Murtha Cancer Center
“The DoD Cancer Center of Excellence”

“Accelerating Progress against Cancer through Collaboration”

Center of Excellence Oversight Board
May 29, 2014

Colonel Craig D. Shriver, MC, USA, FACS
Director
Core Capabilities and Relationships

Translational Research Centers of Excellence
- Clinical Breast Care Project (CBCP)
- Center for Prostate Disease Research (CPDR)
- Gynecologic Cancer Translational Research Center (GYNTRC)

Clinical Cores
- Medical/Hematology Oncology
- Surgical Oncology
- Orthopedic Oncology
- Gynecological Oncology
- Prostate Center
- Breast Center

- Radiation Oncology
- Pediatric Oncology
- Thoracic Oncology
- Clinical Genetics
- Dermatology Oncology*
- Urologic Oncology*

Key Federal Collaborations
- Uniformed Services University of the Health Sciences
- National Cancer Institute
- Joint Pathology Center
- Armed Forces Health Surveillance Center
- Veterans Administration*

*Services/Organizations added since Sep 2013 annual CoE review
Summary

• Accomplishments
• Budget and Staff Overview
• Current and Future Initiatives
• Capturing and Preserving Lessons Learned
Accomplishments – Contributions to DHA


• Lab Joint Working Group (LJWG) meeting called by the DHA/Clinical Support Division at DHHQ to start new Laboratory Developed Test (LDT) Demonstrations
  The purpose of the meeting is to prioritize the high volume and high visibility LDTs, perform a clinical review of the efficacy and safety, and determine if they should be added to the Tricare Operations Manual for reimbursement.
Accomplishments

• Established MCC Research Support Office to oversee clinical trials and support development, implementation, and execution of research and development programs.

• Added Dermatology Oncology to other 11 core MCC services

• Funded 4 Intramural MCC/USU collaborative research grants to build MCC Research Programs for NCI designation

• Gained Patient Navigator via relationship with Ulman Cancer Fund for Young Adults to support individuals 18-40 y/o. Approximate savings of $125K

• Created Dermatology Oncology multidisciplinary Tumor Board

• Hired 15.5 FTE to eliminate personnel gaps in critical areas to increase cancer care and research via translational research approaches.
Accomplishments

- Expanded Clinical Cancer Genetics Program prototype to include telegenetics consults.
  - 223 consults since Sep 13 with 26 teleconsults. WRB – 10, FBCH – 8, Malcolm Grow – 2, DiLorenzo – 2, Kimbrough – 2, Navy Yard – 1, JBA - Bolling – 1
  - Submitted research proposal for $1.5M 3/y to Patient Centered Outcomes Research Institute (ACA) to study how telemedicine can enhance delivery of genetics services in the military

- Expanded Lung Cancer Screening Program
  - VA has joined the Program
  - 150 screened from NCR eMSM since Nov 2012
  - 5 early stage 1 cancers detected – 3 times national average
  - All 5 had surgical procedures
  - Screening 5-8 patients per week
Accomplishments

• MCC Biobank has emerged as a tissue specimen and data referral center for CoE, NCI, USU, and other federal and civilian research collaborators
  - Collaborators: Cancer Genome Atlas Network, TCGA, Susan G. Komen, USU, NCI/Center for Cancer Research, NIH/Center for Human Immunology and Inflammation, NCI/Proteomic Tumor Analysis Consortium, Pacific Northwest National Laboratory
  - MCC utilization study revealed ‘choke points’ and gaps in tissue procurement, processing and storage. Hired consenters, runners, pathology assistants to support DPALS and established centralized storage facility
  - Procurement of high quality annotated tissue and data has more than doubled since implementing corrective measures. Tissue from average 65/mo to 159/mo. Consents from average 10/mo to 34/mo.
Current and Future Initiatives

- Smokeless tobacco – Continue collaboration with MG Sculley (Ret), Dean, USU Postgraduate Dental College, to develop a demographic/epidemiological-based validated questionnaire that will be administered by local PIs in the MHS Dental Activities

- Relay Health – Exploring RH to establish MCC MHS cancer resource hub

- Compete and fill MCC/USU Translational Research Fellowship

- Execute FY13 CSI – 16 MCC Research Program-Based Projects and Fellowships – Projected funding: $8.9M

- Execute FY14 MCC/USU/NCI translational research projects supporting MCC research agenda – Projected funding: $2.2M

- Compete joint MCC/NCI research activation fund to provide limited amount of funds to facilitate research collaborations that will quickly lead to scientific deliverables or outcomes in 6/12 months
Current and Future Initiatives

• Unity of Effort - Develop WRB/USU/NCI collaborations that will meet the intent of the Quadruple Aim Alignment and help to establish an academic medical center
  - Assess USU and MCC cancer research and development capabilities and resources to establish mutually beneficial cancer-related translational research Programs.
  - Determine education, training requirements that will effectively and efficiently enhance the scientific and clinical visions and missions of MCC, USU and NCI.
  - Benefits
    o Optimized use of federal resources
    o Enhanced potential of cancer-related research discoveries
    o Decreased duplication of cancer research resources
    o Increased education, training and CME opportunities
    o Provide value to MHS and other federal agencies.
Current and Future Initiatives

• Support NCR eMSM effort to recapture eligible beneficiaries
  - HNFS High Cost Patient Recapture Initiative
  - Participate in WRB Strategic Communications & Marketing Initiative

• Continue pilot project to capture 3rd party payer/Other Health Insurance reimbursements

• Support Biobank Accreditation – College of American Pathologists

• Submit P30 Cancer Center Support Grant application leading to NCI Comprehensive Cancer Center Designation
Capturing and Preserving Lessons Learned

• Telehealth and Distributed Learning Technologies are going to be critical to further the ability for the MCC to meet the expectations for the DoD Cancer Center of Excellence

• Relationships/partnerships with other federal cancer-focused agencies are key to cost effectively increasing cancer prevention, diagnosis, staging, care, and survivorship for DoD beneficiaries. Benefits from these affiliations include:
  - Elimination of duplication of clinical and research programs
  - Leveraging cutting edge technologies
  - Enhancing intellectual collaborations
  - Eliminating parochial barriers
  - Saving federal funds
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Questions