GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

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SENATE DRS35219-LH-111A (03/14)

Short Title:	UNC Cancer Center/Funds.	(Public)
Sponsors:	Senator Rand.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO CONSTRUCT THE NORTH CAROLINA CANCER CENTER REPLACEMENT HOSPITAL.

Whereas, UNC, its Hospitals, Health System, and Lineberger Comprehensive Cancer Center, is emerging as a national leader in cancer prevention, early detection, and therapy – an intertwined approach to reduce the burden of cancer in North Carolina. To complete this mission, an expanded, $150 million, freestanding NC Clinical Cancer Center replacing our antiquated facility is needed for these reasons; and

Whereas, cancer increases 10-fold at 65 years of age, demographic trends and the attractiveness of the region for retirees will nearly double the number of cancers; and

Whereas, in addition, the number of cancer patients seen at UNC from across the State is increasing yearly due to our multidisciplinary approach to cancer care; and

Whereas, enhanced clinical research opportunities afforded by the new Clinical Cancer Center will bring the highest level of care and innovation to the citizens of North Carolina; and

Whereas, quality of care amenities and support services for all patients, especially those volunteering for clinical trials are inadequate and will be incorporated in the Clinical Cancer Center; and

Whereas, seamless integration of high-technology imaging and genetic analysis for early detection and therapeutic interventions will improve cancer care and the need for a specifically designed facility; and

Whereas, space is needed for a cancer prevention clinic focused on surviving patients, their families, and high-risk individuals integrating all forms of prevention and early detection research; and

Whereas, cutting edge therapeutic research engendered by the new Clinical Cancer Center will stimulate the State's biotechnology and pharmaceutical industry; and

Whereas, genetics and technology will drive the next era of cancer care. Genetic targeting of prevention, early detection, and therapy will become modern medicine's dominant paradigm. Therapy will be followed with new imaging techniques. These developments will drive both the standard of care and the clinical research agenda at world-class institutions. UNC's new Clinical Cancer Center, complete with a nationally recognized clinical and prevention research agenda, will bring this to all citizens of North Carolina; and

Whereas, genetic analysis will identify high-risk families. Knowledge of inherited genes will provide clues about families that need special attention. Targeted prevention strategies or sophisticated detection techniques, e.g., using computerized mammography or proteomic analysis of blood for tumor markers will be applied to high risk families; and

Whereas, gene expression patterns will guide treatment; novel-imaging techniques will follow responses. Genetic technology will measure gene expression patterns in patients' cancers, allowing doctors to accurately predict response to therapy and to select individualized treatment. The multiple gene mutations that cause each cancer produce subtle changes in expression of the 35,000 genes encoded in our DNA. Bioinformatics algorithms will catalog these complex patterns from breast, colon, lung, prostate, leukemia, lymphoma, melanoma, and other cancers, providing a precise molecular signature of a patient's cancer with a predictive power that greatly exceeds current technology; and

Whereas, as these tests are perfected, medical science will be able to categorize for example, which women's breast cancer will respond to conventional therapy and which tumors will not. For the former, patient confidence in the chosen chemotherapy or biologic therapy will be high. For the latter, the psychological impact will be great, but rather than waiting for therapeutic failure, patients and doctors can choose other options, like a trial of experimental therapy specifically designed for that patient's molecular subtype. The effect of standard and experimental therapies will be followed by novel imaging technologies (PET scans, etc.) that assess a tumor's biologic activity and not just its size; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Board of Governors of The University of North Carolina the sum of one hundred fifty million dollars ($150,000,000) for the 2003-2004 fiscal year to be allocated to the UNC Health Care System to construct a new facility that will allow for the growth and expansion of cancer programs to replace the North Carolina Clinical Cancer Center.

SECTION 2. This act becomes effective July 1, 2003.