

# **Report of the NCAB Cancer Centers Working Group**

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June 25, 2013

# Purpose

- To propose a new award cost structure that alleviates real and perceived disparities in the size of Cancer Center Support Grants (CCSGs)

# Working Group Charge

To advise on how to allocate funds to NCI-designated cancer centers in a time of fiscal stringency, focusing on

1. Whether current funding policies, as outlined in the 2012 guidelines, are appropriate
2. If not, whether there are better metrics to use, e.g., based on size, merit, complexity, type of center, ways in which funds are used

# Working Group members

- Dr. William N. Hait, Janssen Research & Development, Chair
- Dr. Fred Appelbaum, University of Washington School of Medicine
- Dr. Mary Beckerle, University of Utah
- Dr. Kevin J. Cullen, University of Maryland
- Dr. Chi V. Dang, University of Pennsylvania
- Dr. Stanton L. Gerson, Case Western University
- Dr. Michelle M. Le Beau, The University of Chicago Comprehensive Cancer Center
- Dr. Kristiina Vuori, Cancer Center at Sanford-Burnham
- Dr. George J. Weiner, Holden Comprehensive Cancer Center
- Dr. Craig B. Thompson, Memorial Sloan-Kettering Cancer Center

# Working Group Meetings

- 2/6/13 Bethesda Retreat
  - 2/13/13 Preliminary report presented at Cancer Center Directors Retreat
- 3/13/13 Conference Call
- 4/12/12 Conference Call
- 5/20/13 Conference Call

# Topics Covered

- New CCSG guidelines including funding caps
- Funding elements and correlations
  - Core Center activities
  - Metrics *e.g.* priority scores, center size and complexity, funded research base, special attributes,
  - Importance/consideration of Center-specific initiatives
- Limits on CCSG budget growth

# Special Considerations in a Flat Budget Environment

- How can NCI encourage timely initiatives in centers, *e.g.* disparities, precision medicine, global health, shared information technology, etc
  - supplements, cooperative agreement, other arrangements?
- Funding new Cancer Centers
- Ensuring fairness within and across funding years

# CCSG Value

- NCI Cancer Centers Program is viewed as highly successful
- Focal point for a large percentage of NCI grants
- Coordination of big science and outreach
- Demonstrated progress through translational science in eliminating the nation's burden of cancer



# Value Creation

- CCSG is essential for providing framework for structuring centers and for rigorous review
  - results in prestigious and coveted NCI designation
- NCI designation is the imprimatur that allows cancer research to be leveraged
  - institutional support, space, fundraising, authority, and the motivation of cancer advocacy groups, etc.
- CCSG provides essential support for clinical research infrastructure and shared resources

# Challenges

- Factors other than merit have skewed the distribution of CCSG funds
  - Longevity
  - Size of NCI budget and competitors in year of application, historical effect of previous NIH budget growth
  - In transition bridge awards
  - Entry of new centers
- Different types of centers have different microenvironments not reflected in funding review
  - Basic, clinical, comprehensive
  - Matrix, free-standing, consortia

# Problem(s) to be Solved

- Disparities in size of CCSG awards not fully explained by merit scores or size of the research base
- CCSG awards often based on size of previously funded grant
- Given fiscal constraints, by 2011, CCSG budget process posed serious challenges to NCI including y/y award range
- 2013 award guidelines limit evolution of smaller centers and impact larger ones

# 2013 Guideline Amendments

- CCSG awards  $\geq$ \$6 million capped at current direct costs
- CCSG awards of  $<$ \$6 million can request increase of 10% or \$1,000,000, whichever is greater
- New centers can request awards  $\leq$ \$1 million

# Problems for Centers

- 2012 guidelines would have practical effect of largely fixing funds for centers at current levels
- Very difficult for centers to increase awards over time no matter their quality/contributions/growth

# Consensus Recommendation

- The CCSG award should be comprised of three components
  - **base**
  - **multiplier**
  - **innovative supplements**
- **Implemented as a point in time adjustment**
  - **2016 +/- vs phased in with renewal cycles**

# Base

- Funds **standard components** of center
  - Senior Leadership, program leaders, cores, and developmental funds, clinical elements
- Award based on **type of center**: basic vs clinical vs comprehensive
- Performance history of center, before most recent grant period, **will not be a factor**
- **flexibility** in distributing base funding

# Base Funding Hypothetical Model (annual direct cost)

- Basic Science Center \$1.0M
- Clinical Center \$1.2M
- Comprehensive Center \$1.4M



# **Standard Multipliers**

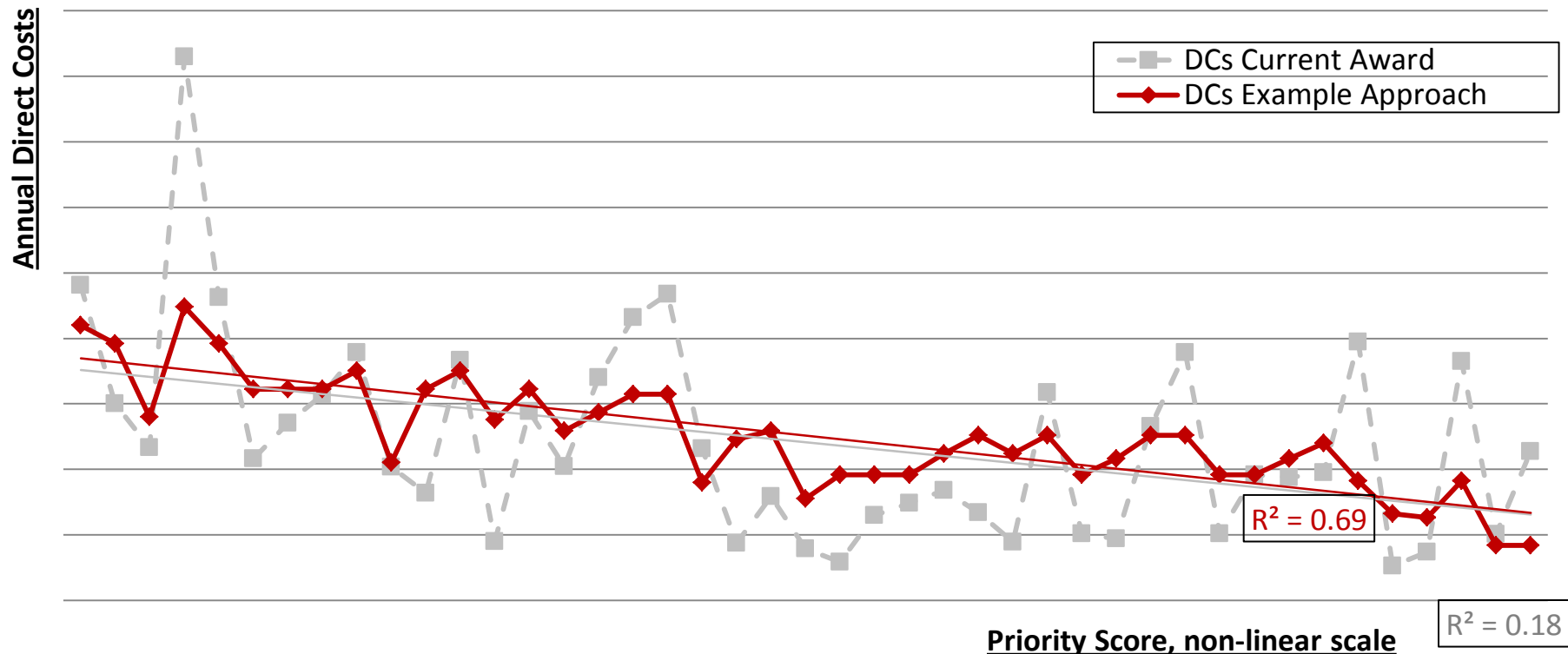
## **(about 50% of total CCSG budget)**

- **Merit score – based on peer review priority score**
  - how well the center performed in its last grant period
    - science, translation, impact
  - complexity of the center's structure
  - multiplier can be below one (1) for underperforming centers
- **Cancer Center Size**
  - NCI funding base or other size metric
- **Other?**

# Funding Formula Example

- Comprehensive Cancer Center with a \$35M direct NCI grant base and a merit score of 23
- Base Award = \$1.4M DC
- Merit multiplier (@ 100% of base) = \$1.4 DC
- Size multiplier (@ 30% of base) = \$0.42 DC
- Award calculation:  $\$1.4 + \$1.4 + \$0.42 = \$3.22$  DC

# Proposed Models May Decrease 'Arbitrary' CCSG Funding Variability



## Notes:

1. Data include the 47 Cancer Centers that have competed under the new scoring system
2. Direct Cost base awards of \$1.0M, \$1.2M, \$1.4M were used to calculate the CCSG Award amount for Basic, Clinical, and Comprehensive Centers
3. Standardized multipliers for priority score and size were used to calculate the CCSG Award amount

# Innovative Supplements

- Based on review of Center's proposal for highly **innovative and impactful** programs, cores, new initiatives, and consistency with **NCI priorities** such as precision medicine and global health
- Distributed based on available funds

# Additional Points

- Current percentage of Centers Branch/CCSG funding to total NCI budget should be retained
- The goal is not to arbitrarily “level the playing field”
  - Some centers will have greater merit, size, complexity and deserve greater funding than others
- The goal is to increase **fairness** of the award process

# Remaining issues (partial list)

- Refine modeling and evaluate impact on overall NCI budget
- How will model adapt to future changes in NCI budget?
- Maintaining the unique value of NCI-designation locally and nationally?
- Termination of poor performing centers
- Budgetary feasibility and center impact of award adjustment at single time point, v phase in at scheduled renewals
- Do potential models reflect other CCSG issues- i.e. support and credit for clinical investigation & accruals
  - How should clinical trial metrics be defined? NCI, third party, CMS, other? Are they adequately reflected in current review guidelines?

# Thank You

- Dr. Harold Varmus
- Working Group Members
- Linda Weiss and NCI Staff