of nomination from the director of your institute or department on official letterhead
- Course title (e.g., *Principles and Practice of Cancer Prevention and Control* course, *Molecular Prevention* course, or both courses)

Registrants will be notified of their status after all materials have been received and reviewed.

"Being a part of the CPFP has been a wonderful experience. Through the NCI, the program offers a variety of training and research opportunities. In attracting fellows from various disciplines, the program has also expanded my understanding and awareness of the broad spectrum of cancer prevention. Bonuses come in the form of new friendships and the understanding that the NCI is a family-friendly environment."

Kenneth Gibbs, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program

Additional Requirements for International Participants Applying for Funding. In addition to the documents listed previously, international applicants must provide the following:

- Copy of doctoral degree, and/or Dr.P.H. and M.P.H. degrees (in original language with English translation, if necessary)
- Letter stating your proficiency in written and spoken English

The NCI Center for Global Health (CGH) has a limited amount of funding available for individuals from developing countries. Registration will close on February 15 for International participants. This is to allow ample time for visa processing and other logistical requirements.

Contact Information:

Program Coordinator
NCI Summer Curriculum in Cancer Prevention
9609 Medical Center Dr.
Room 2W136, MSC 9712
Bethesda, MD 20892-9712
Telephone (240) 276-5626
Fax (240) 276-7883
E-mail cpfpcoordinator@mail.nih.gov

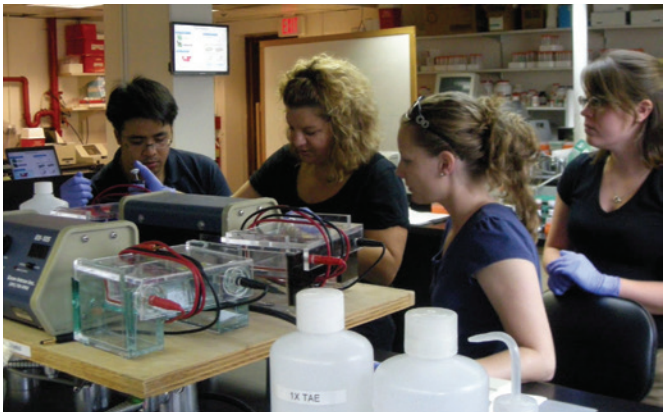
For further information, please visit our website **http://cpfp.nci.nih.gov** *and click on the Summer Curriculum tab.*

If you are a person with a disability and require any assistive device, services, or other reasonable accommodation to participate in these activities, please contact the CPFP Office at (240) 276-5626 at least one week in advance of the lecture date to discuss your needs.

Other Program Components

MOLECULAR PREVENTION LABORATORY COURSE

Along with participation in the Summer Curriculum in Cancer Prevention, all fellows at the NCI take part in the *Molecular Prevention Laboratory* course, a hands-on laboratory experience that is open only to Cancer Prevention Fellows. The course provides fellows, especially those with limited laboratory experience, tangible reference points for understanding laboratory applications commonly used in cancer prevention research. The course consists of brief explanatory lectures interwoven with laboratory demonstrations. Each exercise is designed to provide instruction in laboratory techniques that are frequently referenced in the Summer Curriculum in Cancer Prevention lectures.



Molecular Prevention Laboratory Course
Left to Right: Gabriel Lai, Deanna Kepka, Tricia Luhn, and Annette Kaufman

ANNUAL CANCER PREVENTION FELLOWS' SCIENTIFIC SYMPOSIUM

In September 2002, the CPFP held its First Annual Cancer Prevention Fellows' Scientific Symposium. This inaugural event set the stage for the subsequent yearly symposia held each fall just prior to the start of the Cancer Prevention and Control Colloquia Series. The Symposium is an occasion to bring together the senior fellows, those fellows who have recently arrived at the NCI, and the CPFP staff for a day of scientific exchange in the area of cancer prevention. The event provides an opportunity for fellows to discuss their projects, ideas, and potential future collaborations. Fellows spearhead the planning of the Symposium, including the development of the program agenda and special workshops, and the selection of invited speakers.

FELLOWS' RESEARCH MEETINGS

Between September and June, Cancer Prevention Fellows and CPFP scientific staff meet weekly for a Fellows' Research Meeting. These meetings provide a forum for fellows to formally present their research to a multidisciplinary audience. This also is an opportunity for fellows and staff to learn about prevention research ongoing at the NCI in diverse scientific fields. Fellows' preceptors and invited guests are welcome to attend.

CANCER PREVENTION AND CONTROL COLLOQUIA SERIES

Following the Fellows' Research Meeting, fellows attend the Cancer Prevention and Control Colloquia Series. These seminars feature leading scientists in the field of cancer prevention and control. Each fellow has the opportunity to invite prominent investigators in his/her discipline to present at these NCI-sponsored lectures.

GRANTS AND GRANTSMANSHIP WORKSHOP

The CPFP provides formal training in grantsmanship through a Grants and Grantsmanship Workshop offered each year. In addition to providing didactic and practical experiences in the grants process, a major goal of the workshop is to facilitate successful applications for research funds for all interested fellows. This training is designed to prepare each fellow for a critical next step in his or her career in which demonstrated ability to develop and organize ideas into a well-written proposal will be a major determinant in hiring and promotion decisions. Since the Grants and Grantsmanship Workshop was first offered in January 2000, CPFP fellows have successfully competed for peer-reviewed grants, including NCI Intramural Research Awards, Department of Defense Research Program grants, private foundation grants, and NCI K07, K22, and K99/R00 Career Development Awards.

"The program gave me another dimension in my understanding of cancer care. Before the fellowship, I thought that the only way to help people, being a doctor, was through a direct person-to-person consultation in a clinic or hospital. I thought that direct care was my only camino (way). But through the fellowship and Masters in Public Health training, I saw there were many different avenues in the arena of cancer and public health that I could choose from to develop my career in cancer prevention."

Elmer Huerta, M.D., M.P.H.
Fellow Alumnus, Cancer Preventorium, Washington Cancer Institute at MedStar Washington Hospital Center, Washington, DC

PRESENTATION SKILLS COURSE

In order to improve communication and presentation skills of Cancer Prevention Fellows, we provide formal public speaking training. This four day workshop is offered each fall or winter. Didactic instruction addresses the parts and structure of a scientific presentation, systematic approaches to presentation preparation, critical techniques for clear delivery, and ways to respond to audience questions. The workshop includes individual skill assessment, coaching, and evaluation of fellows' progress through both peer and instructor feedback.

"The CPFP provides Fellows with the opportunity to work with some of the world's leading cancer experts at the NCI and is recognized as an outstanding program at both the national and international level. The CPFP has allowed me to pursue a career path towards molecular epidemiology and cancer prevention research while also building on my basic science expertise. The resources and support provided during the program by both preceptor and CPFP staff are amazing. There also is a true sense of collegiality and community among the Fellows as a group. This is an exciting time to be involved in the advancing frontier of cancer prevention research and I feel privileged to be part of this program."

Paula Hyland, Ph.D., M.P.H.
Fellow Alumna, Division of Cancer Epidemiology and Genetics, National Cancer Institute

LEADERSHIP AND PROFESSIONAL DEVELOPMENT TRAINING

The foundation for success in the field of cancer prevention is based on leadership skills, professional excellence, and mastery of one's scientific discipline. Within the CPFP, our goal is to help fellows maximize their individual potential for leadership and scientific contribution to the field of cancer prevention through a series of professional development activities. These activities are designed to prepare individuals for the transition from postdoctoral fellows to successful, independent scientists and professionals in cancer prevention.

To meet the individual needs of fellows, professional development activities consist of structured workshops, seminars, and personal meetings, including:

- Identifying Strengths
- Leadership Qualities
- Mentoring Relationships
- Team Dynamics
- Interviewing and Negotiating
- Networking and Effective Communication
- Scientific Writing
- Setting Goals, Planning Priorities, and Managing Time

We have organized the professional development activities to address the needs of fellows at the beginning, middle, and end of the fellowship. In addition to those highlighted above, new activities are being developed to further expand the portfolio of professional development training.

ADDITIONAL TRAINING

Fellows may also participate in academic courses in subject areas relevant to cancer prevention and control. These courses are typically offered by schools of public health, departments of preventive medicine and epidemiology, the federal government, and other organizations. Such training will be considered in cases where regulations permit and where the learning experience is expected to significantly enhance the trainee's research capabilities.

FIELD EXPERIENCES

Fellows may choose to pursue field experiences at institutions outside the NIH that are currently engaged in cancer prevention research, cancer surveillance, cancer control applications, or other related activities. These experiences, usually at local institutions, are typically brief and require prior approval by the CPFP.

Coming from a basic science background, this fellowship has given me a tremendous opportunity to apply my knowledge and integrate it into the world of cancer epidemiology. I have met people and participated in projects that I never would have thought of before. The training I have received so far has provided me with incredible chances for professional and personal growth. I do not think I would have benefited as much as I have though any other post-doctoral experience.

Shakira Nelson, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program

Program Information

Eligibility

To be considered for the CPFP, you must meet the following eligibility requirements:

"The fellowship offers a unique opportunity to integrate social and lab-based sciences with population-based approaches. The public health training provided by CPFP has allowed me to enhance and broaden my research in psycho-oncology and physical activity. The opportunities for collaboration have also been phenomenal. I have seen no other post-doctoral program that equals the CPFP in terms of training, access to outstanding mentorship and research opportunities, as well as important levels of independence and autonomy."

Ashley Wilder Smith, Ph.D., M.P.H.
Fellow Alumna,
Division of Cancer Control and Population Studies, NCI

DOCTORAL DEGREE

You must possess an M.D., Ph.D., J.D., or other doctoral degree in a related discipline (e.g., epidemiology, biostatistics, ethics, philosophy, or the biomedical, nutritional, public health, social, or behavioral sciences). Foreign education must be comparable to that received in the United States.

Applicants currently enrolled in accredited doctoral degree programs that have not yet fulfilled all degree requirements will be considered for entry into the program, with the understanding that all requirements will be completed before the start of the CPFP. Assurance to this effect must be supplied in writing by the chair of the dissertation committee (e.g., Ph.D. candidates) or the dean of the school (e.g., M.D. candidates).

Applicants must have less than five years of relevant postdoctoral training at the time of appointment.

CITIZENSHIP

You must be a citizen or permanent resident of the United States at the time of application (August 25). The I-551 stamp in a passport is acceptable; "Employment Authorization" documents are not acceptable.

Applicants applying through the Ireland-Northern Ireland-NCI Cancer Consortium should refer to the *Ireland-Northern Ireland-NCI Cancer Consortium* section for guidelines.

Stipends and Benefits

Stipends. Each stipend will be determined by the individual's degree, years of relevant postdoctoral experience, and NIH/NCI guidelines. Stipend levels increase with the number of years of postdoctoral experience. Annual increases may be given.

Health Insurance and Leave. Fellows will receive individual or family health insurance and paid federal holidays, annual leave, sick leave, and family leave.

Travel and Relocation. The NCI may cover the cost of relocation expenses up to a maximum of $3,000 (i.e., travel, shipment of household goods, and temporary storage, if necessary) for the fellow and his/her dependents for one move to the area where M.P.H. training will be pursued *or* to the Rockville, Maryland area. Reimbursement will be in accordance with prevailing government regulations. No return travel is authorized.

Expenses may be provided for travel to meetings and training each year for each fellow, excluding the M.P.H. year.

Selection and Interview

Complete applications submitted by eligible candidates by the application deadline will be reviewed by members of the CPFP Scientific Education Committee. This Committee is comprised of scientists from different divisions within the NCI, the FDA, and an *ad hoc* member from outside the NCI with expertise in the field of cancer prevention and control. Those applicants judged to be highly qualified will be notified in September and invited for a one-day interview. The interviews will be held in October in Rockville, Maryland. Applicants will be notified of their status shortly thereafter.

Start and Duration of Appointment

Start of Appointment. Individuals entering the CPFP directly (e.g., not pursuing M.P.H. training) will start in June. For individuals obtaining an M.P.H. or equivalent degree during the first year, the appointment begins with the start of the master's program. All fellows entering the program are expected to attend the CPFP Orientation in Rockville, Maryland, which is held in June.

Duration of Appointment. The initial appointment will be for 1 year and may be renewed on a yearly basis. The typical duration is 4 years (year 1: master's degree; years 2 through 4: NCI Summer Curriculum in Cancer Prevention and mentored research). All renewals are contingent upon performance and total duration of fellowship stay at the NIH, which cannot exceed 5 years for a non-tenured appointment nor exceed 8 years for any type of doctoral-level position.

Guidelines for Application

Application Materials

The following application materials are required, as described below:

Personal Statement of Research Goals. In narrative form, describe your research interests and goals and how these relate to the field of cancer prevention and control. Please also provide insight into your short- and long-term career goals, and explain how the CPFP will help you in achieving those goals. Limit your personal statement to two typed, single-spaced pages and use 12-point font and 1 inch margins (approximately 1,000 words).

Curriculum Vitae. Please refer to *Information to Include in Curriculum Vitae* in this section.

Letters of Reference. Four current and original letters of reference must be sent directly to the Director of the CPFP by individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, and skills. Letters must be requested through our secure application website. Letters must be received by 11:59 PM (U.S. Eastern Daylight time) on August 31.

Academic Transcripts. Copies of all graduate and undergraduate transcripts (and translations, if applicable) must be uploaded directly to the CPFP website.

Other Documentation. Permanent residents of the United States must submit proof of eligibility for citizenship. The I-551 stamp in a passport is acceptable; "Employment Authorization" documents are *not* acceptable.

Individuals applying through the Ireland-Northern Ireland-NCI Cancer Consortium must submit proof of citizenship (birth certificate or passport) and proof of employment (refer to *Ireland-Northern Ireland-NCI Cancer Consortium* section).

Information to Include in *Curriculum Vitae*

- Applicants are encouraged to use their current curriculum vitae and to add any necessary information.
- Please include your name and a page number on each page of the curriculum vitae.
- Some of the information requested below will not be applicable to all individuals.

Date Prepared

Personal Information

- Name (First middle last)
- Gender (*optional*)
- Race (*optional*)
- Date of birth
- Place of birth (city, state, country)
- Home address
- Work/school address
- Telephone (*if more than one telephone number is provided, please indicate preferred contact*)
- Fax
- E-mail (*if more than one e-mail address is provided, please indicate preferred contact*)

Citizenship

- Country of citizenship
- U.S. permanent resident number, if applicable
- *Individuals applying through the Ireland-Northern Ireland-NCI Cancer Consortium:* Please indicate citizenship, country where currently employed, and application tracking number (refer to website for details)

Education *Please list all colleges and universities attended and any other relevant training. Include the following information for each institution:*

- School, department, city and state, country
- Dates attended, academic major, degree, year degree awarded/expected

Work Experience *Please list current and past employment. Include the following information for each position:*

- Title, employer's name, address, and telephone
- Dates of employment, hours per week
- Brief description of duties and accomplishments

Other Information *Please note that the items requested below may not be relevant to all applicants.*

- Board certification
- Committee memberships
- Grants awarded
- Honors and awards
- Patents
- Peer-review service
- Professional licenses
- Professional society memberships
- Scientific presentations (distinguish poster and oral)
- Teaching

Research Interests *Please provide a few key words that describe your research interests.*

Bibliography *Please list all publications and indicate whether they are "published," "in press," "submitted," or "in preparation." Please list full-length manuscripts and abstracts separately.*

How to Submit Application Materials

If you are interested in applying to the CPFP and meet the eligibility requirements (refer to *Eligibility* section), you must submit your application online through our website.

APPLYING ONLINE

Personal Statement of Research Goals and *Curriculum Vitae*. Please access the CPFP application on our website and link to the *Application* page. You will be asked to create a personal account that only you can access through a unique user name and password. You will then be requested to provide some general information and to upload your personal statement of research goals and *curriculum vitae*. Information entered online can be saved as the application is completed and edited up until you submit the application. The application must be submitted on or before August 25.

Letters of Reference, Academic Transcripts, and Other Documentation. Four current and original letters of reference must be sent directly to the Director of the CPFP by individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, and skills. Letters must be requested through our secure application website. Letters must be received by 11:59 PM (U.S. Eastern Daylight time) on August 31.

Direct further inquiries to:

Program Coordinator
Telephone (240) 276-5626
Fax (240) 276-7883
E-mail cpfpcoordinator@mail.nih.gov
http://cpfp.nci.nih.gov

Selection for these positions will be based solely on merit, with no discrimination for non-merit reasons, such as race, color, gender, national origin, age, religion, sexual orientation, or physical or mental disability. NIH provides reasonable accommodations to applicants with disabilities. If you need reasonable accommodation during any part of the application and hiring process, please notify us. The decision on granting reasonable accommodation will be handled on a case-by-case basis.

THE NIH/NCI IS AN EQUAL OPPORTUNITY EMPLOYER

Application Deadline
August 25

Preceptorships

"Being a part of the CPFP has given me unique research and career development opportunities not readily available at other teaching or research institutions. I have found the CPFP to be an outstanding and well-structured program that has fully equipped me with the skills needed to successfully conduct cutting-edge research to help reduce the burden of cancer through prevention. I will continue to serve as a strong advocate for this program of excellence!"

Roycelynn Mentor-Marcel, Ph.D., M.P.H.
Fellow Alumna, Leidos Biomedical Reseach Inc., Frederick, MD

The major activity for Cancer Prevention Fellows is mentored research, traditionally involving one or more of the following areas: laboratory-based cancer prevention research, epidemiologic research (including molecular epidemiologic studies and prevention trials), behavioral science research, clinical prevention research, prevention-related policy research, and quantitative or qualitative methodologies in cancer prevention and control research. All fellows are expected to develop original scientific projects and to report their findings at scientific meetings and in leading journals. Preceptors who serve to guide and enrich each fellow's experience are selected from skilled investigators across all NCI divisions, participating FDA centers, or local academic institutions. To date, over one hundred NCI staff members have served as preceptors.

Preceptorships are selected through a matching process. During their first summer onsite at NCI, fellows spend time meeting with potential preceptors. A mutual agreement is reached between the preceptor and the fellow on the research that will be completed during the fellowship. A research proposal for the initial project is then prepared for approval by the preceptor and the CPFP scientific staff. Whereas the CPFP has all administrative responsibility for each fellow, the preceptor provides scientific supervision. Preceptors are responsible for arranging for office space, supplies, and equipment; encouraging presentations and publications at local and national meetings; and providing supplemental travel funds for research-related activities.

"The CPFP is a remarkable opportunity that is enabling me to grow as a researcher and leader in the field of cancer prevention and is unlike traditional postdoctoral training programs. Rather than being restricted to just one area of research, this program allows me the flexibility to work with renowned mentors to explore new areas of research and build on my transdisciplinary training by connecting multiple health behaviors related to cancer, such as tobacco use, physical activity, and eating behaviors. In addition, there are networking opportunities, leadership trainings, and other skills building activities that not only prepare me for the next step in my career, but propel me to heights greater than what I would have achieved through any other postdoctoral training program.""

Minal Patel, Ph.D., M.P.H.
Current Fellow,
Cancer Prevention Fellowship Program

Listed below are some of the NCI divisions, programs, laboratories, branches, and offices from which Cancer Prevention Fellows may select their preceptors. A listing of preceptors from the FDA is available on the website, **http://iotftraining.nci.nih.gov/prevent.html**—NCI-FDA Joint Training in Cancer Prevention.

Division of Cancer Prevention

The Division of Cancer Prevention (DCP)'s mission is to plan, direct, implement, and monitor cancer research and training that is focused on early detection, cancer risk, chemoprevention, and supportive care. DCP projects address the need to identify where a person is in the process of carcinogenesis, and to determine ways to actively intervene to stop it from becoming invasive cancer. Varied approaches are supported, from pre-clinical discovery and development of biomarkers and chemoprevention agents, including pharmaceuticals and micronutrients, to Phase III clinical testing. Programs are harmonized with other NCI divisions, NIH institutes, and federal and state agencies. Additional information can be found at **http://prevention.cancer.gov**.

FOUNDATIONS OF PREVENTION RESEARCH GROUPS

The **Biometry Research Group** engages in independent and cooperative research studies on cancer epidemiology, prevention, screening, and diagnosis using methods of mathematical and analytic statistics. In addition, the BRG conducts independent and collaborative studies in biostatistical and epidemiologic methodology and in mathematical modeling of processes relevant to cancer prevention activities.

Acting Chief: Victor Kipnis, Ph.D.

The **Cancer Biomarkers Research Group** promotes and supports research to identify, develop, and validate biological markers for earlier cancer detection and risk assessment. The group integrates basic and clinical science studies along with computational, statistical, and epidemiologic approaches, for a comprehensive understanding of biomarkers. It coordinates the Early Detection Research Network.

Chief: Sudhir Srivastava, Ph.D., M.P.H.

The **Chemopreventive Agent Development Research Group** conducts research to identify and develop agents to prevent, reverse, or delay early, preinvasive cancer. Activities include preclinical efficacy and safety testing; development of animal models; development of markers for agent mechanisms of action and effects in carcinogenesis; clinical Phase 1 safety, pharmacokinetic, and dose ranging studies; and preparation of Investigational New Drug applications to the FDA.

Chief: Vernon E. Steele, Ph.D., M.P.H.

Worta McCaskill-Stevens, M.D., M.S.
Preceptor, Community Oncology and Prevention Trials Research Group, Division of Cancer Prevention, NCI

The **Community Oncology and Prevention Trials Research Group** develops programs to improve clinical oncology in community settings, and coordinates community oncology program activities with other NCI programs. Research areas include psychosocial and physical rehabilitation, management of cancer pain, supportive care for patients and families, impact of cancer control programs on the community, preliminary Phase II cancer control studies, and large scale Phase III prevention agent studies.

Chief: Worta McCaskill Stevens, M.D., M.S.

The **Early Detection Research Group** identifies and ascertains the effectiveness of both the operating characteristics and the impacts on mortality, and the immediate and downstream risks of molecular and imaging cancer detection technologies and practices. It systematically assesses the value of cancer screening and early detection tests and technologies by establishing their ability to reduce cancer mortality.

Acting Chief: Paul Pinsky, Ph.D.

The **Nutritional Science Research Group** plans, develops, directs, and coordinates external research programs in diet and nutrition, including micronutrients as modifiers of cancer risk and tumor behavior, to help establish a comprehensive understanding of the precise role of bioactive food components. Projects focus on determining how specific genes or molecular targets are influenced by either essential or non-essential nutrients. Research is aimed at identifying people who will benefit, and people who might be placed at risk from dietary intervention strategies.

Acting Chief: Harold Siegfried, Ph.D.

ORGAN SYSTEMS RESEARCH GROUPS

The efforts of the **Breast and Gynecologic Cancer Organ System Research Group** are specifically directed at reducing the incidence, morbidity, and mortality of breast and gynecologic cancers. This is accomplished through planning, supporting, and conducting research and clinical trials that develop interventions for risk assessment, screening, early detection, and prevention of breast and gynecologic cancers.

Chief: Mark E. Sherman, M.D.

"The CPFP made a huge impact on my professional career. I was trained as a medical oncologist but had limited exposure to science, except as an observer or an investigative team member. The CPFP introduced me to the ideas of cancer chemoprevention, many of the leading scientists working in the area, and gave me the opportunity to develop and test ideas that had the potential to transform cancer prevention from a conceptual theory into a greater element of clinical practice."

Ernest T. Hawk, Ph.D., M.P.H.
Fellow Alumnus, University of Texas MD Anderson Cancer Center, Houston, TX

The primary mission of the **Gastrointestinal and Other Cancer Research Group** is to improve the public's health by preventing gastrointestinal, dermatologic, endocrine, hematolymphoid, and treatment-induced malignancies. Staff collaborate with the public, academia, industry, and regulatory agencies to better identify persons at risk for cancer, and to develop novel interventions that reverse or retard carcinogenesis. The group investigates mechanisms of promising investigational agents and delivery systems that target preneoplasia.

Chief: Asad Umar, D.V.M., Ph.D.

The **Lung and Upper Aerodigestive Cancer Research Group** promotes and supports research targeting the early detection and prevention of cancer arising within the lung and upper aerodigestive tract. Collaborative research is conducted with extramural and intramural NCI staff, with emphasis on Phase II clinical trials of novel chemopreventive agents in individuals at high risk for cancers at these sites. Optimization of trial design, identification/validation of surrogate endpoint biomarkers, and integration of new imaging modalities into chemoprevention trials are ongoing research priorities.

Chief: Eva Szabo, M.D.

Eva Szabo, M.D.
Preceptor, Lung and Upper Aerodigestive Cancer Research Group, Division of Cancer Prevention, NCI

The **Prostate and Urologic Cancer Research Group** promotes and supports extramural basic and applied research that focuses on the prevention of prostate and urologic cancers. The group plans, develops, implements, and monitors chemoprevention clinical trials that employ pharmacologic, biologic, genetic, immunologic, and vaccine interventions. The overall goal is to evaluate and validate new technologies that identify premalignant lesions, and to develop novel chemopreventive agents to reduce cancer incidence.

Chief: Howard Parnes, M.D.

Division of Cancer Control and Population Sciences

As NCI's bridge to public health research, practice, and policy, the Division of Cancer Control and Population Sciences (DCCPS) plays a unique role in reducing the burden of cancer in America. DCCPS, an extramural division, has the lead responsibility at NCI for supporting research in surveillance, epidemiology, health services, behavioral science, and cancer survivorship. The division also plays a central role within the federal government as a source of expertise and evidence on issues such as the quality of cancer care, the economic burden of cancer, geographic information systems, statistical methods, communication science, comparative effectiveness research, obesity and tobacco control, and the translation of research into practice. As a result, DCCPS is what many have referred to as a "hybrid" division — one that funds a large portfolio of grants and contracts, but also conducts original research to inform public health policy.

The diverse science funded and conducted by DCCPS is characterized by the varied and complex expertise and backgrounds of the division's scientific staff. Given the focus on cancer control, it comes as no surprise that the disciplines of epidemiology and biostatistics are well represented. In addition, DCCPS has made a special effort to recruit experts in disciplines such as communication, anthropology, outcomes research, psychometrics, medical genetics, health psychology, economics, social work, policy analysis, geography, and family medicine—all disciplines that have been historically underrepresented at NCI. This reflects an overarching philosophy of science that guides the division's planning and priority setting: the belief that scientific progress in the 21st century will depend on the transdisciplinary integration of research methods, models, and levels of analysis.

OFFICE OF THE DIRECTOR

The Division of Cancer Control and Population Sciences (DCCPS) aims to reduce the risk, incidence, and deaths from cancer, as well as enhance the quality of life for cancer survivors. It conducts and supports an integrated program of the highest quality in cancer genomic, epidemiologic, behavioral, social, health care delivery, and surveillance research. The division's funded research aims to understand the causes and distribution of cancer in populations, to support the development and implementation of effective interventions, and to monitor and explain cancer trends in all segments of the population. Further information can be found at cancercontrol.cancer.gov.

Director: Robert T. Croyle, Ph.D.

Amy Subar, Ph.D., M.P.H., R.D.
Preceptor, Risk Factor Assessment Branch, Division of Cancer Control and Population Sciences, NCI

The mission of the **Implementation Science (IS)** team is to build and advance the field of IS by integrating new knowledge across clinical and public health research, practice, and policy.

The IS team and website provide valuable resources to build the science of implementation; develop ongoing training networks to build capacity to conduct dissemination and implementation research and practice; and disseminate knowledge gained from cancer control research by establishing robust partnerships between researchers and practitioners.

The three Key Priority Areas of the Team are (1) building the science of Implementation Science; (2) the development of ongoing training networks; and (3) establishing robust partnerships.

Deputy Director: David Chambers, D.Phil.

HEALTHCARE DELIVERY RESEARCH PROGRAM

The Healthcare Delivery Research Program (HDRP) is conceptualized as the study of cancer care, factors influencing care, and outcomes of care. Cancer care refers to medical services offered across the cancer continuum, such as screening individuals not known to have cancer; treating cancer patients; following cancer survivors for recurrence; and providing psychosocial support at the end of life for patients and their caregivers.

Understanding the many factors that influence care, and how they act and interact, is an essential component of health care delivery research supported by NCI. The knowledge generated from this research can be used to design and test interventions that will promote patient-centered, evidence-based care.

Acting Associate Director: Ann Geiger, Ph.D., M.P.H.

The **Healthcare Assessment Research Branch (HARB)** supports, conducts, and coordinates research on the use and dissemination of effective cancer-related health care delivery in community practice. The branch studies demographic, social, economic, and health system factors as they relate to providing preventive, screening, diagnostic, treatment, and palliative services for cancer. The ultimate purpose of this research is to improve cancer outcomes, reduce cancer-related health disparities, and reduce the burden of cancer to patients, their families, and society.

Acting Chief: Lynne Harlan, Ph.D., M.P.H.

The **Health Systems and Interventions Research Branch (HSIRB)** advances observational and intervention research on structural, organizational, social, and behavioral factors that influence the delivery of cancer care – from early detection through end of life.

Acting Chief: Sarah Kobrin, Ph.D., M.P.H.

The **Outcomes Research Branch (ORB)** conducts, coordinates, and sponsors research to measure, evaluate, and improve patient-centered outcomes of cancer care delivery across the cancer care continuum. The branch is particularly interested in morbidity and mortality outcomes, patient symptoms and health-related quality of life (HRQOL), patient experience of and satisfaction with health care, and social consequences of cancer care.

Chief: Ashley Wilder Smith, Ph.D., M.P.H.

BEHAVIORAL RESEARCH PROGRAM

The Behavioral Research Program (BRP) initiates, supports, and evaluates a comprehensive program of research ranging from basic behavioral research to the development, testing, and dissemination of interventions in areas such as tobacco use, screening, dietary behavior, and sun protection. BRP's goal is to increase the breadth, depth, and quality of behavioral research in cancer prevention and control. BRP pursues this goal through five branches that fund and conduct behavioral research across the cancer continuum.

Associate Director: William Klein, Ph.D.

The **Basic Biobehavioral and Psychological Sciences Branch (BBPSB)** advances research in biobehavioral mechanisms and psychological processes to reduce cancer risk and improve outcomes. The BBPSB research agenda includes, but is not limited to, basic mechanisms of cognition, emotion, judgment, and decision making; biological mechanisms of psychosocial influences on cancer biology and outcomes; and methodology and measurement of basic psychological, cognitive, and affective processes.

Paige Green Ph.D., M.P.H.
Preceptor, Basic Biobehavioral and Psychological Sciences Branch

Chief: Paige Green, Ph.D., M.P.H.

The **Health Behaviors Research Branch (HBRB)** supports research on cancer prevention behaviors and outcomes, which include diet, physical activity, sedentary behavior, energy balance, obesity, sun safety and indoor tanning, genetic influences on behaviors, and virus exposure. It provides leadership in these areas by focusing research on effective multi-level influences and approaches to individual, relational, environmental, and community-based interventions.

Acting Chief: Tanya Agurs-Collins, Ph.D., R.D.

The **Health Communication and Informatics Research Branch (HCIRB)** supports research that examines the fundamental processes and effects of health communication and informatics on cancer-related outcomes across the cancer control continuum via interpersonal, patient-provider, print, electronic, mass media, mobile, and technology-mediated mechanisms.

Chief: Bradford Hesse, Ph.D.

The **Science of Research and Technology Branch (SRTB)** leads and supports the development and application of innovative research approaches, theories, methods, measures, analytic tools, and technologies to advance social and behavioral science in the context of cancer prevention and control.

Chief: William Riley, Ph.D.

The **Tobacco Control Research Branch (TCRB)** leads and collaborates on research and disseminates evidence-based findings to prevent, treat, and control tobacco use. The vision of TCRB is a world free of tobacco use and related cancer and suffering.

Chief: Michele Bloch, M.D., Ph.D.

Linda Nebeling, Ph.D., M.P.H., R.D.
Preceptor, Deputy Associate Director, Behavioral Research Program, Division of Cancer Control and Population Sciences, NCI

"I realized that to do what I wanted in tobacco control research, I needed additional training, some protected time for research, and opportunities to meet people in my area of interest. I was provided with all three of these—and then some—at the NCI CPFP."

Ted Marcy, M.D., M.P.H.
Fellow Alumnus, American Lung Association, Washington, DC

EPIDEMIOLOGY AND GENOMICS RESEARCH PROGRAM

The Epidemiology and Genomics Research Program (EGRP) is the largest funder of etiologic cancer epidemiology grants nationally and worldwide. EGRP's mission is to increase understanding of the determinants of cancer occurrence and outcomes in human populations. The program fosters interdisciplinary collaborations and development and use of resources and technologies to advance cancer epidemiology and its translation into clinical and public health practice.

EGRP consists of the Office of the Associate Director (OAD) and five branches. The OAD develops and implements EGRP's mission and scientific and strategic agenda. Its functions include scientific cohort and consortia coordination, knowledge synthesis and management activities, grant portfolio management and evaluation, planning and budget management, and communications.

Associate Director: Muin J. Khoury, M.D., Ph.D.

The **Clinical and Translational Epidemiology Branch (CTEB)** focuses on clinical, lifestyle, genetic, pharmacoepidemiologic, and pharmacogenomic factors that influence cancer progression, recurrence, mortality, and other adverse medical events, and factors associated with cancer development among individuals with underlying diseases and conditions.

Chief: Andrew N. Freedman, Ph.D.

The **Genomic Epidemiology Branch (GEB)** focuses on factors that influence personal susceptibility to cancer, such as genetic, epigenetic, immunological, hormonal, and biological pathways; and social, cultural, and race/ethnic factors. Findings from the research supported by the Branch are disseminated to the public, health care professionals, scientists engaged in cancer control, and the public health community.

Chief: Elizabeth M. Gillanders, Ph.D.

The **Methods and Technologies Branch (MTB)** focuses on methods for epidemiologic data collection, study design and analysis, and development and adaptation of laboratory and technical approaches for large studies in human populations.

Chief: Mukesh Verma, Ph.D.

The **Environmental Epidemiology Branch (EEB)** focuses on factors to reduce cancer risk in humans, including exposures to nutritional components; physical activity and energy balance; alcohol and tobacco; and infectious, physical, and chemical agents.

Acting Chief: Gary Ellison, Ph.D., M.P.H.

The **Risk Factor Assessment Branch (RFAB)** focuses on the development, evaluation, and dissemination of high quality risk factor metrics, methods, tools, technologies, and resources for use across the cancer research continuum, as well as the assessment of cancer related risk factors in the population.

Acting Chief: Susan Krebs-Smith, Ph.D., M.P.H.

"I feel immensely grateful to be part of the CPFP. This program has given me the unique opportunity to transition from more lab-based work to the population sciences – a move I would not have been able to make without my MPH training. To complement this training, the research opportunities at the NCI are unparalleled. Finally, the opportunity to regularly interact with such a diverse group of Fellows has been invaluable to my personal and professional development."

Sarah Nash, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program

SURVEILLANCE RESEARCH PROGRAM

The role of the Surveillance Research Program (SRP) is to monitor emerging trends in our national cancer burden, track the impact of cancer on the U.S. population, and provide information that will enable researchers to generate hypotheses and address questions about observed changes over time. Research within the program is developing innovative methods for the analysis and understanding of cancer statistics and outcomes of cancer control research.

Associate Director: Lynne Penberthy, M.D., M.P.H.

The **Data Quality, Analysis and Interpretation Branch (DQAIB)** leads the analysis and interpretation of patterns and trends in cancer surveillance data. The branch develops methods for statistical reports on national and regional trends in population-based cancer rates, identifying implications of coding changes and quality issues and developing tools for analysis of complex databases that may include demographic, behavioral, medical, and social/environmental data.

Acting Chief: Zaria Tatalovich, Ph.D.

The **Surveillance Informatics Branch (SIB)** supports research on statistical and mathematical models to understand the impact of cancer control interventions and economic, health care delivery, and utilization factors on the cancer burden. The program uses mathematical modeling to develop, evaluate and improve estimates of cancer progress measures, such as survival, prevalence, and quality of life and develop software for integration of modeling into data system.

Acting Chief: Angela Mariotto, Ph.D.

The **Statistical Research and Applications Branch (SRAB)** provides optimal statistical methods for the collection, analysis, and presentation of complex biostatistical measures related to the cancer control, surveillance, and epidemiology programs of the National Cancer Institute. These methods may be pertinent to risk and behavioral factors, spatial and temporal analysis, survey methods, or genetic factors.

Chief: Eric J. (Rocky) Feuer, Ph.D.

.

"The Cancer Prevention Fellowship Program has given me the training, skills, opportunities, and connections to launch my career as an independent scholar, and more importantly as a productive researcher."

David Portnoy, Ph.D., M.P.H.
Fellow Alumnus, Food and Drug Administration, Center for Tobacco Products, Silver Spring, MD

Division of Cancer Epidemiology and Genetics

The Division of Cancer Epidemiology and Genetics (DCEG) is the primary focus within the NCI for population-based research to discover the genetic and environmental determinants of cancer and new approaches to cancer prevention. Intramural and collaborative interdisciplinary studies are conducted on the distribution, causes, and natural history of cancer, and the means for its prevention. Further information can be found at **http://dceg.cancer.gov**.

Director: Stephen J. Chanock, M.D.

EPIDEMIOLOGY AND BIOSTATISTICS PROGRAM

The Epidemiology and Biostatistics Program conducts independent and collaborative epidemiologic and biostatistical investigations to identify the distribution, characteristics, and causes of cancer in human populations.

The **Biostatistics Branch** is responsible for (1) providing expert consultation and active collaboration on study design and analysis of epidemiologic studies; (2) developing statistical, computational, and other methods needed for conduct and analysis of epidemiologic studies; and (3) leading selected epidemiologic studies.

Chief: Nilanjan Chatterjee, Ph.D.

The **Hormonal and Reproductive Epidemiology Branch** conducts research aimed at identifying groups at high risk of cancer, clarifying the natural history of various cancers, understanding interactive effects of genetic and environmental factors on cancer risk, and elucidating biologic mechanisms of carcinogenesis. To define risk factors for hormonally related tumors, we assess reproduction and other factors, measure endogenous hormones, identify hormonal correlates of risk factors for these diseases, and investigate conditions associated with marked hormonal perturbations. Research also focuses on defining the role of the human papillomaviruses in the etiology of genital tumors.

Chief: Louise A. Brinton, Ph.D.

A large proportion of cancers are known to be caused by infections. Immune responses to those infections and to other chronic insults are believed to modulate cancer risk. The **Infections and Immunoepidemiology Branch** believes that the discovery and understanding of infectious and immunologic factors associated with human cancers can ultimately lead to practical applications that will reduce cancer burden and improve human health. The mission of the branch is to conduct research that will clarify the role of infections and immune responses in the etiology of various cancers and associated conditions, to discover new infectious agents linked to cancer development, to conduct work that explores application of our newly gained knowledge to cancer prevention, and to train and facilitate others in such research.

Chief: Allan Hildesheim, Ph.D.

To clarify the role of nutrition in the etiology of human cancer, the **Nutritional Epidemiology Branch** carries out a wide range of interdisciplinary investigations, including observational epidemiologic studies, experimental epidemiologic studies (clinical trials), and metabolic studies. The branch integrates biospecimen collection in its studies to explore the physiologic, cellular, and molecular processes linking nutrition and cancer. It emphasizes the 'exposure' side of nutrition research, with studies of dietary patterns, intake biomarkers, food composition databases, and dietary measurement error. 'Nutrition' is conceived broadly, comprising dietary factors, body size and body composition, and physical activity and energy balance.

Acting Chief: Christian C. Abnet, Ph.D., M.P.H.

The **Occupational and Environmental Epidemiology Branch** conducts studies to identify causes of cancer, with a focus on occupational and environmental exposures. Epidemiology, quantitative exposure assessment, and molecular components are incorporated into multi-disciplinary studies to provide insight into cancer etiology, chemical carcinogenesis, and mechanisms of action.

Chief: Debra T. Silverman, Sc.D.

The mission of the **Radiation Epidemiology Branch** is to identify, quantify, and understand the risk of cancer in populations exposed to radiation, alone or in combination with other agents. Because models of the carcinogenic effects of radiation exposure are relevant to other exposures, the studies of radiogenic tumors contribute to overall understanding of the biologic basis of carcinogenesis. The Branch is carrying out more than 45 studies assessing cancer risks associated with medical (including diagnostic procedures and radiotherapy), environmental (Japanese atomic bomb survivors, residents exposed at young ages to the Chernobyl accident), and occupational (radiologic technologists, physicians conducting fluoroscopically-guided procedures, and Chernobyl clean-up workers) sources of radiation exposure.

Chief: Amy Berrington de Gonzaléz, D.Phil.

"The strength of the CPFP is in its flexibility. The fellowship pairs structured training opportunities with fellow-led research projects and initiatives, encouraging fellows to pursue their own ideas and develop broad collaborations. The independence and networks I have developed during this fellowship have spurred my growth as a scientist and opened up my career opportunities."

Kristin Litzelman Ph.D.
Current Fellow,
Cancer Prevention
Fellowship Program

HUMAN GENETICS PROGRAM

The **Clinical Genetics Branch** integrates clinical observations into an interdisciplinary approach involving clinical, genetic, epidemiologic, statistical, and laboratory methods to define the role of susceptibility genes in cancer etiology; by bringing persons at increased genetic risk of cancer to the NIH Clinical Center for intensive evaluation; translates molecular genetic advances into evidence-based management strategies (including screening and chemoprevention) for persons at increased genetic risk of cancer; identifies and characterizes phenotypic manifestations of genetic and familial cancer syndromes; counsels individuals at high risk of cancer; investigates genetic polymorphisms as determinants of treatment related second cancers; and pursues astute clinical observations of unusual cancer occurrences that may provide new clues to cancer etiology. Ongoing projects include hereditary breast/ovarian cancer, familial testicular cancer, inherited bone marrow failure syndromes (including Fanconi anemia, dyskeratosis congenita), Li-Fraumeni syndrome, neurofibromatosis type 1, and familial pleuro-pulmonary blastoma. We have special interests in risk assessment/screening/management of HPV-related cervical cancer, as well as telomere biology and microRNA biogenesis as modifiers of cancer risk. Ours is the only behavioral-counseling-psychosocial research activity in NCI's Intramural Research Program.

Chief: Sharon Savage, M.D.

The **Genetic Epidemiology Branch** designs and conducts interdisciplinary clinical, epidemiologic, genetic, and laboratory studies of persons, families, and populations at high risk of cancer. These investigations identify genes and exposures conferring cancer predisposition and explore the combined effects of predisposition, and specific exposures. As part of this effort, the branch maintains a familial cancer registry and biospecimen repositories. Families participating in specific studies receive counseling about their risk of cancer and about screening or intervention options.

Chief: Neil E. Caporaso, M.D.

The **Laboratory of Translational Genomics** develops new approaches to the study of the genetic basis of cancer and its outcomes. The lab seeks to understand the genetic basis of SNP markers validated in large scale, genome-wide association studies (GWAS). Specifically, the laboratory uses integrated approaches to identify and validate common SNPs and ancestral haplotypes, which could be used to dissect the genetic basis of disease susceptibility.

Acting Chief: Margaret Tucker, M.D.

The **Cancer Genomics Research Laboratory (CGR)** investigates the contribution of germline and somatic genetic variation to cancer susceptibility and outcomes in support of DCEG's research. Working in concert with epidemiologists, biostatisticians and basic research scientists in DCEG's intramural research program, CGR provides the capacity to conduct genome-wide discovery studies and targeted regional approaches to identify the heritable determinants of various forms of cancer. CGR's high throughput laboratory is equipped with state-of-the-art laboratory equipment and automation systems for a large number of applications including: DNA extraction and sample handling services, GWAS, validation and replication utilizing targeted genotyping techniques, epigenetic studies utilizing array-based methylation analysis, telomere length assessment, evaluation of copy number variation, whole exome sequencing and analysis for familial and population germline studies, and regional and targeted sequencing applications.

Director: Stephen J. Chanock, M.D.

Center for Cancer Research

The Center for Cancer Research (CCR) is the basic and clinical intramural research program of the NCI. Its mission is to inform and empower the cancer research community by making breakthrough discoveries in basic and clinical cancer research and by developing them into novel therapeutic interventions for adults and children afflicted with cancer or infected with HIV/AIDS. CCR's translational infrastructure creates an environment that integrates basic and clinical research teams at CCR with expertise of other NIH scientists and partners in academia and industry. Based in Maryland, on the Bethesda and Gaithersburg campuses of the National Institutes of Health and the NCI campus in Frederick, CCR is a distinctive and productive community of scientists. CCR's intramural cancer research enterprise consists of over 250 principal investigators and nearly 800 postdoctoral and clinical fellows who work both individually and in integrated multidisciplinary teams.

Fellows wishing to engage in mentored laboratory research may select preceptors within CCR. CCR is organized into over 50 branches and laboratories, two of which are highlighted below, with the full listing available at https://ccr.cancer.gov/lab-branch-program-directory-view-all.

http://ccr.cancer.gov

Director: Robert Wiltrout, Ph.D.

The **Laboratory of Human Carcinogenesis (LHC)** has a multifaceted research program integrating basic, translational, clinical, and population research, with a major focus on common and lethal human cancers that include tumors of the breast, colon, esophagus, liver, lung, pancreas and prostate. Our studies utilize a Precision Medicine Strategy. Our main objectives are to conduct investigations that assess: (1) mechanisms of carcinogenesis including the cellular functions of cancer driving genes; (2) experimental approaches in biological systems for the extrapolation of carcinogenesis data and mechanisms from in vitro models and experimental animals to humans; (3) molecular integrative epidemiology of human cancer risk; and (4) cancer biomarkers of diagnosis, prognosis, and therapeutic outcome. The laboratory consists of five sections; the Liver Carcinogenesis Section (LCS), the Molecular Genetics and Carcinogenesis Section (MGCS), the Molecular Epidemiology Section (MES), the Pancreatic Cancer Unit (PCU) and the Integrative Molecular Epidemiology Unit (IMEU). Scientifically, the emphasis is on the role of inherited or acquired host factors as important determinants of an individual's cancer susceptibility and outcomes. Our investigations of host factors include interspecies studies among laboratory animals and humans, and are multidisciplinary to include molecular and cellular biology, pathology, epidemiology and clinical investigation. The overall goal of LHC is to acquire knowledge that will improve cancer prevention, early detection, stratification and effective treatment.

Chief: Curtis C. Harris, M.D.

Curtis Harris, M.D.
Preceptor, Laboratory of Human Carcinogenesis, Center for Cancer Research, NCI

"As a clinician with varied research interests in cancer prevention, I can think of no better postdoctoral fellowship. The mentoring, training and research opportunities of the CPFP are extraordinary."

Jean Murphy, Ph.D., M.S.N., C.N.M.
Current Fellow, Cancer Prevention Fellowship Program

The **Laboratory of Metabolism (LM)** consists of five principal investigators who are international leaders in research areas that include 1) drug and carcinogen metabolism, 2) chemical carcinogenesis and chemoprevention, 3) mechanisms of carcinogenesis, 4) signal transduction and cell cycle control, 5) developmental biology, and 6) epigenetic gene regulation and chromatin biology. The LM has a comprehensive research program that aims to translate basic biological findings into experimental systems used for the development of drugs and determining the risk assessment of chemicals affecting carcinogenesis and developmentally related abnormalities leading to tumors. Its research has significant impact beyond just the LM. LM scientists generate unique reagents, such as recombinant cytochrome P450s; transcription factors and chromatin proteins; genetically altered mice for chromosomal protein-encoding genes; multiple nuclear receptor and transcription factor gene knock-out mice; conditional knock-out mice; tissue-specific Cre mice; P450 and nuclear receptor humanized mice; antibodies to P450s, transcription factors and chromatin components; recombinant dominant negative proteins to B-ZIP transcription factors; POLO kinase inhibitors; and assay systems for cancer diagnosis that have been distributed to numerous laboratories in the U.S. and throughout the world.

Chief: Frank Gonzalez, Ph.D.

"The atmosphere of the CPFP is rare in that fellows are provided support and time to really think through how they want their career to succeed. The CPFP has a history of excellence that has resulted in the cultivation of a large network of mentors through-out the NIH (and beyond) who are willing to help support fellows as they transition into a variety of independent careers."

Ashley Vargas, Ph.D., M.P.H., R.D.N.
Current Fellow, Cancer Prevention Fellowship Program

Post-Fellowship Employment

Alumni of the CPFP have obtained positions at the following institutions:

Universities:

Bentley University
Dublin City University National Institute for Cellular Biology
Duke University Medical Center
Economics Charite-Medical School Berlin
Emory University
George Mason University
Howard University College of Medicine
Indiana University School of Medicine
Johns Hopkins School of Medicine
Michigan State University
Morehouse School of Medicine
New York University
Northwestern University Feinberg School of Medicine
The Ohio State University
Oregon State University
The Pennsylvania State University
Queens College, City University of New York
Queen's University Belfast
University of Arkansas for Medical Sciences
University of California, Merced
University of Colorado at Denver
University of Delaware
University of Florida
University of Louisville School of Medicine
University of Maryland at Baltimore
University of Maryland, College Park
University of Maryland School of Medicine
University of Massachusetts
The University of Medicine and Dentistry of New Jersey
University of Memphis School of Public Health
University of Minnesota
University of Pennsylvania
University of Pittsburgh
University of South Carolina
University of South Florida
University of Southern California
University of Tennessee Health Science Center
University of Texas at Austin
The University of Texas at Brownsville and Texas Southmost College
The University of Texas Health Science Center at San Antonio
The University of Texas M. D. Anderson Cancer Center
The University of Texas Southwestern Medical Center
University of Utah
University of Waterloo
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
University of Vermont College of Medicine
Virginia Commonwealth University
Wake Forest University School of Medicine
Washington University School of Medicine
Yale University School of Medicine

Cancer Centers:

Fox Chase Cancer Center, Cheltenham, PA
H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL
Howard University Cancer Center, Washington, DC
James Graham Brown Cancer Center, Louisville, KY
Memorial Sloan Kettering Cancer Center, New York, NY
Puerto Rico Cancer Center, San Juan, PR
The University of Texas M. D. Anderson Cancer Center, Houston, TX
Washington Cancer Institute, Washington, DC

Medical Practices:

Advanced Dermatology and Skin Surgery, Spokane, WA
Ameripath, Tulsa, OK
Annapolis Medical Specialists, Annapolis, MD
Christus Spohn Hospital, Corpus Christi, TX
Dell Children's Medical Center Trauma Services, TX
Hershey Medical Center, Hershey, PA
Hospice of Lancaster County, Lancaster, PA
Oncology Associates, Omaha, NE
The Permanante Medical Group, Vallejo, CA
Twomey Industrial Medicine and Wellness, Sumter, SC
Dept. Veterans Affairs Medical Center, OK
Washington Hospital Center, DC
Washington Medical Center, DC

National Institutes of Health, Bethesda, MD:

National Heart, Lung and Blood Institute
National Institute on Alcohol Abuse and Alcoholism
National Institute of Child Health and Human Development
National Institute of Dental and Craniofacial Research
National Institute on Nursing Research
NCI, Center for Cancer Research
NCI, Center to Reduce Cancer Health Disparities
NCI, Division of Cancer Control and Population Sciences
NCI, Division of Cancer Epidemiology and Genetics
NCI, Division of Cancer Prevention
NCI, Division of Cancer Treatment and Diagnosis
NCI, Division of Extramural Affairs
NCI, Center for Bioinformatics
NCI, Office of Deputy Director for Extramural Science
NCI, Office of Science Planning and Assessment
NIH, Office of Behavioral and Social Sciences Research
NIH, Office of the Director
NIH, National Center for Research Resources NIH Warren G. Magnuson Clinical Center
Office of Clinical Research and Bioethics Policy
Office of Medical Application of Research

Government agencies outside of NIH:

CDC, National Center for Health Statistics, Hyattsville, MD
CDC, Office on Smoking and Health, Atlanta, GA
Centers for Medicare and Medicaid Services, Boston, MA
FDA, Center for Drug Evaluation and Research, Silver Spring, MD
FDA, Center for Food Safety and Applied Nutrition, College Park, MD
FDA, Center for Tobacco Products, Silver Spring, MD
FDA, Division of Drug Marketing, Advertising and Communication, Silver Spring, MD
FDA, Division of Molecular Genetics and Pathology, Silver Spring, MD
FDA, National Center for Toxicological Research, Jefferson, AR
Texas Department of State Health Services, Austin, TX

Research firms or private organizations:

Advanced Dermatology and Skin Surgery
American Cancer Society
AmeriPath Tulsa
BioInformatics
Cancer Prevention Institute of California
Children's Hospital of Austin
Cincinnati Children's Hospital Medical Center
Coempower, LLC
The Council of State Governments
CSR, Incorporated
Exponent
Genentech
Genomic Nanosystems, Inc.
Gradient Corporation
Kaiser Permanente
The Lancet
Leidos Biomedical Research, Inc.
The MayaTech Corporation
MSD-Management System Designers
Nova Research Company
Pacific Hematology Oncology Associates
Patient-Centered Outcomes Research Institute
Pinney Associates
RAND Corporation
Robert Wood Johnson Foundation
SAIC
St. Jude Children's Research Hospital
WebMD/ViPS
Westat
Xcenda

Life Outside the NCI

The CPFP Office is located at the NCI facilities in Rockville, Maryland, near the Nation's Capitol. With the convenient Metro subway reaching throughout the Washington, D.C. area, transportation is within easy reach.

Near the NIH campus, downtown Bethesda supports a diverse selection of more than 180 restaurants offering cuisine from all over the world.

Fifteen to 20 minutes away, Washington, D.C. offers magnificent monuments and world-class museums. The National Gallery of Art and the museums of the Smithsonian Institution are only the most obvious; smaller museums such as the Phillips Collection should not be overlooked. Other sightseeing opportunities such as the National Zoo, the Kennedy Center for the Performing Arts, the folk festivals, the cherry blossoms that bloom every spring, the numerous parades, and the many other worthwhile sightseeing adventures that are nearby. Washington has professional football, baseball, basketball, and hockey teams. Washington's best known outdoor recreational area, Rock Creek Park, offers a spacious and beautiful landscape that is much appreciated and heavily used by bicyclists, runners, and picnickers.

Washingtonians often make the trip to Baltimore to enjoy the Inner Harbor restaurants, aquarium, and shopping. Annapolis and the Chesapeake Bay are also nearby.

Within a short distance are the Atlantic coast beaches, the Shenandoah and Catoctin mountains, as well as the nearby ski resorts in Maryland and Pennsylvania. Also close by are the historic homes of George Washington and Thomas Jefferson.

Our weather covers all seasons from the leaves turning colors in the fall to the warm sun-kissed days of summer—we have it all!

Course Participants, NCI Summer Curriculum in Cancer Prevention, 2014

NIH Publication No. 15-5516
April 2015