



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

---

Testimony Presented Before the  
House Committee on Lower and Higher Education  
and  
House Committee on Health  
February 7, 2020 at 2:00 p.m.  
by  
David Lassner  
President  
University of Hawai'i System

HB 2564 – RELATING TO THE UNIVERSITY OF HAWAII

Chairs Woodson and Mizuno, Vice Chairs Hashem, Quinlan, and Kobayashi, and members of the Committees:

Thank you for this opportunity to provide testimony in strong opposition to HB 2564, which proposes to legislate the internal structure and management of the University of Hawai'i (UH) by moving the UH Cancer Center under the John A. Burns School of Medicine (JABSOM).

This bill would replace the judgment and decision of the Board of Regents, which established the Cancer Center in 1981 as a freestanding Organized Research Unit (ORU) of the University of Hawai'i at Mānoa, by imposing a structure suggested by the Legislature without regard for the potentially devastating impacts of such a change.

We oppose this bill for three reasons:

First, passage of this measure would gravely threaten the P30 grant from the National Cancer Institute (NCI) of the National Institutes of Health, which carries our formal designation as one of only 71 NCI-designated cancer centers in the nation. This is a critical designation for which we have worked diligently and in which the university and State have invested significant resources.

Second, a legislative mandate regarding internal restructuring is not necessary or appropriate to achieve synergies and efficiencies among the Cancer Center and other UH units, which include but are not limited to JABSOM.

Third, while the Legislature has reserved to itself the right to legislate matters of statewide concern, it is neither appropriate nor necessary for the legislature to substitute its opinions on this specific matter of internal structure and management for the reasoned views of the UH, which is responsible to maximize the ability of the Cancer Center to reduce the burden of cancer on the people of Hawai'i.

### Threat to NCI designation

Earlier this year the University of Hawai'i Cancer Center was assessed by our External Advisory Committee (EAC), which is sometimes referred to as the External Advisory Board or EAB. The EAC is composed of a group of Cancer Center directors and leaders from around the country who visit each year to provide unbiased input and guidance to advance our program and help ensure our compliance with the NCI P30 guidelines.

The EAC could hardly have been more positive about the turnaround at the UH Cancer Center under the leadership of Dr. Randy Holcombe, our esteemed, accomplished and experienced Cancer Center director. I have appended the Executive Summary of their report to this testimony so that you can see just how well Dr. Holcombe and his team have addressed what were longstanding and widely recognized challenges.

During our outbrief with the EAC, we discussed some recent changes in the NCI P30 guidelines for cancer center designation. They noted in particular the importance of our current structure to the success and continuing designation of the Center. I have excerpted the most relevant paragraph below (with emphasis added):

*The unique structure of the UHCC, in essence a hybrid of a “matrix” center within a University and a “free-standing” center with defined authority, has been a key to the Cancer Center’s success. This has enabled you as Director to expand membership in the HCC [Hawaii Cancer Consortium], forge new community alliances, and strategically recruit faculty researchers who support your efforts to conduct cancer research with particular relevance to your unique population. **This type of authority speaks directly to NCI’s expectations of a cancer center director. The structure your institution has put in place, with you reporting to the Provost and working closely with the University President, is vital for your continued success and continued NCI designation.***

I also reached out directly to the Chair of the EAC, Dr. George Weiner, regarding the changes in the NCI guidelines and he provided additional rationale for the language above:

*Most institutions are interpreting this language as meaning the cancer center director should have the authority equivalent to that of a dean. This is particularly important for your center for a number of reasons. The UHCC is one of the smallest centers in the NCI cancer center program and has faced challenges at various times over the past decade that resulted in modification of the usual 5 year funding period from the NCI. For these reasons, the*

*institutional support and authority of the UHCC director will receive extra scrutiny from the NCI. While some NCI designated cancer centers are embedded within Health Systems, these centers are making changes to comply with the new guidelines. In addition, such cancer centers are located within universities that have major clinical operations. This assures synergy between the cancer center and the broader clinical mission of the institution. Cancer centers in Universities that do not have such clinical operations organizationally report to the University as a whole or are free-standing. The structure your institution has put in place with your reporting to the Provost and working closely with the University President is vital for your continued success including continued NCI designation.*

It is clear that implementing this legislation would create significant risk for the NCI designation of the UH Cancer Center with grave consequence to our ability to reduce the burden of cancer on the people of Hawai'i.

### Achieving Synergies

It is important also to note that modern cancer research reaches across the entire University, including but not limited to the our medical school. We do recognize that there are opportunities for synergies at our Kaka'ako campus, and want to note that major synergies and efficiencies have been achieved through collaboration not only with JABSOM in Kaka'ako but also with many other parts of UH. Faculty are the heart of our Cancer Center, and it is notable that 26 full and associate members of the Cancer Center are based in UH units other than the Cancer Center, as are 19 collaborating members.

Some additional specific examples of synergies and efficiencies include:

- Joint faculty appointment with Nursing (July 1, 2018)
- Support for 25% of a nuclear magnetic resonance (NMR) specialist with Chemistry (recruitment ongoing)
- Participation in the Colleges of Health Sciences which includes not only JABSOM but Nursing & Dental Hygiene, Social Work & Public Health, and Pharmacy (UH Hilo)
- Support for two out of three of the 1<sup>st</sup> year graduate students in JABSOM's Cell and Molecular Biology (CMB) program
- Cancer Biology faculty providing course direction and teaching in the JABSOM CMB department
- T32 grant led by the Cancer Center involving JABSOM (CMB, Tropical Medicine, Developmental and Reproductive Biology), CTAHR (Molecular Biosciences and Bioengineering), and the College of Natural Sciences (Chemistry)

- Support of 2 graduate students per year in Public Health (School of Social Work) or Nutrition (CTAHR)
- Cancer Center participation in JABSOM-created UHP faculty practice plan
- Support of Kaka'ako wide Genomics and Bioinformatics Shared Resource (joint venture between UH Cancer Center and JABSOM)
- Support of Chemical Biology Core leader, who is a College of Natural Sciences (Chemistry) faculty member
- UH Cancer Center NMR facility is housed in JABSOM
- Cancer Center endowed chair awarded to a Chemistry faculty member
- JABSOM faculty member (Palafox) heads the Cancer Center effort on a research partnership with Guam
- Cancer Center faculty participation in innumerable graduate committees for programs in other units, particularly Cell and Molecular Biology (JABSOM), Molecular Biosciences & Biotechnology (CTAHR), and Public Health (Social Work)
- UH Cancer Center faculty participate as members of JABSOM recruitment committee for Cell and Molecular Biology, and the Curriculum Committee for Cell and Molecular Biology
- Multiple UH Cancer Center clinically oriented faculty with joint appointments in JABSOM (Medicine, OBGYN, Pediatrics, Pathology)
- Merged phone systems with JABSOM to improve efficiencies
- Split common area maintenance charges with JABSOM
- Coordinate with JABSOM on achieving parking solutions for Kaka'ako campus
- Dean of JABSOM participates as a member of the Hawaii Cancer Consortium
- Cancer Center Director serving as chair of the IFA Director search committee
- Standing meetings between Cancer Center and JABSOM administrative directors
- Significant amount of Cancer Center pilot research funds has been awarded to JABSOM faculty (>\$150,000 over the last 3 years)
- Nomination of JABSOM faculty researchers for grant mechanisms restricted to Cancer Centers

Our work is not done. But it is clear that a continuing effort to identify further opportunities for synergies and efficiencies within Kaka'ako and beyond does not require the legislative imposition of a draconian change that would gravely threaten our

NCI designation and compromise the ability of our UH Cancer Center to serve the people of Hawai'i as the sole NCI-designated cancer center in the Pacific.

### University Governance

We urge that the legislature not legislate the internal structure and management of the university. As noted, this could have grave consequences for the continuing NCI designation of our Cancer Center, and it is unnecessary. As you know, Article X, Section 6 of the Constitution of the State of Hawai'i charges the Regents with "exclusive jurisdiction over the internal structure, management, and operation of the university," with the legislature reserving to itself laws of statewide concern. Imposing this change in internal structure and management, with disregard for the university's consultative shared governance processes, would overrule the judgments of those who are responsible for the internal structure and management of the university under the Constitution and who are directly responsible for making decisions that will lessen the burden of cancer on the people of Hawai'i.

We strongly oppose this measure and urge that it be deferred.

ATTACHMENT

January 31, 2020

Randall F. Holcombe, MD, MBA  
Director, University of Hawaii Cancer Center  
701 Ilalo Street  
Suite 600  
Honolulu, HI 96813  
[rholcombe@cc.hawaii.edu](mailto:rholcombe@cc.hawaii.edu)



Dear Dr. Holcombe

Thank you for hosting the External Advisory Board during our recent visit to the University of Hawaii Cancer Center (UHCC). It was exciting to see the continued progress taking place at UHCC under your leadership. We will be sending you a detailed report on our recommendations concerning the various aspects of your center with a focus on performance and compliance with the NCI P30 guidelines. This letter is an executive summary that focuses on the larger issues that go beyond the details of NCI guidelines. Feel free to share this summary with others as you see fit.

First, and most importantly, we would like to comment on the remarkable progress that you, your colleagues, and University and community leaders have made over the past year. The morale and esprit de corps of UHCC members and staff are stronger than they have been for a very long time. The new faculty you have recruited to the University of Hawaii over the past two years are top tier and are already making significant contributions including obtaining funding, publishing and assuming leadership roles within the UHCC. The presentations they gave during our visit were dynamic and scientifically exciting. Bringing such quality new talent to the UHCC is key to your continued scientific success, will strengthen the base of your research programs, and will contribute economic and educational value to the University, Hawaii, and the people of Hawaii in general.

The development of an early phase clinical trial capability in Hawaii has been a topic of discussion during EAB meetings for over a decade. It is exciting to see the progress you have made over the past year including obtaining a construction grant from the NIH, securing state support, and moving forward with plans for both building the unit physically, and recruiting the talent needed to make it work. In addition, the work that you have done to secure the collaboration of your clinical partners in the Hawaii Cancer Consortium for this endeavor is exceptional. This effort should remain a top priority as it will provide the people of Hawaii with access to Phase 1 clinical trials, that is the newest cancer treatments, at a time when cancer care is advancing at a remarkable rate. It also has great potential to serve as a hub for "medical tourism" for the entire Pacific rim. Given the diversity of your patient population, we are confident big pharma and small biotech will seek out your participation in their most promising early phase trials; the resultant enhanced reputation for clinical research will benefit both the Cancer Center and all of the HCC clinical partners.

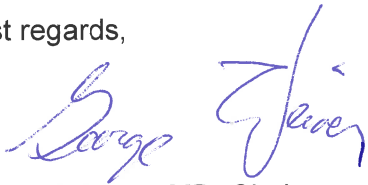
Equally impressive is the progress you and your colleagues have made in strengthening the Hawai'i Cancer Consortium. UHCC's leadership in this consortium will help the participating health systems recruit top flight oncology clinicians who see the value of clinical trials and the research that underpins them. UHCC's oversight over all oncology clinical research activity within the HCC, and the broader clinical trials network, is an outstanding example of the value-added of an NCI-designated cancer center to its home state and the benefits that can accrue to affiliated clinical partners.

UHCC is a national leader in population-based research. Particular strengths include the Multiethnic Cohort (MEC) that has led the way in helping the cancer research community explore the relationship across race and ethnicity of genetics and environment in cancer risk and the NCORP that enrolls patients from across Hawaii on NCI trials. Your basic research scientists are also making major contributions and bringing external research funding to Hawaii at a time when getting such funding at the national level is incredibly competitive.

The unique structure of UHCC, in essence a hybrid of a "matrix" center within a University and a "free-standing" center with defined authority, has been a key to the Cancer Center's success. This has enabled you as Director to expand membership in the HCC, forge new community alliances, and strategically recruit faculty researchers who support your efforts to conduct cancer research with particular relevance to your unique population. This type of authority speaks directly to NCI's expectations of a cancer center director. The structure your institution has put in place, with you reporting to the Provost and working closely with the University President, is vital for your continued success and continued NCI designation.

Once again, congratulations on your ongoing success. We look forward to seeing the future contributions being made by the UHCC to the health and welfare of the people of Hawaii.

Best regards,



George Weiner, MD, Chair  
Holden Comprehensive Cancer Center, University of Iowa  
*On behalf of the External Advisory Board Members*