

# TREATMENT (1)

- Systemic treatment is significantly contributing to decrease in mortality rate in breast cancer and probably in other common solid tumors.
- Recent advances in targeted therapy are not yet reflected in encouraging mortality statistics.
- Urgency to make progress in cancers refractory to current therapeutic approaches.
- Obstacles to collaboration and coordination.

# TREATMENT (2)

## Immediate strategies:

- Activate the recommendations of the Clinical Trials Working Group (CTWG) to improve the NCI's capacity to lead in coordinating and supporting innovative clinical research.
- Place top priority on training, recruiting, and supporting clinical investigators in academia and clinical practice.
- Reduce redundancy in clinical research by sharing specialized core services and new technologies and more effective exchange of tissue specimens.
- Accelerate progress by enhancing collaboration across the spectrum of clinical research between government agencies, industry, and Cancer Centers.

# TREATMENT (3)

## Longer-term strategies:

- Implement the extensive CTWG recommendations on collaboration, coordination, standardization, and infrastructure support in clinical research.
- Create a unified, standardized national web-based clinical trials information system.
- Investigate new technologies and targeted therapies with the goal of achieving personalized treatments for cancer.

# TREATMENT (4)

## Other considerations:

- Continued and enhanced support for fundamental research particularly on the genetics and biology of cancer is necessary to accelerate pace of treatment advances.
- The regulatory environment and inadequate health care system threaten translation of science to clinical innovations particularly in underserved populations

# SURVIVORSHIP (1)

- Need for a comprehensive approach
  - 10 million Americans have survived cancer and this number is steadily increasing
  - 16% of new cancers occur in survivors of the disease
- Increasing mobility of U.S. population has created need for uniform guidelines and electronic summaries of patient records
- Longitudinal research is needed to better serve cancer survivors

# SURVIVORSHIP (2)

## Immediate strategies:

- Cancer Centers should collaborate with
  - NCI Office of Cancer Survivorship on data warehouse
  - ASCO in developing clinical practice guidelines
- Cancer centers should broaden already established educational and support programs for patients and families

# SURVIVORSHIP (3)

## Longer-term strategies:

- Development of new service delivery models to allow Cancer Centers to work closely with community providers to provide follow-up care
- Cancer Centers should take a lead in development of clinical research strategy focused on understanding, detecting, avoiding, and treating late complications of cancer and its treatment

# SURVIVORSHIP (4)

## Other considerations:

- The Survivorship Subcommittee of CCD-WG compiled an extensive grid (Appendix of full report) that summarizes the current survivorship activities of Cancer Centers in research, clinical programs, and education.
- Appendix B of full report also provides IOM Survivorship Report Executive Summary and PCP (Appendix C) Survivorship Report Executive Summary



# COLLABORATION (1)

- Optimizing collaboration is essential to accelerating successes against cancer
- Collaborations involving individuals (micro-scale) within or outside a Center are frequent and productive.
- There is great need to enhance institution to institution collaboration (macro-scale)
- True translational science is, by its nature, a much larger undertaking than discovery science

# COLLABORATION (2)

## Immediate strategies:

- Form a collaborative chemoprevention trial consortium of Cancer Centers and academic medical centers
- Expedite research on biomarkers by multiplexing 100s of candidates
- Facilitate collaboration in therapeutics between industry and academia by developing shared licensing agreements
- Develop and implement standardized databases for Cancer Centers' collection and analyses of survivorship information
- Cancer Centers should take lead in disseminating cancer care guidelines in collaboration with state health departments and cancer plans

# COLLABORATION (3)

## Longer-term strategies:

- Engage the interest and involvement of pharmaceutical and biotechnology companies in chemoprevention
- Engage health economics experts to overcome barriers to development of translational discoveries
- Form a commercial consortium (like the SNP consortium) to jointly invest in the discovery of new technologies in proteomics
- Implement research strategies to identify problems experienced by large cohort of cancer survivors and to explore interventions and treatments.
- Bring together fragmented efforts of NCI, CDC, CMS and other HHS agencies to coordinate funding and dissemination of cancer control efforts

# COLLABORATION (4)

## Other considerations:

- More effective use of shared resources in Cancer Centers throughout the country (see Appendix F for survey of these resources)
- Cultural changes across academia, industry, government, and financial community are required to achieve level of collaboration noted in this report.

# DISSEMINATION (1)

- There is striking heterogeneity in the U.S. population in knowledge of best practices and evidence – based approaches to cancer interventions
- The disparities are greatest in communities not directly proximal to or traditionally linked with Cancer Centers
- A major barrier is limited CMS and private payor reimbursement for cancer prevention, screening, early detection, or survivorship issues

# DISSEMINATION (2)

## Immediate strategies:

- Develop effective infrastructure to link cancer center expertise with community hospitals, clinical oncologists, and primary care physicians
- Develop and effectively utilize technology (websites, telemedicine) to provide information from Cancer Centers to diverse communities
- Better use of State cancer registries, SEER data and GIS mapping to identify areas and populations of disproportionate need
- Supplements to CCSGs to link together Cancer Centers in a regional network with community hospitals, clinical oncologists, and primary care physicians

# DISSEMINATION (3)

## Longer-term strategies:

- CMS support for demonstration projects, led by Cancer Centers, to test implementation strategies for population-based cancer control efforts
- Development of metrics to continuously monitor effectiveness of efforts
- National outcomes studies should be planned and supported through a national cancer data system working in connection with SEER and NCDB