

**National Cancer Advisory Board (NCAB)  
Subcommittee on Cancer Centers**

**29 November 2023  
1:00 p.m.–2:00 p.m. EDT**

**Virtual Meeting**

**SUMMARY**

**Subcommittee Members**

Dr. Susan Thomas Vadaparampil, Chair  
Dr. Richard J. Boxer  
Dr. Henry P. Ciolino, Executive Secretary  
Dr. Luis Alberto Diaz, Jr. (absent)  
Dr. Andrea Hayes Dixon  
Dr. Howard J. Fingert (absent)

Dr. Christopher R. Friese  
Dr. Amy B. Heimberger  
Dr. Nikan Khatibi  
Dr. Fred K. Tabung  
Dr. Ashani T. Weeraratna (absent)  
Dr. Karen M. Winkfield

**Other Participants**

Dr. Chandrakanth Are, Board of Scientific  
Advisors (BSA)  
Dr. Nilofer S. Azad, NCAB  
Mr. Timothy Babich, BSA  
Dr. Suzanne J. Baker, BSA  
Dr. Anna D. Barker, NCAB  
Dr. Karen M. Basen-Engquist, BSA  
Dr. John D. Carpten, Chair, NCAB  
Dr. Mark P. Doescher, BSA  
Dr. James Doroshow, National Cancer Institute  
(NCI)  
Dr. Chyke A. Doubeni, BSA  
Dr. Shelton Earp, BSA  
Dr. Paulette S. Gray, NCI  
Dr. Dorothy K. Hatsukami, BSA  
Dr. Min He, NCI  
Dr. Ana Maria Lopez, BSA  
Dr. Douglas R. Lowy, Acting Director, NCI  
Ms. Anne Lubenow, NCI

Ms. Molly Maher, NCI  
Ms. Adriana Martinez, NCI  
Dr. Karen M. Mustian, BSA  
Dr. Lisa A. Newman, BSA  
Ms. Thu Nguyen, NCI  
Dr. Krzysztof Ptak, NCI  
Dr. W. Kimryn Rathmell, BSA  
Mr. Ricardo Rawle, NCI  
Dr. Sonya Roberson, NCI  
Dr. Hasnaa Shafik, NCI  
Dr. Dinah Singer, NCI  
Dr. Cornelia M. Ulrich, BSA  
Dr. Samuel L. Volchenboum, BSA  
Dr. Robert H. Vonderheide, BSA  
Ms. Joy Wyszneuckas, NCI  
Dr. Richard C. Zellars, BSA  
Ms. Sally Paustian, The Scientific Consulting  
Group, Inc., Rapporteur

**Welcome and Opening Remarks**

*Dr. Susan Thomas Vadaparampil, Associate Center Director, Community Outreach, Engagement, and Equity, Professor, Department of Health Outcomes and Behavior, Moffitt Cancer Center*

Dr. Susan Thomas Vadaparampil, Subcommittee Chair, welcomed the participants to the NCAB Subcommittee on Cancer Centers (Subcommittee) meeting and invited Subcommittee members and other NCAB members in attendance to introduce themselves.

## **Update on the NCI Cancer Centers Program**

*Dr. Henry P. Ciolino, Director, Office of Cancer Centers (OCC), NCI*

Dr. Henry P. Ciolino, Executive Secretary, invited the NCI leaders in attendance to introduce themselves and then introduced the staff of OCC, noting that OCC is the smallest division, office, or center (DOC) in NCI but has one of the largest budgets. The budget for the Cancer Center Support Grant (CCSG) program totals \$322.2 million, not including supplements, and the main mission of OCC is to oversee the NCI-Designated Cancer Centers program. OCC provides preapplication advice to new and renewing cancer centers, partners with other DOCs on new initiatives, and advises and assists other DOCs in developing and renewing P30 supplements.

The most important OCC priority is revising and improving the CCSG requirements, a process that occurs every 3 years to improve the CCSG and more closely align the cancer centers with NCI priorities. Recent revisions added requirements for Community Outreach and Engagement (COE), Cancer Research Training and Education Coordination (CRTEC), Shared Resource Management, and the Plan to Enhance Diversity (PED); a new revision will be published in 2024. Dr. Ciolino noted that the OCC has monitored reviewers' expectations closely and will revise the CCSG accordingly.

Drawing on an NCAB working group report, OCC developed a three-phase equitable funding strategy for renewing cancer centers based on merit and size. In 2016, the first phase established base direct-cost funding levels. The second phase began in 2018 and determined the funding eligibility of each existing center; Dr. Ciolino recommended that new centers have the chance to align with these levels. The third phase, currently in progress, is the most targeted approach and will help benefit smaller centers. After review of the CCSG, the most underfunded areas were identified as COE, Clinical Protocol and Data Management, and the PED. Cancer centers are instructed to apply for their previous awards plus \$650,000 in direct costs to be divided among the three underfunded components, and funding decisions will be based on the merit descriptor of each of these components in review. Dr. Ciolino noted that the current approach commits NCI to funding increases despite unknown future budgets, but decisions on whether the applications will be fulfilled have not yet been made.

Another OCC priority is funding new cancer centers. Six new centers have been created during the last 11 years, and several new centers are emerging. The criteria for establishing a new center include the overall impact score and a catchment area currently either not covered or under-covered by the NCI-Designated Cancer Centers program. New centers cost \$2.2 million, but existing cancer center awards have never been reduced to fund a new cancer center. Dr. Ciolino commented that it would take only a fraction of a percent of existing CCSG awards to fund a new center.

OCC collaborates extensively with other DOCs—the primary funding sources—to offer cancer centers a number of P30 supplemental opportunities. Supplements have been highly successful in helping centers align efforts to NCI priorities such as catchment area, HPV vaccination, and many others. OCC would like to expand its own supplement program to be able to support some of the exciting ideas program directors bring to the office, but the NCI budget would need to be increased for this expansion to occur.

In response to a question, Dr. Ciolino explained that applications from academic or community centers would be considered equally but that only an academic center would have the research base required for eligibility as a cancer center.

Dr. Ciolino clarified that all new cancer centers begin at the base award level of \$1.2 million for basic research or \$1.4 million for clinical research, with phase 3 renewal expected 5 years later, and that new centers are expected to fund such additional components as COE and shared resources from that base level.

Dr. Cornelia Ulrich pointed out that expanding the number of cancer centers may dilute the importance of the CCSG designation; Dr. Ciolino emphasized that OCC is committed to protecting the rigor and sanctity of that designation.

In response to a question from Dr. Ulrich, Dr. Ciolino noted several supplement ideas on such topics as enhancing submissions and improving minority participation in clinical trials. He added that past supplements have led to incredible outcomes with small levels of funding.

Dr. Amy Heimberger noted that renewal applications require significant effort and resources from cancer centers. Dr. Ciolino explained that a recommendation from an NCAB working group to eliminate site visits was rejected by NCAB based on feedback about the importance of the process for generating centeredness and institutional commitment at the centers. He indicated that OCC is cognizant of the increasing burden and has reduced page counts where possible, but this consideration must be balanced with what is needed to assess and support the quality of the cancer centers.

Dr. John Carpten asked about partnerships with other agencies, and Dr. Ciolino explained that OCC held extensive discussions with the Health Resources and Services Administration about partnering on a program that subsequently was cut significantly, illustrating the difficulty of developing partnerships when budgets are restricted.

### **Planning for the Next Revision of the Cancer Center Support Grant Guidelines**

*Dr. Henry P. Ciolino*

Dr. Ciolino outlined the upcoming CCSG guidelines revision. The PED aims to make improvements that will result in better cancer science and the ability to address disparities in unique ways. This issue is both important and sensitive. National diversity is used as a metric because each cancer center recruits nationally; however, some centers are challenged to represent national diversity in their area, so they may emphasize special opportunities in their catchment area. Dr. Ciolino emphasized that OCC recognizes this is a long-term commitment and pointed out that centers are evaluated on infrastructure established to improve future diversity. The 20 cancer centers initially evaluated scored lower than desired, but scores have improved because of the changes centers are making.

The PED focuses on senior leadership, membership, and external advisory boards to establish infrastructure that will lead to new and expanded approaches, which eventually will shape a culture of diversity that promotes new science. Dr. Ciolino pointed out that the political climate in some states makes implementing diversity initiatives challenging.

Dr. Ciolino emphasized that both impact and process need to be evaluated to judge infrastructure changes appropriately. Reviewers have requested baseline diversity data from centers, so this will be required in the next update of the CCSG guidelines. Other changes include specifying that the PED should intersect with CRTEC and COE, involving staff in the diversity assessment, refining the terminology, and requiring diversity considerations in centers' strategic plans. OCC is considering whether to evaluate equity, inclusion, and access, which are different concepts from diversity. Changing the name of the PED to include these concepts may dilute its focus but could allow states with restrictions on diversity initiatives to implement the plan. At this time, impact will not be evaluated more than process, and the page limit will not be increased.

Dr. Ciolino emphasized the importance of supporting COE, which plays an essential crosscutting role for all centers and is underfunded. Global health could be moved from COE to a different component, and changing the name to "partnership" could be considered. Other changes to the CCSG guidelines under consideration include eliminating Data Table 3, expanding the CRTEC application page limit, and adding

inclusion of indigent and Medicaid patients in clinical trials. Dr. Ciolino also recommended a thorough review of the CCSG guidelines with consideration of impact and process.

Dr. Vadaparampil noted that a majority of participants opposed increasing page limits.

Dr. Christopher Friese suggested releasing a public request for information before the next revision; Dr. Ciolino added that this subcommittee also can be a source of advice.

Dr. Andrea Hayes Dixon pointed out that some cancer centers may deny regular care to indigent or Medicaid patients. Dr. Ciolino commented that OCC cannot mandate acceptance of patients for care because of its research focus, but the office can strengthen cancer centers' support inclusion of these populations in clinical trials. Dr. Hayes Dixon emphasized the importance of tracking and reviewing these efforts for these patients.

Dr. Ulrich noted that in states without Medicaid expansion, Medicaid patients may be important sources of income for Federally Qualified Health Centers, so cancer centers should not focus on them. Dr. Ciolino agreed that many complex considerations are relevant.

Dr. Ulrich suggested that adding language about broader access to the PED title would help its implementation in restrictive states. Dr. Vadaparampil pointed out that the word "access" often is used to describe patient-centered issues, whereas the PED focuses on leadership and workforce of the center. Dr. Karen Mustian agreed that using an existing term for a new effort would complicate an already difficult process and suggested identifying a different term.

Dr. Karen Basen-Engquist noted that some states have laws against conducting diversity initiatives under titles that do not refer to diversity. Dr. Chyke Doubeni suggested that changing the name of the initiative will not solve the problem, but that broadening the focus of the plan to encompass other populations would help.

Dr. Karen Winkfield recommended leaving the role of the PED as defined and focusing efforts on COE, noting that "engagement" implies building relationships and ensuring that the work of the cancer centers is broadly applicable to their catchment areas.

## **Adjournment**

Dr. Vadaparampil thanked the participants for their comments and adjourned the meeting at 2:01 p.m. EST.

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Dr. Susan Thomas Vadaparampil  
Chair

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Date

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Dr. Henry P. Ciolino  
Executive Secretary

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Date