

**From:** [Dr. John Niederhuber \(NIH/NCI\)](#)  
**To:** [NCI Staff;](#)  
**CC:**  
**Subject:** Caring for Cancer Patients - In More Ways Than One  
**Date:** Friday, March 28, 2008 3:52:00 PM  
**Attachments:**

---

This week, an NCI delegation led by Dr. Sanya Springfield, director of our Center to Reduce Cancer Health Disparities, traveled to the University of Puerto Rico's Medical Sciences Campus in San Juan, to learn more about plans by the university and the commonwealth to invest against cancer. Through two days of meetings and tours, we saw firsthand that cancer on this island is a community issue and not simply one of science and medicine. Although resources - in particular a shortage of well-trained physicians and medical staff - have been limiting, Puerto Rico's political and medical communities are working together to try and keep pace in the struggle against cancer, creatively utilizing what is available and planning aggressively for the future.

An NCI U54 grant to support a partnership between the University of Puerto Rico and the University of Texas M.D. Anderson Cancer Center became a catalyst for local legislation passed in Puerto Rico in August 2004 for the establishment of the University of Puerto Rico Comprehensive Cancer Center. The law provided \$125 million for construction, development of research facilities, and faculty recruitment at the new cancer center. It also provided \$80 million in land donations.

The level of integration, collaboration, and cooperation between the government, the developing Puerto Rico Cancer Center, and the university is commendable. There has been a broad-based effort, with participation from the school system, in providing cancer related education; from patients previously enrolled in clinical trials acting as recruiters for subsequent trials; from the university in collaborating with the vibrant biotechnology industry in Puerto Rico to enhance training in biological science; and from the cancer center researchers, navigating little used pathways in career development and in designing clinical trials that specifically address the biological profile of the community.

My thanks to Sanya Springfield and the rest of the delegation, which included Drs. Robert Croyle, Linda Weiss, Nelson Aguila, and Peter Ogunbiyi.

Clearly, there are still great strides to be made before cancer prevention, screening, diagnosis, and treatment in Puerto Rico approach what is available to the best-served

populations on the United States mainland. There are, however, many similarities between areas of the mainland with inadequate resources to fight cancer and the situations faced by our colleagues in Puerto Rico. The lack of human resources in Puerto Rico was evident in the long lines of patients awaiting attention at one clinic we toured, underscoring the need for us, as a community, to do all that we can to help rectify the disparities in health care, and cancer in particular, that plague us as a nation. The outcome of our visit was a renewal of our efforts to work constructively and collaboratively, to help our colleagues in Puerto Rico make the best use of the new resources they have been given. The visit also stimulated the thinking of NCI leaders as to how we may need to redesign our funding opportunities to better support developing programs, such as the one we visited in Puerto Rico.

We were also reminded this week that service to cancer patients and to clinical research subjects must include our best efforts to protect their confidential information. The theft of an unencrypted laptop computer from a staff member of a sister NIH institute should serve to remind us all that we must spare no effort to protect patient information. The security moves and encryption policies I announced earlier this week for NCI are rapidly becoming a prototype for other institutes and centers. Thanks to the IT support group in the NCI Center for Biomedical Informatics and Information Technology for spearheading NCI's efforts on this issue and, in advance, to Executive Officer Larry Ray, who will be tasked with certifying compliance. I know that NCI can count on all of you to make this policy a success. We owe our patients no less.

John