

**134th MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)
MEETING OF THE SUBCOMMITTEE ON PLANNING AND BUDGET**

June 6, 2005
6:30 p.m. – 7:50 p.m.

Remarks from the Chair

Dr. Franklyn Prendergast, Chair of the Subcommittee on Planning and Budget, was unable to attend the meeting. In his absence, Dr. Jean deKernion was selected as Acting Chair for the meeting. He gave no opening remarks.

Discussion: Are We Making Progress? Metrics for Research and Outcomes and Impacts

Dr. deKernion began the discussion by suggesting that the Executive Summary from the 1999 report from the Committee on Science, Engineering, and Public Policy, National Research Council, National Academy of Sciences titled, *Evaluating Federal Research Programs: Research and the Government Performance and Results Act*, was good to have but that the recommendations were too generic and not very helpful in deciding the priority of awarding R01 grants. The consensus of the group was that it is difficult to evaluate research outcomes and impacts, that it is necessary to do so over time, and that it is especially difficult to define metrics for basic research. Concerning the NCI Challenge Goal to eliminate the suffering and death due to cancer, the group speculated as to whether or not pain and suffering are quantifiable, concluding that it certainly cannot be done on an annual basis, but perhaps over a 5-10 year time span. It may be possible to take models developed by others and apply them to the National Cancer Institute's cancer programs. It is also important to consider whether quality of life or length of life is more important.

Much discussion centered on the need to establish metrics and to present the NCI portfolio in the most meaningful way. It is important to determine and define the different mechanisms within the research portfolio. The hardest part is determining if more or less money should be invested in basic science/R01 grants. Deciding how return on investment should be defined – as finding cures for cancer or as something else – is a difficult issue. Some of this also depends on where one is in the learning curve and how much one knows about the research question. The basic research done to date has increased the overall knowledge base about cancer and can now begin to be translated into clinical relevance.

Pharmaceutical companies may be more successful in managing their research portfolios, because they have a good mechanism in place by which to determine research priorities. However, they do very little basic science research, but rather take outside basic science research and successfully translate it into development research. The NCI needs to determine how much of its portfolio should stay in basic science research. The NCI has maintained basic science

research as 46 percent of its portfolio for some time. Most companies have long-term, high-risk investments, medium-risk investments, and short-term investments. There needs to be a set of criteria to rate and rank cancer programs. The question is how to metric one program against another. Priority scores can be used to measure each of them against others. The mechanisms of measurement could be early detection, prevention, treatment, and/or quality of life. Perhaps cancer centers could be evaluated by taking metrics that give an overall summary of the center's performance. Outcome (e.g., changes in mortality and morbidity over time) and impact (e.g., behavioral and risk factor changes) could be measured.

It was also suggested that there are many experts who have written articles and books and developed theories about the best way to apply metrics to evaluating programs. NCI may want to conduct a study of the literature to develop a plan on how to use metrics to evaluate its research priorities and develop its portfolio. One person reported that at a recent meeting where Nobel scientists discussed the war on cancer and what researchers should act upon, some participants stated their belief that increased funding for basic research was the most important priority, whereas others said they believe that there is already a lot of information available and that the top priority should be to start translating that knowledge into applied science and patient care.

Discussion: How Can We Better Get the Word Out? Communication about Our Programs

Dr. deKernion began this discussion by reminding the group that in their last meeting concerns had been expressed that despite the NCI's efforts, the public still does not understand the facts about cancer, its prevention, and the importance of early detection. He asked the group to offer suggestions about how NCI might communicate these messages more effectively.

One member suggested that like politicians who, when introducing and campaigning for new legislation relating to disease, humanize the disease by telling the story of people affected by the disease, the NCI could showcase people who have benefited from NCI's scientific research to emphasize the productiveness of the NCI. One idea might be to have a press conference with an NCI scientist and a survivor, in much the same way that Lance Armstrong has been very effective for Bristol-Myers.

Much of the problem lies in that the public receives conflicting messages about risk factors and becomes suspect of all scientific research. The group agreed that people remember bad press more than they remember good press. The NCI should take a public relations (PR) approach versus a marketing approach and ensure that people who have benefited from NCI's research tell their stories in forums accessible to the general public.

Much discussion focused on the NCI Challenge Goal and the need for the NCI to be cautious about making promises that are not possible to attain. It was agreed that "goals" are different than "promises" and that NCI must work to help the general public understand the difference, especially in terms of the 2015 Goal. Although the NCI does not want to promise guaranteed results, they have a moral imperative to pursue attainable goals. One approach is to appeal to the

public to take responsibility for their own health and enlist them to help the NCI with the 2015 Goal by through prevention and early detection. The public often confuses NCI with national cancer organizations and advocacy groups. Outreach from community cancer centers should be helpful as well. NCI could develop a PR and education package to distribute to the PR departments of cancer centers, who would in turn educate the general public.

The group could make a recommendation for a "National Information Campaign" defined on the basis of the 2015 Goal. The Ad Council is a possible resource, as they have created many successful ad campaigns. The target audience for this campaign would be the U.S. public, and the purpose of the campaign would be to enlist the general public to help achieve the 2015 Goal through prevention and early detection. The general public needs better information on the basics of cancer as a disease process. A recent poll indicated that the majority of people believe that their risk of developing cancer is anywhere from 1 in 100 to 1 in 1,000, when in reality it is 1 in 3. Given this fact, one of the purposes of an ad campaign should be to educate the population on the probabilities of developing cancer. It is important for the NCI to have a message that is distinct from other cancer organizations and advocacy groups. The Committee agreed that the campaign should focus on four or five clear messages. Other benefits of such a campaign might be to increase participation in clinical trials and foster continued funding.

Agenda Setting for Upcoming Meetings

The agenda setting for upcoming meetings was a follow-on from the last Subcommittee meeting in February 2005. Dr. von Eschenbach had suggested that the Subcommittee might like to have presentations about NCI evaluation activities. Dr. Bob Croyle, Director of the Division of Cancer Control and Population Sciences, NCI, could be asked to give a presentation about the evaluation of large initiatives and staff from the Office of Science Planning and Assessment could orient the group about NCI's work in portfolio review and analysis. The group agreed that these presentations would be valuable, perhaps at the September meeting.

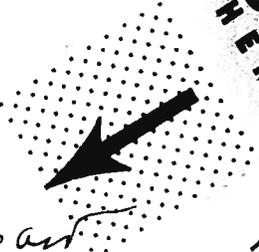
Action Items and Next Steps

The participants agreed on the following action items and next steps:

- Subcommittee members will work with NCI staff to identify and review options for evaluating the impacts and outcomes of research and the possible use of metrics for doing this.
- Subcommittee members will make a recommendation for a "National Information Campaign" to assist with achieving the 2015 Goal.
- Subcommittee members will meet twice by conference call prior to the next NCAB meeting in September, once in July and once in August, to continue and expand discussions begun in this session. These meetings will be posted in the Federal Register.

The meeting was adjourned at 7:50 p.m.

**SIGN
HERE**


Ne Prendergast
Dr. Franklyn Prendergast
Chair

Date

Kathleen Reed for
Ms. Cherie Nichols
Executive Secretary

June 15, 2005
Date

Attendees:

Mr. Mark Alexander
Dr. Anna Barker
Dr. Moon Chen
Dr. James Corrigan
Dr. Jean deKernion
Dr. Paulette Gray
Mr. John Hartinger
Mr. David Koch
Dr. Diana Lopez
Ms. Kathie Reed
Dr. Dinah Singer
Ms. Anne Tatem
Dr. Daniel Von Hoff
Dr. Mary Wolpart