

Norman Wolmark, MD
Chairman

TO: NSABP Principal Investigators and Program Coordinators

FROM: D. Lawrence Wickerham, MD, Associate Chairman, NSABP

DATE: May 20, 2011

RE: **GUIDING PRINCIPLES TO ENSURE SUCCESSFUL RECONFIGURATION OF THE CANCER COOPERATIVE GROUPS**

The cooperative group chairs, through the Coalition of Cancer Cooperative Groups, of which the NSABP is a founding member, have developed a consensus opinion on the upcoming changes to the federal-funding mechanism by which the cooperative groups will apply for multi-year grant awards from the National Cancer Institute (NCI). The Funding Opportunity Announcement (FOA) currently under development will set forth new criteria by which the groups will be reviewed, ranked, judged, and funded in the future. The development of the FOA includes a period for public comment and the chairs have agreed upon a set of guiding principles to ensure that cooperative groups advocate consistently for a reasoned implementation plan to transform the cooperative group program.

The April 2010 Institute of Medicine (IOM) report was the catalyst for various changes to the system that are now underway, and it has generated a new level of enthusiasm within the cooperative group leadership. Over the last several months, group leadership, working with the NCI, has made considerable progress in implementing many of the recommendations in the IOM report, such as increasing the efficiency of group operations, implementing a cross-group information technology (IT) system, and developing plans to consolidate the activities of certain groups including the NSABP-RTOG alliance. There are two over-arching principles affecting cancer patients in all of these activities: the first is to provide the framework for the groups to design and conduct innovative, science-driven clinical trials across the clinical research spectrum for the benefit of cancer patients from advancements in treatment standards and improvements in quality of life to cutting edge early-detection, prevention, and diagnostic capabilities. The second principle, well articulated in the IOM report, was that "it is imperative to preserve and strengthen unique capabilities of the cooperative group program as a vital component in the NCI's translational research continuum."

A full copy of the Guiding Principles is posted on the NSABP Web site, but the 8 principles are listed below:

1. Patients are best served by having strong scientific programs
2. The cooperative groups will function as an integrated hub for large Phase II and Phase III studies
3. Flexibility is required to maximize the potential of the restructured system
4. The strong membership culture of the groups is worth preserving
5. The study review process should incentivize scientific innovation
6. The viability of the new cooperative group hub is linked to its critical resource needs
7. Multi-sector involvement generates funding and science that would not otherwise happen
8. Applicants for cooperative group funding should possess certain Essential Characteristics

The full 7-page Statement can be found on the NSABP Web site at the link below. We encourage all our members to review this document.

https://members.nsabp.pitt.edu/CCCG_Principles_Successful_Group_Reconfig_052011.pdf

A press release on this topic has been sent to 100+ oncology trade publications, Washington-based political media outlets, and a few of the larger medical journals.

If you have any questions or comments, please contact me at larry.wickerham@nsabp.org or 412-330-4622.