Published in final edited form as:

J Health Care Poor Underserved. 2010 February ; 21(1 Suppl): 1–4. doi:10.1353/hpu.0.0260.

Meharry Medical College–Vanderbilt–Ingram Cancer Center Partnership: Its History and Role in Cancer Health Disparities Research

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History

In February 1999, Dr. John E. Maupin (then the president of Meharry Medical College [MMC]) invited Dr. Hal Moses (then the Director of Vanderbilt–Ingram Cancer Center [VICC]), Dr. George H. Hill (then the Vice President for Research at MMC), Dr. Robert S. Dittus, Dr. Anna Cherrie Epps (then the Dean of School of Medicine at MMC) and Dr. Samuel E. Adunyah to a meeting in his office. The Meharry-Vanderbilt Alliance Office was represented by Dr. Clifton Meador, Director. The purpose of the meeting was to discuss a proposal from Dr. Moses regarding the possibility of forming a cancer partnership between VICC and MMC. Dr. Moses had just returned from a meeting of Cancer Center Directors in Washington, D.C. during which he learned about the availability of resources for cancer disparities research from the National Center on Minority Health and Health Disparities (NCMHD), headed by Dr. John Ruffin.

As a follow-up to this first meeting, Drs. Meador and Moses convened an expanded meeting at the Alliance office to explore the opportunity. Drs. Samuel E. Adunyah, the late Robert Hardy (an Oncologist), George Hill, and Kofi Semanya represented MMC. Drs. Robert S. Dittus, Hal Moses, and Dave Johnson represented VICC. During the discussions, Dr. Adunyah presented an outline of plan for establishment of an MMC-VICC Cancer partnership to include four components: basic science, clinical oncology, outreach and prevention, and PhD training in cancer research. The plan was unanimously accepted as the framework for the partnership. The outcome of the meeting also included plans to apply to the National Cancer Institute (NCI) and NCMHD for a supplement grant to the VICC cancer center support grant to support the planning and implementation program as a platform for the eventual application for Cancer U54 grant from NCI. Dr. Hal Moses of VICC and Dr. Samuel E. Adunyah of MMC were selected to lead the partnership and also to serve as the

Co-PIs for the supplement applications. Ms. Susan Mills, the Assoc. Director for administration in VICC provided support for Dr. Moses.

The supplement application to NCI's Program grant to the Vanderbilt Cancer Center was successful. The grant provided about \$0.68 million for two years, which supported (1) the development Oncology Clinic at MMC to begin the clinical trials program, (2) seed money for development of 2 basic science pilot projects, (3) partial administrative support, and (4) meetings and retreats during the development of the cancer partnership's first U54 grant application. (Unfortunately, Dr. Hardy died of cancer before the notice of award was received.) More specifically, this funding provided the resources for recruitment of Dr. Emeka Ikpeazu, an MD/PhD who had just completed his oncology fellowship in VICC to lead the Clinical Oncology core at MMC. He played an initial critical role which led to the establishment from ground zero of Robert Hardy Oncology Clinic in Nashville Metro General Hospital at Meharry Medical College. The supplement funding also provided a year of funding for three pre-pilot basic science projects, which later became part of the basic science components funded by our first U54 grant.

Overall, the supplement funding enabled our new cancer partnership to accelerate its movement towards becoming a fully functional and competitive cancer partnership within the NCI's Minority Institution/Cancer Center Partnership (MI/CCP). Within a year of the supplement funding, the partnership recruited Ms. Ketia Barnes as an administrative assistant, who has since become a dynamic Senior Coordinator for the partnership. Certainly the timely recruitment of Dr. Steven Stain, a surgeon as the chair of Surgery Dept. at MMC and Dr. Hyacinth Mason at VICC as the Coordinating Assistant to Dr. Hal Moses in the partnership also enhanced our competitiveness. Between July 1999 and March 2000, our partnership expanded its membership, clearly defined its mission and goals, and prioritized both its short and its long-term objectives regarding its role in the war against cancer health disparities. In addition, through a series of biweekly and monthly meetings of the Internal Advisory Committee (comprising six people from each institution) our working model and strategies for a highly competitive U54 grant application were developed. In addition, the frequent meetings between Drs. Adunyah and Moses facilitated the development of an excellent working relationship and defined the critical elements of the partnership.

In April 2001, we submitted our first competitive U54 grant application entitled *MMC-VICC Comprehensive Cancer Partnership* to NCI. The goal of the grant was to seek funding to improve and strengthen MMC's capabilities to conduct cancer research. More specific aims of the five-year funding included (1) support for Clinical Oncology Core, recruitment of oncologists and the commencement of oncology clinical trials at the Robert Hardy Oncology Clinic at MMC; (2) support for three basic science projects and three PhD students at MMC; (3) support for recruitment of two basic science faculty, one oncologist, one oncology nurse, one biostatistician, one oncology pharmacy staff member, and one cancer epidemiologist; (4) support for development of a tissue culture core for cancer research at MMC; and (5) support for seminars, cancer retreats, and workshops. The grant application was highly meritorious and received an outstanding score, which was the best in the nation. It is important also to mention that before the funding, VICC attained NCI Comprehensive Status.

The five-year funding successfully strengthened the cancer research infrastructure at MMC that led to expansion of various components of the partnership. The key accomplishments during the first five years of U54 funding included successful establishment and implementation of oncology clinical trials at MMC; these trials have significantly enhanced recruitment of African Americans into national oncology trials. Initially, the oncology clinic served as an infusion center for cancer chemotherapy. However, the recruitment of Dr. Steven Stain as Chair of the Dept. of Surgery, Dr. Steven Wolff (a clinical oncologist) and Dr. Debbie Wujcik (a research nurse) to MMC transformed the clinic to an Oncology Clinical Trials Center.

Overall, the U54 grant also provided direct support for three PhD students and indirect support for 18 PhD students who have since graduated from MMC. It also supported development of strong basic science research in breast and prostate cancer, establishment of an Epidemiology/Biostatistics Core, acquisition of several collaborative grants, and successful recruitment of over 10 cancer research faculty members at MMC. Furthermore, it supported establishment of annual national cancer retreat.

In the spring of 2005, we submitted a competing renewal application entitled *MMC-VICC Cancer Partnership for Elimination of Cancer Disparities* to NCI. As part of the application, we brought in Tennessee State University on sub-contract basis to play a vital role in the community/population studies. Another critical factor in this application was contributed by the recruitment of Dr. Derrick Beech, surgical oncologist, as Chair of department of surgery at MMC and Dr. Bettina Beech as Associate Director of Population Research at VICC. Both Drs. Derrick Beech and Bettina Beech play active leadership roles in the administrative core of partnership. Unfortunately, along the way we lost Dr. Phil Browning, a clinical oncologist at VICC and an active member of our partnership; he succumbed to colon cancer.

Even though our competing renewal application was the only one in the nation to receive an outstanding priority score, it was not funded for technical reasons. A revised competing application that was submitted in April, 2006 received an even better priority score, and it was funded for five years. The key elements of the funding are for two full projects in cancer epidemiology, two basic science pilot projects, four community/population pilot research project, one clinical pre-pilot project, two basic-faculty recruitments, three PhD students, oncology clinical trials, and development of cancer tissue core (bank) for collection and storage of cancer tissues from African Americans and members of other racial/ethnic minorities.

Overall Progress

We are very pleased to report that the partnership has made significant progress in recruitment of African American cancer patients to oncology clinical trials. In addition, we have made significant progress in population based research, prostate cancer research, PhD training, and faculty recruitment. Drs. Adunyah and Moses have provided their leadership expertise in external advisory committees in several cancer partnerships in this country.

During the last five years, this partnership has successfully organized one national cancer conference on colon cancer and eight regional cancer retreats on various topics including

breast cancer and lung cancer. Our next year's cancer retreat will focus on prostate cancer. Typically these retreats attracted an average of 150 attendees including cancer researchers and students from the partnership institutions and the community. Our community outreach group continues to play active roles in cancer outreach within Davidson County (Nashville, the home city for both Meharry and Vanderbilt). Recently, the outreach group represented by United Nashville–Partnership Against Cancer (UN-PAC) teamed up with the Tennessee Cancer Coalition to successfully organize a statewide cancer retreat in Nashville hosted by MMC. Since the establishment of the cancer partnership, the combined effort of MMC and VICC has also led to the acquisition of Minority Based Community Clinical Oncology Program (MBCCOP) and the Southern Community Cohort Study (SCCS) grants, which have strengthened the partnership in its ability to undertake cancer health disparities research.

Our lessons learned include disappointments in pilot project outcomes, slow recruitment of research subjects, departure of faculty from MMC, and the fact that it takes persistent dedicated efforts and excellent working relationship to achieve such a high degree of success.

In summary, our cancer partnership has become highly successful as a key player in the war against cancer health disparities in Tennessee. At the national level, our partnership remains the most well-established and stable competitive cancer partnership. The accomplishments are evident in the accompanying articles on cancer health disparities from investigators within our partnership.

Acknowledgments

The partnership is extremely grateful to Drs. James Sherley (former Chairman), Michael Andrykowski, Otis Brawley, Mona Foad, Bernard Levin (current Chairman), Mark Nelson, Claudia Baquet, Erie Robertson, and Nelson Aguila for their vital advisory roles in the Program Steering Committee (PSC). The outstanding supporting roles of Ms. Ketia Barnes, Ms. Susan Mills and Mr. William Wayne Green in the administrative core of the partnership are also sincerely appreciated by the leadership. Finally, the partnership is sincerely grateful to the NCI's MI/CCP Program for the cancer U54 Grant #5U54 CA091408-09 to our partnership institutions.