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A Conversation with Dr. Barbara Rimer and Dr. Robert Croyle

Much has changed in DCCPS over the past decade. Here, Dr. Barbara Rimer, the division's first director, currently the dean of the University of North Carolina School of Public Health, and Dr. Bob Croyle, the current division director, talk about the past and future of DCCPS.



Dr. Barbara Rimer

The formation of DCCPS brought together a broad array of research interests. What was the biggest challenge in pulling it all together?

There were a few challenges. One was attracting really great people to join the division, as well as identifying people within the existing organization for leadership roles and then developing the start-up needed for a new organization. Another challenge was to meld people who had worked at NCI previously and newcomers so they would have a shared vision and commitment. Some disciplines were harder to recruit than others. I was really proud when [former NCI Director] Klausner said to me, "The people in your division are really smart, but they also are really nice people." That combination of smart and nice was something for which [former DCCPS Deputy Director] Bob Hiatt and I strove.

Was there a specific focus of the division or certain areas that were higher priorities than others?

The focus was on meeting the scientific needs of the time and anticipating the future, so we involved a lot of people inside and outside of NCI in setting priorities. We identified some areas, like dissemination, where we believed there were huge opportunities and needs. There was consensus that biobehavioral research was an understudied area that required nurturing. We examined the science in the tobacco area and concluded that Transdisciplinary Tobacco Use Research Centers (TTURCs) were needed to push science forward, and we were delighted to receive NCI's support for this effort. It also was clear that health communications and informatics provided opportunities to enhance cancer control, as well as a need for a DHHS-wide quality of cancer care initiative and to maximize our use of cohorts, which led to NCI's cohort consortiums.

What things from the division's early years are you particularly proud of?

The caliber of people we recruited into the government and identified from within was awesome. Our leadership team was one of the strongest anywhere in government and rivals the best university teams anywhere. I'm really proud of these people and so glad that many of them remain in DCCPS today. I'm also proud that we began the TTURCs at a time when people even doubted that the word "transdisciplinary" existed, and now the concept has spread far beyond NCI. We created new collaborations across NCI and NIH, with other government agencies and organizations like the American Cancer Society. And finally we

built tools like PLANET, the Cancer Trends Progress Report, State Cancer Profiles, and the HINTS datasets, that put cancer control tools in the hands of people all over the world. Government worked for scientists and practitioners, and I always will be proud to have been part of NIH at a time in which it worked remarkably well.

Dr. Robert Croyle



We hear a lot about the rapid changes in cancer research. Is that true for the population sciences and is it influencing how DCCPS is preparing for the future?

Yes, absolutely. There has been tremendous growth in team science, and this has been reflected in both grant applications and publications. DCCPS has played a role in this trend, both through targeted team science funding opportunities, and in facilitating the development of research networks and consortia. It's gratifying to see how the interdisciplinary conversations we've sponsored have lead to so many exciting and productive collaborations.

Are there specific areas of research that DCCPS is funding that could have profound implications for treatment, early

detection, etc.?

It's very difficult to select just a few, because there are large and visible activities, such as genome-wide association studies, that have truly revolutionized the field. Two areas that have attracted less publicity but I see as equally important are statistical modeling of cancer trends, such as the work conducted by the CISNET group, and the development of valid and reliable measures of patient-reported outcomes. Both areas of research can play a critical role in developing evidence-based health policies at the national level.

Looking ahead, what do you believe are the trends that will drive DCCPS' future work and priorities?

What I'm seeing is a convergence of science, rather than divergence. In the population sciences, this is reflected in studies that utilize and integrate surveillance data, behavioral data, health care records, and biospecimens. The future of population science, and I would argue science in general, lies in the analysis of multiple kinds of data, rapidly acquired from many sources that converge around a specific research question. We're starting to see compelling examples of this, especially in breast cancer, but it's only the tip of the iceberg.