

## **CANCER CENTERS**

Cancer Centers serves as a resource to bring together a highly trained group of scientists and physicians; patients and their families; and financial and other resources to combat cancer. Cancer centers allow scientists and physicians opportunities to concentrate their efforts on basic and clinical research, and diagnostic and treatment research.

### **CANCER CENTERS: A LEGISLATIVE SUMMARY**

NCI began funding already established free-standing cancer centers (initially created with State or private funds) in the early 1960s. By 1967 eight centers were partially funded by NCI. In FY 1967 the Senate appropriations report expressed enthusiasm for expanding the cancer centers program with a view toward more equitable geographic distribution. The National Cancer Act of 1971 authorized the Cancer Centers program and laid the statutory framework for the program's evolution.

The summary highlights those evolving issues concerning the cancer centers program, with emphasis on Congressional criticisms, recommendations and directions.

#### **The National Cancer Act of 1971 (P.L. 92-218)**

For the cancer control effort, the Committee urges that all appropriate resources be utilized. However, the Committee does not necessarily intend that past approaches be the only approaches to the problem. *The National Cancer Institute should closely study the use of cancer research centers for it is here that many impressive research findings are being and will be uncovered. It is also here that the effectiveness of these findings can be proved.*

#### **Cancer Research Centers (H.Rept. 92-659)**

The Committee feels that existing cancer centers should be strengthened and additional *cancer centers in different parts of the country* should be created. These new centers *should have appropriate geographic distribution* and should, wherever possible, be created where a nucleus of scientific, professional, and managerial personnel already exists.

It is expected that the National Cancer Institute provide strong leadership and direction in the location, planning, and establishment of these centers.

The Committee has specifically provided in the bill that the centers shall have as their purpose "clinical research, training and demonstration of advanced diagnostic and treatment methods relating to cancer". To further assure the development of the program to meet their objectives, the committee has provided in the bill that Federal support for patient care cost shall be provided only for patient care required for research. (House Report 92-659, p. 24-25)

#### **National Cancer Research and Demonstration Centers (Conf. Rept. 92-722)**

The House amendment provides that the Director of the National Cancer Institute is authorized to establish 15 new centers for clinical research, training, and demonstration of advanced diagnostic and treatment methods, related to cancer.

The House amendment provides for the establishment of 15 new Clinical Research Centers, with support by the Federal Government for such center at levels not to exceed \$5 million a year. (Conference Report 92-722, p. 14, 15, 17)

### **The National Cancer Act Amendments of 1974 (P.L. 93-352)**

A further concern is any possible limitation of the number of new clinical cancer research and demonstration centers (Comprehensive Centers) that can be designated under Section 408(a). The Act now calls for 15 new centers to be assisted and it was felt that this limitation severely restricts the National Cancer Program from carrying out its goal of demonstrating the latest methods of cancer diagnosis and treatment... They are expected to be geographically evenly distributed to allow for a significant impact on the quality of cancer care throughout the nation through effective demonstration and outreach programs.

### **Comprehensive Cancer Centers (H.Rept. 93-954)**

Impressive testimony was heard concerning the need and desirability for the National Cancer Program to have the flexibility to designate sufficient Comprehensive Cancer Centers to put into the mainstream of modern medicine information about new discoveries, new and improved methods of diagnosis, and new approaches to treatment that emanate from the research activities of the National Cancer Program. *The outreach of the 15 new and 3 preexisting Comprehensive Centers is insufficient to serve the entire United States... the Committee therefore recommends striking the present limitation to 15 on new centers from the Act to permit the NCI to designate and support the growth of enough centers to place the vast majority of citizens in the United States within a reasonable distance of a Comprehensive Cancer Center.* (House Report 93-954, pgs 6, 7, 8, 14)

### **Need for Additional Comprehensive Cancer Centers (S. Rept. 93-736)**

The Committee, as well as the party majority of witnesses who testified before it, *believes that to effectively implement Section 408 (a) provision must be made to permit the designation of more than 15 new Comprehensive Cancer Centers stipulated in the National Cancer Act of 1971.*

The Committee believes that no American should be denied first class cancer care simply because of where he may live. *Equity demands that this limitation on the number of high quality cancer centers be removed.* (Senate Report 93-736, pgs. 8 & 24)

### **The Community Mental Health Centers Act of 1978 (P.L. 95-622)**

The Committee is aware of the potential value of the 19 existing research and demonstration comprehensive cancer centers in providing such education and demonstration programs, particularly in the surrounding geographical areas, for both health professionals and the public. Some of the centers have such programs at present. However, there is no statutory requirement that they do so. *Therefore, the Committee has authorized NCI to use federal payments for the cancer centers for continuing education programs for health professional and allied health professional personnel.* As previously emphasized in this report, *such information would be expected to include the most current data on agents which may cause cancer to which the public may be exposed, particularly addressing any local or specific problems in the geographic region of a particular cancer center which may be encountered by a practicing physician in the area.*

In addition, *the program should include information concerning new regimens of treatment types of chemotherapy, methods of screening and detection, and other pertinent research results that*

*the practicing physician may not learn about for months or even years through the normal routes of dissemination of such information in the scientific literature.*

The committee bill does, however, address two deficiencies in the statute that have been a source of difficulty for the Institute. First, S. 2450 would amend section 408 of the PHS Act (cancer centers) *to authorize support of basic as well as clinical research through the so-called core grants to cancer centers.* (Senate Report 95-838, pg. 12)

**The Health Program Extension Act of 1980 (P.L. 96-538)**

No recommendations from the House or Senate

**The Health Research Extension Act of 1985 (P.L. 99-158)**

The Committee proposal revises current law to *extend the support period for cancer centers from three years to five years and removes the annual limitation on support for individual cancer centers.* (House Report 99-158, pg. 30)

The conference agreement revises current law to extend the support period for cancer centers from three years to five years and removes to annual limitation on support for individual centers.

The conferees believe *the centers program to be among the NCI's most important activities and that the Institute should expand the number of centers of excellence in underserved or demographically unique areas.* (Conference Report 99-309, pgs. 79-80)

**The National Institutes of Health Revitalization Act of 1993 (P.L. 103-43)**

No recommendations from the House or Senate

**The National Institutes of Health Revitalization Act of 2006 (P.L. 109-482)**

No recommendations from the House or Senate