NEWSMAKER INTERVIEW

Texas Transplant Alfred Gilman Guides $3 Billion Cancer Project

Texas biomedical researchers were elated 2 years ago when voters approved spending $3 billion over 10 years for cancer research and prevention in the state. But they also worried about keeping funding decisions free of politics (*Science*, 31 August 2007, p. 1154). Dealing with such concerns is a top priority, says the Cancer Prevention and Research Institute of Texas's (CPRIT's) scientific director, biochemist Alfred Gilman, named last month.

Gilman, 67, won a Nobel Prize in 1994 for work on G proteins and their role in cell signaling. A Connecticut native, he has spent nearly 3 decades at the University of Texas (UT) Southwestern Medical Center at Dallas, where he is now an executive vice president, provost, and medical school dean. In June, he will step down to join the new venture. As *Science* went to press, the Texas House of Representatives and Senate were expected to approve the full $300 million from bond sales for each of CPRIT's first 2 years, and Gilman hopes to make the first awards late this year. Gilman's comments have been edited for brevity. **–JOCELYN KAISER**

Q: Why were you interested in this job? You're not a cancer biologist.

A.G.: No, but the basic research I did was applicable to most cellular functions. I actually was funded by the American Cancer Society for several years. So I'm not without cancer connections.

This is an exciting thing for Texas to do. It's real money, it's a real opportunity to accomplish some novel things in cancer research. I'm at a perfect point in my career to do something like this. I don't want to be dean anymore.

Q: What is CPRIT going to do that will be different from what the National Cancer Institute does?

A.G.: First of all, the biggest part of my job is going to be to put together the best darn scientific review committees you've ever seen, headed by superb cancer scientists. They will all be non-Texans. The first question that will be asked [of grant proposals] is, "How important and innovative is this research?" Not, "Can it be done?"

I'm very much looking forward to having a high-impact, high-risk grant program that will give out, say, $100,000 for a year or 18 months to get preliminary data. We'll be putting forth RFAs [requests for applications] to encourage recruitment to Texas of both senior and junior scientists. We definitely want to recruit some stars. There will be some big consortium grants. I'll be surprised if there aren't big infrastructure projects, say, high-throughput screening or tumor-sample repositories. Certainly we'll support training.

Q: Do you have any idea how much will go to basic versus clinical research and treatment versus prevention?

A.G.: Some people have written down those numbers, and I've said, I don't want to see 'em. I want the judgment of quality to determine the distribution of money.

My plan is that I would have the chairs of the study sections in essence constitute the equivalent of a [National Institutes of Health] council. They will get together in a meeting and merge their study sections' lists into a final funding list. I think that will be a very interesting meeting.

Q: Is there going to be any attempt at geographic diversity?

A.G.: Not much. (Laughs.) I've said a pretty consistent line here that I'm going to take the politics out of this. But if you look at the data, roughly half of NCI [National Cancer Institute] funding in Texas goes to M. D. Anderson [Cancer Center]. All of the UT components account for about 75% of NCI funding in the state. Now add Baylor [College of Medicine], and you are at about 90%. So that's not evenly distributed geographically. It's based on peer review. And so I think it will shake out roughly that way.

But I think the high-risk, high-impact program will provide opportunities for people in smaller schools to compete. A great idea can come from anyplace.

Q: Are Texans going to expect cures?

A.G.: Every time everyone uses the "C" word, I say, "Please, we will not overpromise." And what I've said to one of the sponsors of the legislation [is], we'll work hard but we're not going to promise that we're going to cure anything. I'm saying that we're going to make a lot of progress.

Q: You will remain on the boards of two drug companies [Eli Lilly and Regeneron]. Why don't you see that as a conflict of interest?

A.G.: Because I don't see either Eli Lilly or Regeneron coming to CPRIT for funding or being involved in projects with CPRIT investigators, but if they do, it's just as big a conflict of interest that I've been at UT Southwestern for 28 years. I've recused myself from here to eternity. I'm setting up the review system, I'm organizing it, I'm facilitating it. And I'm not voting.

Q: Is there anything else to know about how CPRIT will work?

A.G.: I said to the oversight committee, "You give me the tools I need, I will give you the world's best peer-review system." I want to call up these folks and invite them to participate. I'll say, "You're going to help give away $300 million a year for cancer research, and your advice will be taken." And I said, "If you ignore the advice of review groups, then they'll walk and I'll walk with them."

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