



Canadian Institutes of Health Research

INSTITUTE OF
CANCER RESEARCH

2001-2002

ANNUAL REPORT



CIHR IRSC
Canadian Institutes of Health Research
Institut de recherche en santé du Canada

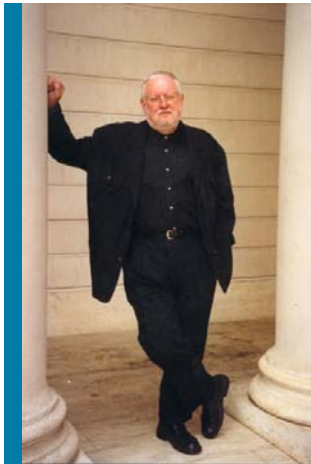
Canada

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MESSAGE FROM THE SCIENTIFIC DIRECTOR



Dr. Philip E. Branton, Scientific Director, Institute of Cancer Research, Canadian Institutes of Health Research

The creation of the CIHR Institute of Cancer Research (ICR) offers an unparalleled opportunity to advance our understanding of all aspects of cancer and to establish a Canadian cancer research agenda. With the emergence of ICR, there is a critical need to enhance the capacity of Canadian cancer research and, in collaboration with the National Cancer Institute of Canada (NCIC), Health Canada (HC), provincial cancer agencies, and other funders, to coordinate our research initiatives.

During its initial year of operation, ICR established a base at the McGill Cancer Centre in Montreal and moved rapidly to link with all sectors of the Canadian cancer research community. The newly created Canadian Strategy for Cancer Control (CSCC), which was developed to enhance cancer care and research, embodies the four pillars of health research and encompasses prevention, diagnosis, treatment and palliative care. At a pivotal meeting of the CSCC in Ottawa in February of 2001, an alliance was formed between ICR, NCIC, HC and the Canadian Association of Provincial Cancer Agencies (CAPCA) to cooperate in identifying cancer research priorities and to coordinate our various efforts. An extensive series of planning steps were undertaken by these allied groups to identify such priorities. The results of these efforts will lead to a redefining of research priorities in Canada and facilitate coordination of the various research funding organizations. It is envisioned that this alliance group will continue to coordinate efforts in the context of the CSCC Research Committee, of which I will be Chair. It is the goal of ICR to identify critical areas of cancer research for development, and to link our efforts with other funding organizations in Canada.

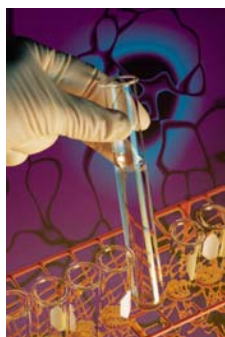
In total, CIHR invested more than \$63M this year in cancer research, much of which funded investigator-initiated research. This level represents the largest contribution to cancer research by any single agency in Canada. ICR does not fund investigator-initiated applications, but rather seeks to target areas or themes that could benefit from more targeted initiatives. Now that our priority planning process is ending, the real work will be to enhance efforts in our priority research themes.

One critical area identified in every planning process to date has been the need to develop capacity in several key areas, and thus capacity building has been an important activity during the first year of ICR. To this end, we have sponsored





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many meetings, workshops and planning sessions to identify current needs. We also launched a Cancer Training Grant program and funded a significant number of awards across Canada to enhance the training of cancer research professionals among the four pillars of health research. We have also awarded applications for capacity building in two critical areas of need: palliative care and tumour banking. We expect that additional capacity building programs will continue as part of our more global cancer research efforts.

ICR is supported by an outstanding staff in both Montreal and Ottawa, and by a remarkable Institute Advisory Board (IAB), chaired by Dr. Heather Bryant of the University of Calgary. The IAB has been instrumental in defining our research agenda, and is committed to the development of our evolving research priority programs. ICR is very pleased to have recruited two key individuals to our Montreal office, our Administrative Assistant, Ms. Diana Sarai, and the Assistant Director, Dr. Benoît Lussier. We have also been fortunate to be able to work with our Institute Liaison in Ottawa, Dr. Judy Bray, and more recently with Mr. Patrick Haag, our Project Officer. I would like to thank all of these individuals and the IAB for their talents and dedication which have allowed ICR to achieve excellence.

I believe that ICR has made a significant start in defining Canada's cancer research agenda. But the full impact of our efforts is just now beginning and, as always, I welcome your input into our ongoing work to make a difference to cancer patients and their families through research.

Philip E. Branton, Ph.D.
Scientific Director,
Institute of Cancer Research
Gilman Cheney Professor of Biochemistry,
McGill University





The Institute
of Cancer Research
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the central core of the
Canadian Institutes of
Health Research.





PROFILE OF THE INSTITUTE

The Institute of Cancer Research (ICR) is one of the 13 virtual institutes that form the central core of the Canadian Institutes of Health Research (CIHR). The creation of CIHR in June 2000 heralded the beginning of a new era in Canadian health research. Building on the success of its predecessor, the Medical Research Council (MRC), CIHR began a journey to strengthen and expand the base of excellent investigator-initiated research that was the hallmark of MRC. The CIHR mandate is broader than that of the MRC in that CIHR fosters research relating to all four pillars of health research: basic, clinical, health services and policy and the health of populations. The goal of CIHR is to promote excellent multidisciplinary, cross pillar research while actively encouraging partnership and collaboration between academia, government, industry and voluntary organizations working in the health research sector. The CIHR's bold, new vision is to establish a broad and coordinated approach to health research that will improve the health of all Canadians.

ICR is fortunate in that it already has a well-established and highly

successful research community. Cancer research in Canada has historically been relatively well funded by the combined support of MRC, the National Cancer Institute of Canada (NCIC), cancer specific voluntary organizations and both federal and provincial government agencies. This support has enabled Canadian scientists to achieve a world-class reputation for excellence in cancer research. The creation of ICR adds another player to the field: one that is committed to building on the investigator base currently funded by CIHR to launch and support strategic research programs in areas of identified research need. With the support of its partners and research community, ICR is ready to face this challenge.

ICR is housed at McGill University, Montreal, the home institution of its Scientific Director. The small but accomplished staff, which consists of the Scientific Director, an Assistant Director and an Administrative Assistant, recently moved into their new office space at the McGill Cancer Centre in the McIntyre Medical Sciences Building of McGill University. In addition, the Institute is

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PROFILE OF THE INSTITUTE



ICR is also supported by an advisory board of seventeen individuals drawn from the full spectrum of the cancer research field, from lay persons and survivors to molecular geneticists, epidemiologists and clinicians.



Home of ICR, McIntyre Medical Sciences Building at dusk.

supported by an Institute Liaison and a Project Officer based at CIHR in Ottawa, making a grand total of five Institute staff. Together, this dedicated group, in conjunction with many partner organizations including other CIHR Institutes, is actively involved in identifying research priorities within the cancer research field and developing strategic research initiatives for future funding from the Institute's small, but growing budget. Research areas encompassed by the ICR mandate include etiology, molecular mechanisms, prevention, screening, diagnosis, treatment and palliative care. ICR plans to be a key player in the development of a national research agenda for cancer research.

ICR is also supported by an advisory board of seventeen individuals drawn from the full spectrum of the cancer research field, from lay-persons and survivors to molecular geneticists, epidemiologists and clinicians. This multi-talented group, which has met four times since the creation of the Institute, continues to support ICR staff and partners in decision making processes and priority setting exercises. Their support, along with

that of the cancer research community and partner organizations, will make ICR an important contributor to Canadian cancer research.

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OUTSTANDING RESEARCH

One in three Canadians will be diagnosed with cancer in their lifetime, an incidence which is likely to rise by as much as 70% by the year 2015 due to our population demographics. In 2001 alone, there were an estimated 134,100 new cases of cancer diagnosed and over 65,300 deaths. These figures make cancer the leading cause of death in Canada. Three types of cancer account for at least 50% of new cancer cases for each sex: prostate, lung and colorectal for males and breast, lung and colorectal for females. The most frequently diagnosed cancer for women is breast cancer and for men, prostate cancer. However, as a consequence of research that has resulted in improved diagnosis and treatment, more than half of all cancer patients can now expect to survive their disease.

Cancer research in Canada is a well-established field fuelled by world-class investigators with a long history of success in innovative and ground-breaking research. In fact, Canadian scientists were ranked first, in terms of the impact of cancer research, in a recent survey by the Genoa National Cancer Institute for Research on

Cancer. This result confirms the success of Canadian cancer researchers who, although relatively well funded by Canadian standards, do not receive the magnitude of financial support seen in many other countries. Clearly, Canadians receive a very good return on their investment.

Canada's entry into the genomics era has heralded a whole new and exciting period in cancer research. Our understanding of the genetic basis of cancer opens the door to potential interventions that could only be dreamed of in the past. By increasing our understanding of the molecular and biochemical processes involved in cancer, of all types, we are now able to develop novel therapeutics directed at specific tumour targets. In the next ten years, we will see a steady stream of new therapeutic agents that have been designed to act on a panel of unique targets in the cancer cell. Such drugs represent a whole new generation of therapeutics that have never before been available. New genetic technologies will also yield improved diagnostic and screening techniques to further advance our knowledge and understanding of cancer. Specific genes involved in



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OUTSTANDING RESEARCH



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the generation of malignancy are constantly being identified, opening the door for risk analysis, potential genetic manipulations and gene therapy.

Canadian cancer research, sponsored by CIHR and its partners, is having a significant impact across the spectrum of health research. New cancer genes have been identified and the molecular pathways of their products characterized. As noted above, such work will have an impact on both diagnosis and treatment. A rather novel approach, sponsored by CIHR, involves infectious viruses that are being tested as agents to selectively kill cancer cells. Progress made in biophysics is enhancing the development of new tools to aid in early diagnosis and in treatment. At present, CIHR-sponsored cancer clinical trials represent only a small part of the Canadian effort; however, it is envisioned that ICR will play a major role in increasing patient enrollment in clinical trials, which presently represents only about 5% of cancer patients. Epidemiological studies on colon and breast cancer should set the stage for future improvements in both prevention and early detection. For example,

one recent study showed the positive effects of physical exercise in reducing the risk of breast cancer. A goal of ICR is to enhance interdisciplinary research to capitalize on the research excellence of Canadian cancer researchers.





EXCELLENT RESEARCHERS AND A ROBUST RESEARCH ENVIRONMENT

CIHR and its predecessor, the MRC, have made substantial investments in cancer research for many years. Of the 2001-2002 CIHR budget, an amount of \$63,930,289 was allocated to cancer research in the form of research grant support, training awards, investigator awards, workshops and strategic initiatives. This represents approximately 14% of the total CIHR research budget.

In addition to CIHR funding, cancer research is supported by many other organizations and provincial and federal government agencies, including not-for-profit agencies such as the National Cancer Institute of Canada (supported by the Canadian Cancer Society and the Terry Fox Foundation), the Cancer Research Society, and the Canadian Breast Cancer Research Initiative. Collectively, it is estimated that well over \$120M is spent on cancer research in Canada every year.

Transition Programs

During the evolution of CIHR, a number of transition programs were created to bridge the gap between MRC and the new vision of CIHR. One of these was the

Interdisciplinary Health Research Teams (IHRT). This program was intended to strengthen Canadian health research capacity, build and enhance interdisciplinary groups and research networks, increase funding opportunities and provide operating support for researchers. IHRTs were designed to be interdisciplinary, multi-centre collaborations between at least two of the four themes of health research with an emphasis on research translation between sectors. A total of ten IHRT teams were approved for funding in 2001. Of these, three were in the area of cancer research, including studies of musculoskeletal neoplasia, a genetic-epidemiological and population-based approach to the impact and control of colorectal cancer and a study on breast cancer susceptibility. In collaboration with a number of other CIHR Institutes, the Institute of Cancer Research is contributing strategic funds to support an additional IHRT studying gene therapy for neurological disease including brain cancer.

Training a New Generation of Health Researchers

It is predicted that in 10 years

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EXCELLENT RESEARCHERS AND A ROBUST RESEARCH ENVIRONMENT



CIHR is strongly committed not only to supporting current investigators but also to the training of new innovative, world-class researchers in order to build capacity in the Canadian health research community.

time, Canada will face a shortfall of somewhere in the region of 100,000 researchers and scientists. CIHR is strongly committed not only to supporting current investigators but also to the training of new innovative, world-class researchers in order to build capacity in the Canadian health research community. One of the first initiatives to be launched, following the creation of CIHR and the Institutes, was the CIHR Strategic Training Initiative in Health Research in the spring of 2001. The goal of this initiative was to encourage the next generation of researchers to become engaged in transdisciplinary, integrative research into all areas of health

research including biomedical, clinical, health services and population health. In addition to the base CIHR budget of \$4M allocated to this initiative, all thirteen CIHR Institutes committed a portion of their strategic resources for the support of training centres within their Institute mandate. Many partner organizations and agencies also committed funds to support additional training centres. Ultimately, 51 training programs were approved for funding in the spring of 2002. Of these, fifteen fell either wholly or partially within the mandate of the Institute of Cancer Research. ICR is the lead Institute for five of these programs:

Principal Investigator	Principal Institution	Title of Proposal
Batist, Gerald	Sir Mortimer B. Davis Jewish General Hospital	Montreal center for experimental therapeutics in cancer
Cameron, Roy	University of Waterloo	Tobacco research training program
Mulligan, Lois	Queen's University	Queen's University transdisciplinary training program in cancer research
Tremblay, Michel	McGill University	McGill University cancer consortium training grant in cancer research
Tsao, Ming-Sound	University of British Columbia	Clinician Scientists in molecular oncologic pathology





EXCELLENT RESEARCHERS AND A ROBUST RESEARCH ENVIRONMENT

Identifying Research Gaps and Opportunities

During the Institute’s priority setting exercise, it became apparent that certain areas within the ICR mandate would benefit from an environmental scan of current research activities and a consultation process to facilitate the development of a coordinated and forward-looking research agenda. In the spring of 2001, the Institute of Cancer Research together with the Institute of Population and Public Health posted Request for Applications (RFA) for Needs, Gaps and Opportunities Assessment Grants in Priority Research Areas (NGOA). The Institute of Cancer Research identified three priority areas that would benefit

from an NGOA program: Palliative Care, National Cancer Information Resource for Data Collection for Patients and Populations, and Tumour Banks.

Each grant was designed to provide eight months of non-renewable funding of up to \$80,000 to a consortium of researchers, potential research users and stakeholder/partner organizations. It is expected that successful teams will provide the Institute with a prioritized list of research needs/gaps/opportunities based on an in depth environmental scan of current research both in Canada and abroad and including broad consultation with stakeholder groups. From the applications received, two were approved for funding:

Each grant was designed to provide eight months of non-renewable funding of up to \$80,000 to a consortium of researchers, potential research users and stakeholder/partner organizations.

Principal Investigator	Principal Institution	Title of Proposal
Baracos, Vickie	University of Alberta	Issues in palliative care: Anorexia/cachexia syndrome of advanced cancer: Identification of needs, gaps and opportunities in Canadian research
Watson Peter	University of Manitoba	Opportunities in tumour banking—bridging no-mans land in cancer research

These two groups are now actively engaged in activities which will provide the Institute with recommendations on future research directions in their specified priority areas.



PARTNERSHIPS AND PUBLIC ENGAGEMENT



One of the primary objectives of the Institute of Cancer Research has been to bring together other organizations and agencies involved in funding and supporting cancer research in order to establish a national research agenda.



A National Planning Process

One of the primary objectives of the Institute of Cancer Research since its inception has been to bring together other organizations and agencies involved in funding and supporting cancer research in order to establish a national research agenda. Two years ago, the formation of the Canadian Strategy for Cancer Control (CSCC) signaled the beginning of a process to coordinate cancer research in Canada. CSCC covers all aspects of cancer, with research being just one component. A working group meeting on cancer research, headed by Dr. Victor Ling, produced a report with multiple recommendations for a Canadian research agenda. In response to this report, a research alliance was formed. This alliance is comprised of representatives from the National Cancer Institute of Canada (NCIC), the Canadian Association of Provincial Cancer Agencies (CAPCA), Health Canada and ICR. In May of 2001, this group sponsored a large working group meeting at which cancer researchers from all pillars, lay persons, survivors and potential partners, were convened to begin the process of defining research priori-

ties for cancer research. As a result of this meeting, a web-based Delphi process was initiated to further refine the priorities and seek input from a broader population. Twelve main research themes as well as a number of infrastructure/capacity needs emerged from the Delphi process. Taking the top two priorities from each of the twelve themes, ICR compiled a list of 24 priority areas that will be considered and voted upon at the ICR Advisory Board Meeting in May 2002.

Facilitating Communication

To further promote collaborative opportunities between Canada's two main funders of cancer research, NCIC and CIHR, an informal arrangement has been arrived at, whereby the Scientific Director of ICR is invited to attend NCIC board meetings as an observer. Likewise, the Chief Executive Officer of NCIC is invited to attend ICR Advisory Board meetings. These exchanges maintain a regular information flow between the two organizations and facilitate a deeper understanding of their respective issues and concerns.





PARTNERSHIPS AND PUBLIC ENGAGEMENT

Provincial Cancer Boards

Since its creation, the Institute of Cancer Research has been actively seeking collaborations and partnership with a number of provincial cancer agencies including Cancer Care Ontario, Cancer Care Nova Scotia, Cancer Care Manitoba, the Alberta Cancer Board, the BC Cancer Agency and the Fonds de la recherche en santé du Québec (FRSQ). Many of these discussions have resulted in the drafting of Memoranda of Understanding (MOU) for future partnerships. The Scientific Director of ICR has been named a member of the CAPCA Research Advisory Board and has also been an invited guest at the Alberta Cancer Board Research Advisory Group.

Canadian Breast Cancer Research Initiative (CBCRI)

CBCRI is the primary funder of breast cancer research in Canada and was created by a groundswell of support from women from all walks of life aimed at focusing attention on prevention and ultimately a cure for breast cancer. CBCRI is supported by a number of partner organizations including

the Avon Flame Foundation, the Canadian Breast Cancer Foundation, the Canadian Breast Cancer Network, Canadian Cancer Society, Health Canada, CIHR and NCIC. The goal of CBCRI is to encourage and support excellent research on the prevention, treatment and control of breast cancer. MRC was one of the original sponsors of the Canadian Breast Cancer Research Initiative (CBCRI), and CIHR, led by ICR, has continued to support this excellent initiative focused on breast cancer research. Last year, CBCRI initiated a targeted program related to breast cancer prevention and etiology, and a second round of competitions in this area will take place in 2002. In May 2002, a new "Translational Research" program will be offered that will support teams of outstanding researchers to hasten the development of new breast cancer therapies in the clinic. This will be a unique partnership between CBCRI, ICR and the CIHR Institute of Gender and Health (IGH).

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TRANSLATION AND USE OF KNOWLEDGE



The Institute of Cancer Research, like all CIHR's Institutes, is committed to the translation of knowledge to the research community, policy makers, health care professionals, the general public and any other group or individual who could potentially benefit from the use of new knowledge. The field of cancer research is fortunate in that many of the not-for-profit research funding organizations such as CBCRI, Canadian Cancer Society and NCIC are actively involved in informing the Canadian population about breakthroughs in cancer research and new and alternative therapies, both through their comprehensive and informative websites and their published literature. The popular press and news media are also powerful vehicles of knowledge translation with their frequent coverage of new advances and breakthroughs in cancer research. As lifestyle choices are a major contributor to cancer incidence, it is important that the general public are kept well informed of potential risk factors in a timely fashion. Knowledge translation and cancer advocacy is also a mandate of the new CSCC, and in his future role as Chair of the CSCC Research Committee, Dr. Branton expects to

take advantage of this organization to promote successes and ongoing research to the public.

The Institute of Cancer Research, through its web site, makes every attempt to inform the research community and general public of activities within the Institute. There are also plans to launch an Institute newsletter in the near future. The Scientific Director is actively engaged in promoting both the Institute of Cancer Research and advances in cancer prevention, diagnosis, treatment and control. Dr. Branton has given several interviews both to the press and television media in response to questions on some of the latest advances in cancer research and is actively involved in promoting the uptake of recent advances in research across the country, as he visits colleagues in Universities and Medical Centres from coast to coast.

In addition, the planned partnership with CBCRI and CIHR-IGH on the Acceleration Grants Program for Breast Cancer Control is designed specifically to facilitate the translation of basic breast cancer research findings into practice through further testing (including





TRANSLATION AND USE OF KNOWLEDGE

Phase 1 clinical trials), refinement and implementation.

The Institute of Cancer Research has also facilitated the sharing and translation of knowledge through its sponsorship of workshops on a variety of cancer related topics. For example, ICR joined the CIHR Institute of Neurosciences, Mental Health and Addiction in supporting the Canadian Tobacco Control Research Summit in May 2001. At this large workshop, researchers and individuals from a variety of disciplines and backgrounds were brought together for two days to share information and ideas with a view to establishing a research agenda that will potentially reduce and eventually eliminate tobacco use.

Other workshops supported by the Institute of Cancer Research include the Colorectal Cancer Workshop in June 2001, the Proteomics in Health and Disease Workshop in August 2001 and the Complementary Health Care and Natural Products Consensus Workshop in February 2002. All of these workshops provide an opportunity for researchers from all research pillars and many different disciplines to come together, of-

ten with members of the lay community and cancer survivors to exchange knowledge and perspective. Such meetings facilitate the generation of new research agendas that are truly national and interdisciplinary in scope. The Institute recently created a one-page flyer promoting ICR that will appear in the programs of any workshop or symposium receiving funding from ICR. All reports generated by ICR funded workshops are submitted to ICR for dissemination to the broader research community and other interested parties.

For example, ICR joined the CIHR Institute of Neurosciences, Mental Health and Addiction in supporting the Canadian Tobacco Control Research Summit in May 2001.



ORGANIZATIONAL EXCELLENCE



The Institute's current staff of five works closely together and have established an excellent rapport. One of the keys to success for any virtual organization is open and frequent communication within a true team environment.



Like other CIHR Institutes, the Institute of Cancer Research faced several organizational challenges during its first year of operation. Starting in December 2000, with only a part time Scientific Director and an Institute Liaison who was shared with two other Institutes, the first task was to find administrative support and a full time Assistant Director. Finding a home for the Institute was next on the agenda and involved the renovation of space within the Director's host Institution, McGill University, within the McGill Cancer Centre.

The Institute's current staff of five works closely together and have established an excellent rapport. One of the keys to success for any virtual organization is open and frequent communication within a true team environment. The staff meets in person on a regular basis either in Montreal or Ottawa and communicate regularly by phone and e-mail to ensure that all members of the team are actively engaged in Institute operations. Once a month, throughout the year, all thirteen Institute Scientific Directors meet for two days, usually in person, to discuss progress, issues arising, and to identify potential collaborations on cross cut-

ting initiatives. The fact that two of the Institute staff are based at CIHR in Ottawa greatly facilitates communication and liaison between the many CIHR divisions and the Institute itself. As each Institute has a Liaison in Ottawa, this group is also invaluable for ensuring communication and collaboration between individual Institutes and in identifying areas of mutual interest among the many institute agendas.

The Ottawa based Liaison group meets on a weekly basis to facilitate this important avenue of communication.

The Institute of Cancer Research has established strong ties with its research community and partners and through its web site informs and alerts the community at large about upcoming funding opportunities, decisions made at Advisory Board meetings and Institute priorities.





ORGANIZATIONAL EXCELLENCE

Any member of the cancer research community in Canada is invited to enrol as a member of ICR and many CIHR funded investigators have indicated their affiliation with the Institute. This membership base is informed of Institute activities and opportunities on a regular basis. Institute strategic planning decisions are made in consultation with the seventeen members of the Institute Advisory Board. This Board is comprised of members drawn from across Canada and is made up of individuals from many different scientific disciplines including informed lay persons and cancer survivors. This IAB has been a dedicated support to the Institute during this phase of rapid growth. In addition to regular meetings, many members of the Board have volunteered extra time to serve on specific subcommittees and to help make informed decisions on a wide variety of Institute issues.

Due to the dedication and commitment of the entire Institute team and the wealth of support received from CIHR staff in Ottawa, the Institute of Cancer Research is well on its way to making an important impact on the Canadian cancer research scene.

By facilitating and promoting collaborations with other Institutes and partner organizations, ICR has made great progress in establishing strategic research priorities for future funding. The next year will be a time of growth and consolidation for ICR and we look forward to it with excitement and anticipation.



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ADVISORY BOARD



**Heather Bryant
(présidente)**

Vice President and Director of Epidemiology, Prevention and Screening, Alberta Cancer Board



Jacques Brisson

Professor of Epidemiology, Department of Social and Preventive Medicine, Laval University



Sharon K. Buehler

Honorary Research Professor of Epidemiology, Faculty of Medicine, Memorial University



Roy Cameron

Director, National Cancer Institute of Canada's Centre for Behavioral Research and Program Evaluation, University of Waterloo



Carol Cass

Chair, Department of Oncology, University of Alberta



Louis Dionne

Retired surgeon and co-founder of the Maison Michel-Sarrazin.



Michael A. Farmer

Mayor, Town of Stratford, Prince Edward Island



Gerald C. Johnston

Chair Department of Microbiology and Immunology, Faculty of Medicine, Dalhousie University



Andrea Laupacis

President and Chief Executive officer, Institute of Clinical Evaluative Sciences, Toronto



ADVISORY BOARD

	Anne Leis	Associate Professor, Department of Community Health and Epidemiology, University of Saskatchewan
	Joan Loveridge	Member of the CCS/NCIC Joint Advisory committee on Cancer Control and long-time volunteer for cancer control organizations.
	Neil MacDonald	Director – Cancer Nutrition – Rehabilitation Programme Departments of Oncology and Medicine, McGill University, Montreal, P.Q.
	Joseph L. Pater	Director, National Cancer Institute of Canada's Clinical Trials Group, Queen's University
	Ian C. P. Smith	Director General, Institute for Biodiagnostics, National Research Council, Winnipeg
	James E. Till	Senior Scientist Emeritus, Ontario Cancer Institute, Toronto
	Jim Woodgett	Professor, Ontario Cancer Institute, University of Toronto
	Joy Yorath	Executive Director, Burnaby Hospital Foundation Breast Cancer Survivor





CIHR AND CANCER RESEARCH THE NUMBERS

CIHR Funding for Cancer Research

	2000–2001	2001–2002
Research Grants		
Operating Grants	\$ 32,389,992	\$ 37,581,862
Group Grants	\$ 3,315,860	\$ 6,259,011
Equipment & Maintenance Grants	\$ 1,826,738	\$ 1,721,822
Clinical Trials	\$ 74,471	\$ 146,037
NCE Operating Grants	\$ 3,525,000	\$ 3,525,000
	\$ 41,132,061	\$ 49,233,732
Training Awards		
Studentships & Ph.D. Research Awards	\$ 2,204,741	\$ 2,293,356
Fellowships	\$ 2,101,564	\$ 3,926,012
Clinical Scientists	\$ 442,280	\$ 362,221
	\$ 4,748,585	\$ 6,581,589
Investigator Awards		
New Investigator	\$ 1,499,091	\$ 1,702,659
Investigator	\$ 1,605,943	\$ 2,106,993
Senior Investigator	\$ 616,075	\$ 708,712
Chair	\$ 137,500	\$ 100,000
	\$ 3,858,609	\$ 4,618,365
Workshops & Symposia		
Workshops & Symposia	—	\$ 5,000
*ICR—sponsored Workshops & Symposia	—	*(\$ 136,437)
	—	*(\$ 141,437)
Strategic Initiative Grants		
ICR Institute Support Grant	\$ 461,500	\$ 1,000,000
ICR Strategic Initiative Grants	—	\$ 123,975
CBCRI	\$ 2,000,000	\$ 2,000,000
Strategic Training Program Grants	—	\$ 367,628
	\$ 2,461,500	\$ 3,491,603
TOTAL	\$ 52,200,756	\$ 63,930,289

* Funds for ICR—sponsored workshops and symposia are accounted for in ICR Institute Support Grant



CIHR AND CANCER RESEARCH THE NUMBERS



Number of CIHR Grants and Awards for Cancer Research

	2000–2001	2001–2002
Research Grants		
Operating Grants	422	458
Group Grants	22	28
Equipment & Maintenance Grants	20	23
Clinical Trials	2	2
NCE Operating Grants	1	1
	467	512
Training Awards		
Studentships & Ph.D. Research Awards	137	158
Fellowships	68	118
Clinical Scientists	7	6
	212	282
Investigator Support Awards		
New Investigator	33	37
Investigator	26	33
Senior Investigator	10	11
Chair	2	2
	71	83
Workshops & Symposia		
Workshops & Symposia	–	1
ICR funded Workshops	–	10
	–	11
Strategic Initiative Grants		
ICR Strategic Initiative Grants	–	2
Strategic Training Program Grants	–	15
	–	17
TOTAL	750	905

