

Cancer Center Support Grant

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NCI Cancer Centers

Then

- 1937: NCI established by Roosevelt
 - Annual budget = \$700,000
- 1971 National Cancers Act
 - Mandate: to conduct “clinical research, training, and demonstration of advanced diagnostic and treatment methods relating to cancer.”
 - 15 centers
 - Standard funding mechanism: CCSG

Now

- 69 Centers
- Nearly \$300M / year
- Diagnose >250,000 patients / year
- “Major sources of discovery into the nature of cancer and of the development of more effective approaches to prevention, diagnosis, and therapy.”

Kind of a big deal



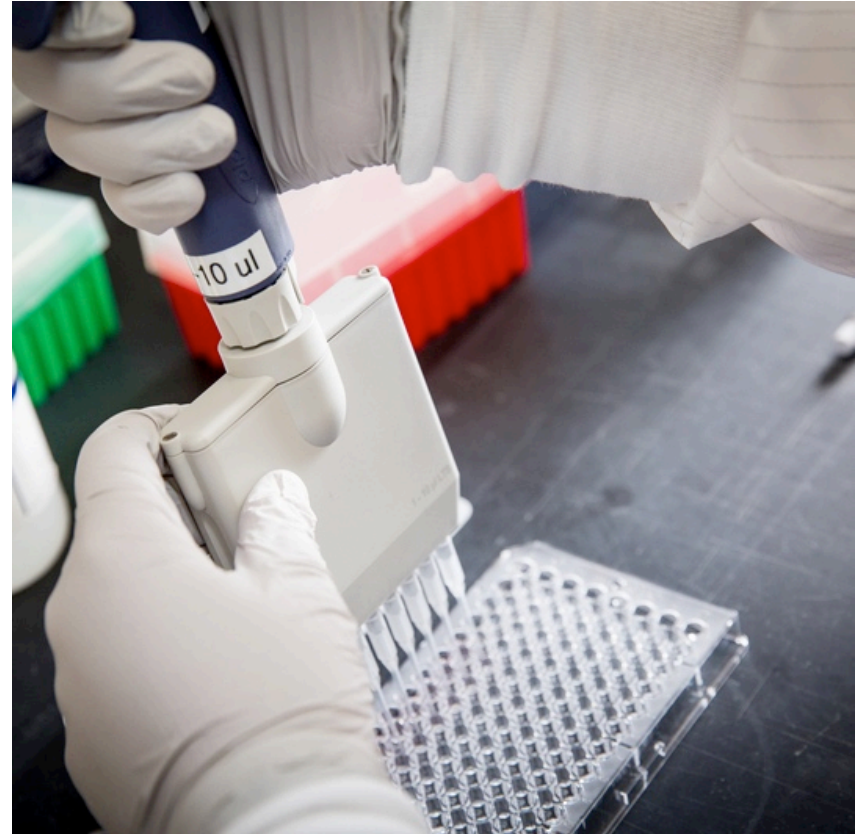
What's in a name?

Basic	Clinical	Population
Breadth and depth of research		
Transdisciplinary research		
Catchment area		
Outreach		
Training and education		
Clinical trials		

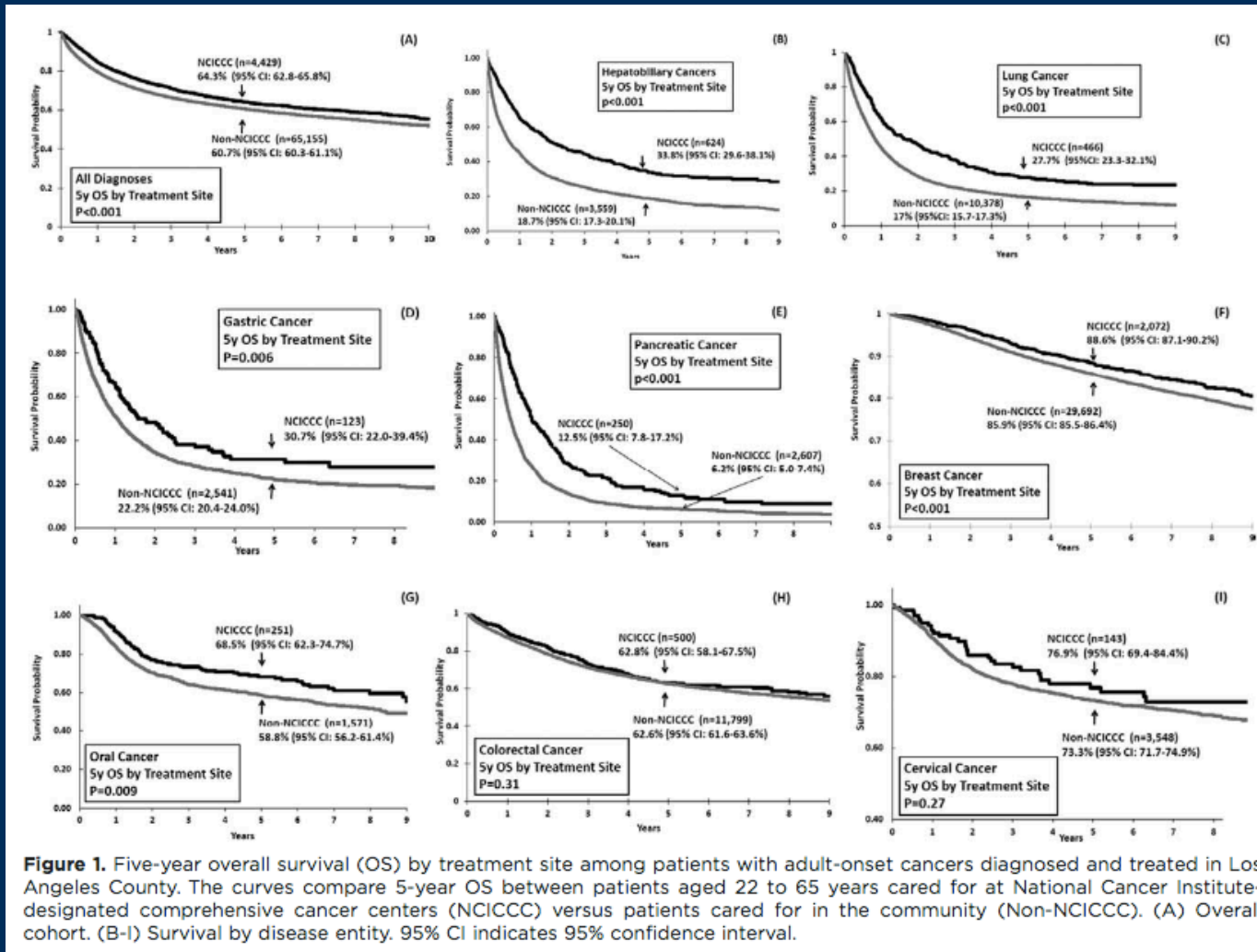


HDFCCC Membership

- 400+ members and affiliates
- Laboratory scientists, clinical investigators, patient care providers, epidemiologists, socio-behavioral scientists
- Faculty representing 30+ UCSF departments and organized research units
- <http://cancer.ucsf.edu/people/membership-info>

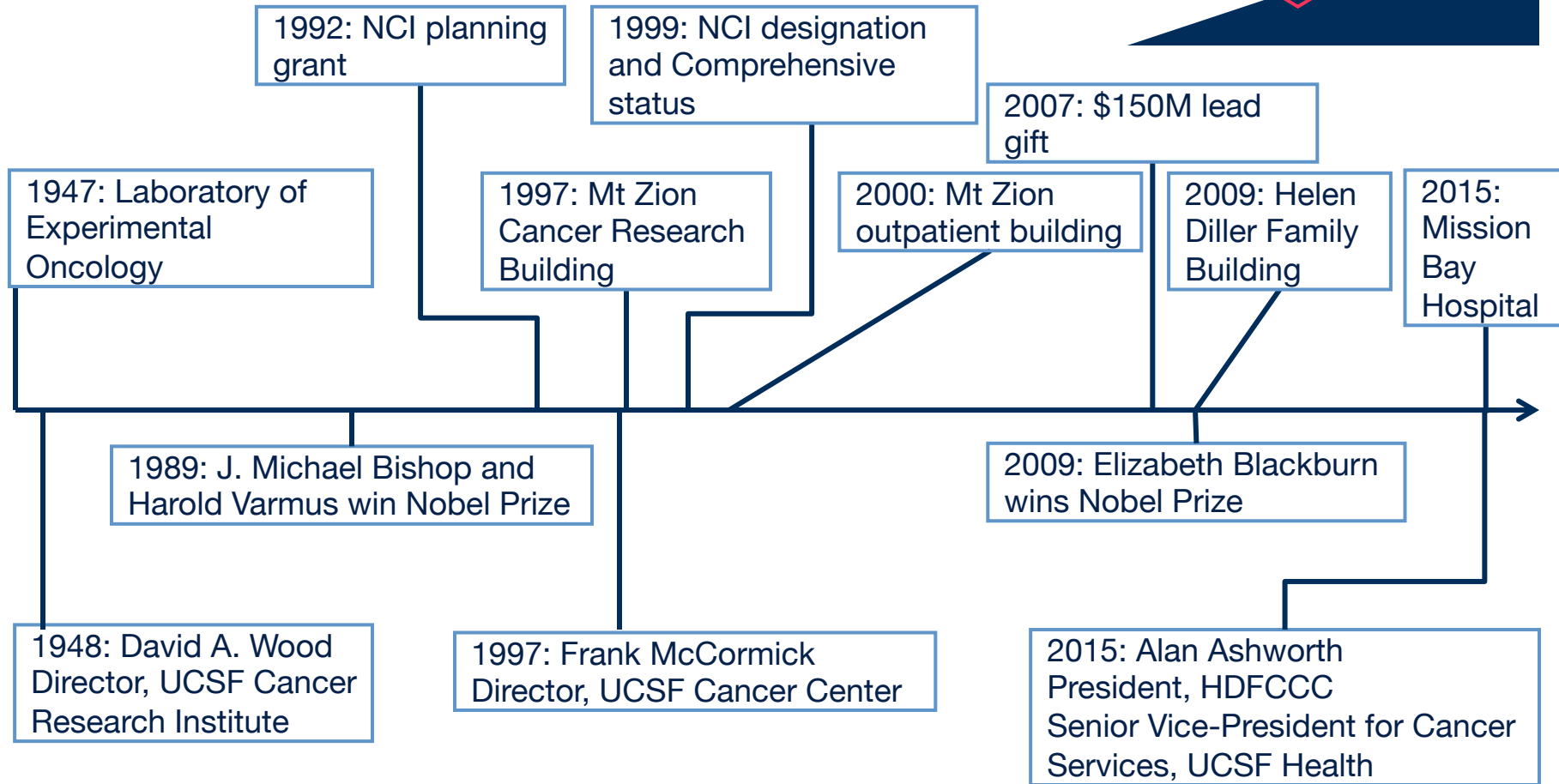


Why NCI Cancer Centers?



UCSF Cancer Center History

>79% growth in accruals
53% increase in NCI funding



A photograph of two male doctors in a clinical setting. The doctor on the left is wearing a white lab coat over a blue shirt and a striped tie. He is smiling and gesturing with both hands. The doctor on the right is seen from the side, wearing a white lab coat and glasses. In the background, there is a computer monitor and medical equipment. The text is overlaid on the image in white.

OUR VISION is to redefine what is possible by advancing cancer research and patient care.

By unifying outstanding researchers and clinicians, the center minimizes cancer incidence, establishes new frontiers in cancer care, and improves our patients' lives.

BENCH

LATION

TRANS

BEDSIDE

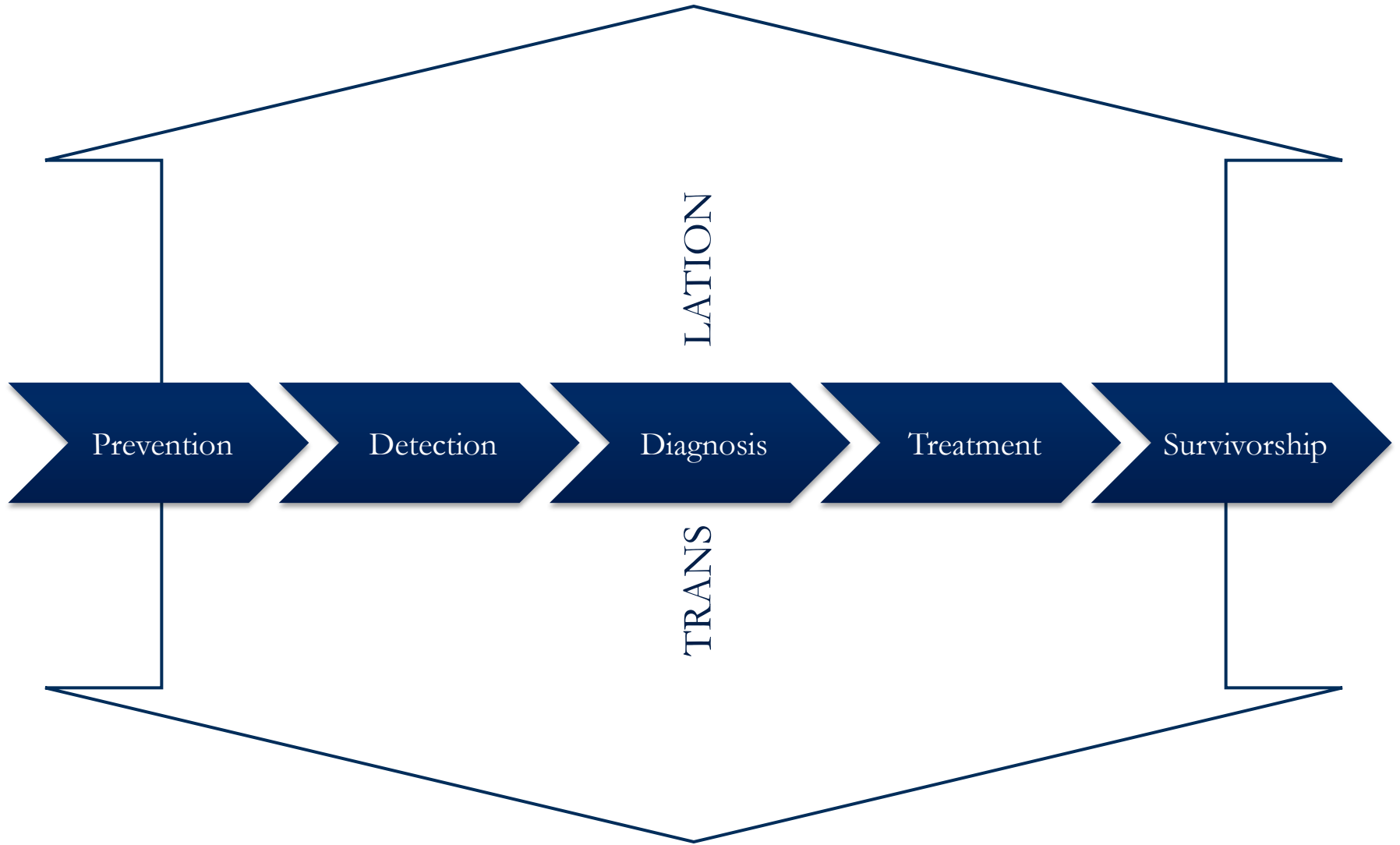
Prevention

Detection

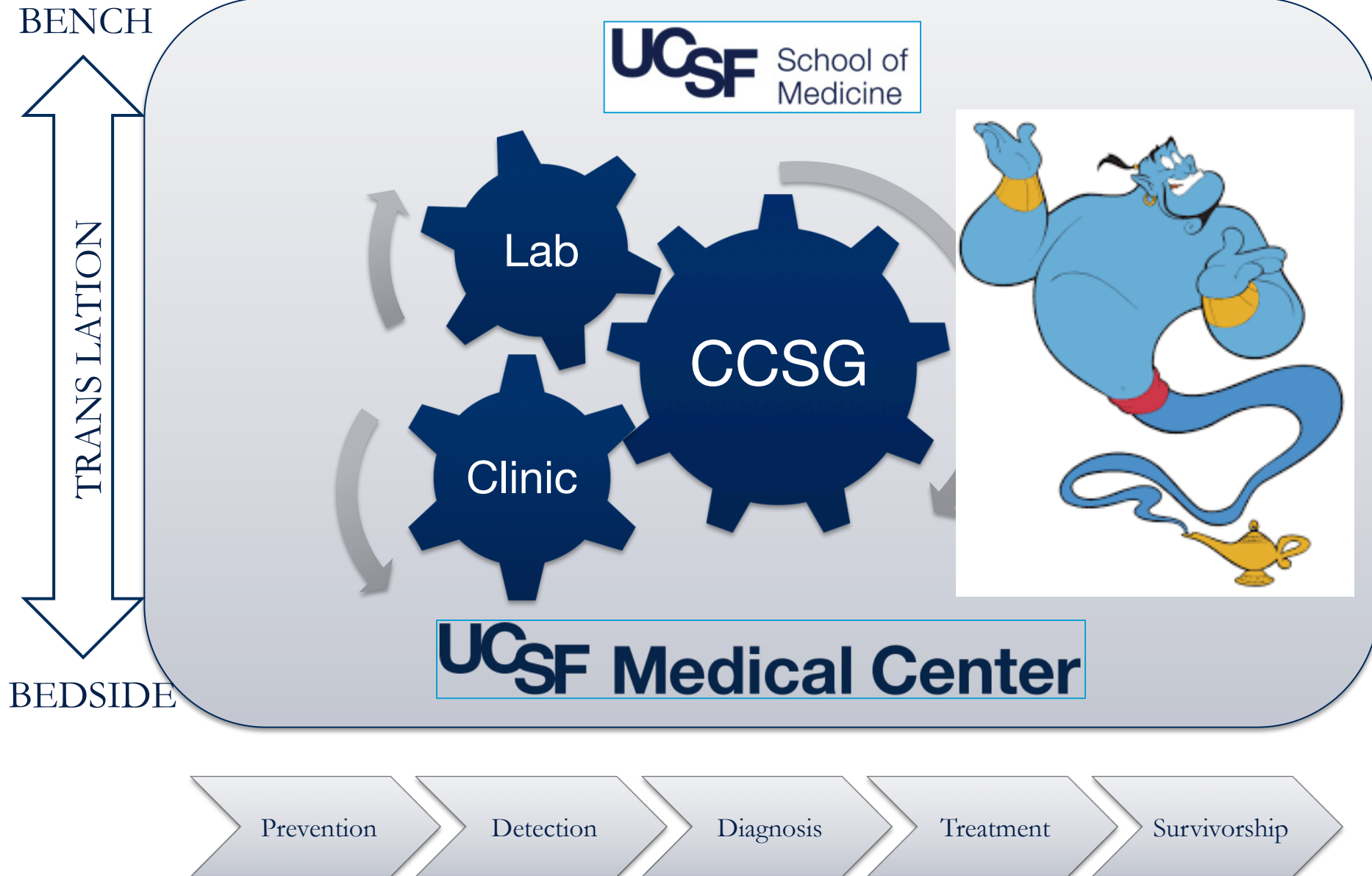
Diagnosis

Treatment

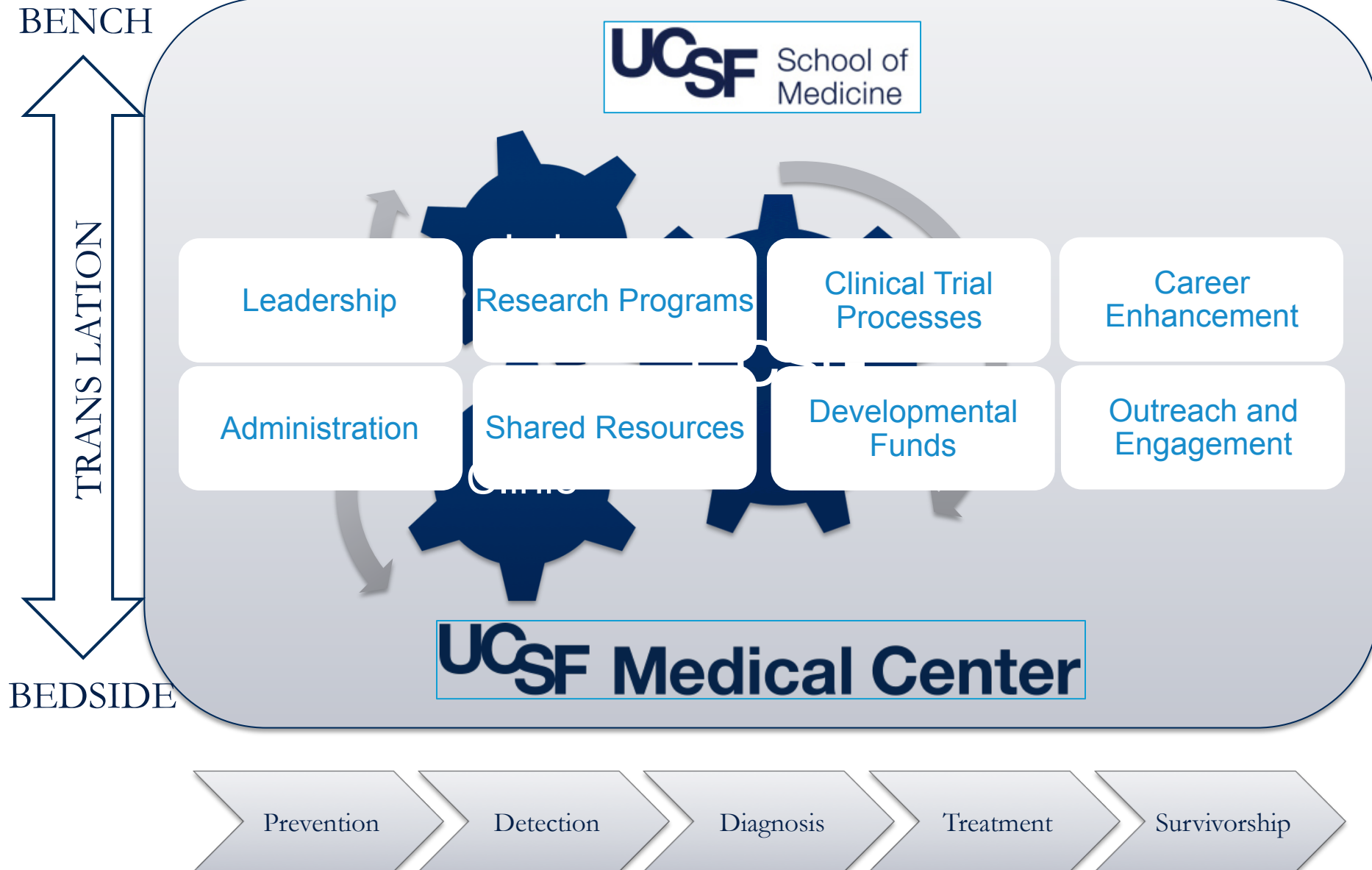
Survivorship



UCSF Helen Diller Family Comprehensive Cancer Center



UCSF Helen Diller Family Comprehensive Cancer Center



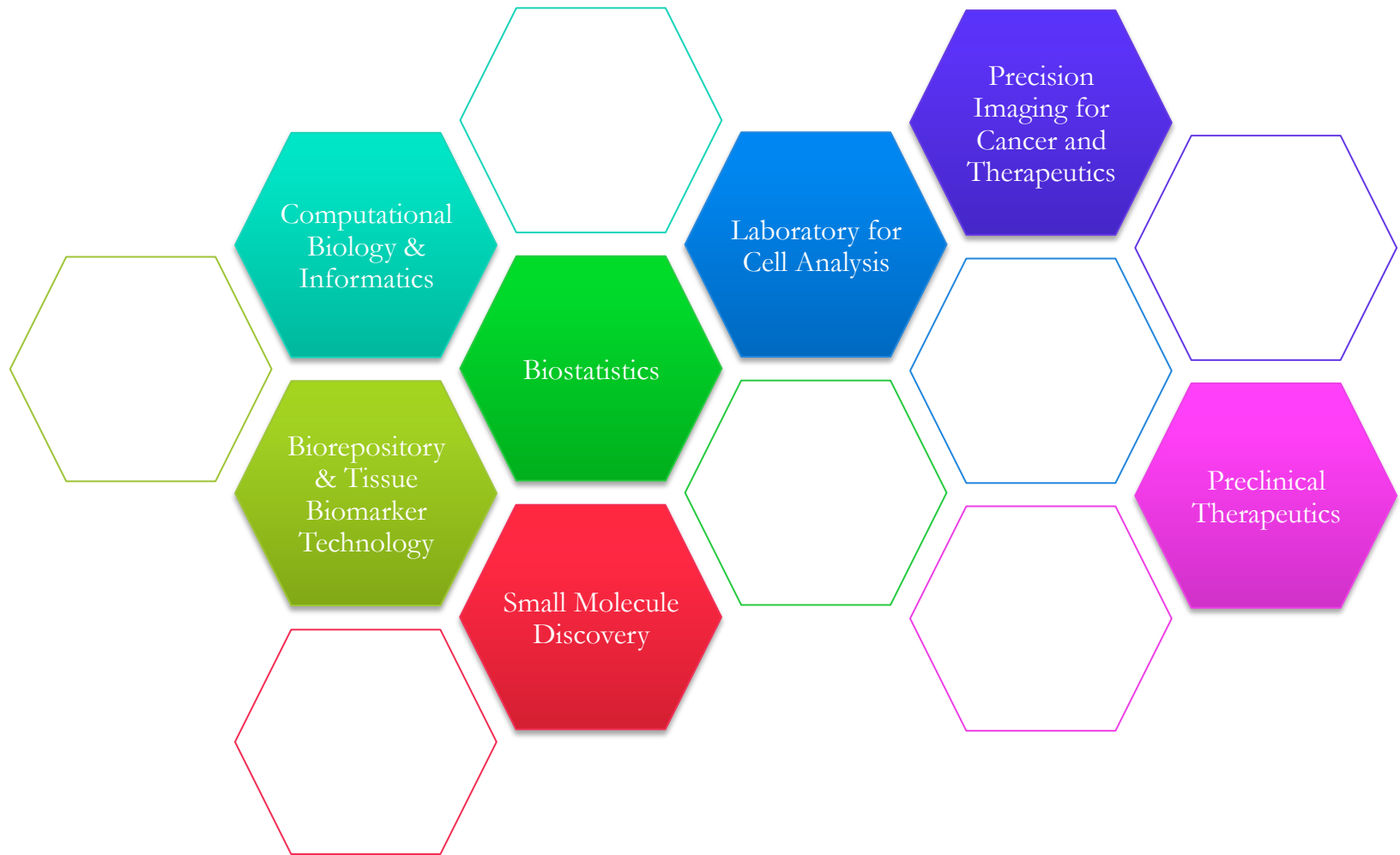
Our CCSG Structure: Leadership, Admin



Our CCSG Structure: Research Programs



Our CCSG Structure: Shared Resources



Our CCSG Structure

Protocol Review and Monitoring System

Clinical Protocol and Data Management

Investigational
Trials Resource
(ITR)

PRMS

DSM

CRSO

Andrew Ko, MD
Tanya Kocian

Thierry Jahan, MD
John McAdams

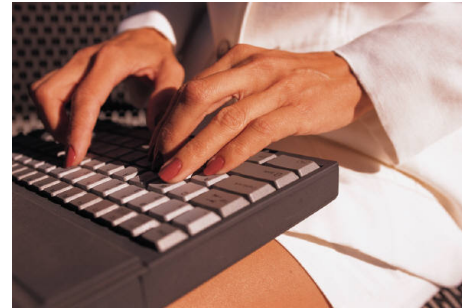
Charalambos Andreadis, MD, MSCE
Thomas Cunningham

PRMS

CPDM

Renewal: what's involved?

- Written grant: due 9/25/2017
 - Overview
 - Description of all components
 - Data tables
- Site visit: early 2018
 - Presentations by leadership
 - Posters and other supporting material
 - Clinical trials infrastructure “audit”



ALL HANDS ON DECK!

How do you play a part?

- Metrics!

- Reflects our workflow and procedures.
- Tangible evidence of productivity and success.
- Compiled with other Center data to show overall NCI success
- **Reports are only as good as the data that goes in!**

Example: Accrual data

- Each trial: start date, end date, to-date accruals, annual accruals
 - Reflection of:
 - Process for data entry
 - Protocol monitoring
 - Decisions regarding trial closure
 - Trial success at UCSF
- Reviewers notice:
 - Zero/low accruals
 - Miscategorized trials (disease site, program, sponsor type, etc.)
- **Moral: timely and accurate entry into OnCore!**

Take-aways

CCSG = important infrastructure support for us, important mechanism for the NCI.

Funding level \neq impact

Our processes are reflected in the data we report and the stories we tell.

The CCSG bolsters the strong translational research of our members.

More questions?

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