



Masonic Cancer Center

UNIVERSITY OF MINNESOTA

Comprehensive Cancer Center designated by the National Cancer Institute

ADMINISTRATIVE POLICY

MCC Cancer Relevance Assignment

Policy Type:
Operations

Policy Owner(s):
Operations Director

Policy contacts:
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Revised: 11/1/17
Reviewed: 4/3/18
Effective Date: 11/1/17

POLICY STATEMENT

1. OBJECTIVE

- a. This procedure describes the methods to be used for determining the cancer relevance of grants and publications.
- b. This procedure is in place to assure that cancer-relatedness is appropriately established for grants and publications based on scientific principles. It is intended to meet NCI description of the appropriate approach to assessing cancer relevance.
- c. Cancer relatedness is defined as relevance to cancer biology, carcinogenesis, risk, diagnosis, treatment, prevention, supportive care, and comparative effectiveness.

2. RESPONSIBILITIES

- a. This policy applies to all members and potential members. Members of the Masonic Cancer Center that are involved in the process of assessing the cancer relevance may include the Center Director, Associate Directors, and Program Leaders

3. REFERENCED REGULATIONS AND GUIDELINES

- a. NCI CCSG Guidelines: updated 12/21/2016
<https://grants.nih.gov/grants/guide/pa-files/PAR-17-095.html>
- b. CCSG FAQ: updated 12/21/2017
<https://cancercenters.cancer.gov/documents/CCSGFAQs508C.pdf>
- c. World Health Organization (WHO): Facts on Cancer
<http://www.who.int/mediacentre/factsheets/fs297/en/>

4. DEFINITIONS

- a. **Cancer:** Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the latter process is referred to as metastasizing. Metastases are a major cause of death from cancer.

- b. **Causes of Cancer:** Cancer arises from the transformation of normal cells into tumor cells in a multistage process that generally progresses from a pre-cancerous lesion to a malignant tumor. These changes are the result of the interaction between a person's genetic factors and 3 categories of external agents, including:
- physical carcinogens, such as ultraviolet and ionizing radiation;
 - chemical carcinogens, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant), and arsenic (a drinking water contaminant); and
 - biological carcinogens, such as infections from certain viruses, bacteria, or parasites.
 - WHO, through its cancer research agency, International Agency for Research on Cancer (IARC), maintains a classification of cancer-causing agents.

Aging is another fundamental factor for the development of cancer. The incidence of cancer rises dramatically with age, most likely due to a build-up of risks for specific cancers that increase with age. The overall risk accumulation is combined with the tendency for cellular repair mechanisms to be less effective as a person grows older.

- c. **Risk Factors for Cancer:** Tobacco use, alcohol use, unhealthy diet, and physical inactivity are major cancer risk factors worldwide and are also the 4 shared risk factors for other noncommunicable diseases.

Some chronic infections are risk factors for cancer and have major relevance in low- and middle-income countries. Approximately 15% of cancers diagnosed in 2012 were attributed to carcinogenic infections, including *Helicobacter pylori*, Human papillomavirus (HPV), Hepatitis B virus, Hepatitis C virus, and Epstein-Barr virus (3). Hepatitis B and C virus and some types of HPV increase the risk for liver and cervical cancer, respectively. Infection with HIV substantially increases the risk of cancers such as cervical cancer.

- d. Practices Advancing and/or Related to Cancer Treatment, Prevention, Supportive Care, or Assessment of Effectiveness

5. PROCEDURES

- a. General Information
1. Awards and Publications are reviewed on a regular basis by Program Leaders, Associate Directors, and the Center Director.
 2. Awards and Publications are collected and sorted by MCC Administration for each Research Program.
 3. Awards and Publication lists are signed off on annual basis, during the CCSG non-competing continuation submission.
- b. Assigning the Cancer Relevance to Grants
1. Awards by NCI are 100% cancer relevant. Also, as described in the program announcement for P30 Cancer Center Support Grants (<https://grants.nih.gov/grants/guide/pa-files/PAR-17-095.html>) organizations with Peer Review Funding Systems (as defined by the NCI and revised 3/20/2017) can also be 100% cancer relevant, e.g. Komen Foundation, ACS, Leukemia and Lymphoma Society
 2. For awards that are not NCI, the Program Leaders are asked to provide a statement of cancer relevance.

3. The MCC Executive Committee will work closely with Program Leaders to validate the assessment of cancer relevance.
 4. Director is presented with the list of awards, along with statement of cancer relevance.
 5. Director will, when necessary, ask to review each abstract and specific aims of the grant in question.
 6. Director will, at the end of this process, approve all of the grants that are cancer relevant.
- c. Assigning Partial Cancer Relevance to Grants
1. For awards that are determined to be cancer relevant, it is necessary to assign percent relevance. This allows for proper allocation of direct costs.
 2. Percent relevance is assigned based on specific aims of the award and their respective cancer relevance.
 3. For example: if the award has 2 Specific Aims, and it was determined that one of the Aims is cancer relevant, the award would be assigned 50% of the total direct cost. Grants are assigned either 25%, 50%, 75% or 100% cancer relevance.
 4. For awards that have partial cancer relevance, the Program Leaders are asked to provide a statement of cancer relevance.
 5. The MCC Executive Committee will work closely with Program Leaders to validate the assessment of cancer relevance.
 6. Director is presented with the list of awards, along with percent cancer relevance assignment for each grant.
 7. Director will review and approve all of the grants that are cancer relevant with the appropriate percentage.
- d. Assessing the Cancer Relevance to Publications
1. List of all publications of members are provided to Program Leaders by MCC Administration.
 2. Program Leaders will review each publication abstract and assess cancer relevance.
 3. The MCC Executive Committee will work closely with Program Leaders to validate the assessment of cancer relevance. Statement of cancer relevance will be required for some publications.
 4. Director is presented with the list of publications, along with statement of cancer relevance.
 5. Director will, when necessary, ask to review each publication in question.
 6. Director will, at the end of this process, approve all of the publications that are cancer relevant.