Murtha Cancer Center

“The DoD Cancer Center of Excellence”

“Accelerating Progress against Cancer through Collaboration”

Center of Excellence Oversight Board
September 10, 2013

Colonel Craig D. Shriver, MC, USA. FACS
Director
Summary

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Mission: Improve the diagnosis and interdisciplinary treatment of our cancer patients through innovative clinical care and research.

Vision: Operate a world class NCI-designated Comprehensive Cancer Center conducting innovative research and state-of-the-art clinical care for the military and its beneficiaries.

Director: Colonel Craig D. Shriver, Medical Corps, U.S. Army

Location: WRB, America Building 19, Bethesda, MD

Established: September 15, 2011

Designated DoD Cancer CoE: 22 May 2012

Staffing: Total: 332 (does not include offsite Translational Research CoEs)
- Civilian: Total: GS 74
- Contractor: Total: 195, NIH Fellows 4

Facilities: 74,530 sq ft America Building, 55,100 sq ft Offsite RDTE
Core Capabilities and Relationships

Translational Research Centers of Excellence
- Clinical Breast Care Project
- Center for Prostate Disease Research
- Gynecologic Cancer Translational Research Center

Clinical Cores
- Medical/Hematology Oncology
- Surgical Oncology
- Pediatric Oncology
- Gynecological Oncology
- Prostate Center
- Breast Center
- Radiation Oncology
- Biobank*
- Orthopedic Oncology*
- Thoracic Oncology*
- Clinical Genetics*

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

*Services/Organizations added since DoD CoE designation
Major Accomplishments 2012 - 2013

• Fully integrated NCR and USMCI Clinical and Research Cancer Assets

• Established the Murtha Cancer Center Oversight Council

• Created a MOU with NCI to formally recognize a special relationship that compasses the complete spectrum of cancer care and research

• Established MCC BioBank to enhance collection, processing, storage, quantity, and quality of tissues for translational research

• Established interdisciplinary NCI/MCC collaborative research working groups for Breast Cancer, Breast Cancer Genomics, Prostate Cancer, Pediatric Oncology, GYN Cancer, Lung Cancer, and Cancer Prevention

• Funded 3 translational basic and advanced research projects that highlight collaborations between USU and MCC scientists and clinicians
Major Accomplishments 2012 - 2013

- Initiated Lung Cancer Palliative Care and Survivorship Clinic which will enhance pain support, long-term care, and allow for chemoprevention clinical trials.

- Reached significant milestone of 50K specimens in the breast tissue collection. As of August 9, 2013, 6,184 consented patients have contributed 53,785 biospecimens.

- Conducted the 1st Annual MCC Cancer Awareness Day and Cancer Research Seminar highlighting patient and family outreach and basic and advanced cancer research programs in MCC, USU and NCI.

- Established Lung Cancer Program of weekly tumor boards, molecular profiling of all lung cancers, and offering clinical trials to early stage disease patients requiring adjuvant chemotherapy.
Major Accomplishments 2012 - 2013

• Created MCC Clinical Trials Office to develop streamlined processes and procedures for entry into new trials.

• Added personnel and upgraded procedures and which have increased the number of patients consented for tissue collection 3-fold.

• 6 Gynecologic Oncology Group Protocols and 5 Investigator Initiated Clinical Trials have opened at MCC

• Opened Cancer Risk and Prevention Clinic focusing on the needs and issues facing DOD beneficiaries with an exceptionally elevated risk of cancer either due to inherited gene defects or environmental factors

• CPDR initiative has led to new whole-genome and transcriptome data in matched cohort of African American and Caucasian patients that will help to understand the differences of prostate cancer in these ethnic groups.
Values Added to the MHS

- Commenced Low Dose CT Scan Lung Screening program which is now offered to VA and other MHS MTFs

- Established Clinical Cancer Genetics Program which provides a model for provision of cancer genetics services using evidenced based models throughout MHS

- Instituted Uniformed Services Oncology Consortium Joint Tumor Board to support MTFs with few pediatric oncologists, limited access to other pediatric subspecialists, and/or no free standing tumor boards

Values Added to the MHS

- Provided panels of SMEs to assist OASD(HA) develop policies that are applicable to all Tricare Beneficiaries:

  - Provided multi-disciplinary input (surgical oncology, oncology, pathology, genetic counseling) about private sector reimbursement for three tests: BRCA 1/2 mutation analysis, Oncotype Dx, and Lynch Syndrome testing. Feedback modified HA’s approved indications for testing so that they were in accordance with current evidence-based recommendations and consensus guidelines.

  - Provided multi-disciplinary input (surgical oncology, oncology and pathology) to help determine if HA should support the use of the Mammaprint test for breast cancer. The input helped shape HA's policy to best serve the beneficiaries and help contain the spiraling costs of expensive proprietary tests.
MCC Services Available to TMA & MHS

- Perform as a cancer specialty referral center for the MHS
- Perform cancer care related cost management and quality improvement studies
- Develop cancer evidence-based practices for the MHS based on civilian and NCI guidelines
- Assist to develop DoD-wide guidelines on cancer screening, prevention and treatment
- Continue to develop robust translational research programs and partnerships to accelerate progress against cancer
- Provide a training center for military oncologists and cancer researchers
- Develop and support cancer outreach health promotion and disease prevention initiatives
- Serve as DoD cancer clinical trials clearinghouse
- Serve as a DoD cancer epidemiology and population sciences center
- Serve as ‘Test bed’ to pilot new cancer-related processes and procedures
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Short Term Goals 1 - 2 Years

• Submit P30 Cancer Center Support Grant Application which will lead to NCI Comprehensive Cancer Center designation

• Execute $10M FY CSI research program directed to develop evidence-based best practices for cancer care applicable to most of the MHS

• Assist expansion of JPC Molecular Lab to serve as reference laboratory for MCC. Resultant testing algorithms developed by JPC/MCC will help standardize cancer testing across the entire MHS

• Build MCC Biomedical Informatics infrastructure to support molecular translational research

• Initiate Ulman Cancer Fund Patient Navigator project to provide essential patient services identified in the MCC Gap Analysis. UCF will hire this individual resulting in an approximate savings of $125K
Short Term Goals 1 - 2 Years

• Increase infusion nurses, space, and infusion stations to cover increased patient load in hematology oncology infusion center

• Expand Low Dose CT Scan Lung Screening program to cover all NCR MTFs and begin to increase other MTF participation

• Increase MTF participation in Clinical Cancer Genetics Program

• Accelerate interdisciplinary NCI/MCC collaborative research working groups that lead to discovery and publications

• Sponsor the 2\textsuperscript{nd} Annual MCC Cancer Awareness Day and Cancer Research Seminar increase patient and family outreach programs and enhance basic and advanced cancer research presentations

• Collaborate with the USU Post Graduate Dental College on an epidemiological study on use of smokeless tobacco in the military
Midterm Goals 3-5 Years

- Design and build state-of-the-art Particle Beam Therapy Research and Development Center for DOD, VA, NIH/NCI beneficiaries

- Support and enhance GME across multiple disciplines and surgical and oncologic subspecialties

- Continue to conduct basic and advanced clinical, pre-clinical, translational and fundamental research

- Analyze the features of onset and progression of prostate cancer among DoD patients in relation to ethnicity and obesity.
Challenges

- FY15-19 POM Funding
- Increase beneficiaries participation in direct care
- Secretarial Designation for NCI Research Patients
- Increased infusion nurse, space, and infusion stat for Hematology Oncology infusion center
Questions