

Memo for the Record

From: J.W. Yarbrow

Subject: Developing Comprehensive Cancer Centers

A number of developing programs should be considered hopeless and written off. The University of Utah had a planning and was reviewed for a cancer center grant and disapproved. The reasons are classic in the development of a university program. The department chairman were unalterably opposed to development of a meaningful cancer center and fought the effort tooth and nail. Shortly before the site visit the chairman of medicine dispensed with the services of a medical oncologist who was respected nationally, and had succeeded in developing a major outreach effort generating as many patients in his own practice as most of the rest of the department of medicine members combined. The leader of this program, Dr. Stewart, was a capable radiotherapist but was unable to oppose the strong political forces within his university. In my judgment there is no hope in the foreseeable future for a change in the attitude of the clinical chairman and I do not believe that an effective cancer center can be developed in Salt Lake.

At Washington University in St. Louis the story was precisely the same. Here, a number of capable scientists have succeeded in getting excellent funding for cancer research and good cancer research is in progress. However, the chairmen of the departments particularly the clinical chairman are adamantly opposed to any activity that will give a measure of academic legitimacy to research in cancer and it is unlikely that these attitudes will change. Both Utah and Washington University represent case studies in this historical phenomenon of a banding together of chairmen of historical disciplines to block effective multidisciplinary ^{Cancer} research and treatment.

At Columbia University in New York the situation is quite analogous and although several cancer center grants are funded at this university there is little if any interaction between the investigators in these three separate programs and there is little hope that the position will change. However, in New York there are a number of effective programs offering competition to Columbia and there exists a cancer institute within the university which offers some small measure of legitimacy to the cancer effort there. Although the situation at Columbia is not hopeless it is by no means optimistic.

The situation at Einstein is quite analogous in that a strong basic science program has been developed under the leadership of Dr. Harry Eagle but the clinical components of the cancer center are exceedingly weak and there is no reason to suspect that any effort will be made to produce a cohesive comprehensive program at Einstein.

At Hahnemann University, on the other hand, there seems to be a major commitment from the President of the University to develop a comprehensive cancer center and I suspect that he would accomplish almost any administrative change necessary to achieve this goal. However, the necessary faculty and personnel to put together such an effort are lacking and it is unlikely that this effort will be successful at Hahnemann. Hahnemann presents a particular problem in that they frequently work through Congressman Flood and must be treated with extreme caution.

Several other developing CCCs seem to have a greater potential. We will be site visiting Ohio State and the Cleveland program as well as the Albuquerque program in the summer of 75. The Ohio State program has been developing very gradually under good leadership by Dr. Yohn. A number of grant applications have been disapproved on the basis of scientific weakness in several areas but there appears to be a gradually developing effort of considerable scientific merit. The administration of this university seems to be very much interested in being recognized as a CCC and this leverage may be useful in persuading the institution to make the necessary commitments for a successful program. In this connection it is useful to point out that the governor of Ohio, Governor Rhodes, has proposed a 140 million dollar bond issue which will be voted on by the citizens of Ohio in October to provide 35 million dollars each for four cancer centers to be located in Columbus, Cleveland, Cincinnati, and Toledo.

The program at Cleveland involves the Cleveland Clinic and Western Reserve and is headed by Dr. Lipsett. This program is developing relatively well with strong community support and will undoubtedly succeed if the state of Ohio provides the kind of support that is suggested by the governor's proposal for 35 million dollar supplement to build a cancer center in Cleveland. There is a history of disagreement between the Cleveland Clinic and the university which dates back many years to the time when the chairman of the surgery department at Western Reserve was forced to resign because of age and began

the Cleveland Clinic as a rival operation to the University. This operation developed as a very strong rival to the university and the founder of the Cleveland Clinic was succeeded by his son who continued the spirit of rivalry. Bad feelings have existed between the university and the Cleveland Clinic for two generations and only recently have these bad feelings been overcome to some extent by an effort to develop a cancer center jointly. There is considerable strength and potential for a cancer program at the Municipal Hospital at Cleveland and this should not be overlooked: in fact we are dealing here with a three part program based between the Municipal Hospital, the Cleveland Clinic, and the University. A separate corporation exists to develop this program and a fair amount of local support has been pledged to this corporation. The problem is that there has been no commitment to the construction of a free-standing cancer institute and this would appear a unlikely development if the governor's program falls through. Furthermore Dr. Lipsett has been recruited by the medical school in a capacity which would permit him to guarantee his survival by becoming the "resident endocrinologist" at the university. In short he has an escape mechanism which will allow him to fail as center director and perpetuate his career in the university. This is an unhealthy situation since most center directors function best under the gun and should ideally be confronted with a situation which is "make or break". Nonetheless the strong community support, the collaborative effort which seems to be developing the university and the Cleveland Clinic, and the good cancer program at the Municipal Hospital coupled with the strong leadership of Dr. Lipsett and the governor's program for cancer centers within the state offer a genuine potential for a meaningful program in the Cleveland area and this effort should not be overlooked.

The efforts developing in Cincinnati and Toledo should be considered embryonic and are not of a nature to require immediate concern although it is likely that planning grants are clearly indicated for both cities to develop cancer centers. In this regard it should be emphasized that the NCI would be well advised to cooperate with strong state programs (assuming that the governor's program is passed by the voters in Ohio) in order to encourage the development of similar state programs elsewhere. By this technique we can vastly multiply the budget for the cancer effort in a period in which it is likely that the NCI budget will plateau.

The program developed by Dr. Kligerman at Albuquerque, New Mexico is very heavily weighted towards radiotherapy and indeed a site visit some time ago for a large center grant resulted in disapproval of most of those components which did not relate directly to radiotherapy. Dr. Kligerman indicates that indicates that he has developed a multidisciplinary cancer clinic with excellent cooperation with gynecology and medicine and he has been successful in his cancer control applications so that it may well be that a review at this time will show success in those areas which previously were disapproved. Nonetheless this program should be considered primarily radiation oncology and when it is reviewed for comprehensive status it should be looked at from the standpoint of the other subspecialties of oncology. From the standpoint of geographical priority this program takes on added significance because of the deterioration of the program in Denver (see other memorandum) the program at Albuquerque and the program in Tucson are of considerable importance from the standpoint balance and therefore should be given encouragement over and above that ^{which} one would tender to programs in areas already covered by a CCC.

There are five developing CCCs which have indicated a desire to be site visited for comprehensive status during 1976 and which have been given clearance by the NCAB Subcommittee on Centers for such a site visit. These programs include the program in Tucson, Arizona; Rochester, New York; Boston University, Detroit, and the Cancer Research Center in Columbia, Missouri.

University of Arizona at Tucson

The program at Tucson, Arizona has developed quite well following the funding of a planning grant several years ago. A radiotherapy effort under the direction of Dr. Max Boone and a broad spectrum medical oncology-immunology effort under the leadership of Dr. Sidney Salmon have both resulted in funding of program project grants. Dr. Boone has visited Washington and I have discussed the complexity of establishing a CCC. At the present time he has the usual problems with autonomous departments and very unlikely a reluctance on the part of the chairmen to establish a genuine cancer center. The cancer center members at the University of Arizona have only begun to discuss the implications of developing a comprehensive center and it is likely that this institution will be faced with all of the usual problems with departmental autonomy in such an effort. In all likelihood at least a year and possibly more will be required for this development. However, this institution has

been encouraged to apply for a core grant in six months or so with the hope that the stimulus of preparation for a core application and continued development will lead to a healthy cancer center evolution. This is a particularly important center and will require considerable personal attention. It is important because of its geographic location and because of the quality of the science involved at this institution. Special attention will be required to insure that the evolving cancer center has an appropriate administrative structure to provide for longevity of the cancer effort and for cohesiveness and common purpose in the development of the cancer program.

The University of Rochester has developed considerably since the catastrophe resulting in the loss of Dr. Thomas Hall several years ago. Dr. Robert Cooper has been appointed Cancer Center Director and several concessions have been made on the part of the university toward developing an autonomous cancer center which will enable the development of a cohesive cancer program. There remain some problems with departmental autonomy which interfere with an effective cancer center but these problems have been greatly minimized recently and the leadership of Dr. Lowell Orbison as Dean (based on his experience on the Cancer Center Review Committee) has been quite helpful in developing the cancer center. I would suspect that this institution when presented with the kinds of questions which will be asked by a site visit team reviewing this institution for certification as a comprehensive center will have a wholesome effect and have the possibility of leading to those final decisions and commitments which are required to the development of an effective program. Here you have a problem, however, that Dr. Gerald Murphy at Roswell Park Memorial Institute just a few miles away is very antagonistic to the developing effort at the University of Rochester. He does not overtly oppose this program at the board level or in his position on the board subcommittee on centers but he must be handled with caution in this regard and I believe that it would be appropriate to conduct the review and evaluation of the program at the university of Rochester with the utmost caution to insure that every detail of the board requirements for comprehensive centers is adhered to in order to be absolutely certain that if identification of this program takes place it will do so under the most optimal circumstances.

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The developing program at Boston University represents an example of an institution that progressed in a relatively logical from a planning grant through application through application for program projects and finally to a core grant application. By the November meeting of the NCAB the core grant application will have been reviewed and we will be in a much better position to assess the overall qualifications of this center for comprehensive status. In a general sense this center has developed well although I am concerned about the autonomy of the center director and I am concerned about commitments on the part of the institution to the development of a stable long-term program in cancer. Nonetheless in an overall sense this program has developed sufficiently well such that if the core grant receives approval by the November Board then I believe that a site visit will be clearly warranted sometime in 1976. However, if this core grant application is disapproved I would strongly urge that the site visit for comprehensive status be postponed and that the center director be so informed. His permission to postpone such a visit will be required since the NCAB Subcommittee on Centers has requested that a site visit take place providing the principle investigator is willing to have such a visit take place. Similar consideration would apply for the University of Arizona at Tucson if there core grant application either fails to materialize or is disapproved.

The situation in Detroit is a complex one. This is a vital program from a geographic point of view since it serves a major metropolitan area and serves a geographic area with a large population base very much in need of a CCC. The problem here can be summarized briefly as follows: First, the Michigan Cancer Foundation which has been established for many years has been an effective specialized center limiting its activities to a few laboratory research programs particularly in carcinogenesis and cancer biology and in medical oncology. The director of this foundation for several years was requested to leave because it was felt by the board that he had not developed this foundation to its maximum potential. He moved to Wayne State University. There he was appointed as director of the cancer center planning effort. At Wayne ^{State University} an active planning effort was conducted by the university for the development of a cancer center and this was viewed at all times as a rival program to that developed by the Michigan Cancer Foundation. Meanwhile, the Michigan Cancer Foundation because of its fund

raising activities antagonized the American Cancer Society and developed strong enemies within the State of Michigan, one of whom sits on the NCAB in the person of Mr. Johnson. Obviously, the blessing of an academic institution such as Wayne State University is essential if the Michigan Cancer Foundation is to recruit the kinds of faculty necessary to launch a comprehensive program. The problem, therefore, becomes one of reconciling the differences between the Michigan Cancer Foundation and Wayne State University. Meanwhile, based on the pattern of the Illinois Cancer Council and because of a fear of Michigan State and the University of Michigan that someone would get ahead of them in the cancer game a number of individuals supported the development of a Michigan Cancer Council based on the pattern of the Illinois Cancer Council. This would obviously be a disaster. All parties were discouraged by NCI centers staff in this endeavor and it is my hope that they have been successfully discouraged. If the idea rears its ugly head in the future they should be similarly discouraged again. The only hope for a truly successful cancer center in Detroit in the near future is to encourage the development of a program along the model of the Farber Center or the Hutchinson Center. That is to say, the university should identify the Michigan Cancer Foundation as its official cancer research and treatment arm. The Michigan Cancer Foundation should give to the university certain authority to the staffing of the Michigan Cancer Foundation so that the staff that are recruited will have appropriate university titles and appropriate academic purview over their activities. On the other hand, in order to maintain the categorical cancer emphasis and cohesive effort of the Michigan Cancer Foundation it will be necessary that the university delegate to the Michigan Cancer Foundation the surveillance and purview of its cancer center activities. This will not be easy to accomplish but negotiations are in progress which are hopeful. The worst thing that could happen would be to end up funding two separate programs one at the university and one at the Michigan Cancer Foundation which would be in effect rival programs and would not be fully collaborative in an area-wide cancer center effort. This alternative is to be avoided at all costs, even at the cost of delaying for as long as necessary the evolution of a cancer program in Detroit. The long-range benefits to the population and profession in this area demand that a cohesive single program be formed and short of the total destruction of the Michigan Cancer Foundation it is difficult how such a unified program

could be established except around a pattern similar to the Farber Center or to the Hutchinson. By and large the influence of the NCI centers staff should be placed behind Dr. Michael Brennan in the development of this program because in the long run it would appear that his views and plans are the most logical. However, we should not support the Michigan Cancer Foundation to the extent that we allow it to develop a categorical cancer institute independent of the academic purview of the university. This is a very difficult and narrow path to walk but it is one which if we are successful will result in a unified cohesive and academic based cancer center effort in Detroit.

Columbia, Missouri: The problem in Columbia, Missouri is very much analogous to the situation in Detroit. The problem here is complicated slightly by the existence of the State Cancer Hospital but for practical purposes the State Cancer Hospital and the Cancer Research Center (a nonprofit corporation) can be considered as a single entity. For a number of years the Cancer Research Center and the Ellis Fischel State Cancer Hospital functioning as a single entity have developed a categorical cancer center along the pattern of the Michigan Cancer Foundation and other small categorical efforts which are not primarily related to university based programs. The university on the other hand has attempted to develop a strong cancer program and has a number of major cancer figures including Dr. Charles Mengel and Dr. Patrick Henry. The problem is that there has never been a genuine dialogue or collaborative effort between the university and the cancer center and therefore the major goal to be desired is, like Detroit, to establish an categorical cancer center which is under the academic purview of the university but sufficient autonomy so as not to be balkanized by the department chairmen. At the present time an approach is being considered to developing this program in such a fashion. This approach is a creation of a department of oncology within the university which will have departmental autonomy and which will be responsible for the staffing of the Cancer Research Center and the Ellis Fischel State Cancer Hospital. In addition a statewide organization involving two osteopathic medical schools as well as the medical school in Kansas City affiliated with the University of Missouri and the medical school at St. Louis University in a consortium for a state-wide cancer control effort. If this complex arrangement can be successful and there is reason to hope that it may be, then this program will be a candidate for site visit for comprehensive status in 1976.

The programs described above and in other memoranda if developed successfully will lead to an appropriate geographic balance of comprehensive cancer centers across the entire nation with the following exceptions: San Francisco, New Orleans, Atlanta, Hawaii, and Puerto Rico. Both Hawaii and Puerto Rico are developing slowly and because there is no major competition and because that it is inevitable that some kind of comprehensive cancer center will have to be evolved in both places both of these programs can be monitored and encouraged and judged on their merits until such time as they meet the board characteristics for comprehensiveness. The problem in San Francisco is exceedingly complex and should be described in a separate memorandum. The problem in Atlanta is one of a recently funded core grant of relatively small amount in a university which is generally weak in terms of its cancer programs but located in a geographically strategically area. There is no emergency in terms of developing the Atlanta program and it should be encouraged to develop gradually in accordance with the aspects of the program which merit funding and it may be ready for site visit for comprehensive status sometime in 1977 or possibly 1978. The most urgent undeveloped program from a geographic point of view is the program in New Orleans. There are severe political problems between Tulane, LSU, and Charity Hospital and there is a dearth of cancer leadership. This is a high priority geographic area, a high population area, and one that must be handled with extreme caution from the political point of view. Therefore it will be made the subject of an additional memorandum.