

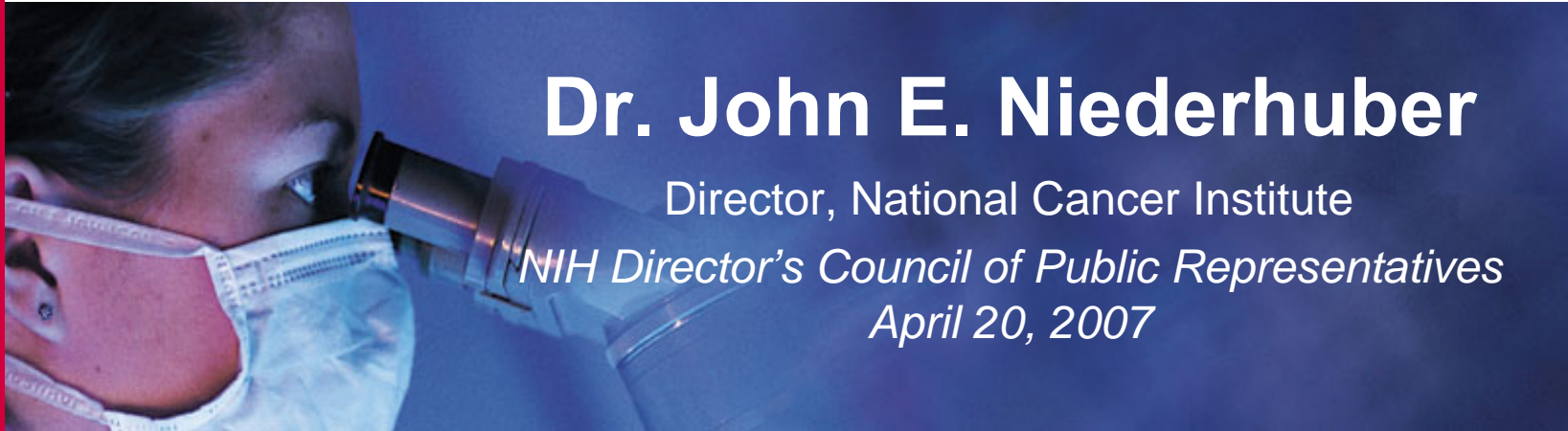
# Building Patient Access to Science

**Dr. John E. Niederhuber**

Director, National Cancer Institute

*NIH Director's Council of Public Representatives*

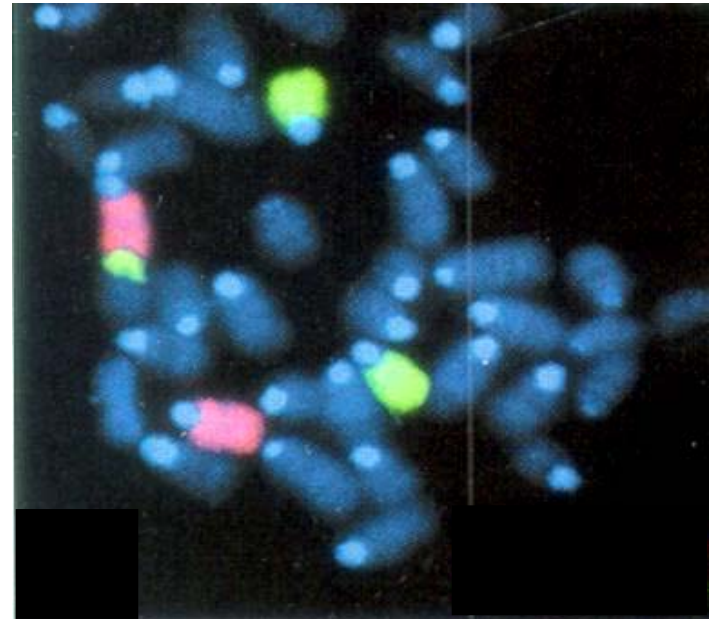
*April 20, 2007*



# Cancer is a Disease of the Genome

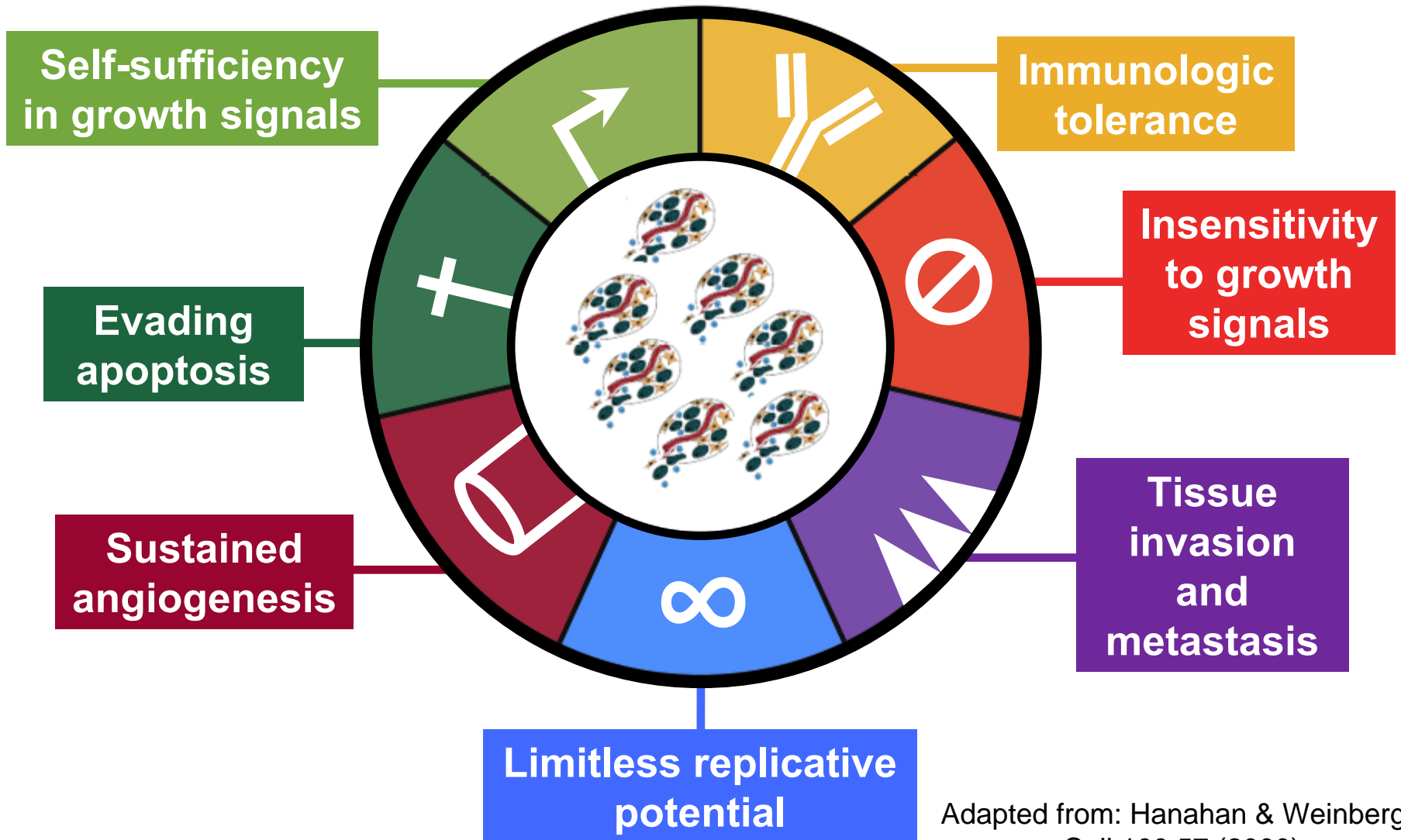
It arises from changes within the DNA of our cells during their lifespan

- Deletions
- Amplifications
- Mutations
- Translocations
- Epigenetic changes



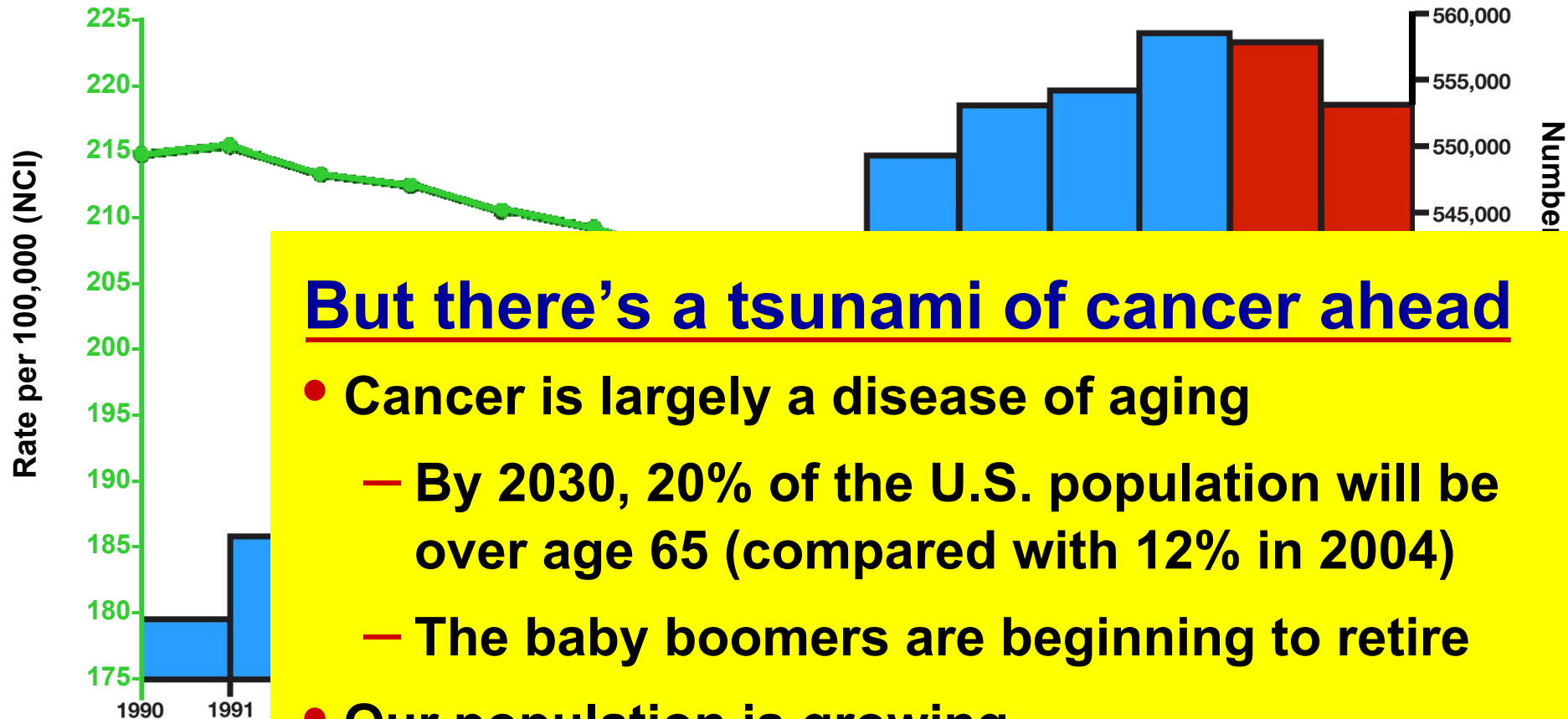
# A Complex Foe

The essential aberrations of cancer



Adapted from: Hanahan & Weinberg, Cell 100:57 (2000)

# Reversing the Curve: Cancer Deaths Decline



## But there's a tsunami of cancer ahead

- Cancer is largely a disease of aging
  - By 2030, 20% of the U.S. population will be over age 65 (compared with 12% in 2004)
  - The baby boomers are beginning to retire
- Our population is growing



# Realities of cancer treatment

**Most cancer patients are treated in the communities where they live**

- **Transportation/distance**
- **Economics/insurance**
- **Social support systems**
- **Age**
- **Qualified cancer specialists**
- **Reduced toxicity of today's therapy**



# NCI Community Cancer Centers Program

**Mission:** Enable the provision of state-of-the-art multispecialty care and early-phase clinical trials in community-based locations to meet the needs of the people.



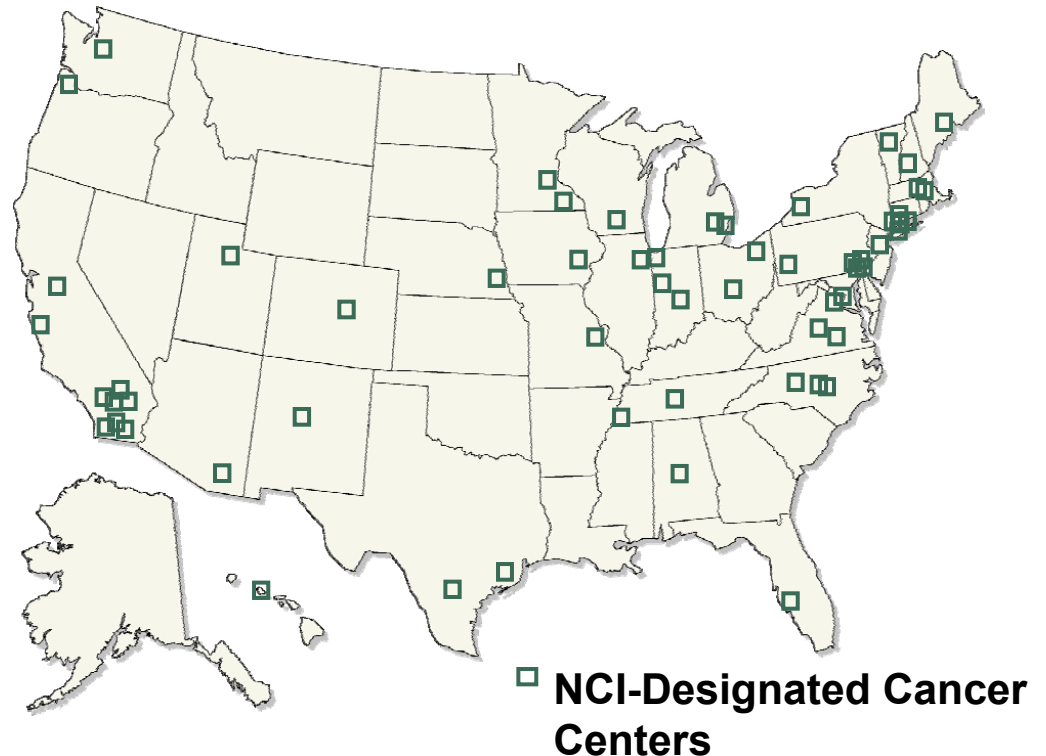
NCI COMMUNITY  
CANCER CENTERS  
P R O G R A M

**Bringing New Discoveries to Patients  
Where They Live**

# Bringing New Discoveries Closer to Home

## NCI-Designated Cancer Centers

**61 major academic and research institutes making significant contributions each day to advances in the understanding, prevention and treatment of cancer.**





# NCI Community Cancer Centers Program

**Pilot Goal:** Sponsor multiple pilot sites for three years to **identify critical factors that define a state-of-the-art community cancer center** that will be incorporated into a future program.



NCI COMMUNITY  
CANCER CENTERS  
PROGRAM





# Baseline pilot program components

- Community cancer center
- Clinical trials experience
- **Disparities & community outreach**
- Hospice and palliative care
- **Information technology**
- Biospecimen initiatives





# Research questions

1. What are the necessary components to insure a **comprehensive approach to cancer care**?
2. What methods are effective to increase accrual of patients into **clinical trials**?
3. How can the benefits of a **multidisciplinary** model of cancer care best be demonstrated?
4. Can the NCCCP model improve **quality of care**?
5. What approaches can effectively reduce **healthcare disparities**?



# Research questions

6. How can NCI's **biorepository guidelines** be implemented in a community hospital-based cancer program?
7. How can community-based cancer programs effectively participate in caBIG and utilize **electronic medical records**?
8. How can a **knowledge exchange network** support the advancement of goals for NCI and the NCCCP program?





# Special areas of interest during the pilot

- Linkages with **NCI-designated cancer centers**
- **State-funded** cancer initiatives
- Special locations with high incidence/lack of services
- State or regional health IT initiatives
- Survivorship plans
- Supplemental funding models
- **Experience in knowledge exchange networks/activities**
- National health system model in multiple markets



# Pilot program assessment structure

An external — and independent — program evaluator for this demonstration project.

- **Year 1**: Infrastructure development; refinement of the pilot program and research questions.
  - Quality-of-care study to be launched for screening, treatment and follow-up care.
- **Years 2 and 3**: Implementation of the model and evaluation of the metrics/research questions.





# Funding for pilot phase

- Support multiple sites for a total of \$9M over a 3-year period.
- Supplemental funding models to be considered in support of pilot goals (provider, state cancer plan, etc.).

**Healthcare disparities..... 40%**

**Information technology... 20%**

**Biospecimen initiative..... 20%**

**Clinical trials..... 20%**



**NCI COMMUNITY  
CANCER CENTERS  
P R O G R A M**



# Proposed timeline

- ✓ **Mid-Aug. 2006** ..... **Release Request for Information/Interest (RFI)**
- ✓ **Nov. 1, 2006** ..... **Release Request for Proposal (RFP)**
- ✓ **Jan. 9, 2007** ..... **RFP responses due**
- ✓ **March 2007** ..... **Evaluation of responses**
- Early June 2007** ..... **Pilot selections made and announced**
- June 25-26, 2007** ..... **NCCCP pilot launched**





**“Basic research is a public good, for which social returns may greatly exceed private ones...**

**Even a modest  
1 percent reduction in  
cancer mortality would  
be worth about  
\$500 billion.”**

*Kevin Murphy and Robert Topel  
“The Value of Medical Research”  
University of Chicago Press, 2003*





**“Access to healthcare will be a greater barrier — a greater determinant of cancer mortality — than scientific advances.”**

**J. Niederhuber**



[www.cancer.gov](http://www.cancer.gov)

