

Cancer Center Leadership Meeting
Tuesday, March 18, 2008
2 p.m. - 4 p.m.
HCI 3 South
MINUTES

Present: Mary Beckerle, Randy Burt, Barbara Graves, Doug Grossman, Karen Heichman, Renae Hepler, John Hoffman, Anita Kinney, Kris Larrabee, Stephen Lessnick, Sean Mulvihill, Katharine Ullman

Excused: Wally Akerley, David Jones

1. Review and approve minutes from February 26, 2008, meeting - Mary Beckerle

Minutes unanimously approved pending further review by Barbara Graves. (Dr. Graves subsequently reviewed and gave final approval for the Feb. 26, 2008, leadership meeting minutes.)

2. Announcements - Mary Beckerle

The date of the next CCSG leadership meeting will be determined within the next two weeks pending the coordination of everyone's calendars.

A deputy director candidate has formally withdrawn his name from further consideration. An external search is ongoing; three deputy director candidates are scheduled to visit the cancer center between April – May 2008.

3. Review outstanding action items - Mary Beckerle
4. Legislative update - Mary Beckerle

An initiative is currently being formulated for the legislative session of 2009 for an increase in the tobacco excise tax to benefit the University's and HCI's education, outreach and tobacco-cessation programs.

Lance Armstrong's visit provided an opportunity to highlight HCI expansion plans. Dr. Beckerle noted that a major goal of the HCH expansion is to further integrate our research and clinical care missions and expand our programs. Dr. Mulvihill reported that HCH expansion plans include balancing all operational components including space for outpatient clinics, inpatient care and research. Dr. Mulvihill will continue to provide updates as the plans are developed.

Master planning for HCI also includes more research space to the south of the Institute. As the process moves forward, there will be opportunities to provide input.

5. Process for identification of shared resources to compete - Mary Beckerle

We want to ensure that the shared resources put forward to compete in the renewal application are those that will offer the optimal support to the Cancer Center members. The process to determine which cores to compete will occur in initiative-specific phases. There are ten shared resources in addition to the Clinical Trials Office under consideration at this time.

During the next CCSG leadership meeting, each shared resource will be presented by the responsible HCI senior leader and evaluated using survey information, usage information, etc. The presentations will be followed by a group discussion and recommendations. The discussion will include the criteria for CCSG supported cores and the progress in addressing the criticisms from the last review. Responsibility to address weaknesses will be assigned.

This discussion will also include new shared resources. The end of April is the target time frame for completing this evaluation process. The reporting period for the renewal will be calendar year 2008.

HCI developing shared resources to potentially include in the upcoming grant application are:

- pre-clinical models core
- high throughput drug screening core/translational therapeutics core
- survey methodology core
- genetic counseling core.

The leadership group will fully evaluate these cores for possible grant inclusion. Per Dr. Beckerle's discussion with Dr. Vembu, our NCI program director, six months of usage tracking is adequate for new cores to compete in the renewal application.

Dr. Beckerle will e-mail a list of existing CCSG supported cores to each program leader. Based on individual program meetings and member usage information, program leaders can then submit their suggestions for further review and potential core competition.

6. Strategic Planning, next steps - Mary Beckerle

The two core initiatives in which action and implementation plans will be developed in the next 6 weeks are:

- strengthen CCSG programs, and
- enhance clinical and translational research.

The program leaders are charged with developing plans to strengthen the CCSG programs. A point person will be designated to work with the strategic planning consultants, Colette Herrick and Cheri Torres, in order to poll program members for ideas, etc.

It was noted Drs. Alana Welm and Scott Kuwada volunteered to assume a leadership role in addressing the initiative to enhance clinical and translational research.

A strong research portfolio of the Cancer Control and Population Sciences Program will be essential for attaining the comprehensive level designation from NCI. With this objective in mind, Dr. Anita Kinney will work with members of this program in order to position ourselves for the most competitive program. The CCPS program will hold a strategic planning retreat in May 2008.

7. Scientific Advisory Board meeting/visit - open discussion - Mary Beckerle

The formal report drafted by the Scientific Advisory Board (SAB) is nearing completion; the Board is very positive about the renewal application and comprehensive status. The report will identify areas of focus and strategies for a successful grant application. The SAB recommended a detailed review of the 2003 grant application, calling out each point that was a weakness, indicating steps taken to date as well as additional corrections to be made, and formulating a plan to address each criticism in the program reports and application.

There was a discussion of clinical trial accrual. HCI policy requires a minimum of three patients per trial per year; Dr. Mulvihill commented on the proposal to raise this number to a minimum of six patients per trial per year. Pre-screening for patient eligibility performed by a clinical trial coordinator and/or nurse in the clinic can be very helpful in accruing patients. Hiring research nurses to assist physicians in accruing patients to trials and the associated workload was proposed and discussed. Dr. Beckerle will discuss this issue with Dr. Akerley in order to move forward with the development of a specific plan for assisting in the patient-accrual process.

The question was raised whether there are emerging programs strong enough to be disease-focused CCSG programs. This topic will be an item for discussion at a future CCSG leadership meeting.

Another item, strongly recommended by the SAB, is that HCI move forward with plans to submit and obtain approval for the Protocol, Review and Monitoring Systems prior to the May 2009 application. Dr. Beckerle indicated that she and Dr. Akerley will identify consultants to review our PRMS and timing of she will discuss timing of the approval process with NCI.

8. Site-visit tips from the Cancer Center Administrators Forum - Renae Hepler

It is recommended that travel be avoided during the writing-intensive months prior to the submission. In addition, travel should be limited to critical meetings/events in the months prior to the site visit in order to ensure maximum availability for site-visit rehearsals. We anticipate the site visit will be scheduled in September or October, so time should be reserved between mid-August and late-October. Cancer Centers typically have between three and five rehearsals. Once the submission timeline is approved and distributed, definite dates of restricted travel will be determined.

9. Intermountain Partnership, update on credentialing, research projects, master linkage, etc. - Randy Burt

Within the HCI / Intermountain affiliation, there are approximately 160 physicians, four cancer centers, six cancer clinics, and eight education centers across the Wasatch Front - all carrying the Huntsman / Intermountain HealthCare logo. The Intermountain insurance product now provides coverage for cancer treatment at HCI. Both pre-cancer and cancer treatments here are considered to be in their network of coverage.

One research project currently underway is the master linkage project which puts together patient ID numbers from Intermountain and the Utah Population Data Base. Research projects can use this information to obtain cancer outcomes for the entire state of Utah. The master linkage project will strengthen our population sciences research portfolio, in addition to being extremely important to our clinical research activity.

There are currently three funded pilot projects that are using this combined data set:

1. familial colon cancer and abnormal polyps
2. familial prostate cancer
3. inflammatory bowel disease

These three projects will help sort out the mechanisms for utilizing this master linkage project.

There are additional research projects underway where the work is being performed by collaborative groups from both institutions.

Working groups for each major cancer have been established within the HCI / Intermountain collaboration including: colon, breast, melanoma, neuro-oncology, thoracic, and hematology. Each group is developing projects, some of which have already been funded and are underway. Each working group has at least one member from the HCI multidisciplinary disease-group teams.

Clinical trials developed at HCI and trials developed at IHC are able to obtain IRB approval on an expedited track within the collaboration. Drug development and Phase I clinical trials are developed at HCI for use in investigator-initiated clinical trials that are developed and conducted by IHC. Future plans include sharing tumor boards and clinical-trial planning. In addition, plans are underway to develop a mechanism where IHC patients can be enrolled onto HCI studies; this would not, however, change the denominator for clinical trials reporting.