NIH Long-Term Planning Initiative NCI Response: the BSC Perspective

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The NCI Intramural Research Program

- Vibrant research culture
- Fewer academic encumbrances – e.g., teaching
- Less time spent writing grants
- Smaller labs than in extramural community
- Vibrant shared resources and access to cutting edge technology platforms
- Paralyzing governmental bureaucracy
  - Travel restrictions
  - Difficult access to exciting drugs for clinical trials
  - No coffee

Dynamic Remodeling of the NCI IRP

- Number of PIs reduced from 375 in 2002 to 307 in 2014
- Number of Branches/Labs reduced from 64 in 2011 to 56 in 2014
- Reorganization of branches
- Reorganization of clinical services
- Maintenance of high impact
  - Multiple drugs and devices moved into practice during the past 10 years
  - Exceptional discoveries
  - Constant stream of high impact papers

BSC Oversight Contributes to Dynamic Remodeling of the NCI IRP

- BSC advises and supports CCR and DCEG Leadership
- Periodic review of branches/PIs
- Totality of research program is evaluated (e.g., not project-specific)
- Rigorous review process with site visits led by BSC members
  - Criteria – Quality, impact, “uniqueness”, mission
  - Typical descriptors
    - Merit: **Outstanding**, Excellent, Very Good
    - Recommendation: Continuation, Expansion, Contraction, Closure, Early Re-Review

BSC and IRP Leadership See Opportunities for Greater Impact

- Make better use of the Clinical Center
  - Increase trans-NIH and intramural-extramural collaborations
  - Assure that the priorities of the Clinical Center can rapidly respond to changing research opportunities
- Identify and nurture key initiatives that leverage the unique intellectual resources and technology available to the NCI IRP
- Focus on “bottom-up” as opposed to “top-down” identification and prioritization of key initiatives

Role of the BSC in Responding to NIH Director's Long Term Planning Initiative

- BSC representatives present at initial presentations of concepts for NCI response
- Feedback provided, leading to five proposals that
  - Respond to the goals of the initiative
  - Identify areas for NCI IRP resource prioritization
  - Advance translational science based on exceptional accomplishments in basic science
  - Capitalize on distinct NCI IRP capabilities (e.g., have scope and depth that cannot be easily replicated in academia or industry)
- Results shared with and responses solicited from broader BSC community

Key Attributes of Each Initiative

- The Microbiota and the Human Metaorganism In Cancer Biology and Medicine
  - Exciting new science
  - Multi-institute; leverages IRP/Frederick National Lab genomics capabilities
- Development of Cell-based Therapies In the IRP
  - Exciting, home-grown science
  - IRP and Clinical Center well suited to address complexity
  - Leverages IRP's exceptional capabilities in immunology
- National Program for Natural Products Discovery
  - Distinctive resource unavailable elsewhere
  - Facilitates trans-NIH and extramural collaborations

Key Attributes of Each Initiative

- Precision Medicine
  - Leverages NCI multi-platform genomics capabilities
  - Connection with clinical center – especially as applied to rare diseases
  - Connection with NCI Division of Cancer Treatment & Diagnosis to facilitate large-scale extramural collaborations
- The Human RNA Project
  - Exciting area of basic science with new insights that require comprehensive approach
  - Trans-NIH and extramural collaborative opportunities

Discussion