

REPORT FROM THE NCI DIRECTOR'S ADVISORY PANEL ON THE DCEG

Presentation to the NCAB

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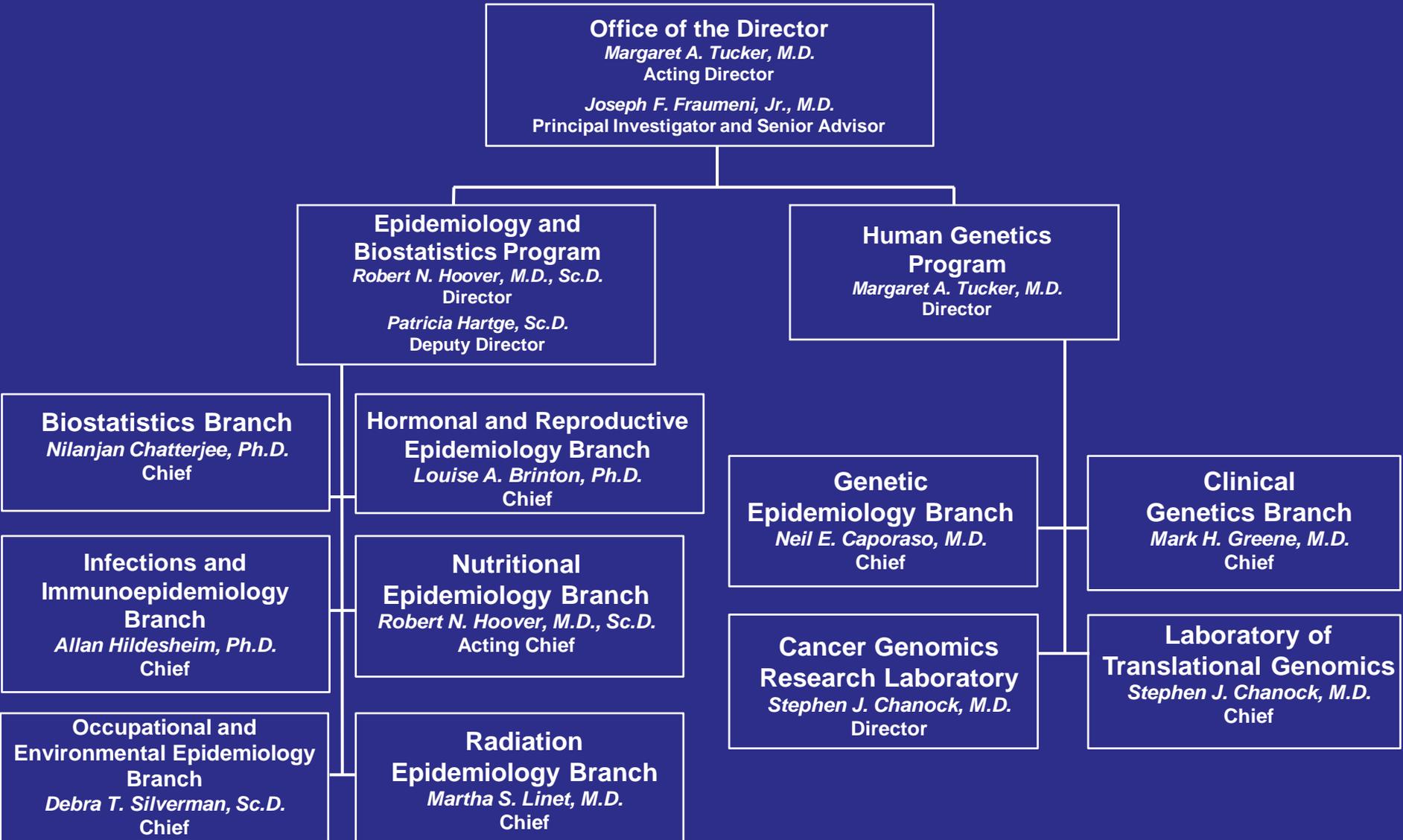
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DCEG Mission

- **Conducts broad-based, high quality, high impact research;**
- **Maintains a national and international perspective, giving priority to emergent issues identified through clinical, laboratory, and epidemiologic observations, as well as to public health concerns identified by the Institute, Congress, regulatory agencies, and other appropriate bodies;**
- **Develops infrastructures, resources, and strategic partnerships in molecular epidemiology across NCI, NIH, and the extramural community; and**
- **Trains and mentors the next generation of scientists in cancer epidemiology and related fields.**

DCEG Organizational Chart



DCEG Personnel Demographics

	Permanent					Not Permanent		
	Pls							
Branch	Tenured	Tenure-Track	Staff Scientists & Clinicians	Research Fellows	Other Staff	Special Volunteers & Fellows	Contractors	Total
BB	7	4	2	3	2	12	3	33
CGR	0	0	0	0	0	0	49	49
CGB	2	2	4	2	3	4	3	20
GEB	5	1	3	1	4	12	1	27
HREB	2	4	1	2	2	16	5	32
IIB	5	5	0	1	1	14	3	29
LTG	1	3	1	3	6	16	1	31
NEB	4	4	2	4	1	12	2	29
OD\EBP\HGP	5	0	3	0	16	4	4	32
OEEB	5	4	7	3	3	11	4	37
REB	3	2	9	3	3	11	2	33
TOTAL	39	29	32	22	41	112	77	352

DCEG as National Agency

- **Consultation/advice/review for government agencies on cancer**
- **Population rates and trends in SEER**
- **Radiation effects/protection policies**
 - National and international advisory/lead roles
 - Multinational followup of radiation exposures
- **Common exposures of concern- Congressional Mandates**
 - Saccharin and bladder cancer
 - Power frequency EMF and childhood leukemia
 - Cell phones and brain cancer

DCEG as National Agency (continued)

- **Potential toxic exposures**
 - Tobacco/alcohol
 - Occupational exposures (e.g. formaldehyde, benzene)
 - Carcinogenic late effects of medications
- **Emergent public health issues**
 - AIDS related malignancies
 - Preventive care for BRCA1/2 carriers
 - Fukushima

Charge from Dr. Varmus

- The current structure of DCEG.
- The reach and quality of its research portfolio.
- The positioning of DCEG within NCI.
- The relationship of DCEG to other divisions within NCI, particularly the Division of Cancer Control and Population Sciences (DCCPS).
- The disciplinary make-up of its investigators and the scope of its research. Are there critical gaps?
- Its relationships to the new Center for Global Health and the Center for Cancer Genomics
- The characteristics/background for the next director.
- The current leadership team.

Advisory Panel Members

Jonathan M. Samet, MD, MS (Chair)

Christine Ambrosone, Ph.D.

Paolo Boffetta, M.D., M.P.H.

Graham Casey, Ph.D.

Graham A. Colditz, MD, DrPH

Elizabeth A. Platz, Sc.D., M.P.H.

Gary L. Rosner, Sc.D.

Michael J. Thun, M.D., M.S.

Panel Approach

- Materials provided in advance: overview materials on make-up, major projects, major publications, and five-year strategic plans for DCEG and branches.
- Meetings with DCEG and Branch leadership.
- Meeting with Directors of other Divisions.

Key Findings--Overall

- Under Joe Fraumeni's leadership DCEG has been the world's leading group in cancer epi.
- DCEG has played a critical, global role in cancer genetics, including developing consortia.
- DCEG is a major training site for cancer epidemiology and genetics.
- DCEG's Branches have long-established research programs with broad reach.

Structure and placement of DCEG within NCI

- Current structure assures “place and identify of cancer epidemiology” and an independent intramural program should be maintained.
- Differences in culture and funding across NCI divisions may impede more and faster translation.
- Issues related to translation should be addressed by the next DCEG director.
- Need for broader strategy of integration across divisions.

Cancer Genomics: Enhancing a “Good Thing”

- The success of DCEG in cancer genomics points to issues to be addressed to enhance translation:
 - Limits to translational capacity to follow-up on findings of GWAS and next-gen technologies.
 - Limited collaborations between DCEG and other divisions around cancer genomics.
 - DCEG has few clinicians and emphasis on clinical translation is limited.
 - No overall NCI-wide strategic plan for moving from genomics findings to application.

Strategic Research Directions

- Variable approaches to strategic planning across branches.
- Need to have a unified approach across branches and set priorities based on broader needs.
- Look at how to move across exposure-based boundaries.

Center for Global Health

- DCEG has long worked internationally, carrying out research and capacity-building.
- Teaming of the new Center with DCEG should be synergistic.
- Pro-active engagement with new center is recommended.

Characteristics/Qualities for Next Director

- Broad breadth and strong grounding in epidemiology.
- Able to keep DCEG at the cutting edge in “omics” --visionary.
- Promote translation.
- Commitment to training and mentorship.
- Able to take on the role “of being a global leader in the field.”