Baylor College of Medicine

DAN L DUNCAN COMPREHENSIVE CANCER CENTER

Developing a Strategic Plan for the Cancer Prevention and Population Sciences (CPPS) Program at the Dan L Duncan Comprehensive Cancer Center (DLDCCC)



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BACKGROUND

- Every 5 years, NCI-designated cancer centers are reviewed to ensure they are meeting the objectives of the cancer center support grant (CCSG) program.
- CPPS is 1 of 6 research programs in the DLDCCC, which was reviewed in March 2020.
- <u>Program Goal</u>: To conduct transdisciplinary research to reduce cancer incidence, mortality, and improve cancer outcomes.
- Program Characteristics:
- 41 research and 11 clinical members
- \$18.6 million in grant funding
- <u>Outcome of CCSG Review</u>: CPPS received a score of "Excellent" (3 on NIH scoring system).

OBJECTIVE

- Develop a strategic plan for the CPPS program that:
- builds upon existing strengths
- addresses weaknesses particularly those raised in the last CCSG review
- leverages existing resources and opportunities to support continued growth and success.

APPROACH

- Identify strengths, weaknesses, opportunities, threats (SWOT Analysis) through:
 - document analysis (grant portfolio and CCSG summary statement)
 - 50 stakeholder and other informant interviews
- Develop actionable strategies by matching external opportunities and threats with internal strengths and weaknesses (TOWS Matrix; Fig 1.)

RESULTS

Fig 1. TOWS Matrix for CPPS Program	Strengths (S) - Highly productive and well- funded members - Matrix center structure affords access to diverse and medically underserved populations - Strong research focus in epidemiology underserved populations	Weaknesses (W) - Insufficient disciplinary - Lack bidirectional diversity research-community - Overlap in themes; unclear partnerships how they work together - Lack of direct impact of research being done
Opportunities (O)	so Strategies	wo Strategies
 New NIH UNITE initiative Cancer screening not being addressed despite catchment need Medical school – underutilized resource for expanding program capacity Untapped/New funding resources (PCORI, ACS, healthcare delivery and survivorship RFAs) Inter-program collaboratio Cell Signaling and Metabol disease working groups (D 	nd behavioral epi/disparities theme sm • Pursue ACS post-doctoral grants Gl	 Streamline themes and enhance thematic integration with cross-cutting special interest groups (SIGs) Work to enhance impact through: Strategic recruitments with research focus on catchment cancers (breast, prostate, CRC) Stimulate research on secondary prevention and improving cancer outcomes through interprogrammatic collaborations with BCP, CSM, and the lung and GI DWGs
COE CAB lacks capacity for bidirectional engagement - Lack structured proce for analyzing catchme and sharing findings programs to drive stu - Lack expertise in analysis of population-level data - Limited CCSG funding CPPS	nt //th dies Across the DLDCCC • New Population Health Shared Resource • Conduct more joint meetings with other programs	Strategies Develop stronger bi-directional partnerships Pursue PCORI funding to strengthen infrastructure Leverage COVID-19 community partnerships to support post-pandemic cancer-focused research Leverage institutional initiatives on racial justice and population health to maximize resources

sci methods and reflect catchment priorities

*COE = Community Outreach and Engagement Office

DISCUSSION

- Findings suggest several areas for program growth/improvement: structure/organization, scientific foci, collaborations, resource allocation/utilization.
- They also suggest opportunities for greater alignment with both institutional and NIH strategic priorities.

NEXT STEPS

- Immediate: 1) launch SIGs, 2) build support for shared resource, 3) work on strategic recruitments and pilot funding initiatives, 4) begin to expand training infrastructure, and 5) begin to cultivate bidirectional partnerships.
- Longer term: apply for ACS and PCORI funding and work with other programs, disease working groups, and COE to break down silos and develop translational studies.
- Future: use organizational network mapping to identify CPPS "clusterers" and "boundary spanners" to with the goal of developing future program project grants.

COLLABORATORS

- Christopher Amos, PhD AD Population Science
- Michael Scheurer, PhD Co-Leader, CPPS
- Margaret Spitz, PhD Director, CPRIT Training Grant and Senior Advisor to CPPS Program

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