



# President's Cancer Panel Update

**National Cancer Advisory Board  
June 22, 2010**

**LaSalle D. Leffall, Jr., M.D., F.A.C.S.**



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# The President's Cancer Panel



LaSalle D. Leffall, Jr., M.D., F.A.C.S., Chair

Margaret L. Kripke, Ph.D.

*Awaiting White House appointment of third Panel member*

Executive Secretary: Abby Sandler, Ph.D.



# Mission of the PCP

- 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 rapid execution of the Program shall immediately be brought to the attention of the President.



# 2008-2009 Report

2008-2009 Annual Report  President's Cancer Panel

## REDUCING ENVIRONMENTAL CANCER RISK

What We Can Do Now

Report delivered to the White House: April 21, 2010

Report Released to the Public: May 6, 2010

Web link:

[http://deainfo.nci.nih.gov/advisory/pcp/pcp08-09rpt/PCP\\_Report\\_08-09\\_508.pdf](http://deainfo.nci.nih.gov/advisory/pcp/pcp08-09rpt/PCP_Report_08-09_508.pdf)



# 2008-2009 Report: Summary of Recommendations

1. A precautionary, prevention-oriented approach should replace current reactionary approaches to environmental contaminants.
2. A thorough new assessment of workplace chemical and other exposures is needed to quantify current health risks.
3. Agencies responsible for promulgating and enforcing regulations related to environmental exposures are failing to carry out their responsibilities. The following are needed:
  - a. A more integrated, coordinated, transparent system for promulgating and enforcing environmental contaminant policy and regulation, driven by science and free of political or industry influence.



# 2008-2009 Report: Summary of Recommendations

- b. Better concordance of exposure measures and standards to facilitate interagency and international regulatory policy and enforcement and to identify research needs.
- c. Consideration of the potential impact on consumers and commerce of the Globally Harmonized System for classifying carcinogens.
- d. Information sharing among the public, researchers, regulatory agencies, industry, and other stakeholders must be a bedrock component of the environmental health regulatory system mission.
- e. Inclusion of environmental and public health advocates in the development of the environmental cancer research and policy agendas and in information dissemination.



# 2008-2009 Report: Summary of Recommendations

4. Epidemiologic and hazard assessment research must be strengthened in areas with unclear evidence. Current funding for federally supported occupational and environmental epidemiologic cancer research is inadequate.
5. Measurement tool development and exposure assessment research should be accelerated to enable better quantification of exposures at individual, occupational, and population levels.
  - a. High-throughput screening technologies should be developed to evaluate multiple exposures simultaneously.
  - b. Methods for long-term monitoring/ quantification of electromagnetic energy exposures are needed given escalating use and changing radiofrequencies of cell phones and other wireless devices.





# 2008-2009 Report: Summary of Recommendations

6. The cancer risk attributable to residential radon exposure must be better addressed.
  - a. The EPA should consider lowering its current action level (4 pCi/L) for radon exposure, in light of newer data on radon-related cancer risk.
  - b. Public and health care provider education should be developed and disseminated to raise awareness of radon-related cancer risk.
  - c. Improved testing methods for residential radon exposure and cumulative exposure should be developed. Tax deductions should be implemented to encourage radon mitigation in existing housing. Building codes should require radon venting in new construction.
  - d. All schools, day cares, and workplaces should be tested at regular intervals for radon. Buildings with levels above the EPA action level should be mitigated.



# 2008-2009 Report: Summary of Recommendations

7. Actions must be taken to minimize radiation exposure from medical sources.
  - a. Health care providers, radiology technicians, and the public must be informed about the extent of radiation exposure from commonly used imaging and nuclear medicine examinations and the potential health risks of these procedures.
  - b. The estimated effective radiation dose of all imaging and nuclear medicine tests performed should be a required element in patient records and a core data element in all electronic health records.
  - c. Radiation dose-lowering techniques must be implemented consistently and to the maximum extent feasible.
  - d. Inspection of radiation-emitting medical equipment and pharmaceuticals must become more stringent, and uniform credentialing of technicians who administer scans is needed.



# 2008-2009 Report: Summary of Recommendations

8. The unequal burden of exposure to known and suspected carcinogens must be addressed.
  - a. Individuals exposed to nuclear fallout and contamination must be given all available information on their exposures.
  - b. The Advisory Committee on Energy-related Epidemiologic Research should be rechartered, or a similar body convened, to enable individuals exposed to nuclear contamination to participate in policy making and other decisions that will affect their access to health care and compensation related to those exposures.
  - c. Geographic areas and vulnerable populations should be studied to determine environmental influences on cancer risk; identified risks must be remediated to the maximum extent possible.
  - d. The U.S. Government should honor and make payments according to the judgment of the Marshall Islands Tribunal.



# 2008-2009 Report: Summary of Recommendations

9. Physicians and other medical personnel should routinely query patients about their previous and current workplace and home environments as part of the standard medical history.
10. “Green chemistry” research should be pursued and supported, but new products must be well studied prior to and following their introduction into the environment.
11. Public health messages should be developed and disseminated to raise awareness of environmental cancer risks and encourage people to reduce or eliminate exposures whenever possible.



# 2009-2010 Meeting Series

## *America's Demographic and Cultural Transformation: Implications for the Cancer Enterprise*





## 2009-2010 Series Information

- Meeting Information:
  - Information Flyer: Posted on PCP Website ([http://deainfo.nci.nih.gov/advisory/pcp/At-a-Glance\\_demographics.pdf](http://deainfo.nci.nih.gov/advisory/pcp/At-a-Glance_demographics.pdf))
- Dates and Locations:
  - September 22, 2009- Seattle, WA
  - October 27, 2009- Los Angeles, CA
  - December 9, 2009- Wilmington, DE;
  - February 2, 2010- Miami, FL
- Statements and summaries are available from the PCP website:
  - <http://deainfo.nci.nih.gov/advisory/pcp/statment.htm>
  - <http://deainfo.nci.nih.gov/advisory/pcp/minsmenu.htm>



# 2009-2010 Report

- First draft in progress
- Release anticipated near end of 2010





# 2010-2011 Meeting Series

## ***The Future of Cancer Research: Accelerating Scientific Innovation***







# 2010-2011 Meeting Series

- Inspired by the upcoming 40<sup>th</sup> Anniversary of the 1971 National Cancer Act
- Will attempt to better define the role of various stakeholders in the National Cancer Program (NCP).
- Will reflect on past progress and consider the best direction for the future of cancer research and the NCP.
- Will consider how the cancer community can utilize a broad array of scientific, computational, and emerging disciplines to accelerate progress of the NCP.



# 2010-2011 Series Information

- Meeting Information
  - Information Flyer: Posted on PCP Website (<http://deainfo.nci.nih.gov/advisory/pcp/At-a-Glance10-11.pdf>)
- Dates and Locations
  - September 22, 2010- Boston, MA
  - October 26, 2010- Philadelphia, PA
  - December 14, 2010- Bethesda, MD
  - February 1, 2011- Atlanta, GA



# 2010-2011 Meeting Series: Questions for Exploration

- How has the cancer research and advocacy landscape changed since 1971?
- What is the vision of the course of cancer research in the next 15 years and what new models of research, collaboration, communication, and funding are needed to achieve this vision?
- How can transformative change be promoted from within the National Cancer Program?
- How can we harness the incredible results of the technological revolution to speed us towards a new horizon of cancer research?



# 2010-2011 Meeting Series: Questions for Exploration

- What technologies not currently contemplated for use in cancer research might have application to research on cancer prevention, causation, and care and how can they be best utilized?
- What new collaborations are necessary to apply such technologies to cancer research and how can they best be developed?
- What new medical, ethical and legal issues will be encountered as we progress into a new era of science?
- What barriers (e.g., money, workforce/training issues) must be overcome to advance to a new era of cancer research and how can they be surmounted?



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