

**National Cancer Institute (NCI)**  
**National Cancer Advisory Board (NCAB)**  
***Ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities**

Gaithersburg Marriott Washingtonian Center  
9751 Washingtonian Boulevard  
Gaithersburg, Maryland

June 25, 2018  
5:30 – 7:00 p.m. EDT

SUMMARY

Subcommittee Members

Dr. Electra Paskett, Chair  
Dr. Francis Ali-Osman  
Dr. Deborah Bruner  
Dr. David Christiani  
Dr. Judy Garber  
Mr. Lawrence Gostin  
Dr. Elizabeth Jaffe  
Dr. Beth Karlan  
Dr. Mack Roach  
Dr. Margaret Spitz  
Dr. Deborah Winn, Executive Secretary

Other Participants

Dr. LeeAnn Bailey, NCI	Dr. Deborah Mayer, NCI
Ms. Nelvis Castro, NCI	Ms. Michelle Mollica, NCI
Dr. Stephen Chanock, NCI	Dr. Kenneth Nock, NCI
Dr. Henry Ciolino, NCI	Dr. Susan Perkins, NCI
Dr. Robert Croyle, NCI	Dr. Marie Ricciardone, NCI
Dr. Joanne Elena, NCI	Dr. Vikrant Sahasrabuddhe, NCI
Dr. Andrew Freedman, NCI	Dr. Edward Sauter, NCI
Dr. Emily Harris, NCI	Dr. Norman Sharpless, NCI
Dr. Nicole Hines, NCI	Dr. Sudha Sivaram, NCI
Dr. Paul Jacobsen, NCI	Dr. Harold Seifried, NCI
Dr. Sandra Halverson, Social & Scientific Systems	Dr. Edward Trimble, NCI
Dr. William Klein, NCI	Dr. Asad Umar, NCI
Dr. Barry Kramer, NCI	Dr. Mary Ann Van Duyn, NCI
Dr. Amit Kumar, NCI	Ms. Audrey Wellons, NCI
Dr. James Lacey, NCI	Dr. Jonathan Wiest, NCI
Dr. Douglas Lowy, NCI	Ms. Alicia Rosov, The Scientific Consulting Group, Rapporteur

## **Welcome and Opening Remarks**

*Dr. Electra Paskett, Director, Division of Cancer Prevention and Control, Department of Internal Medicine College of Medicine, The Ohio State University*

Dr. Electra Paskett, Subcommittee Chair, welcomed committee members and other participants to the meeting. The meeting participants introduced themselves.

Dr. Paskett noted that the charge of the subcommittee is to advise the NCAB and NCI Director on strategic approaches and opportunities in Population Science, Epidemiology, and Disparities. The subcommittee will hear presentations on two topics during this meeting: cancer research training programs and the NIH portfolio on survivorship research.

## **Overview of Cancer Research Training Programs of the NCI Center for Cancer Training (CCT)**

*Dr. Jonathan S. Wiest, Director, CCT, NCI*

Dr. Jonathan S. Wiest introduced the structure of the CCT, noting that it has strong collaborative relationships with the Division of Cancer Epidemiology and Genetics and the Division of Cancer Prevention. He reviewed the types of funding mechanisms that are available in three broad categories: mentored, mentored/independent, and newly independent. The CCT has tried to streamline the mechanisms that will support the spectrum of experiences; in particular, it is trying to make the mechanisms available to all individuals in cancer-relevant research. CCT receives about 1,200 new applications each year and funds about 300 new awards annually, supporting about 2,000 trainees, plus 1,000 participants in the R25 programs.

Dr. Wiest highlighted the F99/K00 as a vehicle that will facilitate the transition from predoctoral research to postdoctoral research. The intent is to encourage the trainee to select a laboratory for postdoctoral work based on such criteria as research and mentoring possibilities and not strictly on available financial support. Another desired outcome is that less time will be spent earning the degree, because the path to the K award is laid out. Because this is a significant award given to the individual, the application requires a nomination letter from the institution, which provides the review committee with particular insight into the trainee.

In response to a question from Dr. Paskett, Dr. Wiest noted that relocation costs are not included in these awards. In general, relocation costs are paid either by the awardee or sometimes, but not required, by the new institution; CCT might consider including those costs in future awards, possibly as a supplement.

Dr. Wiest explained that the K08 and K23 mechanisms have been merged because few K23 applications were being received. As part of the merge, the salary for the primary investigator was raised to the maximum allowable amount, and fringe benefits were added. Also, the amount given for research support was increased from \$30,000 per year to \$50,000 per year. The number of applications has increased, and CCT expects it to continue to rise.

The T32 National Research Service Award (NRSA) has been trimmed back recently because researchers receiving individual grants tend to be more successful than those receiving institutional awards. The K07 mechanism was sunset a few years ago because most of the recipients were already fairly far along in their careers. The CCT decided that other mechanisms were more important to fund in terms of helping researchers progress in their careers. For example, CCT will be proposing two discipline-specific

mechanisms in a K88/R00 mechanism, one in data science and one in population in behavioral sciences at the BSA/NCAB meeting tomorrow.

Dr. Wiest summarized the primary objectives of the CCT:

- Removing disciplinary boundaries
- Strengthening support to applicants in training or transition
- Reducing confusion by streamlining the number of similar funding mechanisms
- Addressing weaknesses and balancing support for the main phases of the training pipeline
- Making training awards better meet the needs of the trainees.

In response to a question from Dr. Paskett, Dr. Wiest noted that one area of weakness is that the NRSA does not offer any benefits or tax relief for the recipients in terms of IRAs or child care costs. The package is not what it should be to help people achieve independence.

Dr. Norman Sharpless asked whether the F99 single-institution approach was successful; Dr. Wiest replied that it has allowed competition from institutions across the country, resulting in a nice geographic distribution. Dr. Paskett encouraged the CCT to promote the mechanism more broadly, and specific venues for doing so were suggested.

In response to a question from a participant, Dr. Wiest explained that most vehicles require citizenship, but neither the F99 nor the K99 require citizenship nor permanent resident status. Dr. Francis Ali-Osman raised the subject of efforts to recruit underrepresented minorities. Dr. Wiest explained that the CCT does not have the mandate or the mechanisms that the Center for Research in Health Disparities (CRCHD) does to reach specific groups of minorities, but it does make every effort to encourage such applicants, and works with CRCHD to facilitate this.

### **Overview of Cancer Survivor and Survivorship Research at the NCI**

*Dr. Paul Jacobsen, Associate Director, Healthcare Delivery Research Program (HDRP), Division of Cancer Control and Population Sciences (DCCPS), NCI*

Dr. Paul Jacobsen presented information about two different portfolio analyses that used two different definitions of survivorship. One analysis used the NCI definition, which is from time of diagnosis through the balance of life; the other analysis focused on the period beyond acute diagnosis and active treatment. The first analysis found 741 grants across the NIH, 640 of which were held by the NCI. The second portfolio analysis included only those studies that followed cancer survivors for 6 months or longer after the acute treatment phase; this search yielded 165 grants. Dr. Jacobsen reviewed the grants found in the two analyses by different breakdowns, including grant mechanism, cancer site, study design (interventional or observational), cohort (adult, pediatric, adult survivor of pediatric cancer), and study focus.

Dr. Jacobsen summarized the findings of the two portfolio analyses:

- NIH-wide, the portfolio based on the NCI definition is large; the portfolio focusing on the post-treatment period is more limited.
- The major focus of the NIH-wide portfolio is on breast, colorectal, and prostate cancer patients.

- The major focus is on immediate sequelae, with only limited focus on patterns of care, health behaviors and adherence, and economic and financial issues.
- The major focus is on survivors of adult-onset cancers.
- The major focus is on the period within 2 years of diagnosis.
- The NIH-wide portfolio is a mix of observational and fewer interventional studies.

Dr. Paskett commented that Dr. Jacobsen's current findings are not very different from similar analyses conducted several years ago and asked his opinion about what the research should address. Dr. Jacobsen replied that cross-disciplinary research of cancer survivorship is needed that might lead to deeper mechanistic understandings and new intervention strategies.

Also noteworthy is that cancer recurrence does not seem to be a focus. Even though people are living longer and cancer recurrence is more likely, cancer registries are not capturing data on recurrence. Furthermore, studies tend to focus on first cancers, but more patients are developing second cancers. Dr. Mack Roach observed that in prostate cancer trials, patients die of a second cancer, not of the originally diagnosed cancer.

In response to a comment from Dr. Elizabeth Jaffee, Dr. Jacobsen explained that one Blue Ribbon Panel recommendation was to focus on pain and fatigue, as well as on other symptoms and that FOA was released and grants are under review. Another participant asked about alternative approaches and therapies; Dr. Jacobsen confirmed that the portfolio has a healthy number of grants on such approaches as yoga, meditation, and acupuncture.

### **Working Group Charge**

*Dr. Electra Paskett*

*Dr. Deborah Winn, Deputy Director, DCCPS, NCI*

A working group was formed to do a "deep dive" into areas identified by the Subcommittee. Dr. Sharpless has given the Working Group a detailed charge to identify and evaluate the current status, barriers to progress, and new strategic approaches to address the key areas of focus of the Subcommittee. The four areas of focus are research training programs, cancer survivor and survivorship research, near- and long-term strategies for cancer risk and survivorship cohorts, and opportunities to address population science questions and contribute to an understanding of health disparities using the cooperative groups.

After a period of organization and initial research, the Working Group will likely hold a 2-day face-to-face meeting to begin developing its reports. The group will have one report complete by the December meeting of the NCAB.

### **Discussion of Matters for the Working Group to Address**

Dr. Paskett opened the floor to discussion, expressing appreciation to Drs. Wiest and Jacobsen for the information they presented. She noted that the available grant programs need better promotion and advertising to increase the number of applications.

Dr. Sharpless asked Dr. Wiest to comment on the new K88 program, which will be presented during the meeting of the joint boards. Dr. Wiest explained that it has a shorter eligibility window, with the intent of

encouraging more behavioral scientists and data scientists to apply. The K88 will likely be limited to two awards per institution, not one.

**Adjournment**

Dr. Paskett adjourned the meeting at 6:56 p.m. EDT.

/s/ Dr. Electra Paskett  
Dr. Electra Paskett  
Chair

6-26-18  
Date

/s/ Dr. Deborah Winn  
Dr. Deborah Winn  
Executive Secretary

6/26/18  
Date