

Barbara K. Rimer, DrPH
Chair, President's Cancer Panel



Update to the National Cancer Advisory Board and the NCI Board of Scientific Advisors

November 29, 2017



Mission

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.

Any delays or blockages in the rapid execution of the Program shall immediately be brought to the attention of the President.



Members

Barbara K. Rimer, DrPH

Univ. of North Carolina at Chapel Hill



Hill Harper, JD

Cancer Survivor, Actor, and Best-Selling Author



Owen N. Witte, MD*

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**Service until August 2017*



Overview

- ❑ **2012-2013 Report to the President – UPDATE**
Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer
- ❑ **2016 Report to the President**
Improving Cancer-Related Outcomes with Connected Health
- ❑ **2016-2017 Series and Report to the President**
Ensuring Patients' Access to High-Value Cancer Drugs



Accelerating HPV Vaccine Uptake: 2012-2013 Report to the President

Accelerating HPV Vaccine Uptake:
Urgency for Action to Prevent Cancer

HPV Vaccines **Prevent Cancers.**
Why Are **So Few** U.S. Adolescents Vaccinated?

A Report to the President of the United States
from
The President's Cancer Panel

President's Cancer Panel Annual Report 2012-2013

ACCELERATING HPV VACCINE UPTAKE: URGENCY FOR ACTION TO PREVENT CANCER

Share:

Human papillomaviruses (HPV) cause most cases of cervical cancer and large proportions of vaginal, vulvar, anal, penile, and oropharyngeal cancers. HPV also causes genital warts and recurrent respiratory papillomatosis. HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males, but uptake of the vaccines has fallen short of target levels. The President's Cancer Panel finds underuse of HPV vaccines a serious but correctable threat to progress against cancer. In this report, the Panel presents four goals to increase HPV vaccine uptake: three of these focus on the United States and the fourth addresses ways the United States can help to increase global uptake of the vaccines. Several high-priority research questions related to HPV and HPV vaccines also are identified.

Click below to read more.

- [Letter to President Obama](#)
- [Executive Summary](#)
- [Recommendations at a Glance](#)
- [Download Full Report \(PDF\)](#)

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.

- Reduce Missed Clinical Opportunities to Recommend and Administer Vaccines**
- Increase Parents', Caregivers', and Adolescents' Acceptance of HPV Vaccines**
- Maximize Access to HPV Vaccination Services**

INCREASE GLOBAL HPV VACCINATION **CONDUCT HIGH-PRIORITY RESEARCH**



Continued Impact of HPV Vaccination Report

- ❑ National HPV vaccination coverage rates for adolescents aged 13-17 in 2015: **65%** for females and **56%** for males¹.
- ❑ Advisory Committee on Immunization Practices now recommends a 2-dose schedule with 9-valent HPV vaccine (Dec 2016)².
- ❑ NCI RCT to evaluate protection against cervical cancer with 1 dose (versus 2 doses) of HPV vaccine³.

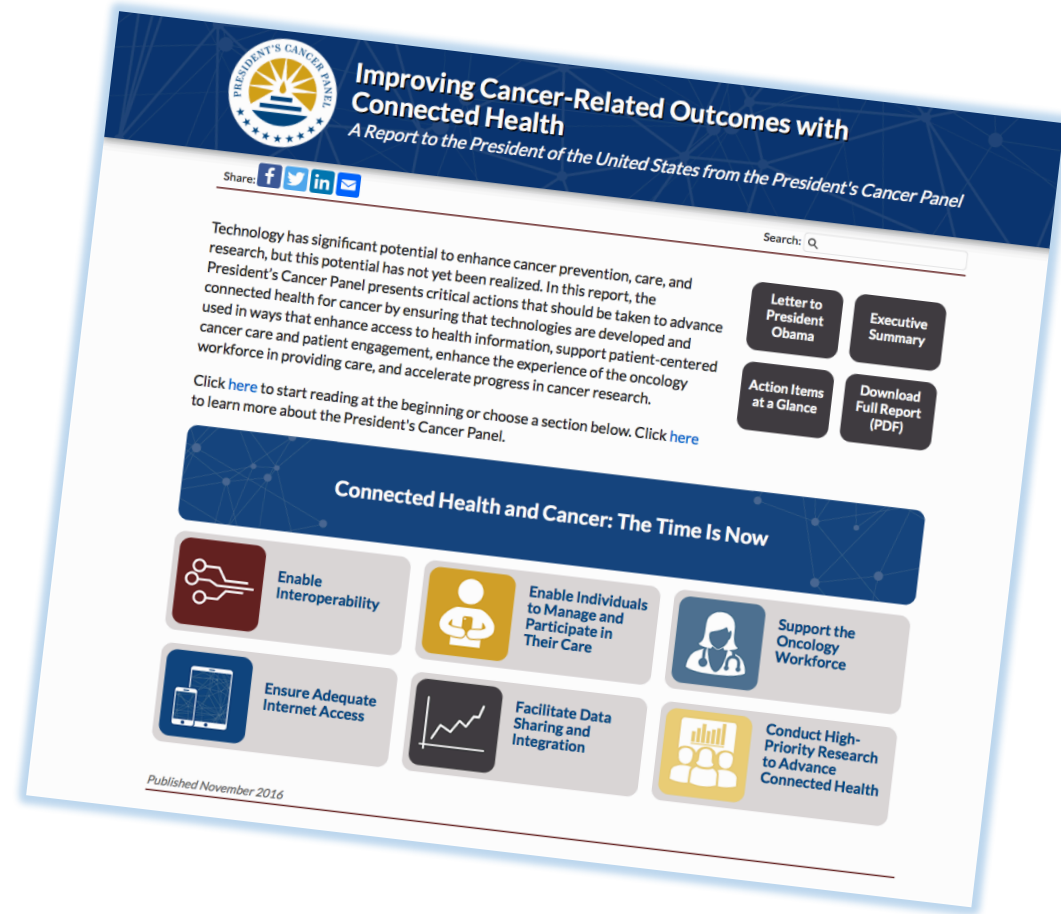
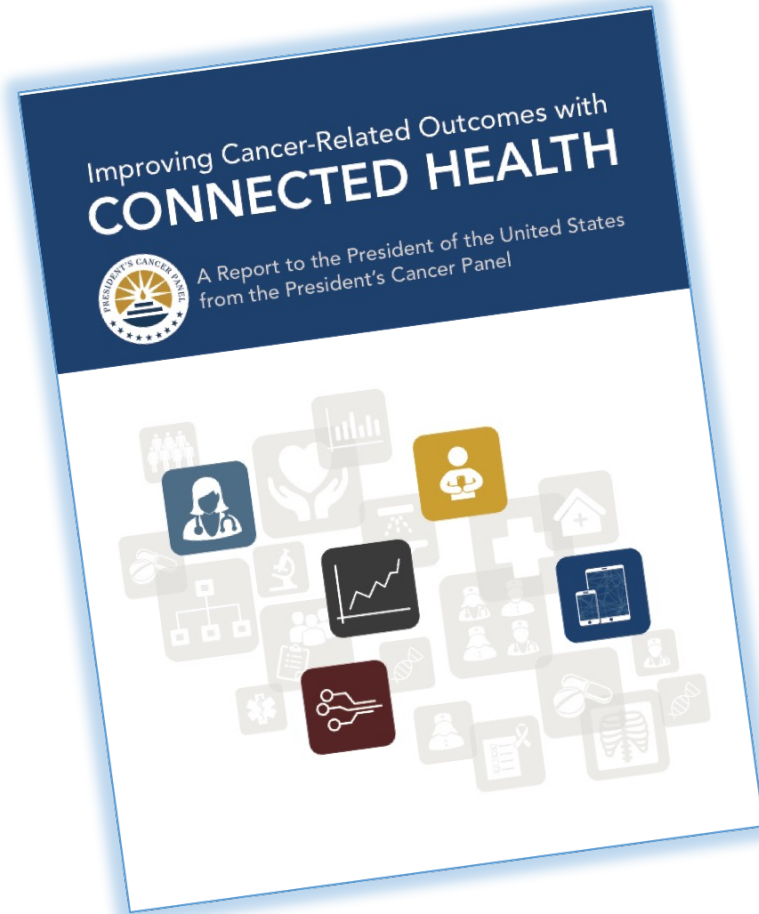
1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report [Internet]. 25 Aug 2017. [Cited 7 Nov 2017]. Available from: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a2.htm>

2. Meites E, Kempe A, Markowitz LE. Use of a 2-dose schedule for human papillomavirus vaccination — updated recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 16 Dec 2016. Available from: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

3. Kreimer A, Rodriguez AC, Hildesheim A, et al. Proof-of-Principle evaluation of the efficacy of fewer than three doses of a bivalent 16/18 vaccine. *Journal of the National Cancer Institute*. Vol. 103, Issue 19, October 5 2011. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/21908768>



Improving Cancer-Related Outcomes with Connected Health: 2016 Report to the President



<https://prescancerpanel.cancer.gov/report/connectedhealth>



Series Contributors



Series Co-Chair

David K. Ahern, PhD

- Director, Program in Behavioral Informatics and eHealth, Brigham and Women's Hospital
- Special Advisor, Division of Cancer Control and Population Sciences, National Cancer Institute



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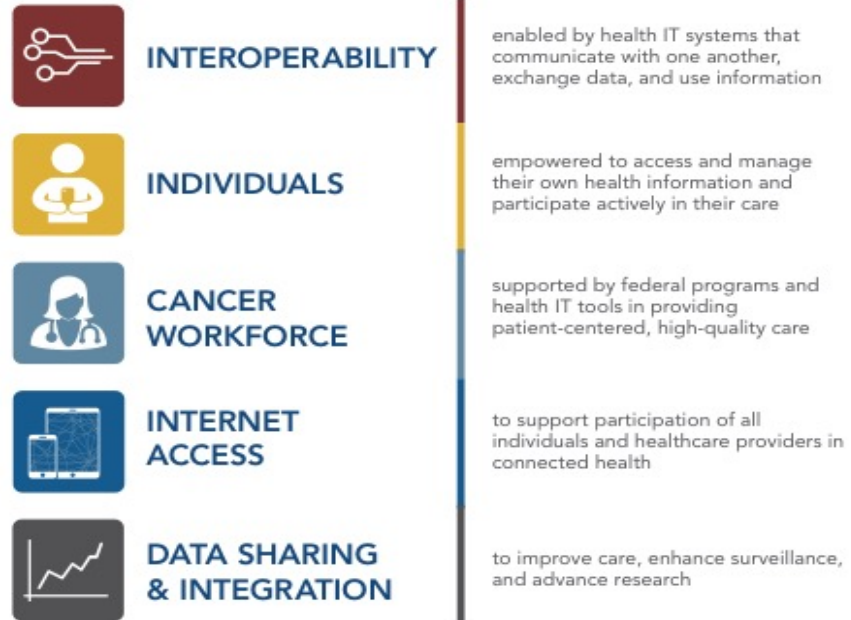
WHAT IS CONNECTED HEALTH?

Connected health is the use of technology to facilitate the efficient and effective collection, flow, and use of health information.

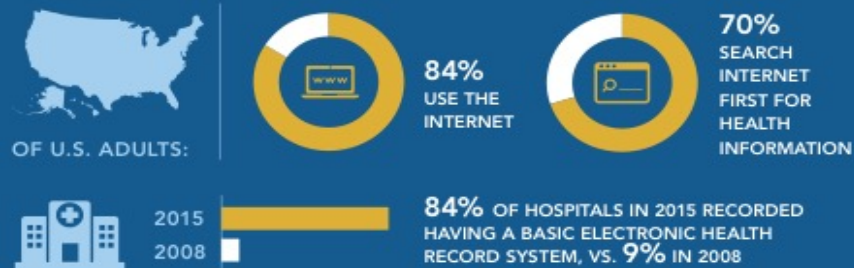
FOCUS ON CANCER

Cancer prevention and care depends on access to accurate and complete information, as well as extensive coordination among patients, caregivers, and care teams.

WHAT CONNECTED HEALTH INVOLVES



TECHNOLOGY IS CHANGING HOW WE MANAGE HEALTH





Report Recommendations: Five Priority Areas



Individuals, Patients, and Caregivers

- Tools to support engagement
- Processes to fix medical record errors
- Tools to identify clinical trials



Interoperability

- Nationwide, interoperable health IT system
- Technical standards for cancer information
- Open, standard API platforms



Data Sharing and Integration

- Learning healthcare systems
- Enhanced cancer surveillance
- Knowledge networks for cancer research



Oncology Workforce

- Federal incentives to promote health IT
- More-usable EHR interfaces
- Tools tailored to workforce needs



Internet Access

- Individuals
- Providers and healthcare organizations



Objective 1: Enable Interoperability

- ❑ **Action Item 1.1:** Health IT stakeholder groups should continue to collaborate to overcome policy and technical barriers to a nationwide, interoperable health IT system.
- ❑ **Action Item 1.2:** Technical standards for information related to cancer care across the continuum should be developed, tested, disseminated, and adopted.
- ❑ **Action Item 1.3:** Standard, open API platforms should be developed and used to facilitate development of cancer-related apps.



Objective 2: Enable Individuals to Manage and Participate in Their Care

- ❑ **Action Item 2.1:** Develop and validate interfaces and tools that support individuals' engagement in their care across the cancer continuum.
- ❑ **Action Item 2.2:** Organizations should develop processes that enable individuals to flag perceived errors in their medical records and ensure that responses are provided and appropriate changes are made in a timely manner.
- ❑ **Action Item 2.3:** Create tools and services that help individuals identify cancer-related clinical trials appropriate for their particular situations.



Objective 3: Support the Oncology Workforce

- Action Item 3.1:** Federal incentive programs should promote use of health IT to enhance provider delivery of high-quality, patient-centered care.
- Action Item 3.2:** EHR vendors and healthcare organizations should employ human-centered design principles to ensure that EHR interfaces are intuitive and aligned with providers' workflows.
- Action Item 3.3:** Develop and test tools and interfaces, including apps, tailored to needs of the oncology workforce.



Objective 4: Ensure Adequate Internet Access

- Action Item 4.1:** Support initiatives and programs to ensure that everyone in the United States has adequate Internet access if so desired.
- Action Item 4.2:** Support initiatives and programs to ensure adequate Internet access for all healthcare providers and organizations.



Objective 5: Facilitate Data Sharing and Integration

- Action Item 5.1:** Use learning healthcare systems to support continuous improvement in care across the cancer continuum.
- Action Item 5.2:** Use health information technologies to enhance cancer surveillance.
- Action Item 5.3:** Integrate data from various sources to create knowledge networks for cancer research.



Conduct High-Priority Research to Advance Connected Health

High-Priority Research Areas

- Improve understanding of how connected health can enable effective teamwork in healthcare.
- Identify strategies to enhance individuals' engagement in their healthcare.
- Develop approaches for using data from connected devices in meaningful ways to enhance clinical care.



Conclusions

1. People, not technologies, must be at the center of connected health for cancer.
2. Timely access to data is imperative.
3. A culture of collaboration will accelerate progress.



Continued Impact of Connected Health Report

- ❑ 21st Century Cures Act
 - Contains stipulation against data blocking
 - Encourages usability for Health I.T.
- ❑ Multiple presentations of report given by series Co-Chairs Brad Hesse and David Ahern since its release¹.

1. Elsevier event: <https://www.elsevier.com/connect/event-the-next-giant-leap-making-the-cancer-moonshot-a-reality> and press release: <https://www.elsevier.com/connect/making-the-cancermoonshot-a-reality-starting-with-a-conversation>



2016-2017 Series

Ensuring Patients' Access to High-Value Cancer Drugs





Series Contributors



Series Co-Chair

Gary Gilliland, MD, PhD

- President and Director, Fred Hutchinson Cancer Research Center



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Ann Geiger, PhD, MPH

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Workshop #1: Access to and Cost of Cancer Drugs in a Changing Healthcare Landscape

*New York, NY
June 10, 2016*



- Innovations in cancer therapy are transforming treatment.
- It is critical that the U.S. continue to encourage and reward pharmaceutical innovation.
- We need involvement from all the relevant stakeholders, e.g. biopharmaceutical industry, patients, payers, providers, health care systems and others.
- We aimed to avoid demonizing any of the stakeholders.



Workshop #1: Access to and Cost of Cancer Drugs in a Changing Healthcare Landscape

*New York, NY
June 10, 2016*



- ❑ Accessing needed drugs is increasingly difficult for some patients.
- ❑ Panel examined factors influencing drug cost and pricing, including:
 - use of rational pricing models,
 - rising prices of cancer therapies (esp. combination therapies), and
 - streamlining clinical development processes.



Workshop #2: Emerging Opportunities to Streamline Cancer Drug Development

*Arlington, VA
December 09, 2016*



- ❑ Precision cancer medicine holds remarkable disease treatment potential.
- ❑ Now is the time to put in place policies and strategies to assure that patients are not prohibited on the basis of finances from benefiting from precision medicine.
- ❑ Solutions should support affordability and access without sacrificing quality or innovation.
- ❑ Workshop goal was to identify key actions that could:
 - streamline drug development and approval processes,
 - lower R&D costs, and
 - ensure patients' access to high-value cancer drugs.



Workshop #3: Pricing and Payment Strategies for Cancer Drugs: Maximizing Patients' Access to Beneficial Therapies

*Philadelphia, PA
March 27, 2017*



- ❑ We should understand value in the context of cancer treatment.
- ❑ Strategies should be developed to reduce financial toxicity for patients—reflecting all costs of cancer care—not only drug costs.
- ❑ Workshop participants reviewed key factors influencing drug pricing and payment, including:
 - increased competition in the form of generic drugs and biosimilars,
 - increased access to information about costs and decision support tools, and
 - insurance benefit designs that protect the patient.



Navigating the Era of High-Cost Cancer Drugs: An Urgent Call to Promote Value, Ensure Access, and Minimize Financial Toxicity: A Report to the President

- ❑ Report content/web design will be finalized soon.
- ❑ Publication expected February, 2018.
- ❑ Panel to make recommendations that will address several guiding principles:
 - Cancer drug prices should be aligned with value to patients.
 - Cost should not be a barrier to appropriate cancer care.
 - Continued investments in science will drive essential future innovation.



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