

# Update: Cancer Centers Funding Policy Metrics

## Office of Cancer Centers

# Rebalancing Phases

- **Phase 1 (FY16):** Establish base awards by type of Center and bring all Centers up to the new base, as recommended by the NCAB
- **Phase 2 (FY18 – FY22):** Allocate new CCSG funds using the NCAB-recommended metrics of the size of the research base of a Center and the merit achieved in the review of its next competitive application
- **Phase 3 (FY23-):** Continue the effort with more new money, or adopt a zero-based formula using the metrics recommended by the NCAB

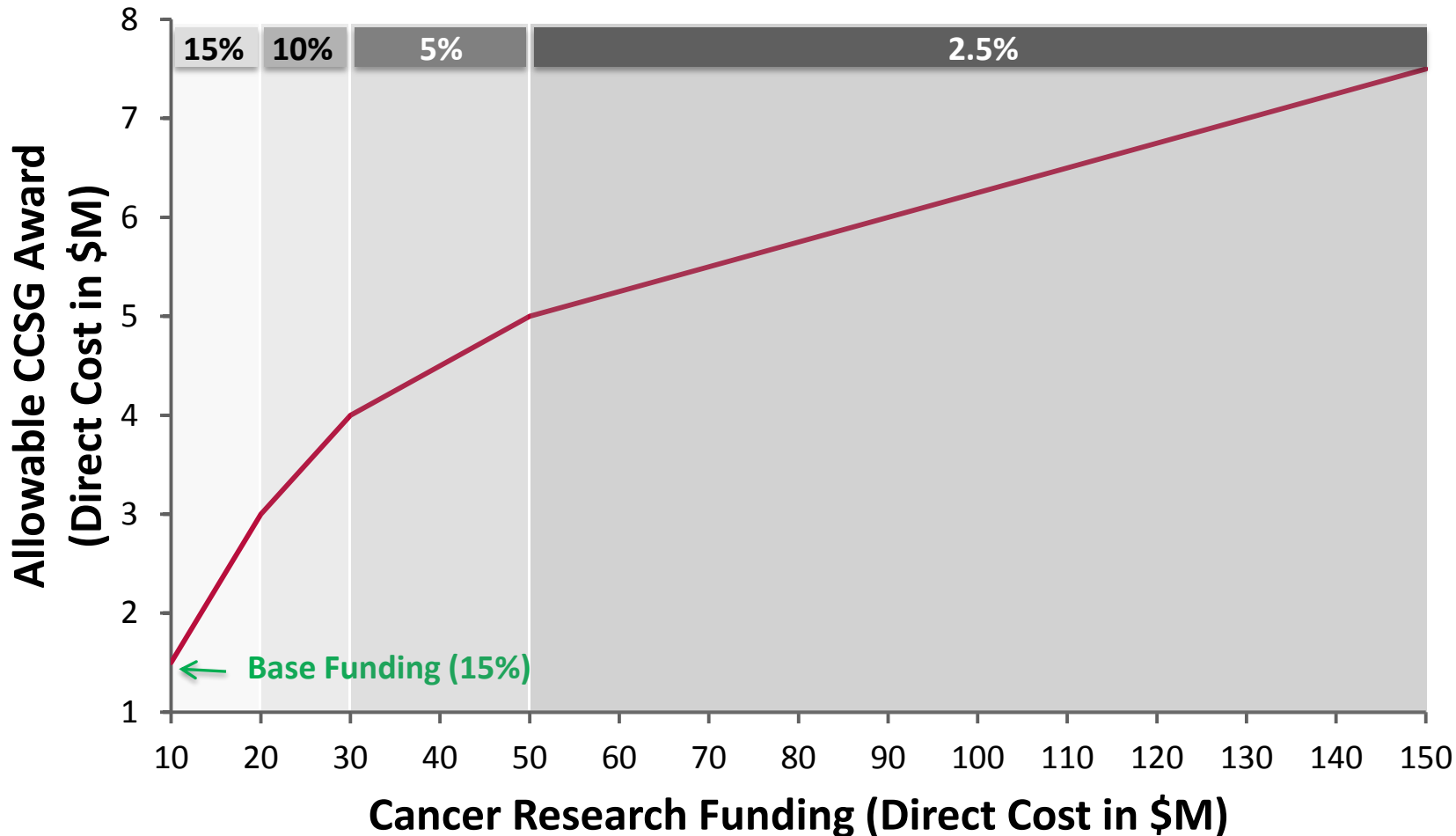
## The New Base Awards – Increases for 21/69 Cancer Centers

BASIC (2/7; 29%)		
Center	FY15 Budget	Base FY16
Purdue	1,060,500	1,200,000
Jackson	1,156,367	1,200,000

CLINICAL (12/17; 71%)		
Center	FY15 Budget	Base FY16
Indiana	999,867	1,400,000
Emory	1,000,000	1,400,000
Mt. Sinai	1,000,000	1,400,000
MUSC	1,000,000	1,400,000
Oregon	1,000,000	1,400,000
Hawaii	1,000,000	1,400,000
Kansas	1,000,000	1,400,000
Kentucky	1,000,000	1,400,000
Maryland	1,000,000	1,400,000
Nebraska	1,000,000	1,400,000
VCU	1,000,000	1,400,000
UT-SA	1,204,014	1,400,000

COMPREHENSIVE (7/45; 16%)		
Center	FY15 Budget	Base FY16
Wake	1,000,000	1,500,000
UT-SW	1,000,000	1,500,000
Utah	1,111,000	1,500,000
Arizona	1,257,443	1,500,000
New Mexico	1,272,293	1,500,000
City of Hope	1,300,357	1,500,000
Georgetown	1,454,514	1,500,000

# The New Benchmark Ratio: Determining a Comprehensive Cancer Center's Maximum Award



# Using the CCSG Merit Score to Determine the Ultimate Direct Cost Award

Merit Score	% of requested increase	Merit Score	% of requested increase
10	100%	26	20%
11	95%	27	15%
12	90%	28	10%
13	85%	29	5%
14	80%	30	0 (no change)
15	75%	31	0 (no change)
16	70%	32	0 (no change)
17	65%	33	0 (no change)
18	60%	34	0 (no change)
19	55%	35	0 (no change)
20	50%	36	-20% (from current award)
21	45%	37	-20%
22	40%	38	-20%
23	35%	39	-20%
24	30%	40	Diet
25	25%	40+	Diet

## **A motion to accept the report of the BSA Cancer Centers Working Group Report was approved unanimously, with the stipulations that the NCI leadership:**

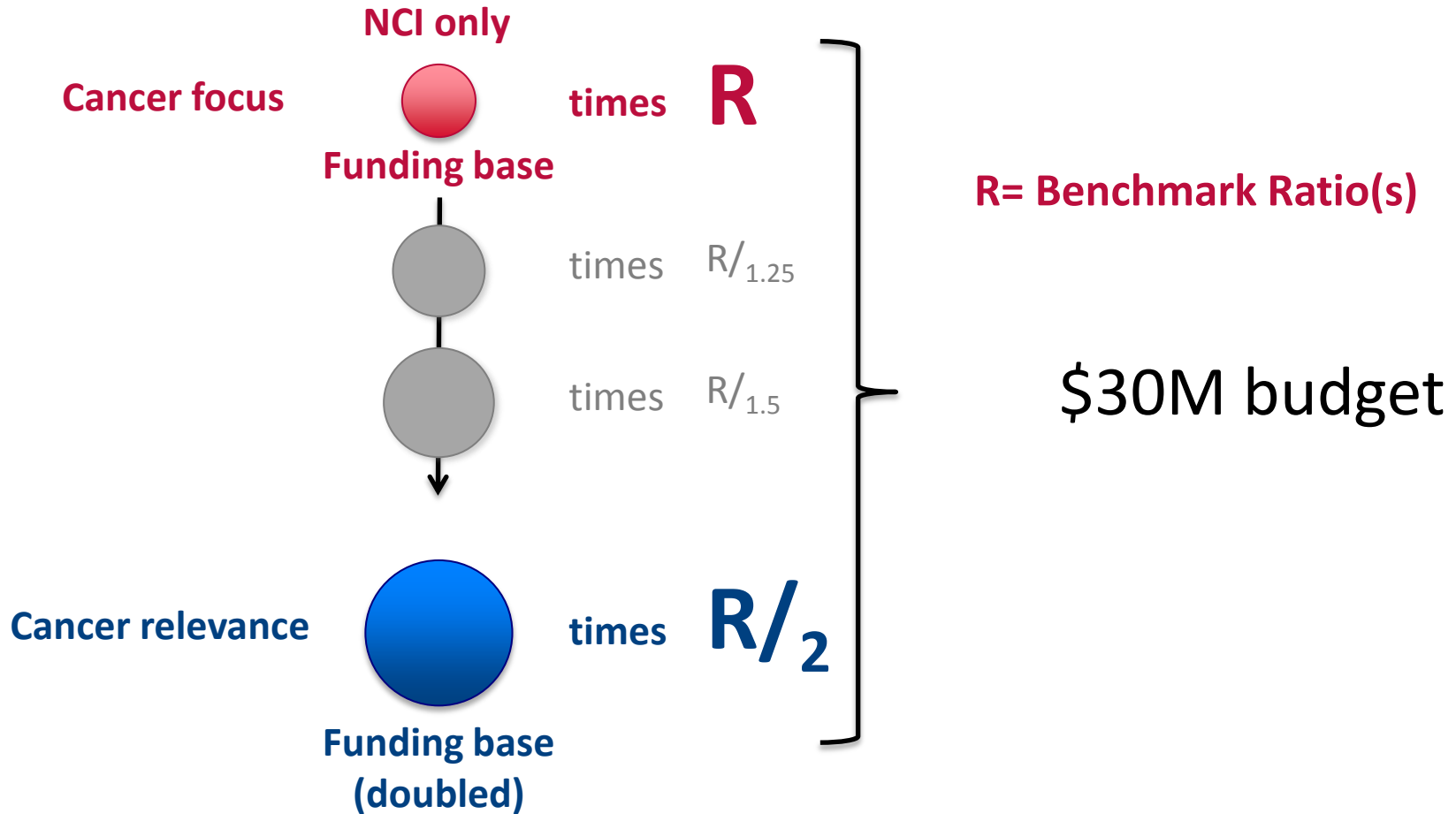
- 1) Review what non-NCI funding sources, (including other NIH institutes, other federal and state agencies, the ACS, and foundations), should be considered in calculating the cancer research funding base for individual centers**
- 2) Develop a simple and transparent criteria for evaluating the broad cancer relevance of non-NCI funding from these other sources**
- 3) Model the impact of these criteria on different Centers with attention to any “outliers” (Centers that would be markedly advantaged or disadvantaged)**
- 4) Review the pros and cons of the proposed Working Group criteria for awarding a defined percentage of the budget based on overall merit score and,**
- 5) Address each of these questions in a presentation at the next scheduled BSA meeting.**

# Core Principles

- 1. The calculation of budget eligibility should not affect how centers write their applications (except the budget pages)**
- 2. The calculation should not depend on reviewers**
- 3. Estimates of cancer focus/relevance must be objective and apply to all grants**
- 4. The process must be simple and transparent**

**The Office of Cancer Centers will calculate budget eligibility of each center prior to their submission using RePORTER. The grants list will be shared with the center so they can check for accuracy. Review will not be given this list.**

# Increasing the Funding Base Requires a Decrease in the Benchmark Ratio(s) to Remain Within Budget





## Using the Research, Condition, and Disease Categorization (RCDC)

### “Cancer Fingerprint” in RePORTER

- It provides an independent assessment of a center’s portfolio that will not affect how a center prepares its application
- Cancer relevance is determined in an objective manner that measures all NIH grants by the same standards
- It will be simple and transparent, as the NCAB recommended
- It will accommodate centers with members that receive significant cancer-focused grants from Other NIH institutes while retaining NCI funding as the primary determinant of new CCSG funding

## Four Centers

<u>Center</u>	<u>Funding (Direct Costs)</u>		<u>Potential Increase (%)</u>	
	<u>NCI</u>	<u>Other NIH</u>	<u>NCI Only</u>	<u>All NIH</u>
A	\$20.1M	\$31.6M	66	147
B	\$16.7M	\$1.3M	44	54
C	\$53.0M	\$7.8M	70	46
D	\$22.9M	\$6.7M	34	59

## All Centers

### Range of Potential Increases (%) By Center Type (Average/Median)

Basic	10-87	(39/37)
Clinical	10-106	(36/21)
Comprehensive	10-274	(41/18)

# Non-NIH Funding Sources

**The Working Group recommended unanimously to exclude all non-NIH funding**

- **There is no way to independently verify funding – the only source for funding information is the CCSG application**
- **Complicates the budget calculation – there are 27 different organizations**
- **Funding from some of the organizations is not available to all centers**
- **Non-NIH sources represent 17% of all funding reported by centers**



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