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Stable Funding, Protected Time Key for Clinician Investigators to Drive Advances in Cancer Care

Translating laboratory discoveries to clinical care for patients with cancer is a difficult process. Much of the effort is carried by researchers who are also trained as physicians, especially a subgroup known as clinician investigators. But according to results of a survey by the Association of American Cancer Institutes (AACI), the work of clinician investigators is hampered by a lack of stable funding and insufficient protected time to engage in research activities.

To define how protected time for research efforts is supported, AACI conducted a survey of member institutions, obtaining 56 responses documenting time spent in research and clinical activities across multiple cancer disciplines, and providing information about funding streams for the different categories of cancer physicians.

While clinician investigators have the most significant expectations for the conduct of clinical research, the time afforded for them to satisfy the research expectations is insufficient, primarily because of direct, non-research related, patient care responsibilities.

The survey results were included in a report, “Status of the Clinician Investigator in America: An Essential Health Care Provider Driving Advances in Cancer Care,” published this month in The Journal of the National Comprehensive Cancer Network.

The lead author was Randall F. Holcombe, MD, MBA, director of the University of Hawai‘i Cancer Center, and past chair of AACI’s Physician Clinical Leadership Initiative steering committee.

According to the report, clinical investigators’ primary duties include writing and implementing novel investigator-initiated clinical trials, enrolling patients in clinical trials, participating in clinical research forums, and serving as a key link between the “bench” and the “bedside.” A clinician investigator may also serve as a subject-matter expert and coordinate subspecialty patient care, often in an academic setting.

“Academic institutions, including cancer centers, need to better align expectations with incentives for clinician investigators, as well as provide training and a defined career path that includes robust mentoring,” Dr. Holcombe said.
The report also calls on hospitals to provide additional support for clinician investigators using revenue generated from patients enrolled in clinical trials.

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AACI’s mission is to accelerate progress against cancer by enhancing the impact of North America’s leading academic cancer centers. For more information, please visit aaci-cancer.org.