

**89 ANUAL REPORT: DIVISION
OF CANCER PREVENTION
AND CONTROL, OCTOBER 1,
1988-SEPTEMBER 31, 1989**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649077281

89 Annual Report: Division Of Cancer Prevention and Control, October 1, 1988-September 31, 1989 by Various .

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Environmental Activities

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1988 September 31 1989

Division Of

Cancer Prevention and Control

NATIONAL
CANCER
INSTITUTE

U. S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
National Institutes of Health

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Intramural Project Summaries
(Forms 6040)

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DIRECTOR'S REPORT

This report describes the intramural research program of the Division of Cancer Prevention and Control (DCPC), one of the four major program divisions of the National Cancer Institute (NCI). The mission of DCPC couples basic research on cancer prevention with cancer control research, with the application of technology, and with disease surveillance. The goal of these activities is to achieve significant reductions in cancer incidence, mortality and morbidity, with a concomitant increase in survival. The Division conducts a broad array of cancer control research and application activities which emphasize validation, evaluation, and demonstration. The program ranges from research on prevention using screening and early detection to methods for applying the most effective regimens for cancer treatment, rehabilitation and continuing care. Significant emphasis is given to cancer prevention research. In keeping with an increasing priority on prevention, much effort is being devoted to research on diet, nutrition, and chemoprevention. Intramural research is expanding with the establishment of a new laboratory for nutrition and cancer research.

ORGANIZATION

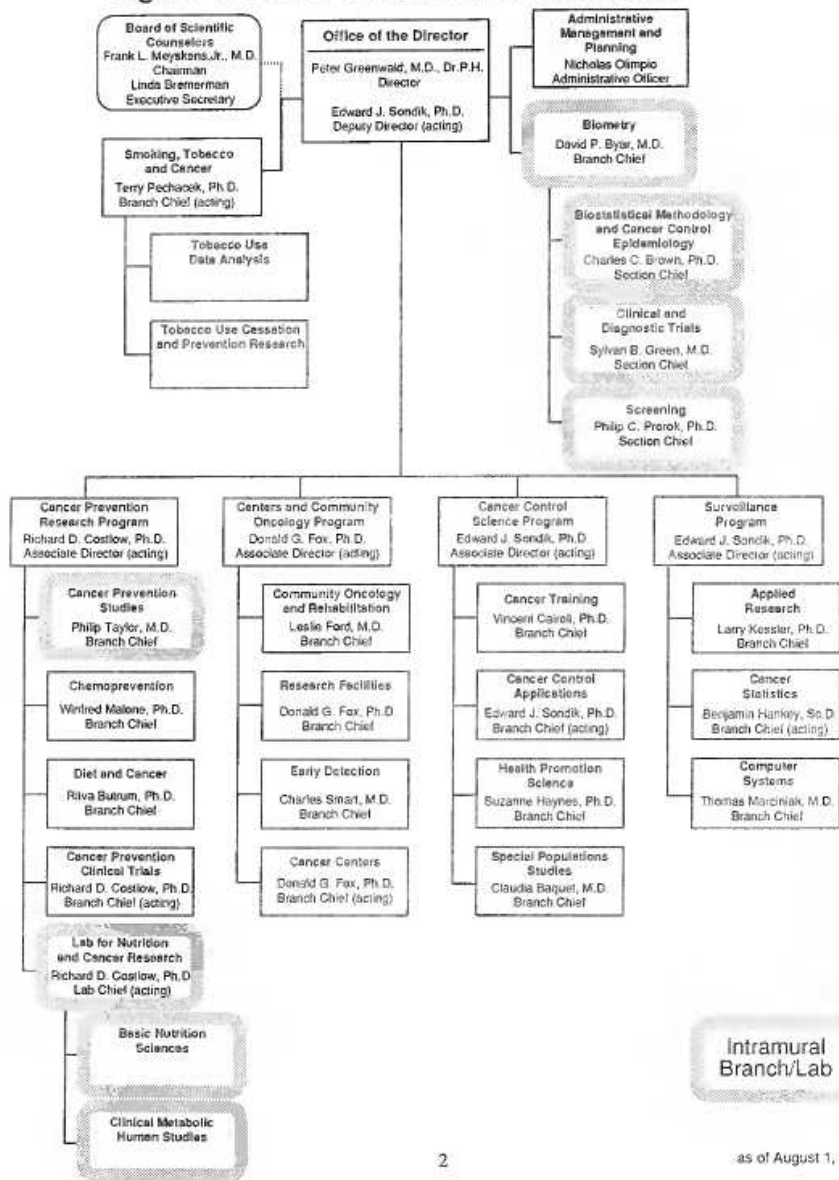
Figure 1 outlines the DCPC organization. The Division consists of four major programs, each led by an Associate Director. The Office of the Division Director provides overall coordination and direction and analytic program support. Each program is described briefly below.

The **Cancer Prevention Research Program (CPRP)** is charged with planning and supporting both intramural and extramural research in diet, nutrition and cancer, and chemoprevention. In addition, this organizational unit serves as the focal point for coordinating diet, nutrition and cancer activities across the NCI divisions. This program houses the Cancer Prevention Studies Branch and a newly-established Laboratory for Nutrition and Cancer Research, two of the three intramural branches in the Division. The intramural Laboratory for Nutrition and Cancer Research will be located at the Frederick Cancer Research Facility (FCRF) in Frederick, MD.

The **Centers and Community Oncology (CCO) Program** supports the nation's network of Cancer Research Centers and community-based clinical research programs. These programs are designed to improve the delivery and application of state-of-the-art cancer treatment, continuing care and rehabilitation. In addition, the CCO is responsible for the integration of cancer center activities with community-based cancer control efforts to develop and disseminate knowledge and technology related to cancer patient management. The Program also conducts research and application activities related to cancer screening and the early detection of cancer. The Community Clinical Oncology Program (CCOP) seeks to link community-based physicians with Cancer Centers and clinical trials research. The CCO had also been responsible for the conduct of the Organ Systems Program, which coordinates basic and clinical research on a number of particular cancers, and for the Research Facilities Program designed to support the construction of cancer research facilities throughout the nation. During this fiscal year, the Organ systems Program was transferred to the Division of Cancer Biology and Diagnosis.

The **Cancer Control Science Program (CCSP)** supports research on ways to effectively transfer cancer control information to the public and to physicians, nurses, and other health professionals. This Program's efforts are directed toward study of a wide variety of cancer control intervention strategies to assess both their impact on populations and the use of proven cancer control methods. Programs that involve State, local and volunteer health groups, and populations with particularly acute cancer problems, figure prominently in the Program's activities. The Program also directs a number of cancer control resource activities, including the nationwide network of

Figure 1. DCPC ORGANIZATION CHART



cancer information offices accessible through an 800 telephone number. It is responsible for the management of the cancer training program for all Divisions of NCI and directly operates the Cancer Prevention Fellowship Program, developed to provide an opportunity for physicians and scientists to train and to gain experience in the field of cancer prevention and control by working with DCPC preceptors.

The **Surveillance Program** is responsible for tracking and evaluating trends in cancer, a program of research on quantitative methods and statistics designed to monitor progress in cancer control for the United States. An important part of the Surveillance Program is a network of population based cancer reporting systems (the Surveillance, Epidemiology, and End Results [SEER]) Program and related efforts which gather and disseminate information on cancer, cancer risk factors, and other elements of cancer control through a variety of reports. The Program also conducts studies on the organization, delivery, and financing of cancer prevention and control services, as well as on the economics of cancer. The Program includes three branches, the Cancer Statistics Branch, responsible for gathering and disseminating information on cancer incidence, mortality, survival, cancer risk factors, and information on public and professional awareness of cancer; the Applied Research Branch which conducts a variety of analytic and methodological studies and develops methods related to cancer surveillance and the evaluation of cancer control; and the Computer Systems Branch which provides comprehensive computer systems analysis, design, operation, and programming support for the Division.

The **Office of the Director** is responsible for the coordination and direction of the Division programs. It includes three branches: the Biometry Branch, the Smoking, Tobacco and Cancer Branch, and the Administrative Management and Planning Branch. The Biometry Branch supports intramural research using SEER and other epidemiologic data bases, research in biostatistical methodology, and clinical trials research. The Smoking, Tobacco, and Cancer Branch operates as a focus for NCI-wide research on smoking. The Administrative Management and Planning Branch assists in the management of the Division's budget and administrative matters.

Intramural research is an important component of the programs of the Division of Cancer Prevention and Control. The presence of an intramural program provides extramural program directors ready access to technical expertise relevant to scientific decisions. Moreover, an intramural program brings to the Division the resources to take advantage of a number of research and cancer control opportunities unique to, or important to, the Federal Government including international or interagency collaborations and rapid access to specific high risk target populations. The program also enables methodological research to be pursued that is fundamental to developing the technical approach underlying many large-scale cancer control research projects. Traditionally at NIH, a strong intramural program has enhanced extramural support in its research area. Our new intramural nutrition research program is anticipated to stimulate the extramural nutrition research community in this high-priority endeavor.

Within DCPC, the intramural research program is conducted through the Cancer Prevention Studies Branch (CPSB), the Biometry Branch, and a new intramural Laboratory for Nutrition and Cancer Research, the first phase of which is nearly complete. The **Cancer Prevention Studies Branch**, located in the Cancer Prevention Research Program, contributes to the cancer control process by conducting controlled intervention studies. Intervention studies serve the dual purposes of confirming hypotheses about cancer etiology and effecting cancer control, and act as a bridge between these two types of research efforts. The CPSB conducts intramural research in the areas of diet, nutrition and cancer, cancer chemoprevention, occupational cancer studies, and other cancer prevention strategies directed toward methods development and their application to reduce human cancer risk. The **Biometry Branch**, located in the Office of the Director, plans epidemiologic methodology and investigates mathematical modeling of processes relevant to cancer prevention and control activities. The Biometry Branch also provides consultation on statistical methodology and study design within the Division and to other scientists within the NIH. The **Laboratory for**

Nutrition and Cancer Research will plan, develop, implement and conduct intramural research on nutrition and diet as they relate to the prevention of cancer in humans. The Laboratory will also contribute scientific back-up to the National Cancer Institute's programs in research on diet, nutrition and cancer, and serve as a focal point for new information pertaining to nutrition research. The major areas of research will include basic nutrition science and clinical/metabolic nutrition studies. Laboratory space has been acquired at FCRF and a modest amount of space has been committed in the NIH Clinical Center to begin some metabolic research in humans. A Laboratory Chief for the Nutrition Research Laboratory is expected to be named soon.

One of the factors behind the strong research programs at the National Institutes of Health is the use of peer review in the development and evaluation of research programs. The need for peer review applies both to intramural as well as extramural programs. Committees of outstanding scientists representing the various disciplines involved in the intramural research program periodically review the direction and progress of the research program and staff. All of the intramural program is subject to the same critical review, including the concept of new research ideas prior to their implementation.

The committees that review the intramural research address the breadth and depth of each project and its relation to the Division mission. Critiques also address the quality, progress, future directions and an assessment of resources and staff development. Recommendations made at review are monitored and the impact of their outcomes are assessed in subsequent site visits by the Board of Scientific Counselors and its appropriate subcommittees.

Traditionally at NIH, a strong intramural program has provided leadership and focus to stimulate the scientific community in general to respond to important problems and to complement the research needs in a given area. Research in Cancer Control is no exception to that tradition and a vigorous, high-quality, peer-reviewed intramural program is anticipated to provide the necessary leadership.

Division Director:	Peter Greenwald, M.D., Dr.P.H.
Deputy Director (acting):	Edward J. Sondik, Ph.D.