Step 3: Second Level Unit Review and Ranking (Deans/Directors/Department Heads)
Using the program review results posted on the Prioritization Process webpage, please complete the below information and submit to ovcafo@hawaii.edu as a word doc or pdf file by March 15, 2009. Please ensure the e-mail subject heading reflects the Department/School/College name followed by “Second Level Review.” For example: SOEST – Second Level Review.

Department/School/College: Cancer Research Center of Hawaii

The department would fall under which of the following Vice Chancellor’s offices?

- [ ] Academic Affairs
- [x] Research and Graduate Education
- [ ] Student Services
- [ ] Administration, Finance, and Operations

Advisory Committee Members (list names and titles):

Cheryl Albright, PhD, MPH, Interim Director, Prevention and Control Program
Loic Le Marchand, MD, PhD, Director, Epidemiology Program
Marcus Tius, PhD, Director, Natural Products and Cancer Biology Program
## Administrative Unit (e.g. College) Prioritization Summary

This form is to be used to provide a summary of program priorities within an administrative unit (e.g. college). Please list each program identified in the Summary Matrix forms and Optional Guides in a priority category. This Prioritization Summary form should be forwarded, along with all self-review materials, to ovcafo@hawaii.edu for posting on the Prioritization Process webpage by March 15th for the next level of review to take place.

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<tr>
<th>New/In Transition</th>
<th>Target for Growth or Investment</th>
<th>Maintenance</th>
<th>Reorganize/Restructure/Merge/Consolidate</th>
<th>Reduce in Size or Scope</th>
<th>Phase Out Close Eliminate</th>
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<tr>
<td>Prevention and Control Program</td>
<td>Natural Products and Cancer Biology Program</td>
<td>Research Support</td>
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### Brief Summary (no more than 2 pages)

Please include a brief narrative with an overview of the rationale for placement of the components on the Prioritization Summary form and any supportive or explanatory text or data that will assist higher levels of review in determining the relative priority of each program. You may wish to comment on the program self-reviews.

The CRCH is one of 63 cancer centers in the US that are officially recognized by the National Cancer Institute. This recognition comes with grant funding to CRCH that is critical to run its research operations. In addition, the designation is critical to attract and retain the top researchers in the country that bring us the research dollars that allow us to run the cancer center.

The CRCH must now renew its NCI designation, which was due to expire on June 30, 2009. We have been granted a 1 year extension to June 30, 2010 with funding from the NCI, and a possible additional second year without funding pending review of our progress in the next 12 months. This cancer center (P30) grant brings approximately $1.1 M in direct costs annually to UH. To renew the NCI designation, we need to hire a minimum of 12 new investigators in the coming academic year and to expand the existing research programs. There is no alternative to this because the number of CRCH faculty with national funding has shrunk from about 36 when we renewed NCI designation 4 years ago to 12 at the current time. Only 3 of our 4 research programs have the minimum number of funded investigators (3) to be recognized as such by the NCI. The
current number of funded investigators in our cancer center is insufficient to compete for NCI renewal; 24 funded investigators divided into about 4 programs is the minimum number necessary to successfully compete for renewal. It is imperative that we meet this minimum requirement and that we renew our NCI designation.

To address the prioritization process, we have proactively consolidated two of the four research programs: the Thoracic Oncology Program (this program did not meet the minimum requirement of funded investigators) and the Natural Products and Cancer Biology Program (this program has 3 nationally-funded investigators). Thus we have reduced the number of research programs from 4 to 3.

The newly constituted Natural Products, Cancer Biology and Thoracic Oncology Program has been identified as a “Target for Growth or Investment”. The program is supported extramurally through a P01 (Program Project grant; Carbone P.I.), and by R01s to Carbone, Bachman, Lau and Tiis. The P01 is the only current P01 in the entire UH system. The program current receives about $3M in direct costs from federal granting agencies and employs about 25 research staff. Furthermore, the Natural Products arm of this program has generated a very large amount of royalty income for the UH from the cryptophycin patent. Total royalties to date are $1,444,768.54, including the $144,295.45 milestone payment from Sanofi-Aventis that was made on July 8, 2008. This program is where the basic science components of the CRCH are concentrated. In addition to studying cellular and genetic mechanisms of carcinogenesis, cellular signaling pathways and mechanisms of oncolytic drug action, this program has a drug discovery mission. Consequently, the program has a very strong potential to develop additional intellectual property for the University. Moreover, the program is positioned to explore the natural environment of Hawaii for the purpose of discovering new biological resources for drug lead compounds. The program makes a good fit with the UH strategic plan, it has a long history of receiving NIH funding and it deserves continued support from the University.

The Epidemiology Program was also prioritized as a “Target for Growth and Investment”. This assessment was based on a number of factors. Chief among them is the program’s excellent fit with the UHM vision and strategic plan. Its research, which has achieved international recognition, occupies a unique niche nationally by taking advantage of Hawaii’s multiethnic population to identify the causes of major cancers. Over the past several decades, its faculty has been very successful in bringing large biomedical research grants to the University. Currently, it receives about $12M in direct costs from federal granting agencies and employs about 70 individuals on grants. With some of these federal funds, it has established unique prospective studies and biorepositories that are just now reaching maturity, thus creating prime resources for expanding the research portfolio of the program. These resources will also allow faculty researchers to remain very competitive in the foreseeable future. In addition, the Epidemiology Program has been successful in recruiting very promising junior investigators which will further augment its grant portfolio. This program is clearly advancing UHM mission and deserves continued support from the University.

The Prevention and Control Program was prioritized as “New/In Transition”. This assessment was based on a number of factors. Over the last three to five years the Program has experienced several faculty departures and as a result it was recently restructured/reorganized. In early 2008 its faculty membership was reduced to just one faculty member with locus of tenure at CRCH; since then it has grown to five faculty with locus of tenure at CRCH. In addition, the program currently had five full faculty members with appointments in other units, 57 affiliate members (mostly clinicians), and 15 associate members for a total of 82 members. In 2005, the program was restructured/reorganized such that the CRCH Clinical Trials Program and Cancer Information Service were merged into the Social and Behavioral Sciences Program and the program was renamed “Prevention and Control Program”. The current faculty has been very successful in obtaining federal funding for randomized clinical trials and intervention research grants. Currently, it receives about $2.2M in direct costs from federal agencies, $800K in direct costs from state contracts, and employs about 50 research staff and trainees. There is a strong commitment from the community and from CRCH for this program since its role is essential to CRCH’s mission and it plays a key role in meeting the needs of the community, especially cancer survivors. Thus, although the program was recently transformed and has been reinvigorated by new faculty, it
fulfills several needs within UHM and CRCH, and it has strong support from CRCH and community leaders/collaborators. It is also expected to continue building its faculty and research base so it can expand on its current role to further address the mission and strategic plans of UHM and CRCH.

The Research Support program has been recommended for “Maintenance” at its current level of support. This program, which includes all of the core research facilities at the CRCH, provides essential support for the ongoing research efforts at the CRCH and is essential for the P30 Center Support Grant. The program costs the University very little. Approximately 10% of the cost of this program is covered through G funds, while the rest is covered through charge-backs to individual faculty members’ grants and support from the P30 grant. Since the demands for this program are tied to the level of extramural research support of the faculty, Research Support should be allowed to shrink or grow accordingly.

It should be noted that although we currently have three research programs (plus the Research Support core facilities), we will need to return to four research programs as soon as we recruit new investigators. This will allow CRCH to be more competitive when we apply for renewal of the NCI P30 Center Support Grant.