SOARNEWS

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Newsletter of the Survivorship, Outcomes And Risk Program at MSKCC

Over the Fiscal Cliff: Federal Budget Cuts Take Effect

Will Reduce Funding for Cancer Research, Cancer Control Programs

Automatic cuts to the federal budget, including $85.4 billion or 2.4% of the fiscal year 2013 budget, took effect on March 1 after Congress failed to reach a budget agreement. The automatic cuts, or "sequester," were a provision of the Budget Control Act of 2011, a compromise bill that allowed President Obama to raise the government's borrowing limit, or debt ceiling, by $2.8 trillion in exchange for deficit reduction of $2.3 trillion over 10 years. The automatic, across-the-board cuts were originally intended to serve as an incentive for lawmakers to achieve consensus on more deliberate spending cuts. The sequester was temporarily averted by legislation passed before cuts were due to take effect in January, but no new budget agreement was reached before the March deadline. In the absence of a new budget agreement, the cuts will total $1.1 trillion over the next 10 years.

The sequester will affect numerous federal agencies and programs involved in health care research and delivery, including the National Institutes of Health and the National Cancer Institute, the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and the Centers for Disease Control and Prevention. Cuts at NIH and NCI pose the greatest threat to funding for cancer research. The NIH spends about $5.4 billion on cancer research annually, including the $5 billion budget at NCI which funded more than 5,000 grants last year. Stagnant budget appropriations for NIH and NCI combined with inflation have led to a drop in the proportion of funded grant applications. The success rate at NIH has declined from 1 in 3 grant applications funded 10 years ago to 1 in 6, or 17%, funded today. The success rate at the NCI is even lower at 14%.

The NIH is already operating under a lower than expected budget due to the continuing resolution that prevented a government shutdown when Congress failed to pass an approproations bill last fall. As a result, NIH has funded non-competing continuation awards at 90% levels since October of last year. Specific plans by which the NIH and its Institutes and Centers will meet the budgetary requirements of the sequester will not be laid out until Congress finalizes a new appropriations bill. A statement released by the NIH in February indicated that the sequester would likely lead to a decrease in competing awards and further reductions in non-competing continuation award budgets.

The impact of the sequester on programs at other federal agencies remains to be seen. The Department of Defense announced that it would delay making new awards through its Congressionally Directed Medical Research Program. The FDA said that it would not furlough any staff, but reduced funding could slow approvals for new drugs and medical devices. The CDC's cancer screening programs, which support free breast, cervical and colorectal cancer screenings in most states, will be affected. CMS will cut Medicare reimbursement to providers by 2% starting in April, but provisions of the Affordable Care Act such as Medicaid expansions, scheduled to take effect this year, and private insurance subsidies expected in 2014, are exempt from sequestration cuts. The State Children's Health Insurance Program is also exempt.

Under the Knife

Budget Cuts at Selected Federal Agencies

Agency	FY2013 Budget	Amount Cut	% of Budget
	$ in millions		
NIH	$31,049	$1,553	5%
NCI	$5,080	$254	5%
CDC	$6,019	$303	5%
FDA	$4,168	$209	5%
CMS	$575,788	$11,767	2%

Source: "Report to the Congress on the Joint Committee Sequestration for Fiscal Year 2013." Office of Management and Budget, March 1, 2013.

Optimism and Perseverance in the Grant Game

Comments and Advice from Colin Begg

In my thirty-plus year career feeding from the NCI trough, I have witnessed several spells of feast and famine. Certainly the present funding levels are about the lowest that I can remember, and they will become even lower for sure due to the sequestration decision. Although the actual payline claimed by NCI (around 14%) is similar to what it was in the last major crisis in the early 1990's, things are actually worse these days because of caps in various funding mechanisms. Having said this, I do think that behind all the political bluster there is a bipartisan consensus for government funding of medical research, and cancer research in particular. Consequently, I am inclined to think the payline will improve once again after the economy recovers, as it did in the late 1990's. In the meantime, it is a very challenging time for investigators pursuing a career in academic research. In the present climate the basic rules of engagement are the following: (1) Be assiduous about submitting grants. Do not procrastinate to the next cycle. (2) Submit more applications. To have a chance of funding you need very sympathetic reviewers and in part this is the luck of the draw, so the more opportunities you afford yourself, the better. (3) Do not be too discouraged by negative reviews - this happens to us all. (4) Be realistic and honest with yourself when you receive a discouraging review. Don't use the present funding climate as an excuse. Take the criticisms seriously and learn from them rather than blaming the payline. (5) Seek funding opportunities outside the NIH system. (6) Use whatever competitive advantages you possess. A competitive advantage at MSKCC is access to the special resources of the institution, including broad clinical and basic science expertise, access to patients and specimens, and institutional knowledge about what research issues are cutting-edge. Grants that embrace convincingly these competitive advantages have a better chance of success.

Changes at the Top

New Center Roles and New SOAR Leadership

Colin Begg (Epidemiology and Biostatistics), Co-Leader of the SOAR Program and its predecessor, the Prevention, Control and Population Research Program, has been appointed Associate Director for Population Science. In this role he will work with the other Associate Directors (George Bosl for Clinical and Translational Science and Scott Lowe for Basic Research) to enhance interdisciplinary research at the Center.

Jonine Bernstein (Epidemiology) will now serve as Co-Leader of the SOAR Program, joining Kevin Oeffinger and Ken Offit in this role. The leadership team is further supported by a new Steering Committee that includes Tim Ahles (Psychiatry and Behavioral Sciences), Peter Bach (Health Outcomes), Victoria Blinder (Junior Faculty representative/ Health Outcomes), Francesca Gany (Immigrant Health and Cancer Disparities) and Jamie Ostroff (Psychiatry and Behavioral Sciences). The SOAR Program Leaders and Steering Committee aim to foster an environment that supports the research and careers of population scientists at MSKCC.

Mark your calendar

March 29
9:00am
Z-105

Dukoff Lecture
Electra Paskett, Ohio State University
"A Transdisciplinary Approach to Reducing Cervical Cancer in Appalachia"

April 4
3:15pm
RRL 116

Weissenbach Visiting Professor
Olufunmilayo Olopade, University of Chicago
"Dissecting Molecular Mechanisms in Health Disparities"

April 9
4:00pm
M-107

SOAR Seminar
Joan Warren, NCI
"Enhancing Data Resources for Cancer-Related Health Services Research"

May 31- June 4

ASCO Annual Meeting
Chicago, IL

ASCO Issues Survivorship Care Statement

Recommendations Address Clinical Care, Research, Education and Policy

The American Society for Clinical Oncology released a statement recommending the development of evidence-based practice guidelines for the care of cancer survivors. According to the statement, the ASCO Cancer Survivorship Committee will partner with the Clinical Practice Guidelines Committee to develop survivor care guidelines based on systematic evidence reviews and expert consensus. The statement, published in the *Journal of Clinical Oncology* in February, also advocated increased federal funding for survivorship research, expansion of medical education in cancer survivorship, and changes in health care reimbursement and delivery systems to improve survivorship care, access and quality.

A key feature of the survivor care guidelines will be applicability across settings, including both community-based practices and academic models of survivorship care. The statement also emphasized the importance of integrating primary care providers. SOAR Co-Leader Kevin Oeffinger (Survivorship), Chair-Elect of the ASCO Cancer Survivorship Committee, said, "patient-centered care of a cancer survivor is optimized when both the cancer care team and the primary care physician are working together."

In current practice, cancer survivors are often followed by their oncologists for many years. Oeffinger said, "This is a costly model that does not deliver uniformly high quality survivorship care, often leads to gaps in chronic disease management and preventive care, and bogs down the cancer care system by often committing resources to unnecessary follow-up visits at the expense of evaluating and treating patients with newly diagnosed or recurrent cancer." Oeffinger suggested that risk-stratified models can provide higher quality survivorship care and make better use of resources.

The ASCO Cancer Survivorship Committee, chaired by SOAR investigator, Mary McCabe (Survivorship), was established in 2011 to lead the society's activities related to cancer survivor care. Since then the committee has developed a compendium of survivor care resources for oncology providers, including treatment summary templates and educational materials.

SOAR SEMINAR

John D. Boice, Jr. of Vanderbilt University School of Medicine presented "*Genetic Effects in Children of Cancer Survivors*" on February 12, 2013. His studies of population-based cohorts in Denmark, Finland, and the US suggest that uterine irradiation in young girls with cancer may have adverse effects on their preganancies later in life.

Photo by Richard DeWitt

American Cancer Society Cancels Spring Grant Cycle

The American Cancer Society announced in February that it would suspend its spring funding cycle this year. Applications for the spring cycle are typically due on April 1. The ACS said the suspension would allow its extramural grants program to explore ways to conduct the peer review process more cost-effectively and minimize administrative costs. The cancellation is viewed as a one-time action, and the society said it will resume offering two funding cycles in 2014. Changes to the ACS's extramural grants program and peer review process will be announced prior to the October 1 deadline for the fall funding cycle. The ACS is the largest source of non-federal, non-profit funding for cancer research in the US, awarding nearly $150 million in research grants in 2011.

Kudos!

Ken Offit (Clinical Genetics) is the 2013 recipient of the ASCO-American Cancer Society Award and Lecture.

SOAR NEWS
EDITORIAL STAFF

Elena Elkin, PhD / Center for Health Policy & Outcomes, Department of Epidemiology and Biostatistics
Val Pocus / Center for Health Policy & Outcomes, Department of Epidemiology and Biostatistics
Nidha Mubdi, MPH / Department of Pediatrics
Meghan Woods, MPH / Department of Epidemiology and Biostatistics
Saidah Henderson, MA / Department of Psychiatry and Behavioral Sciences
Geoffrey Schnorr, Guest Editor / Center for Health Policy & Outcomes, Department of Epidemiology and Biostatistics