UNIVERSITY of MARYLAND
MARLENE AND STEWART GREENEBAUM
CANCER CENTER

Kevin J. Cullen, M.D.
Director, University of Maryland
Marlene and Stewart Greenebaum Cancer Center
Professor of Medicine
University of Maryland School of Medicine

22 S. Greene Street
Baltimore, MD 21201
410-328-5506

NCI·CC
A Cancer Center Designated by the National Cancer Institute

May 1, 2012

Linda K. Weiss, PhD
Director
Office of Cancer Centers
National Cancer Institute
Suite 700
6116 Executive Boulevard
Bethesda, MD 20892-8345

Dear Linda:

This letter is in response to your request for comments on the proposed modifications of the CCSG guidelines. While I am in favor of the general changes to the guidelines which have been outlined, I have significant concerns about the proposal for funding of the Centers Program which you outlined at the Directors' retreat in April. At that meeting you proposed that centers with grants above $6 million would be capped at their present amount and that centers with smaller grants could request no more than a 10% increase, or an increase to $1.5 million for the smallest centers. I believe that the current proposal effectively legislates an inequitable system which is largely based on history, and effectively excludes consideration of a change in populations and demographics or changing national needs in future times.

As I said at the retreat, I understand that the overall centers budget is constrained and the strategic decision has been made to decrease funding to centers in order to support the total number of new research grants awarded by the NCI. I also understand that there is no perfectly equitable funding formula that can be designed, given the number and diversity of cancer centers supported by this program. However, your funding proposal significantly disadvantages smaller and new centers and institutionalizes the significant disparity that already exists across the range of centers supported by this mechanism.

The top 25% (17 of 66) centers funded account for fully half of the budget. In contrast, the bottom quarter all have grants of less than $2 million, and these account for less than 10% of the overall budget. Many of these smaller centers, mine included, serve significant populations of under-represented minorities, the urban poor and those in rural areas.

CCSG funding decisions have historically been based not simply on priority scores, but have taken into consideration location, whether the center is freestanding or part of a larger research university, as well as the center's unique characteristics and how those contribute to the national cancer program *as a whole.* In that light, funding a center that develops widely used murine models of cancer and other diseases at significantly more than its NCI direct base makes sense. By contrast, one could question that the largest NCI center grant with a benchmark ratio of 23% goes to a center with an endowment in excess of $2 billion or that the highest benchmark ratio for a

comprehensive center of 33.6% is assigned to an institution which raises more than $500 million in philanthropic funds each year. This is not in any way to detract from the importance of these centers.

New and small centers must demonstrate proficiency in all the essential characteristics and are subject to the same scientific scrutiny that larger centers face in their reviews. The new funding proposal will permanently leave these centers in an under-funded state no matter the size of their grant portfolio and no matter whether they bring unique and important capabilities to the national cancer effort.

Our own center came off its initial three-year $1 million cap in the same year that global reduction in the centers budget was implemented. At the time of our site visit in 2011, we held $16.3 million in direct NCI funding. As a result, there are currently 12 centers with equal or lesser total NCI funding whose center grants are as much as two to three times the total award we received. My concern here is not simply the status of my own center, but the fact that these proposed guidelines will effectively freeze the distribution of funding where it is for the foreseeable future.

The Centers Program has been one of the great achievements of the National Cancer Act of 1971. Interestingly, that legislation mandated a cap of no more than $5 million per center per year. It may be time to consider that once again. The current distribution of funding is inequitable and does not represent the best investment of the NCI's funds to promote cancer research and cancer care in all parts and all populations of the country.

I strongly encourage consideration of an alternative funding scheme for CCSG awards. One model would place a reasonable cap on awards and allow a more equitable benchmark ratio that would allow some leeway based on priority score and an institution's unique contributions. This mechanism would permit center budgets to expand or decrease over time, thereby incentivizing emerging centers to compete effectively, especially when they can make significant contributions not adequately represented in the current cancer centers portfolio.

Sincerely yours,

Kevin J. Cullen, M.D.
Director
University of Maryland Marlene and Stewart
Greenebaum Cancer Center
Professor of Medicine
University of Maryland School of Medicine

cc: Harold Varmus