

**135<sup>th</sup> MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)  
MEETING OF THE SUBCOMMITTEE ON PLANNING AND BUDGET**

**September 20, 2005**  
3:15 p.m. – 4:20 p.m.

**Remarks From the Chair**

Dr. Franklyn Prendergast, Chair of the Subcommittee on Planning and Budget, welcomed participants to the meeting. The Subcommittees of the NCAB need to contribute to the overall National Cancer Institute (NCI) mission in tangible ways, but the schedules and agendas of Subcommittee meetings often make it difficult to generate meaningful discussions resulting in concrete conclusions or recommendations. The Subcommittee has had several discussions during its last two meetings on the issue of what constitutes return on investment, and there are many additional topics that the Subcommittee could discuss related to the budget and planning process. However, because meeting times are limited, the agendas should be focused to identify the most important substantive issues that need discussion and tangible recommendations from the Subcommittee. For example, developing metrics for return on investment and recommending how they might be applied in a meaningful manner is critical. Other important issues that the Subcommittee could provide input on include the development of the Bypass Budget and the NCI Strategic Plan. Dr. Prendergast suggested that the Subcommittee dedicate time for half-day meetings either immediately before NCAB meetings or at times separate from the Board meetings to discuss these issues. He further recommended that the agendas for these meetings be limited to single, substantive topics to facilitate the generation of solid conclusions and recommendations.

One participant noted that December might be a good time to do hold this type of Subcommittee meeting because Board duties for many are traditionally light for the December meeting. In response to a question, Dr. Prendergast clarified that these proposed meetings would be held for the Subcommittee but would be open to all NCAB members, and their attendance and participation is encouraged. Members of NCI's Board of Scientific Advisors and Board of Scientific Counselors also may be invited. Dr. Andrew von Eschenbach, Director, NCI, reminded participants that the NCI is planning another retreat involving NCI's advisory boards to discuss long-range financial planning issues.

**Update on Strategic Planning at the National Cancer Institute**

Cherie Nichols, Executive Secretary of the Subcommittee on Planning and Budget, noted that the NCAB and other NCI advisory groups will be invited to review the NCI Strategic Plan and provide input. She introduced Kathie Reed, Chief of the Science Planning Branch in NCI's Office of Science Planning and Assessment (OSPA). Ms. Reed described milestones in the development of strategic planning at the NCI in recent years, including NCI's Challenge Goal to

the Nation to eliminate the suffering and death due to cancer by 2015; *The Nation's Investment in Cancer Research – 2006*, which outlined seven strategic investment areas; the NCI Strategic Plan for leading the Nation in efforts to eliminate the suffering and death due to cancer (the NCI Strategic Plan will be released in 2005 and will serve as a companion document to the Bypass Budget for 2007); and *The Nation's Investment in Cancer Research – 2007*, which identifies resources needed to sustain current commitments and five high-impact areas of new investment.

The developmental process for the NCI Strategic Plan, which currently is in draft form, began with leadership retreats to identify critical paths and strategic priorities. Captains were assigned and charged with overseeing development in seven key areas, and these captains assembled teams to develop “strategic investments” for Fiscal Year (FY) 2006. NCI leadership then designed a framework for a long-range enterprise strategic plan. Broad-based strategy development teams developed strategies in eight objective areas, and an extensive internal review further refined and focused the plan. In one of the last steps, advisory groups will review the Strategic Plan to provide the perspectives of the broader cancer community.

The NCI Strategic Plan is tied closely to the NCI mission of advancing fundamental knowledge about cancer across a seamless and dynamic continuum of discovery, development, and delivery, with an overall vision of a nation free from the suffering and death due to cancer by 2015 and dramatic reductions in the incidence of cancer. Eight objectives are included in the NCI Strategic Plan. Objectives 1-4 are intended to preempt cancer at the earliest opportunity:

- Objective 1: Understand the Causes and Mechanisms of Cancer.
- Objective 2: Accelerate Progress in Cancer Prevention.
- Objective 3: Improve Early Detection and Diagnosis.
- Objective 4: Develop Effective and Efficient Treatments.

Objectives 5-8 are intended to ensure the best outcomes for all:

- Objective 5: Understand the Factors That Influence Cancer Outcomes.
- Objective 6: Improve the Quality of Cancer Care.
- Objective 7: Improve the Quality of Life of Cancer Patients, Survivors, and Their Families.
- Objective 8: Overcome Cancer Health Disparities.

As the Director mentioned in his earlier update, five new investment areas have been proposed for the Bypass Budget for FY 2007: (1) Expansion, Integration, and Outreach Within and Among Cancer Centers; (2) Advanced Health Information Systems for Cancer Research and Care; (3) Bridges To Link Cancer Science and Technology; (4) Cancer Clinical Trails Integration and Streamlining; and (5) Integrative Cancer Science.

In discussion, it was suggested that the Strategic Plan might capture the readers' attention more effectively if it focused on the patient first (e.g., having Objectives 6, 7, and 8 appear at the beginning of the Plan). Participants noted that the NCI is exercising leadership in the field of cancer by leveraging its resources with the U.S. Food and Drug Administration, Centers for Medicare and Medicaid Services, and other groups, and the NCI should take credit for these efforts. One participant noted that with regard to Objective 6, the importance of electronic health

records could be emphasized to a greater degree. Dr. von Eschenbach reminded participants that they will receive more detailed information on the Strategic Plan at a later date. The Strategic Plan, Bypass Budget, and Annual Report are companion documents that will be developed with a common look and feel. The next FY07 Bypass Budget will have a bottom line that is much closer to NCI's current budget and is more in line with a current services budget. Each of the three documents has a different part of the story to tell and contribution to make. Dr. von Eschenbach acknowledged the hard work and dedication put forth by all involved in the generation of these documents. He noted that the Strategic Plan remains a work in progress and represents more of a process than a plan—it is a living document that will have iterations and refinements and will continue to evolve.

### **Enterprise System for Performance Results and Information (ESPRI)**

Ms. Nichols, Director of OSPA, explained that ESPRI provides one central location for information about what the NCI is doing; can help answer fundamental questions about how the NCI is doing; can guide data-driven decisions about what the Institute needs to do; alerts the user to issues or problems in key areas of scientific investment, resource commitments, and operational outcomes; and is a modern tool with graphic displays and easy-to-use search and retrieve capabilities. ESPRI is not a replacement for programmatic analyses and review; it supplements these activities. ESPRI also is not a new data source; it leverages and integrates multiple existing databases. ESPRI has three major components: (1) Dashboard, (2) the NCI Initiatives and Projects System (NIPS), and (3) a portfolio analyses library. Components of ESPRI will be available to NCI staff.

Dr. Kevin Callahan, Deputy Director, OSPA, explained that NIPS is a Web-based tool for analyzing NCI's portfolio of initiatives, resources, and projects. It enables users to retrieve all NCI initiatives, resources, and projects/awards that meet criteria chosen by the user. It also enables users to organize, display, and share this information in many different ways. NCI staff and other authorized users can use NIPS to identify gaps in the portfolio and related projects, initiatives, and resources; assess the need for proposed projects, initiatives, and resources; respond to requests for information about NCI initiatives, activities, and awards; and foster collaboration within NCI. There are a number of available search fields in NIPS. Dr. Callahan presented a simulated search using the system. Next steps in refining the system include collecting feedback from NCI staff and making revisions, and finishing data entry and adding new features.

Dr. Mary Leveck, Chief of OSPA's Program Implementation Branch, explained that there are seven current NCI Dashboard indicators: (1) Health Disparities Funding Trends, (2) Disease-Specific Data, (3) CSO Funding Trends, (4) SEER Mortality and Incidence Data, (5) Technology Transfer Data, (6) Imaging Implementation and Integration (I2) Team Product Lines, and (7) Cofunding Contributions. She presented screenshots of each indicator and described scenarios in which the Dashboard could be useful (e.g., pulling up data while talking on the telephone with a reporter or cancer advocate, or surfing for information and questions prior to a division/center/office budget presentation). The Dashboard allows users to select indicators and create customized Dashboards. The display of two indicators or views can be compared on the same screen. The Dashboard includes a "Contact Us" link and "Help" references and provides

links to related Web pages. It also allows users to export data to an Excel spreadsheet, has a printer-friendly screen view, displays exact dollar figures on graphs using a hover feature, and has extensive drill-down capability into the portfolios and abstracts. Potential indicators for future inclusion in the Dashboard include the Lung Cancer and Bioinformatics I2 Teams, Human Capital Data, Clinical Trials Data, and Selected Fact Book Displays. The Dashboard is being launched with the NCI Executive Committee and its selected staff at individual meetings, and a 3-month evaluation period is planned.

In discussion, Dr. von Eschenbach noted that the ESPRI will be a tremendously important and useful tool for NCI staff and will play a significant role in helping to measure effectiveness. He also noted that all new NCI initiatives must include a listing of specific milestones, deliverables, and outcomes. Dr. Prendergast asked whether the ESPRI will be made available to the general research community. Dr. von Eschenbach replied that there is a hierarchy of accessibility; the NCI is attempting to make its processes and procedures as open, transparent, and inclusive as possible, but the Institute also has a responsibility for helping individuals who access data understand the information.

### **Action Items and Next Steps**

Participants agreed on the following action items and next steps:

- The Subcommittee will proceed with planning an agenda for a December meeting to discuss one important topic in an in-depth manner to develop substantive recommendations. The Chair will distribute the agenda for this meeting for comment as soon as possible. It is hoped that a few additional meetings can be scheduled as well.
- NCAB members will be invited to attend and participate in these Subcommittee meetings.
- Subcommittee members, Board members, and NCI leadership will be asked to provide input on topics for discussion at these meetings.
- NCI leadership should consider developing a “balanced scorecard” that the Subcommittee could review on an annual basis to help determine how effective the NCI is in reaching milestones based on original projections made previously.

The meeting was adjourned at 4:20 p.m.

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Dr. Franklyn Prendergast  
Chair

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Date

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Ms. Cherie Nichols  
Executive Secretary

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Date

**Attendees:**

Board Members:

Dr. Samir Abu-Ghazaleh  
Dr. James Armitage  
Dr. Anna Barker  
Dr. Moon S. Chen, Jr.  
Dr. Kenneth Cowan  
Dr. Jean deKernion

Dr. Ralph Freedman  
Ms. Kathryn Giusti  
Dr. Paulette Gray  
Dr. Peter Kirchner  
Dr. Diana Lopez  
Dr. Franklyn Prendergast

Ms. Marlys Popma  
Dr. John Niederhuber  
Dr. Carolyn Runowicz  
Ms. Lydia Ryan  
Dr. Andrew von Eschenbach  
Dr. Daniel Von Hoff

Selected NCI Staff:

Dr. Andrew von Eschenbach  
Dr. Anna Barker  
Dr. John Niederhuber

Dr. Kevin Callahan  
Dr. Mary Levick  
Mr. John Hartinger