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

Hoda Badr, PhD, Program Leader

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.
- Program Goal: 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
- Outcome of CCSG Review: 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

<table>
<thead>
<tr>
<th>Strengths (S)</th>
<th>Weaknesses (W)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstoppable funding resources (PCORI, ACS)</td>
<td>Insufficient disciplinary diversity</td>
</tr>
<tr>
<td>Healthcare delivery and survivorship RFA</td>
<td>Lack bidirectional research-community partnerships</td>
</tr>
<tr>
<td>Inter-program collaborations – with Breast Cancer (BCP) and Cell Signaling and Metabolism (CSM) programs, lung and GI disease working groups (DGWs)</td>
<td>Lack of direct impact of research being done</td>
</tr>
</tbody>
</table>

Strategies
- **SO**
  - Stimulate and prioritize cancer disparities research
  - Expand training infrastructure to support more diverse population science research
    - Work to expand CPPS training program to include behavioral ep/ disparities theme
    - Pursue ACS post-doctoral grants
    - Leverage medical students and fellows to conduct more healthcare delivery and outcomes focused projects

- **WO**
  - 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 inter-programmatic collaborations with BCP, CSM, and the lung and GI DGWs

<table>
<thead>
<tr>
<th>Threats (T)</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack structural process for analyzing catchment and planning funding with programs to drive studies</td>
<td>Pursue PCORI funding to strengthen infrastructure</td>
</tr>
<tr>
<td>Limited CCSG funding for CPPS</td>
<td>Leverage COVID-19 community partnerships to support post-pandemic cancer-focused research</td>
</tr>
<tr>
<td>Limited CCSG funding for CPPS</td>
<td>Leverage institutional initiatives on racial justice and population health to maximize resources</td>
</tr>
</tbody>
</table>

**ST**
- Breakdown silos and integrate population science across the DLDCCC
  - New Population Health Shared Resource
  - Conduct more joint meetings with other programs
  - Work with the COI* and programs/DGWs to develop translational studies that incorporate pop sci methods and reflect catchment priorities

**WT**
- 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

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 “clusters” 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

Presented at the 2021 ELAM® Poster Forum