

Draft
127th Meeting of the National Cancer Advisory Board (NCAB)
Meeting of the Subcommittee on Cancer Centers
September 9, 2003
3:45 p.m.– 4:10 p.m.

Welcome/Introduction—Dr. Arthur Nienhaus

Dr. Nienhaus, Director, St. Jude Children's Research Hospital, Memphis, TN, chaired the Subcommittee Meeting and welcomed the attendees. He introduced Dr. Linda Weiss, Chief of the Cancer Centers Branch, Office of Centers, Training, and Resources (OCTR), NCI.

Status of P30/P50 Working Group Report

Dr. Andrew von Eschenbach, Director, NCI noted that there has been a delay in leadership recruitment that is slowing the process for assessing and implementing recommendations of this group. NCI leadership will engage members of SPORES and Cancer Centers in meetings to involve them in decisions about reorganization processes.

Status of the Cancer Biomedical Informatics Grid

Dr. Ken Buetow presented an overview of the project to build a comprehensive biomedical informatics platform to broaden cancer information. The current status of the program is that "it is at the end of the beginning."

Cancer Centers are to be included in the Pilot Grid. Two information gathering and dissemination meetings were held—one in San Francisco and one in Washington, D.C. via Webcast—in which 47 Centers and 97 attendees participated. To determine which Centers would be included in the first Grid, cooperative development meetings followed that were completed in August. The Bioinformatics Team visited 49 Cancer Centers, spending one day at each Center to determine the Centers' needs and what the Centers can contribute to the Grid. The Centers are enthusiastic about the Pilot Grid; only three Centers of the 49 contacted showed no interest in participating in the program. The challenge for the Bioinformatics Team will be to harness the enthusiasm in the establishment of the Pilot Grid.

Dr. Buetow acknowledged the Centers for their frank, honest, and critical discussions with the NCI staff. A report will be forthcoming, and the Bioinformatics Team hopes to select the first group for the Pilot Grid by October 1.

Discussion

Priorities for the Grid are solidifying. What has been impressive is the breadth and depth of the Cancer Centers' expertise and resources. Clear themes have emerged: the Centers want and need clinical trials, and they want a functional genomics infrastructure.

Dr. Buetow was congratulated for his group's quick and responsive approach to the development of this new Pilot Grid.

Status on the NCI-NIA Joint Program on Aging and Cancer

Dr. Linda Weiss presented a review of the NCI-NIA Joint Program on Aging and Cancer. The American Cancer Society projected 800,000 new cancer diagnoses in people age 65 or older in 2003, and 389,000 cancer deaths in that group during the same year. The research emphasis has tended to be on cancer in persons of younger ages, and NCI and NIA are working together to bring more awareness to the developing cancer burden in an aging society.

The two institutes held a joint workshop in 2001, to explore the role Cancer Centers could play in aging Cancer research. A report from that workshop was used in March 2002, outlining seven priority areas for research:

- Patterns of Care
- Treatment Efficacy and Tolerance
- Effects of Comorbidity on Cancer
- Prevention, Risk Assessment, and Screening
- Psychosocial Issues and Medical Effects
- Palliative Care, End of Life Care, and Pain Relief
- Biology of Aging and Cancer.

The Directors of NCI and NIA subsequently sponsored a joint initiative. P20 grants would be issued for a 5-year period starting in 2003. R01 grants also would be solicited. For the P20 planning and development grants, NCI would provide \$3 million in funding, with NIA providing \$2 million. The RFAs in this area must establish a formal Scientific Research Program that demonstrates a clear relationship to cancer and aging within the 5-year funding period, and the programs must be sustainable beyond the 5 years with a competitive peer reviewed research base. The RFAs should be oriented to the seven thematic areas and should include at least one of the following core areas:

- Treatment efficacy and tolerance
- Effects of comorbidity
- Biology of aging.

Twenty-four applications were reviewed in June. We were pleased by both the quality and diversity of the applications, and funding recommendations will be finalized shortly.

Dr. Weiss acknowledged the key NIA and NCI staff that worked on this project.

Cancer Center Grant Support Guidelines

Dr. Linda Weiss discussed the guidelines and noted that, although guidelines are normally updated annually, a new version has not been issued since June 2000. Work on changes has continued since then, and a new version will be released later this month. The update will incorporate new NIH policies passed since June 2000, and will reduce the administrative work required for grant applicants, particularly in the area of data summaries. Most changes are minor

in nature. No major policy changes will occur, and no changes from the P30/P50 Working Group will be incorporated until such time that deliberations on those recommendations are completed.

The more significant changes are as follows:

- Place Cancer Centers under expanded federal authority. Give Centers more authority to shift funding from one year to another and from one component to another.
- Incorporate new NIH findings, such as data and safety monitoring, data sharing, and updated HIPAA guidelines.
- Increase the overall minimum-funding base from \$3 million to \$4 million for submitting an application.
- Modify review criteria to emphasize the role of the external advisory group in decisions about shared resources, developmental funds, and planning and to clarify issues about institutional cores rather than Cancer Center cores.
- Revise the summary data requirements to simplify the process for the Centers.

The guidelines will be effective with the February 2004, application submissions.

Discussion

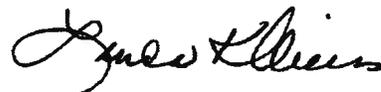
The number of R01s is not monitored. The Centers submit data summarizing the list of all funded research, but there is no specific area to list total R01s. Centers are evaluated on a broader spectrum of research activity that includes other types of grants as well as R01s.

A motion was made to approve the guideline changes. It was unanimously seconded and approved.

No new or old business was presented for discussion, and the meeting adjourned at 4:10 p.m.



Dr. Arthur W. Nienhuis Date 12/10/03



Dr. Linda Weiss Date 12/10/03

