

114th MEETING OF THE NATIONAL CANCER ADVISORY BOARD

SUBCOMMITTEE ON BUDGET AND PLANNING

National Institutes of Health, Building 31C

Bethesda, Maryland

June 13, 2000

Discussion Summary

Ms. Stovall called the meeting of the Subcommittee on Budget and Planning to order at 12:35 p.m. She thanked Dr. Barker, who represented the American Association for Cancer Research (AACR), and Dr. Schnipper, who represented the American Society of Clinical Oncology (ASCO), for their presentations on the Bypass Budget document (*The Nation's Investment in Cancer Research*) during the morning's full National Cancer Advisory Board (NCAB) session. She noted that the budget and planning process is an integral part of developing the Bypass Budget document and asked the Subcommittee to consider and discuss how they could facilitate this process.

Dr. Klausner explained that the Bypass Budget document is a strategic plan and differs from the NCI's operating budget. He emphasized that comparing the two is very complicated, in part because there is a lag factor. For example, the Fiscal Year (FY) 2000 operating budget (number of grants, dollars for grants, etc.) must be compared with the Bypass Budget that was written 2 years ago. Dr. Klausner pointed out that the Bypass Budget currently is the only major NCI budget document, and that it is difficult to include all relevant budget information in this one document. He wondered whether it would be helpful to the community if the NCI developed additional documents that would cover other aspects of the budget and planning process—such as setting policies, determining the number of grants awarded, and clarifying review processes.

Dr. Schnipper commented that the current Bypass Budget is an excellent document and should not include more budgetary detail. He suggested that hard data might be put into an appendix. Dr. Klausner agreed that gathering data from the last several years and connecting the data to both the strategic plan and the operating budget would be very useful. Dr. Neinhuis said that it would be educational both for the NCAB and the community to see how the budget has to increase to keep pay lines at the same level when the costs of doing research increases. He commented that the community needs to understand the big picture with regard to funding. Other Subcommittee members agreed that an understanding of both funding trends and research directions is important to help researchers in the community with future planning. Dr. Klausner commented that the Bypass Budget document is used as a template for strategic planning in the community. He noted that the Progress Review Groups currently are not incorporated into the Bypass Budget, but will be in the future.

Dr. Barker suggested that the NCI might develop the Bypass Budget into a true strategic business plan and that this could be done with existing processes. Dr. Love commented that the situation

is analogous to the NCI going out for venture capital. That is, the NCI has a forward-thinking plan (business plan) versus an operational plan. The NCI budget is based on the business plan, but the Institute may not get the amount of funding requested. Continuing the analogy, she suggested that the NCI could develop a brief annual report for the shareholders (i.e., the public). Dr. Sharp stated that the Bypass Budget could not be considered to be a comprehensive strategy for the "cancer problem" in the United States. To illustrate, he noted that for cancer, health care delivery and access and the quality of care are national public policy issues. These aspects of the cancer problem are not part of the NCI Bypass Budget. It was pointed out that the NCI has control of only approximately 50 percent of the budget spent on cancer nationwide. Ms. Stovall explained that because the NCI has statutory authority to combat cancer (National Cancer Act), the Institute can be held accountable. One member commented that it would be difficult for the NCI to be the liaison for "all of cancer."

In response to a query by Ms. Nichols as to what should be included in an annual report from the NCI, Subcommittee members specified: How were the funds allocated? Why were the funds allocated in that way? What were the results? They suggested that such reports were generally just a few pages long, and that the annual reports of several companies could be used as models. Dr. Barker suggested that tangible examples of progress might be included, to help convert the data into reality in terms of patients.

Dr. Li stated that the emphasis in the NCAB meeting all morning had been on the cure of cancer, with only minimal attention given to the prevention of cancer. He explained that cancer researchers have not done as well in prevention as heart disease researchers, who understand the risk factors better and treat preclinical disease. Dr. Li said that "bold vision is preventing cancer—cure is after we fail to prevent." Dr. Love suggested that "eradicating cancer" is an appropriate term; this includes both prevention and cure.

Dr. Klausner noted that the Bypass Budget proposal for FY 2002 (the second year of the second 3-year cycle) will be going to the editorial board; the third year will be written next. The NCI will be looking for a great deal of input for the third year and also for the third 3-year cycle, and will give the community plenty of notice. He said that a request for input to the Bypass Budget from the various organizations would be a good place to include several of the annual reports suggested by the Subcommittee.

The meeting of the Subcommittee on Budget and Planning was adjourned at 1:15 p.m.

NCAB Members

Dr. Samir Abu-Ghazaleh
Dr. James O. Armitage
Dr. Kay Dickersin
Dr. Ralph S. Freedman
Dr. James H. French
Dr. Alfred Goldson
Dr. Elmer E. Huerta
Dr. Frederick Li
Dr. Susan M. Love
Dr. Sandra Millon-Underwood
Dr. Arthur Neinhuis
Dr. Larry Norton
Dr. Adelle G. Ramirez
Dr. Ivor Royston
Dr. Phillip A. Sharp
Ms. Ellen Stovall
Dr. Vainutis K. Vaitkevicius

NCI Participants

Dr. Marvin R. Kalt
Dr. Richard Klausner
Ms. Cherie Nichols

Public Guests

Dr. Anna Barker
Dr. Lowell E. Schnipper

6/14/00
Date

Ellen Stovall
Ms. Ellen Stovall, Chairperson