

NCI Office of Cancer Centers



Henry P. Ciolino
Ph.D.
Director



Krzysztof Ptak
Ph.D.
Associate Director



Hasnaa Shafik
M.D., Ph.D.
Program Director



Sonya V. Roberson
Ph.D.
Program Director



Precilla L. Belin
Ph.D., M.A.,
M.C.H.E.S.
Program Director



Min He
Ph.D.
Program Director



Chi T. Dinh
M.S.
IT Specialist



Molly Maher
M.S.
Program Analyst



Adriana E. Martinez
B.S.
Program Specialist



NCI DOC Overview: Office of Cancer Centers

MISSION AND BUDGET

- *Oversee the NCI-Designated Cancer Centers program; 2023 budget: \$322.2M total cost (TC), not including supplements*
- *Revise the P30 Cancer Center Support Grant (CCSG) Notice of Funding Opportunity (NOFO) as needed*
- *Provide pre-application advice to new and renewing cancer centers*
- *Partner with other NCI DOCs in new initiatives (e.g., D43, global oncology surveys with Center for Global Health; R50 Clinician Scientist with Coordinating Center for Clinical Trials; Early Surgeon Scientist Program with Center for Cancer Training and Surgical Oncology Branch, Center for Cancer Research)*
- *Advise and assist other DOCs in developing and reviewing P30 supplements (Funding: 2021, \$29.1M TC; 2022, \$20.6M TC; 2023, 21.8M TC)*

PRIORITY PROGRAMS/INITIATIVES

- *Revise and improve CCSG requirements to address NCI priorities and enhance center impact*
- *Establish equitable funding strategies for renewing cancer centers that reflect merit and size*
- *Add meritorious new centers that serve parts of country not currently covered by the Centers Program*
- *Develop an OCC-led P30 supplemental program*
- *Host an annual meeting for Center Directors and NCI leadership to discuss NCI priorities and solicit feedback*

PRIORITY AREA(S) – 1

SUMMARY/OVERVIEW OF PROGRAM(S)	RECENT ACHIEVEMENTS
<ul style="list-style-type: none"> <i>Revising the CCSG</i> 	<ul style="list-style-type: none"> <i>OCC has extensively revised the CCSG since 2016, refining the narrative requirements and review criteria of every component and adding 4 new components: Community Outreach and Engagement (COE; 2016), Cancer Research Training and Education Coordination (CRTEC; 2016), Shared Resource Management (SGM; 2020), and the Plan to Enhance Diversity (PED; 2022)</i>
PENDING ACTIONS, UPCOMING MILESTONES	CHALLENGES, ISSUES
<ul style="list-style-type: none"> <i>A new revision of the CCSG will be published prior to the current version's expiration in January '25.</i> 	<ul style="list-style-type: none"> <i>OCC has closely monitored reviewers' expectations and has revised the CCSG to improve new components. COE and CRTEC are now into their 3.0 versions; Shared Resource Management has remained unchanged. PED will be revised in '24, and additional changes may occur in other components</i> <i>No additional components are planned</i>

PRIORITY AREA(S) – 2

SUMMARY/OVERVIEW OF PROGRAM(S)	RECENT ACHIEVEMENTS
<ul style="list-style-type: none"> <i>Devising equitable funding strategies for renewing cancer centers</i> 	<ul style="list-style-type: none"> <i>Phase 1 (2016) – established for the first time a “base” or minimum funding level by type of center: basic, \$1.2M direct cost (DC); clinical, \$1.4M DC; comprehensive, \$1.5M DC; Cost: \$10.1M TC; 21 centers benefited</i> <i>Phase 2 (2018-2022): OCC determined funding eligibility of each center based on their portfolio of NIH cancer-relevant funding, and awarded final funding by overall impact score upon next renewal. Cost: \$36.3M TC for 70 centers (1 remaining center coming up - Miami)</i>
PENDING ACTIONS, UPCOMING MILESTONES	CHALLENGES, ISSUES
<ul style="list-style-type: none"> <i>Phase 3 funding strategy approved by Dr. Sharpless and Deputies: renewing centers may request funding for Plan to Enhance Diversity (\$200K DC), Clinical Protocol and Data Management (\$200K), and Community Outreach and Engagement (\$250K). Ultimate funding to be determined by individual component scores and overall impact scores</i> 	<ul style="list-style-type: none"> <i>As for Phase 2, Phase 3 (2023-2027) required NCI to commit to an estimated increase in CCSG budget before knowing the annual NCI budget. NCI must decide whether to “honor” its Phase 3 commitment in the face of the anticipated flat budgets for '24 and '25</i>

PRIORITY AREA(S) – 3

SUMMARY/OVERVIEW OF PROGRAM(S)	RECENT ACHIEVEMENTS
<ul style="list-style-type: none">• Funding new cancer centers	<ul style="list-style-type: none">• <i>In the last 11 years 6 new centers were added to the program for a current total of 72 NCI-Designated Cancer Centers: U. Kansas (2012), U. Kentucky (2013), Mt. Sinai (2015), U. Oklahoma (2018), U. Miami (2019), and U. Florida (2023)</i>
PENDING ACTIONS, UPCOMING MILESTONES	CHALLENGES, ISSUES
<ul style="list-style-type: none">• <i>Cedars-Sinai – submission under review</i>• <i>U. Rochester – resubmission expected Jan. '24</i>• <i>U. Illinois Urbana-Champaign – possible resubmission in 2024</i>• <i>Medical College of Wisconsin, U. Illinois Chicago expected submission in '24 or '25</i>• <i>Penn State, SUNY-Stony Brook, LSU several years out</i>	<ul style="list-style-type: none">• <i>We do not reduce existing awards to fund new centers; this money must be added to the OCC budget</i>• <i>A new center costs about \$2.2M TC (varies with Indirect Cost Rate)</i>

PRIORITY AREA(S) – 4

SUMMARY/OVERVIEW OF PROGRAM(S)	RECENT ACHIEVEMENTS
<ul style="list-style-type: none">• <i>P30 supplemental program</i> (Funding: 2021, \$29.1M TC; 2022, \$20.6M TC; 2023, 21.8M TC)	<ul style="list-style-type: none">• <i>OCC has collaborated extensively with other DOCs, particularly DCCPS, to offer a number of supplemental opportunities to cancer centers. This is part of the value of achieving the NCI designation</i>• <i>OCC develops its own supplement opportunities; every year we offer multiple supplements for AIDS-related malignancies research, and we offered an opportunity designed to enhance P01 applications</i>
PENDING ACTIONS, UPCOMING MILESTONES	CHALLENGES, ISSUES
<ul style="list-style-type: none">• <i>OCC would like to expand its own supplement program, following on the success of the P01 supplement opportunity</i>	<ul style="list-style-type: none">• <i>OCC's budget does not include supplemental funding; once we develop an opportunity, we request funding from the NCI Director</i>• <i>Supplemental opportunities from other DOCs are usually funded out of divisional funds</i>• <i>Tracking accomplishments from a particular supplement opportunity is difficult due to the time to achieve progress</i>

Questions?

CCSG Revision - 2023

- **Plan to Enhance Diversity 2.0**
- **Eliminate Data Table 3**
- **Community Outreach and Engagement**
 - **How can we help COE get the support it deserves?**
 - **Move global health out of COE and into Director's Overview (Organizational Capabilities?)**
 - **Should we rename it? Community Outreach and Partnership (COP)?**
- **Expand Cancer Research Training and Education Coordination to 12 pages**
- **What do centers do to insure that indigent/Medicaid patients have access to clinical trials?**
- **Other components in need of revision?**

The Centers Program: the Plan to Enhance Diversity

NIH and NCI are committed to ensuring that all Americans share equally in the medical advances that result from cancer research, and that current disparities in the burden of cancer are reduced or eliminated ([NOT-OD-20-031](#)). Diversity creates stronger cancer science and is a critical step in reducing the burden of cancer for an increasingly diverse America. Therefore, the membership and leadership of NCI-designated centers ideally reflects, to the extent possible, the population that the NCI Cancer Centers Program serves – the nation. Each center may also have special opportunities within its catchment area to enhance the diversity of its staff, membership and leadership.

Plan to Enhanced Diversity

NCI recognizes that achieving diversity of membership and leadership of centers will require a long-term commitment on the part of the center, and the center should be evaluated on the efforts undertaken, and the progress made, along the pathway to achieving a membership and leadership that reflects the nation's diversity.

PED – Review Trends (as of 10/2023)

- **20 centers**

exceptional	
exceptional - outstanding	1
outstanding - exceptional	1
outstanding	1
outstanding - excellent	3
excellent - outstanding	1
excellent	4
excellent – very good	6
very good - excellent	3
very good	

PED Targets: Senior Leadership, Membership, and EAB



Florida Gov. Ron DeSantis signs a bill banning DEI initiatives in public colleges – May 2023

New anti-DEI law for public Texas colleges presents hiring challenges: the law requires publicly-funded universities and colleges to close their diversity, equity and inclusion offices, creating hiring challenges. – Sept 2023

**What about the recent Supreme Court decision?
Statement from the NIH Office of Extramural Research (OER) in Light of the Supreme Court Decision in June 2023**

“We are aware of the SCOTUS decision and await further evaluation and interpretation. NIH adheres to federal law and does not make funding decision based on race. At this time, there are no changes in our policies, processes, or procedures. Applicants are encouraged to consult with their General Counsel to make sure that they are following all applicable laws and regulations.” July 18, 2023

Impact vs. Process

“The cow is ugly but she gives good milk.”

Shouldn't the CCSG evaluate both - Impact AND Process?

Plan to Enhance Diversity – Review Criteria

- **How effective is the center’s plan to enhance participation of women, minorities, and individuals from groups nationally under-represented in the research workforce and center leadership?**
- **How effectively has the center established infrastructure and utilized institutional resources to support career-enhancing research opportunities for junior, early- and mid-career researchers, including from diverse backgrounds to prepare them for center leadership?**
- **How effectively has the center used training or mentoring opportunities to encourage participation of students, postdoctoral researchers and co-investigators from diverse backgrounds to expand the pipeline of members?**
- **How effectively has the center leveraged institutional commitment and infrastructure to enhance diversity among the center’s member and leadership?**
- **How well has the center established criteria for monitoring and evaluating progress in diversity?**

Plan to Enhance Diversity – Review Criteria Revisions?

YES

- Should we require centers to present baseline data to reviewers?
- Should we spell out that PED must intersect with COE and CRTEC (and what does that entail)? What about PRMS/Disease Groups?
- Should we add staff to the “target list”?
- “Measurable goals” and/or “logical outcomes” rather than criteria?

MAYBE?

- Should we add access (and equity and inclusion) to the title and the narrative section?
- Should we “require” that DEIA be part of the centers strategic plan?

NO

- Is it time to emphasize impact over process?
- When do we expand to 12 pages?

CCSG Revision - 2023

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