Statements from the President's Cancer Panel

President's Cancer Panel
Translating Research to Reduce the Burden of Cancer
September 27, 2004

On September 27, the President's Cancer Panel held the second in its series of meetings on *Translating Research to Reduce the Burden of Cancer*. The meeting was hosted by The Ohio State University Comprehensive Cancer Center in Columbus, Ohio. The need for more effective cross-disciplinary and cross-cultural communication (e.g., scientist-physician and industry-academia-government), public education on cancer as a disease process and the complexities of biomedical research, data sharing among clinical researchers (including reexamination of regulations such as the Health Insurance Portability and Accountability Act that may impede data sharing), and partnerships between academic medical centers and community organizations to disseminate research findings were recurring concerns voiced by participants.

Emphasis was placed by those who testified before the Panel on the importance of prevention research (including cost-effectiveness studies and clinical trials); reporting honestly and clearly to the public about cancer discoveries; promoting clinical trials as a first-line treatment, instead of as a last resort; addressing clinical burdens of community physicians/oncologists; and more rigorously studying strategies for disseminating proven cancer discoveries into communities.

Cancer is not a single event in time but a progression of disease over a lifetime. This fact prompted dialogue on the need for childhood as well as adult education about cancer as a disease process and emphasized the importance of adopting prevention strategies over a longer period of time. One of the greatest opportunities to reduce the burden of cancer is to prevent or delay its onset. However, substantial development challenges exist, including the length and cost of prevention trials and performing such research in healthy populations. The Panel heard repeatedly that measurable biological markers that can monitor the development of cancer and the effectiveness of interventions/treatments must be identified. An analogy to measuring cholesterol as a marker of heart disease was made. It was emphasized that treatment of cancer is also an incremental process and that the impact of discovering individual therapeutic drugs will not be as great as the sum of discoveries and application of combination therapies. The NCI was urged to continue its role as a public supporter of cancer drug development-even as more drug development is being undertaken by private industry. As promising new therapies are discovered, scientists and media were urged to move from the hype of reporting "cancer breakthroughs" to communicating honest assessments of research progress and its limitations.

In making recommendations, the Panel was asked not to forget the large population of uninsured, underserved, and working poor in this country. Participants asked whether there are cancer-related interventions, programs, and cutting-edge therapies that can be provided to these populations now. The success of one community in enrolling over 15 percent of "underserved" patients into its clinical trials program was described, dispelling the belief that such patients cannot be reached. Success in this case depended on strong institutional support, patient and physician incentives, stable resources (data managers, patient navigators), and offering a practical number of clinical studies appropriate to the community being served.

Reemphasizing a prior theme, the Panel heard that translation of discoveries from well-defined clinical advances to the population as a whole is not being achieved in a systematic manner. Research is needed on how to transfer clinical advances into practice. Cancer centers have an unfunded mandate to disseminate findings to their communities, and it was suggested that there is a national funding responsibility to enhance community outreach efforts.

Both pharmaceutical and academic medical center representatives cited a willingness to sit at the table with the Food and Drug Administration as a partner in the cancer drug development process. Having more open discussions earlier in this process, without apprehension that posing certain questions would prompt an adversarial Government response, could accelerate the development process. Similarly, it was suggested that more open dialogue occur with the Centers for Medicare and Medicaid Services in anticipation of meeting requirements for cancer drug related reimbursement.

The Panel will hold two additional meetings on this topic, after which it will develop a report to the President and Congress outlining key issues and recommendations for better translating research to reduce the burden of cancer.

The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm, call 301-451-9399, or e-mail to pcp-r@mail.nih.gov.