

# Statements from the President's Cancer Panel Meeting

## *Evaluating the National Cancer Program* December 6, 1999

The third public meeting of the President's Cancer Panel on "Evaluating the National Cancer Program" was held on December 6 in Bethesda, Maryland, at the National Institutes of Health. The Panel heard an overview of the first 28 years of the National Cancer Program (NCP), an update on the National Dialogue on Cancer (NDC), a presentation on private funding initiatives for cancer research, and a report on the NCI response to Cancer at a Crossroads, a previous evaluation of the NCP prepared by the National Cancer Advisory Board (NCAB).

Dr. Otis Brawley, Director, Office of Special Populations at the National Cancer Institute, welcomed meeting participants on behalf of Dr. Richard Klausner, NCI Director. He commented on the appropriateness of stopping to examine where the NCP has been and where it is going, adding that the NCI frequently looks at Cancer at a Crossroads and is still guided by that document. Dr. Brawley reported that the NCI's year 2000 Bypass Budget describes important opportunities for the NCP, especially in the area of cancer communications. He acknowledged that research findings have not been equally implemented in the past, but stressed the Institute's commitment to supporting all aspects of the fight against cancer.

Michael McGeary, a consultant specializing in science and technology policy analysis, presented an overview of the role of planning and coordination in the NCP since its creation through the National Cancer Act of 1971. The Act's primary impact has been a substantial increase in financial resources for the war against cancer; the goal of developing a comprehensive plan to coordinate the NCP has been less successful. In the 1970s, efforts were made to use systems planning techniques in directing the Program, but the annual revision of these plans was dropped during the 1980s. Support for this type of directed planning never materialized at the NCI or within the scientific community. Although the Act gave the NCI Director the authority to coordinate the NCP, the Institute's strategic plans defined coordination as a voluntary effort. In spite of an initial flurry of activity to create a cancer control program, the growth of the control budget leveled off until recent years. While the NCI has conducted some research on the gap between knowledge and application, it has not become involved in the direct delivery of research results to the general population.

Dr. John Seffrin, Chief Executive Officer of the American Cancer Society, provided an update of the activities of the National Dialogue on Cancer, a forum that brings together key leaders in the public, private, and not-for-profit sectors to initiate an ongoing dialogue on the eradication of cancer as a major public health problem. Dr. Seffrin explained that the concept of the NDC began with a diagram from Cancer at a Crossroads that depicts the components of the NCP as a set of concentric circles

around a hub of individuals affected by cancer. The rings comprise the many agencies and organizations involved in cancer research and care. The NDC was created as a mechanism to leverage the resources of three sectors-government agencies, private organizations, and non-profit organizations-at the highest levels. Dr. Seffrin described several projects that have been put into motion by the NDC: research assessment; encouragement of increasing cancer research and control funding; assisting States in obtaining tobacco settlement money; anticipating activities that may result from a new National Cancer Act; and promoting increased participation in clinical trials. The NDC is working to establish special dialogues with Governors, national media, Fortune 500 CEOs, and cancer survivors.

Ms. Diane Balma, Senior Counsel for the Susan G. Komen Breast Cancer Foundation, and Ms. Elda Railey, Director of Grants and Sponsored Programs for the Foundation, reported that the Foundation is the largest funding contributor of research solely devoted to breast cancer. In 1982, its first year, the Foundation awarded \$30,000 in grants for research and services; in the current year, it has announced more than 100 research grants totaling over \$17 million, and has funded more than 450 research grants of over \$55 million in its history. The portfolio of active grants covers a broad array of investigator-initiated projects and training programs. The foundation has created a bridge to longer-term public funding by establishing a peer-review process that has been approved by the NCI. This means that Foundation grants count toward a researcher's peer review based in qualifying for Federal funding through the NCI extramural research program. In addition to competitive grants, the Foundation has formed partnerships with many other efforts, including the Office of Cancer Survivorship and the Division of Clinical Research, and the American Society of Clinical Oncologists. The Foundation has also developed a unique model to raise community awareness of breast cancer through its Race for the Cure. Of the money raised through the Race, more than 75% remains in participating communities to address specific issues identified through community needs assessments. In 1999, the Foundation launched an initiative to improve access to clinical trials by funding ancillary institutional needs, such as research nurses and data managers, as well as outreach and education efforts.

Cherie Nichols, Director of the NCI Office of Science Planning and Assessment, provided an update on NCI's progress in implementing the overarching recommendations contained in Cancer at A Crossroads. This 1994 report was written by the NCAB Subcommittee to Evaluate the NCP. The overarching recommendations included: coordinating the NCP; evaluating cancer research programs and priorities; providing sufficient funding; and expanding the network of cancer centers and community-based oncology programs. NCI's efforts to implement the first recommendation have included: establishing the National Cancer Policy Board; uniting the research community with NCI strategies in the Bypass Budget; a Common Scientific Outline based on the work of Progress Review Groups; a Quality Cancer Initiative designed to develop consistency between science and care that serves as a model for a DHHS transagency quality cancer task force; participation in the NDC; and other interagency and liaison activities. In response to the second

recommendation, the NCI has initiated Intramural Program Reviews, Progress Review Groups, Program Reviews, and Implementation Groups. The response to the third recommendation has included: describing extraordinary opportunities and challenges in the Bypass Budget; NCI infrastructure changes; a redesign of the PDQ system; vaccine research; and clinical trials restructuring. Progress in responding to the fourth recommendation includes: expanding the network of cancer centers from 55 to 59; establishing regional enhancement centers to collaborate with cancer centers to expand populations served; and a partnership of the Cancer Information Service with minority-serving institutions.

In his closing remarks, Dr. Freeman reviewed the progress described by the speakers, observing that some progress is beginning to be achieved in translational research and cancer control. However, Dr. Freeman made reference to some recommendations in the Cancer at a Crossroads report, which he indicated had not been sufficiently addressed. Specifically, he cited as an example, a recommendation that we apply all we currently know to the entire American population including access to care.