

## Report: NCI Working Group on Cancer Centers and SPORES

- ❖ Charge from Dr. von Eschenbach
- ❖ Definitions
- ❖ Membership
- ❖ Speakers
- ❖ Findings
- ❖ Recommendations

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## Charge to the Working Group (Summary)

- ❖ How to maximize translational research
- ❖ Suggest priorities under tight budget
- ❖ Explore incentives to leverage NCI support with other partners
- ❖ Suggest ways for cancer centers and SPORES to play a greater role in NCI agenda
- ❖ Suggest 5yr goals and measures of progress

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## Definitions

- ❖ P30 = CCSG = Cancer Center Support Grant
- ❖ Provides infrastructure for cohering cancer programs, e.g., micro-array, clinical trials, developmental funds
- ❖ 61 basic, clinical & comprehensive

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## Definitions

- ❖ P50 = SPORE = Specialized Program of Research Excellence
- ❖ Started in 1992 to promote and support translational research
- ❖ Focus on specific cancer, e.g., breast, prostate
- ❖ 41 of 44 in NCI cancer centers

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## Issues Within Charge Addressed by Group

- ❖ Current structure; guidelines→goals?
- ❖ Better ways to coordinate P30s+P50s
- ❖ Leverage P30s to attract other support
- ❖ Expanded role for P30s in their regions
- ❖ Flexibility of P30 budget for innovation
- ❖ Improving networking
- ❖ Measures of progress for P30s + P50s

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## Members of Working Group

- ❖ Abeloff, Antman, Applebaum, Armitage
- ❖ Bast, Bland, Bunn, Earp, Fonham
- ❖ Hait, Herberman, Jones, Kaelin, Kim
- ❖ Lee, Niederhuber, Nienhuis (Co-chair)
- ❖ Prendergast, Rosen, Schilsky, Siegfried
- ❖ Simone (Co-chair), Stovall, Tarin, Urban
- ❖ NCI Staff: Kalt, Gray, Kathi Hanna--writer

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## Invited Speakers: Names and Affiliations in Written Report

- 36 experts from:
- ❖ Academia, Cancer Centers, SPORES
  - ❖ NCI, NIH, DHHS, FDA, CDC
  - ❖ State Organizations
  - ❖ Advocacy Groups
  - ❖ Pharma Industry, Private Practice

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## Basic Findings-Centers-1

- ❖ Program is strong, site of most translational and other cancer research
- ❖ Center institutions receive ~50% of NCI's extramural funding
- ❖ Infrastructure can be adapted to novel programs with mandate and resources
- ❖ P30 ~\$2M/yr direct is base for ~\$55M grants, ~\$1.5 institutional and ~\$3M gifts; 50/61 p. 12

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## Basic Findings-Centers-2

- ❖ Integration with SPORES spotty
- ❖ Guidelines limit innovation, flexibility
- ❖ No credit for community outreach or cooperative group participation
- ❖ Review process huge time sink, needs updating, adapting to new charges

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## Basic Findings-SPORES

- ❖ Program is very popular with participants, advocates
- ❖ Active communication among SPORES
- ❖ Too early to evaluate program effectiveness or need for structural evolution
- ❖ Rate of growth meteoric, not sustainable in current financial climate
- ❖ Review process needs adjustment

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## Recommendations

3 Major Recommendations  
+  
17 Suggestions for Accomplishing the  
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## Recommendation 1: Centers and SPORES are vital, must be sustained, even with tight budget

- 1.1 Stretch funding by limiting P30 growth to just above RO1s (some catch-up) and suspending the P20 program
- 1.2 Slow P50 growth to = RO1s, ↓ projects per award, lower average award \$, share resources with P30s, require non-federal matching funds, other possible evolution

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**Recommendation 2:** Make better use of centers as entrepreneurial resources for planning, innovation, dissemination

- 2.1 Regularly include center directors in NCI strategic planning and new initiatives; annual meeting with top NCI executives
- 2.2 Use existing resources of centers as cost-effective sites for piloting new research and dissemination programs

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**Recommendation 2:** Make better use of centers as entrepreneurial resources for planning, innovation, dissemination

- 2.3 Allow salary support in P30 for clinical trial physicians as essential research resources
- 2.4 Revise \$\$ allowance for critical, under- and non-funded resources like tissue banks, data systems, regulatory compliance

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**Recommendation 2:** Make better use of centers as entrepreneurial resources for planning, innovation, dissemination

- 2.5 Spread centers program via new funding category for academic institutions having cancer research activities (but don't qualify for P30) to partner with an existing P30

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**Recommendation 2:** Make better use of centers as entrepreneurial resources for planning, innovation, dissemination

- 2.6 Provide support via P30 to centers making links with state agencies, health departments, CDC, etc.
- 2.7 Modify the P30 award to encourage novel methods and infrastructure for *disseminating new knowledge* in early detection, prevention, cancer control and clinical research

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**Recommendation 3:** Concerted NCI effort to improve efficiency, effectiveness and evaluation of centers and SPORES

- 3.1 Top priority: integrated national clinical research informatics system
- 3.2 Limit or omit added review of clinical trials that have had peer review

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**Recommendation 3:** Concerted NCI effort to improve efficiency, effectiveness and evaluation of centers and SPORES

- 3.3 Work with OHRP to develop central IRB for multi-center clinical trials
- 3.4 Streamline P30 review; eliminate some site visits

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**Recommendation 3:** Concerted NCI effort to improve efficiency, effectiveness and evaluation of centers and SPOREs

- 3.5 P30 review should consider & weigh activities with P50s, coop groups, networks and community outreach, service and dissemination
- 3.6 Initiate planning process to develop quantifiable metrics for determining the size of P30 awards that reflect the broad impact of centers

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**Recommendation 3:** Concerted NCI effort to improve efficiency, effectiveness and evaluation of centers and SPOREs

- 3.7 Employ 2-tiered system of review of SPOREs, with parent committee to review applications across tumor sites to better manage the program

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**Recommendation 3:** Concerted NCI effort to improve efficiency, effectiveness and evaluation of centers and SPOREs

- 3.8 Develop an annual process to describe and quantitate the overall contributions of P30-P50 programs, including attracting non-federal funds, training, and regional collaborations and impact

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## Conclusions

- ❖ Centers and SPORE-like activity are vital to NCI's translational, basic, and clinical research efforts
- ❖ Sustain the programs, make changes for more efficiency and effectiveness
- ❖ Adjust to budget constraints, remain poised to do more when \$\$ improve

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