



Toward an Integrated NCI Strategic Plan

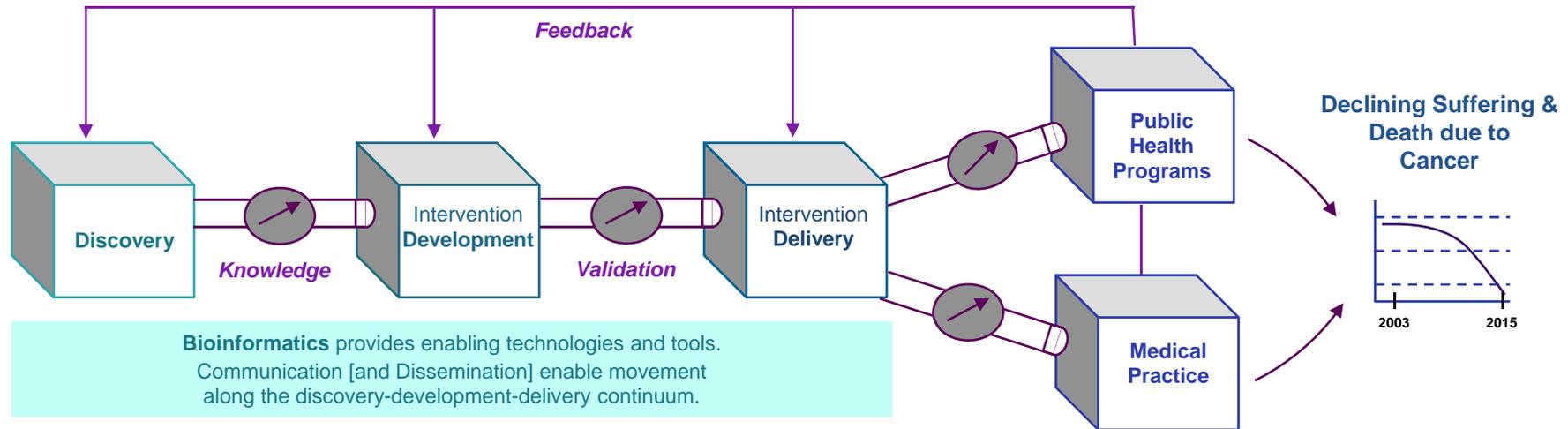
**National Cancer Advisory Board
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Toward an Integrated NCI Strategic Plan

How 2015, Bypass, and Disease-Specific Strategic Priorities Fit Together To Reach Our Goal



Discovery

Molecular Epidemiology

Genes/Environment
 Components of:
 Tobacco Energy Balance
 Survivorship **Disparities**
 Disease-specific priorities

Integrative Cancer Biology

Most of
 Signatures/Microenvironment
 Components of:
 Molecular Targets
 Tobacco Survivorship
 Disease-specific priorities

Development

Prevention, Early Detection, & Prediction and Strategic Development of Cancer Interventions

Most of Molecular Targets
 Components of:
 Signatures/Microenvironment
 Tobacco
 Energy Balance
 Survivorship
Disparities
 Disease-specific priorities

Delivery

Overcoming Cancer Health Disparities

Quality of Cancer Care
 Intervention delivery across the continuum [from prevention to survivorship & end of life] for specific cancers including delivery components of:
Prevention, Early Detection, & Prediction
Strategic Development of Cancer Interventions
 Tobacco
 Energy Balance
 Survivorship

Cancer Imaging & Molecular Sensing provide technologies and tools across all of the priority areas.

Platforms for Discovery, Development, & Delivery

Investigator-Initiated Research

Centers, Networks, & Consortia

Integrated Clinical Trials System

NCI Intramural Program

Overall Approach

- 1. Executive Committee (EC) Strategic Planning**
 - Identified 7 Strategic Priorities (early 2003)
 - Developed Plans for Each Area (mid 2003)
- 2. Input on Strategic Priorities**
 - Informal Work Groups Supporting planning Efforts (ongoing)
 - Formal Solicitation and Responses from NCI Staff (August 2003)
- 3. Development through Bypass Process**
 - Solicitation for External Input (February 2004)
 - Integration of 7 Strategic Priority Areas, disease-specific research, and 13 Bypass Areas

Examples of Revisions in Bypass 2005 Resulting from Reviewer Input - 1

- Emphasized establishing new and strengthening ongoing efforts for reducing cancer health disparities. (Cancer Health Disparities)
- Developed an objective to ensure that partners employ evidence-based methods in generating health messages, screening recommendations, and patient publications. (Cancer Communications)
- Expanded emphasis and increased funding request for symptom management/palliative care efforts. (Quality of Cancer Care)

Examples of Revisions in Bypass 2005 Resulting from Reviewer Input - 2

- **Placed greater emphasis on partnerships with cancer centers.**
(Bioinformatics; Molecular Targets; Cancer Health Disparities)
- **Strengthened the intervention delivery component of plans for tobacco and tobacco-related cancers research.**
(Research on Tobacco and Tobacco-Related Cancers)

Timeline for Development of Bypass 2006

February	Solicit External Stakeholder Input Identify NCI Integration Teams
March	Hold Team Meetings
April	Receive External Input Begin Drafting 2006 Material
May	Complete Drafts
June	Conduct Internal and NCAB Review
July	Revise and Edit
August	Design and Lay Out
September	Conduct Final Internal and NCAB Review