

The Organ Site Programs and the National Cancer Program¹

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Dr. Friedell, members of the Program Committee, speakers, and guests. It is a great personal pleasure for me to meet again with participants of the National Bladder Cancer Project at this Conference. Some of you may recall that, when I left the laboratory 4 years ago to join the NCI,² my first responsibility was to work with the National Bladder Cancer Project.

At that time, the Headquarters of this Project was established and Dr. Friedell had been designated the National Project Director. The Working Cadre had begun to receive and review grant applications, and a number of the Project's initial awards already had been made. Prior to my involvement, the Working Cadre had engaged in almost 1 year of meetings in which they, along with other interested investigators, identified research needs and opportunities that might have important impacts on our understanding of the nature of bladder cancer, as well as of its prevention and treatment. The resulting plan for the National Bladder Cancer Project spanned and integrated the full range of scientific endeavors from relevant fundamental laboratory research to clinical treatment.

My first exposure to this new venture was a rewarding experience. Working Cadre meetings were characterized by an enthusiasm that came not only from a determination to provide a high quality of scientific review but also from the anticipation and satisfaction of implementing the broad-scope national program of bladder cancer research that they had worked so hard to define. It was clear that laboratory and clinical scientists had come together in a total effort that all fully appreciated and championed.

The National Bladder Cancer Project was the first of four grant-supported National Organ Site Cancer Programs to get under way. These programs were girded by the underlying philosophy that was, and still is, the guiding principle for all NIH grant-supported programs, namely, that scientists actively working in a given field are those best qualified to identify areas ready for exploration and to design innovative, experimental approaches that will generate new knowledge. Initiation of the National Organ Site Cancer Programs carried that philosophy a step further. They were established on the premise that the active scientists in the field are also those best suited to organize and implement national programs aimed at the full scope of problems of cancer in specific organ sites.

Since the establishment of the National Bladder Cancer Project, some of the procedures originally used have changed. New legislation, such as the Freedom of Information and the Privacy Acts, new regulations, such as those

that govern committee management, as well as new NIH policies and new interpretations of policies and procedures have resulted in changes in the conduct of our operations. Such changes should not be interpreted as indications that NCI wants to regain responsibilities that were originally vested in the National Project Director, his staff, and the Working Cadre. At NCI we view such changes as procedural and not changes in our initial intent. We continue to remain dedicated to the original underlying philosophy of the National Organ Site Cancer Programs, namely, that these targeted research endeavors can best be achieved if the goals are defined, the needs are identified, and the programs are implemented by scientists who have demonstrated their capabilities to conduct such studies.

The National Organ Site Cancer Programs, with the National Bladder Cancer Project leading the way, began as an experiment in NCI program management. Having the planning and most of the administration of a program done outside of NCI was a novel approach. It was novel too in that it was an effort to develop programs targeted to our nation's needs and the programmatic interests of NCI that incorporated and relied upon investigator-initiated research.

Because of their novelty, these programs were often subject to doubts and criticisms. Concerns were expressed about the adequacy of merit review, potential conflicts of interest, and the role of basic research in a targeted cancer program. It is to the credit of these programs that, whenever their critics took the trouble to familiarize themselves with the programs, their fears and suspicions were allayed.

The NCI staff that works closely with these programs, myself among them, no longer views them as either new or experimental. We believe that they have passed their infancy successfully and are maturing into established programs that hold great promise. They are, in my opinion, an excellent way to approach circumscribed but important problems in cancer for which there is a need to stimulate increased research and to attract the participation of individuals of diverse scientific backgrounds whose talents can be brought to bear on these problems.

As is true of all of our Organ Site Cancer Projects, the National Bladder Cancer Project to date has enjoyed its highest level of financial support in its formative years. Whereas in fiscal year 1972, the first year of this Project, 4 awards were made in the amount of \$453,000, in fiscal year 1973, 25 awards obligated \$1.7 million. In 1974, an additional \$2.0 million permitted the funding of 45 grants. The 1975 budget for this Project allowed 53 awards to be made. This healthy and desirable growth was slowed in fiscal year 1976 when, despite a small budget increment, the number of projects supported remained at 53. A few additional awards were made during the transition quarter, July 1 to September 30, 1976.

¹ Presented at the National Bladder Cancer Conference, November 28 to December 1, 1976, Miami Beach, Fla.

² The abbreviation used is: NCI, National Cancer Institute.

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Given the fact that NCI is now entering a phase in which it can anticipate only moderate budget increases, the competition for funds among all NCI programs will become more intense. I am cognizant of the problems and frustrations that a new level of austerity will bring to the National Organ Site Cancer Programs, but I assure you that the NCI staff will do all that we can to alleviate these problems so that the National Bladder Cancer Project and other National Organ Site Cancer Projects can achieve their full potential and thereby exert their maximum impact on cancer.

In closing let me return to an earlier point. You will recall that I mentioned the enthusiasm of the Headquarters staff

and of the Working Cadre of the National Bladder Cancer Project which I observed when I first began working with the National Organ Site Cancer Programs. It is a pleasure to return and witness that this enthusiasm and camaraderie have now been extended to all of the participants in the program through workshops and conferences such as this. The enthusiasm for this program is also shared by the NCI staff charged with the responsibility to see that this coinitiated effort continues to maintain the high standards of research excellence and research administration that have been the hallmark of NIH.