Almost **42,000 Georgians are diagnosed with cancer each year**. Georgia averages approximately 15,000 cancer deaths a year with an annual death rate of approximately 187 for every 100,000 Georgians, which exceeds the national average. Additionally, more than **80 percent of Georgia’s counties exceed the national cancer death rate**, with some of the state’s small, rural counties posting annual rates in excess of 250 deaths per 100,000 people. Despite high incidence of cancer among its rapidly growing and largely rural population, Georgia is home to only one of the nation’s 67 National Cancer Institute -designated cancer centers, 41 of which are designated as ‘comprehensive’ centers. **Building a large regional NCI-designated cancer center requires significant and sustained state support and investment.** For example:

UC Davis Cancer Center achieved NCI designation in 2002 after a 12-year, $70 million effort. The University of Kansas Cancer Center applied for NCI designation this September following seven-plus years of work and an approximately $350 million investment.

**NCI-designated centers in Georgia and contiguous states**

**GEORGIA** → Georgia’s sole NCI cancer center (Emory University’s Winship Cancer Institute, which is located in Atlanta and serves a largely urban patient population) was designated in 2009.

**ALABAMA** → The University of Alabama Comprehensive Cancer Center was one of the first 11 comprehensive centers designated by the NCI in 1972.

**FLORIDA** → The H. Lee Moffitt Cancer Center and Research Institute opened in 1986, began research efforts in 1993, and received NCI comprehensive cancer center designation in 1998.

**NORTH CAROLINA** → North Carolina, a state with a smaller and slower-growing population than Georgia, has **three cancer centers** – at Duke, UNC-Chapel Hill, and Wake Forest University – all designated as comprehensive cancer centers.

**SOUTH CAROLINA** → The Hollings Cancer Center at the Medical University of South Carolina is one of the nation’s newest NCI-designated cancer centers, receiving its Cancer Center Support Grant in 2009 – following a 15-year effort to build capacity.

**TENNESSEE** → Tennessee is home to **two NCI comprehensive cancer centers** – St. Jude Children’s Research Hospital (designation awarded in 2008) and the Vanderbilt-Ingram Cancer Center (designation awarded in 1995 and comprehensive status achieved in 2001).

**NCI designation- What does it take?**
- A state-of-the-art comprehensive facility
- 40-50 additional research faculty
- Public outreach & minority-based programs
- Robust clinical-trials program- currently strengthening the GRU CC Clinical Trial Network
- Strong state Tumor Biobank- this will help expand the organizations statewide

**Economic benefits of NCI-Designated Cancer Centers**

Economic impact studies of U.S. cancer centers help guide analysis of the impact of GRU’s Cancer Center. Some quantifiable results that have materialized in other studies include a jobs multiplier of between 1.6 (University of Virginia) and 1.9 (Moffitt Cancer Center in Tampa).

This means that for every job created at a Cancer Center, 0.6 to 0.9 additional jobs are created in the regions they serve. - For every dollar of goods and services produced by the University of Virginia Cancer Center, the other firms in the state saw an average 40-cent increase in the value of their goods and services produced.

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- In Tampa, Moffitt purchased almost $27 million of goods and services in the local area. This increased the value of all goods and services produced in the Tampa region by over $112 million.
- In Tampa, for every dollar earned by an employee of the Moffitt Cancer Center, other workers in the region earned an additional 60 cents.
- The University of Virginia Cancer Center generates $8 million in state tax revenue per year.

**The public’s investment in cancer**

In 2007 the state of Texas established a $3 billion, 10-year cancer research investment initiative to fund groundbreaking cancer research and prevention programs and services. And while all states have not invested at this level, many are making focused and sustained investments in their state’s cancer centers. Moffitt Cancer Center in Florida has received a continuing $10 million annual investment from the state’s Biomedical Trust Fund, following an initial $100 million investment. Even after severe cuts to funding in this year’s legislative session, Moffitt continues to receive $5 million annually.

**GRU Cancer Research Center**

The GRU Cancer Research Center facility was completed in 2006 and houses approximately 35 funded research faculty and 175 associated personnel conducting cancer-related research. GRU cancer research has grown from $9.5 million in FY 2005 to $26.4 million in FY 2011, a nearly three-fold increase in five years. In 2010, GRU opened a clinical cancer facility, which offers multidisciplinary patient- and family-centered cancer treatment and supports vital clinical research. These significant capital investments provide the infrastructure to fully realize “bench to bedside” treatment. For example, GRU is the first facility in Georgia to offer Phase 1 and Phase 2 clinical trials and currently participates in nearly 150 studies.

**Plans for growth**

GRU completed a successful nationwide search for a new Director of the GRU Cancer Center Director with the appointment of Dr. Samir N. Khleif, who served as Chief of the National Cancer Institute’s Cancer Vaccine Section. Dr. Khleif, whose research group designed some of the first cancer vaccine clinical trials targeting specific genetic changes in cancer cells, oversees GRU’s Cancer Research Center and its outpatient Cancer Center and works with GRU leadership to pursue an aggressive agenda for strategic growth that includes doubling federal research support for cancer research in five years and expanding our statewide network for clinical trials by partnering with oncology practices where GRU’s regional campuses are based, (Savannah, Albany, Rome, and Athens)

**Building on GRU’s Cancer Center plan**

$45 million in bond money for the construction of the GRU Cancer Center was included in the final FY14 budget. From FY2006 to FY2010, Georgia provided $5 million per year to support GRU’s cancer program. In FY2011, the funding was reduced to $2.5 million and was eliminated the following year. In FY13, $5 million was appropriated to help to “jump start” four prime initiatives in the development of the Cancer Center as a leader in patient care, education and research. While the public's investment in collaborative, multidisciplinary cancer research and research infrastructure yielded significant progress, including a nearly three-fold increase in funded cancer research (from $9.5 million in FY2005 to $26.4 million in FY2011), an ongoing commitment to future research is necessary if we are to maintain momentum.

$10 million was appropriated for continued cancer research in the final FY14 budget, an increase of $5 million from previous years’ appropriations. These funds will be used to support:
- a greater number of investigator initiated clinical trials;
- improve patient care by expanding access to novel therapies and personalized medicine statewide;
- double the number of investigator-initiated clinical trials and include more rural sites;

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- develop collaborations in drug discovery with the University of Georgia and nanotechnology with Georgia Institute of Technology;
- launch Cancer Public Education Programs and minority-based prevention programs (Smoking Cessation, Obesity, etc.);
- expand and improve the number of BioBank participant organizations statewide and enhance the capability of each

GRU is grateful for the state’s support and believe it will provide momentum in building a world-class program for the state in cancer prevention, diagnosis, and treatment.

**How GRU would invest funds committed by the state**
With a $55 million state investment ($10 million for clinical and $45 million for building), GRU will construct additional cancer research laboratories, expanding its research campus and enhancing its hiring opportunities, while reinforcing its reputation and ability to leverage increased funding from NIH, peer-reviewed funding and private philanthropy.