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Commentary

Best Practices for Maximizing the Value Added By External Advisory Boards

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Commentary Overview

- The annual External Advisory Board (EAB) visit is arguably the most important evaluation exercise a cancer center undergoes.
- EAB members should be diverse and largely representative of cancer centers that are similar in size and focus to the one they are evaluating.
- The more internal preparation that goes into an EAB visit, the more value a cancer center will glean from the evaluation and EAB input.
- A full, on-site annual EAB meeting can cost between \$30,000-50,000 once honoraria, travel, food, and meeting expenses are totaled. Make sure your center gets the most out of this important investment.

All emerging and current National Cancer Institute (NCI)-designated cancer centers are expected to appoint, and utilize advice from, an External Advisory Board (EAB) to evaluate the success of their research enterprise. The EAB visit is arguably the most important evaluation any cancer center undergoes annually.

For the past 30 years, I have worked in a variety of progressive research-focused administrative roles for five cancer centers—both emerging and NCI-designated—and as a consultant and advisor for over 20 NCI-designated cancer centers. Throughout my career, I have served on 10 EABs and currently serve on five.

During three decades in the field, I have observed and established several best practices that will help cancer centers make the most of their EAB interactions.

First Things First: Selecting EAB Members for Your Cancer Center

The optimal selection of members for an EAB is critical to maximizing its value. Typically, EAB members serve in Cancer Center Support Grant (CCSG) leadership roles within their home cancer center, such as director, associate director, program leader, shared resource director, or administrator.

Members of a cancer center's EAB should have recent, firsthand experience developing a CCSG application or renewal of a CCSG award. Most EAB members should come from cancer centers of similar size, type (freestanding vs. matrix), and scientific strengths.

These members should come from a broad range of backgrounds and represent all major components of the CCSG (e.g., scientific programs, community outreach and engagement, shared resources, cancer research training, and education coordination). To sustain diverse perspectives while allowing for consistency, EAB members should rotate every three to five years.

Preparing for a Visit From the EAB

The more internal preparation that goes into an EAB visit, the more value a cancer center will glean from the evaluation and EAB input. To maximize EAB member attendance, plan the date no less than six months in advance.

Before convening your cancer center's EAB, I recommend at least one internal rehearsal to ensure consistent messaging and that all presenters have developed content that will fit within their assigned timeframe.

Centers should submit written materials and updated data to be reviewed in advance, ideally 10 to 14 days prior to the meeting, and the director should articulate explicit evaluation outcomes they are expecting from the upcoming meeting. Be specific about what the key questions are, areas of focus for the EAB, and decisions your cancer center will need from the EAB. The cancer center should send the EAB a reviewer assignment list outlining who are the primary and secondary reviewers for each component being presented.

It is also recommended that the center's director participate in a pre-EAB call with the chair of the EAB to discuss the agenda, expected outcomes or decisions to be made, or specific challenges that the center is facing.

Convening a Successful EAB Visit

During a cancer center's CCSG renewal year, it is best to convene the EAB at least twice: meeting first with an explicit review of the written draft in a mock study section format, where assigned reviewers outline the strengths and weaknesses of each written section.

The second meeting should be akin to a "dress rehearsal" for the site visit. Many sites will plan two such rehearsals with their EAB, giving their members the option of attending one or both to maximize feedback as the presentations are refined.

Cancer centers should also consider having a full on-site EAB meeting every other year, convening targeted shorter or virtual EAB sessions in alternate years. These 2- to 3-hour sessions could be dedicated to specific issues, such as a new strategic plan, clinical research, or potential program realignment.

Another option is for cancer centers to hold a separate, focused shared resources EAB with experts who submit reports to the main EAB for every five-year CCSG cycle. This has the advantage of providing a more in-depth evaluation by experts in each of the center's shared resources.

Next Steps: Reporting, Compensation, and Incorporating Input From the EAB

To expedite the EAB report, it is helpful for cancer centers to assign this task to a writer or administrator. The report should summarize the progress the center has made since the last EAB

meeting and outline how the center has responded to prior EAB and/or CCSG reviewer recommendations. The report should be organized by each component that was presented at the meeting, stating strengths and weaknesses and outlining specific recommendations that the center leadership should consider going forward.

Any endorsements or approvals/disapprovals that the EAB is asked to make should be clearly documented in the report (e.g., changes to the catchment area, in leadership, or in policy). These reports are often made available to the center's institutional leadership and the NCI's Office of Cancer Centers and will be required as part of the documentation provided for the center's next competitive CCSG renewal.

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