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Randall Holcombe: Director sees bright future for UH Cancer Center

Dr. Randall Holcombe, 59, looks out over an appealing shoreline vista from his new office as director of the University of Hawaii Cancer Center. The researchers he hopes to attract will find it appealing, too, he said.

But it's also generated $8 million in annual payments for the bond debt, and that's one challenge he's on board to help solve — all without losing sight of the center's mission. Success, he said, will hinge in part on collaboration with the adjacent John A. Burns School of Medicine (JABSOM). Holcombe, married with four grown children, is New Jersey born and raised. His career most recently led to his posts as chief medical officer for cancer for the Mount Sinai Health System, deputy director for the Tisch Cancer Institute and director of the ambulatory oncology services at Mount Sinai Hospital.

He acknowledged there's been a history of upheaval, with fiscal and personnel struggles, but he remains bullish.

"The center is not the building," he said. "The center is the people in the building, and the people here are doing phenomenal cancer research. And that's why I'm so optimistic."

**QUESTION:** You've said the center's cigarette tax revenue is $14 million a year, about $5 million below where it was originally. Is that why the center has been asking the Legislature for that much?

**ANSWER:** That's the reason for the $5 million ... I feel that with the additional $5 million of support from the Legislature, we can close any remaining gap in the budget over the next three years, so that we will be functioning on a stable and sustainable fiscal platform moving forward for the long term.

I feel that there are some potential avenues for both increasing revenue into the center through some alternative means, as well as cutting some of our expenditures to close that budget gap.

**Q:** Can you give examples of what you can do?

**A:** First, I think we can improve some of the efficiencies here at the center and at the Kakaako campus in conjunction with the School of Medicine. For example, we are
already working with the School of Medicine on a vivarium — that's animal research space — so that this is a joint project to improve efficiencies. ... 

We’re also working together with the School of Medicine related to a genomics shared resource. That has to do with studying the genes of various tissues. We’re interested in cancer genes, the School of Medicine is interested in other genes, but it’s the same type of equipment and shared resource. ... 

These types of coordinated activities will help us to save some money and actually improve efficiencies and provide a better platform for research. ... 

From an additional revenue point of view, we are actively engaged in research — and filing patents on some discoveries from our laboratories — that we hope in the future will lead to additional revenue. 

We also have some additional space in this building that is not currently being utilized and we plan to identify funds ... to refurbish that space into usable laboratory space, or to refurbish it into space that could be utilized for activities in conjunction with biomedical companies, for example, to try to generate some extra revenue for the center. 

Q: So this would be like leasing the space eventually? 

A: We could do a few things if we open it up as lab space, then bring in new faculty. New faculty bring in new grant dollars, federal funds, that brings with it some operational funds. We already bring in over $20 million of federal support every year here to the cancer center.

At this moment the space is not being utilized so we're paying bond debt on it. So we'd like to make it usable space that actually brings in revenue. 

I think we could eventually lease that space out to some biotechnology companies but... it looks like it would be at least two years before we can have those bonds redone so that would be allowable under the current structure. 

Q: This center differs from other National Cancer Institute cancer centers that are attached to hospitals. This one works with a consortium of hospitals for its clinical trials to raise revenue. Can this model work? 

A: Yes. Before I get to the clinical part, one of the main strengths of this center is that it focuses on cancer center research that reflects the ethnic and cultural diversity of the people here in Hawaii and across the Pacific. We have a specific cancer prevention program. It’s actually quite rare that there’s a formal, specific program related to cancer prevention. 

We do use the Hawaii Cancer Consortium, which is made up of the Queen's Health System, Hawaii Pacific Health System as well as Kuakini Medical Center, and we use that as our clinical outlets. I think this can work. 

We've already developed a clinical trials infrastructure that is expanding across those medical centers to try to bring oncology or cancer clinical trials for people who need them. I think we can increase the availability of clinical trials for patients. 

And what I particularly would like to see is the University of Hawaii Cancer Center
developing an infrastructure where we can bring what I call early-phase or Phase 1 trials to people who really need them. These are the earliest trials that are done in humans that bring very novel compounds to people who need them for their treatment of cancer.

That requires recruiting physician scientists who have expertise in directing those type of trials and I think we could do that with the support of our clinical partners.

Those types of clinical trials typically require someone with particular expertise, training and experience, and it’s those types of individuals who can be recruited to an NCI-designated center, but they probably will not go to a non-NCI designated center. And so, maintaining that National Cancer Institute designation ... is critically important for this center.

Q: How do you plan to move the center toward greater autonomy?

A: One thing that has been proposed in the past is a semi-autonomous model where the cancer center would have a little more freedom to contract with commercial entities and support their research endeavors with that type of arrangement. I think that's not something that's going to be done in the short term. ...

I think we do function as a relatively autonomous unit within the University of Hawaii system and we are responsible for our faculty appointments, recruitment as well as our budgets. ... We have to get various faculty appointments approved through the Board of Regents, but I don't see that as an impediment to doing excellent cancer research. We can work under the system we have at the moment.

I think the reason that some of these proposals have come up about being more autonomous is really related to the finances of the center. I think we can improve the finances with some additional support from the Legislature. I think that as we bring in more physician scientists and novel clinical trials, availability to our clinical partners, that we'll get more support from our clinical partners as well.

The longer-term goal is to really expand our programs in ways that are going to additionally benefit the people of Hawaii. So we'd like to expand in the area of cancer immunology. ... That’s not been an area of focus for us here in the past but I think it’s an area that we can grow, and an area that will have some direct benefit for the people here in Hawaii.

Q: So, you're optimistic the center can overcome its long-term challenges?

A: Well, there's definitely been some challenges, and I recognized that before I accepted this position. But I have to be honest, I am extremely optimistic about the future of the cancer center. ...

We're never going to be as large as MD Anderson or Memorial Sloan Kettering or John Hopkins or Duke, but we can still be a jewel ... and do cutting-edge research here and research that’s specifically focused on the cancer burden here in Hawaii.