

Memo for the Record

From: J. W. Yarbrow, M.D.

Subject: Comprehensive Cancer Center Evolution

The long-range goal of the cancer center program should be to establish a series of geographically balanced comprehensive cancer centers which are long-term academic entities in their institutions and which will ultimately become self supporting. This means that in our development of this program we should give careful attention to the academic stability of the evolving cancer centers to insure that they are organized and established in such a fashion as to be long lasting. Further we should give careful attention to such considerations as third party payments and competition for grants and contracts in the ordinary peer review system so that the centers will tend to become self supporting in the long run in the same sense that a department of medicine or a department of surgery is self supporting.

Initially the core grant will provide the flexible support and the glue to hold the program together but we cannot depend on core grants forever and for this reason I have suggested elsewhere that we consider the development of a department of oncology development grant which would speed the acquisition by cancer centers of hard money from their home institutions. It is highly desirable that each cancer center develop a series of basic science program projects and clinical program projects which are clearly separate from the core and are competed for in the ordinary peer review process. A goal to shoot for would be two or three basic program projects and two or three clinical program projects. These should be supplemented by traditional grants and if possible by a contract from the Division of Cancer Treatment for clinical trials as well as some device to be developed in the future for the support of regional cooperative groups. Training grants and education grants as well as contract support for information offices and epi-stat units should supplement these sources of support but in the final analysis we must continually emphasize the importance of local hard money support. We should strive at the NCI level to develop medical oncology and surgical oncology and pediatric oncology to the levels that we have attained in radiation oncology from the standpoint of our program project support. Similar considerations apply for immunology, ^avir~~al~~ oncology, chemical carcinogenesis, and tumor biology research.

In the long run the stability of our cancer centers will be determined by the extent to which they are able to compete in the peer review process in programs that are established on a much more stable basis than the cancer centers program which we must admit is a program which could be deemphasized by the Congress or other agency at some point in the future whereas the more established programs that are disciplinary oriented are less likely to be deemphasized.

The key word then is stability and stability in terms of local hard money support, National Cancer Institute support, and academic acceptance as a legitimate member of the academic community. In searching for models for this stability we are confronted with several kinds of institutions and organizational units which have had historically good survivability. The McCordle Institute at the University of Wisconsin is a classic example of a long-term stable and productive organization within a university; it is probably not by chance that this was organized as a department of oncology devoted to basic science research. The free standing cancer institutes notably Fox Chase in Philadelphia and the Farber Center in Boston have succeeded in maintaining their existence in large part from Federal support but have consistently included significant levels of local support; in both cases these institutions (at least until recently) maintained a discrete distance in their relationships with affiliated academic institutions. Both Roswell Park and M. D. Anderson as well as the Ellis Fischel in Columbia, Missouri represent stable institutions and here the stability is conferred by state support for their hospital efforts. If, however, we accept the principle that there is something to be gained by having a close interaction with an academic institution then it follows that some of the models which I have described are not quite appropriate to our long-range goals. It has been clear at least in Boston, Massachusetts and Columbia, Missouri that most observers on the scene felt that much was to be gained by tightening the relationship to the university. It is likely therefore that we should search for our model in a format involving close relationships to ^{an} academic institution and here we are left with only two alternatives: first, the Farber Center as it now exists closely affiliated with Harvard and the department structure within the university. I recognize that the suggestion of the creation of

departments of oncology have met with considerable opposition and those who have not given careful thought to all of the alternatives as well as the long-range implications ~~have~~ often stated that such an approach is not necessary and may not be desirable. I believe this viewpoint is wrong. In my judgment the only long-range stable format for an academically based cancer center is the format of a department of oncology with the possible exception of an institute which is very closely linked with a university and which maintains its autonomy by virtue of independent funding. This should be, then, our long-range goal in the evolution and development of the cancer centers program.

To elaborate for a moment on the theme of stability we can summarize some of the forgoing points as follows:

1. Academic Stability can be achieved only by the establishment of a department of oncology or ~~under unusual circumstances~~ by the establishment of a free-standing institute closely related to a university.

2. Fiscal Stability involves ~~two~~ ^{three} separate ~~approaches~~ ^{factors} one of which is the development of long-term hard money support from ~~the~~ local resources which can include ^{either} a regular fund raising activity such as the Farber Center in Boston or the acquisition of state or university salary lines for tenured faculty as in the department of oncology at Wisconsin; the second approach to fiscal stability involves the diversification of the support of a comprehensive center into multiple program projects, traditional grants, training grants, and contracts designed to provide a broad range of support in multiple program areas which will guarantee continued support for the center in the event that there is a political disaster with regard to any particular program area; *the third factor is access by the center to private practice fees of center members in the same manner that a department has access to fees of departmental members.*

3. Programmatic Stability can be accomplished only by strong leadership within an academic environment which will permit the center director to develop his program in a broad scope and at a level of excellence which will guarantee that the priorities ~~xxxx~~ ~~xxxxxx~~ of the cancer program will be met.

In summary then the key word with respect to the long-range evolution of CCCs is stability, academic and fiscal, and our long-range goals should be designed to promote such stability.