

A NEW APPROACH TO P30 CANCER CENTER SUPPORT GRANT FUNDING

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From a report of the National Cancer Advisory Board *Ad Hoc* Cancer Centers Working Group

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National Cancer Advisory Board Cancer Centers Working Group

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NCAB Charge to the Cancer Centers *Ad Hoc* Working Group (WG)

- Assess whether current funding guidelines for NCI-designated Cancer Centers (“Centers”) are appropriate and sufficient
 - if not, what aspects might be changed?
- Provide appropriate guidance on policies and metrics relevant to allocation of funds to Centers in a time of fiscal stringency

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

Questions from Dr. Varmus to WG

- Are the 2012 interim funding guidelines appropriate and sufficient to counter concerns about current distribution?
- Should we
 - change the 'cap'?
 - launch new centers with larger or smaller budgets?
 - change allowable rate of increase?
- Are there better methods for making funding decisions?
 - if so, what metrics should be used and how much consideration should be given to ways in which core funds are used?
- Are there ways to make budgeting more flexible, without increasing base budget?
 - through supplements or cooperative agreements?
 - appropriate use of these alternative resources?

Methods

- WG included ten members from diverse cancer centers and from private sector
- Met six times over one year, heard presentations from NCI leadership, and reviewed historical and current funding policies and approaches
- Drew several major conclusions
- Discussed multiple possible approaches, including various funding models
- Aligned on recommendations

Conclusions

- Significant disparities exist in size of CCSG awards, often due to factors other than merit
 - Longevity, size of NCI budget and competitors in year of application, prior performance
- Interim funding approach in 2012 CCSG Guidelines manages award expectations and retains a flat budget
 - but perpetuates disparities
- Centers differ in type, organizational structure, and environmental factors that affect importance of specific CCSG components
- Centers should be evaluated on what they do and how well they do it
 - impact of science emerging from the center and how that was enabled by CCSG should be paramount
- Components of CCSG process could be optimized to decrease administrative burden, increase flexible use of funds, and stress most significant science
- Underperforming Centers should be carefully reviewed; cessation of funding should be considered

We Reached Consensus

- The Working Group then discussed approaches to address disparities in funding.
- After review of several example models, a consensus emerged on the following recommendations:

Recommendations

1. CCSG funding should be comprised of three components
 - base award
 - multipliers of the base predicated on merit and size
 - possible supplement
2. Center Administrators should be involved in planning for implementation of new approach
3. Proposed changes should be framed in context of NCI and Centers' mission.
 - timeline and mode of communicating changes will help determine acceptability