Hi, I am attaching the written testimony that I gave orally today. Thank you for your efforts on our behalf.

Lynne Wilkens
Specialist
University of Hawaii Cancer Center

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My name is Lynne Wilkens and I am a faculty member in the Epidemiology Program and the Director of the Biostatistics Shared Resources at the Center. I have been at the UH cancer center since 1988 and am currently the president of the UHCC faculty senate. The views I express are my own however.

Faculty members were encouraged to testify today so that you could hear our viewpoints. I first address the value of the Cancer Center. While I think there is excellent research going on in many of the scientific domains, I am a prevention researcher and will speak of its value. I think that the prevention work done at the Cancer Center is very important to the national cancer mission and to the populations of Hawaii and the Pacific. Due to the unique multiethnic population of Hawaii, we have been able to study why some groups are at higher or lower risk for certain cancers while living in the same environment. A study at the CC was one of the first to uncover the protection role of consumption of vegetables in lung cancer among smokers. The recent ruling by IARC that processed meat and red meat to a less degree are carcinogens for colorectal cancer used evidence from our studies. This finding is particularly important for our Japanese population, and now the population in Japan, who have among the highest rates of this aggressive cancer. In the genetic realm, our collaboration with USC on the Multiethnic Cohort was one of the first studies that linked the 8q24 locus to the much higher rates of prostate cancer in African Americans that in turn led to the understanding of its important to cancer incidence in general. Lastly, I have been involved in several studies in the broader Pacific and I find that we can be advocates for research to study problems of importance to these underserved populations.

So, should you invest in the Cancer Center? I would say yes, for several reasons. First, the work we do is important globally and locally. Secondly, the NIH budget is growing again and there is a call for a “moonshot for cancer”. Lastly, while not immediately apparent, this will help the other units of UH. Without investment, we will not thrive and not bring in additional grant dollars. This will mean a larger portion of the strapped UHM budget will have to go to “must support” items here, such as tenured faculty salaries and the bond debt.

Do I support the “Business Plan”? There are certainly elements I agree with:

we should pursue new revenue streams, such as through leasing space in the building and the annex,

we should pursue new grant endeavors, which would be benefitted greatly by a few targeted recruitment of faculty members in gap areas,

we must recruit a new cancer director,
we should try to maintain our NCI designation as that will provide a better environment for science (and hence revenues).

However, of course the devil is in the details.

For instance, building out the annex and moving the JABSOM groups currently at Gold Bond seems like a great idea, but it is unclear how long it will take for the rent to make up for the investment in cigarette tax moneys upfront.

I also don’t see how recruiting new faculty into “I” positions will advance the mission of the Cancer Center or UH, or save funds. We have no students at UHCC, so how can you compel faculty to teach? Will the faculty have to find instructional units to take them? The instructional units would rather hire their own faculty, whose expertise fits their missions, and at a fraction of the cost of the UHCC salaries. If the instructional units can pay our faculties at lecturer salaries, we would be financially better off by more aggressively pursuing grants -- that is what we are best at. Also, practice makes perfect and ideas get honed through the process of writing grants that are not funded. Lastly, this realignment of I and R positions cannot be made based on the CC situation, as it would have broader repercussions for UHM and UHH.

Combining some functions between UHCC and JABSOM is logical and should make for more efficient operations, but the funding model is unclear. Will all funds go first to JABSOM and then to the CC director, or will an agreed upon portion of the overall UHCC funds go to the Kakaako operations, with the remaining UHCC funds go to the director? The director will need flexibility in using funds for the CC to succeed.

So, how to proceed? My recommendation is to invest in the UHCC, in order to help the underserved populations here and to avail Hawaii of federal cancer funding. However, I think that the deliberations on the specific funding decisions must include an advocate for the Cancer Center alone, who can understand how decisions affect research endeavors and long-term cancer care directions. Therefore, I recommend postponing making the detailed decisions until a Director is in place. Hiring a Director without the specific plan is a leap of faith, but that is how all important strides are made.