

National Cancer Advisory Board (NCAB)  
*Ad hoc* Subcommittee on Global Cancer Research (GCR)

Hyatt Regency Bethesda Hotel  
Diplomat/Ambassador Room  
1 Bethesda Metro Center  
Bethesda, MD  
December 5, 2011  
6:30 p.m. – 8:00 p.m. EST

SUMMARY

Subcommittee Members:

Dr. Olufunmilayo Olopade, Chair  
Dr. Marcia Cruz-Correa  
Dr. Jonathan Samet  
Dr. Edward Trimble, Executive Secretary

NCAB Members:

Dr. Judith Kaur  
Ms. Mary Lester  
Dr. Bill Sellers  
Dr. Wuan Hong

Other Participants:

Teri Brown  
Nelvis Castro  
Henry Ciolino  
Robert Croyle  
Xiaoli Du  
Kalina Duncan  
Erin Eckstein  
Annette Galassi  
Jorge Gomez  
Douglas Lowy  
Cathy Muha  
Kimberly Myers  
Isabel Otero  
Susan Perkins  
Julie Schneider  
Li Ming Shen  
Sudha Sivaram  
Darlene Summers  
Bhadrasain Vikram  
Erinn Howard, Rapporteur

## **Welcome and Opening Remarks**

Dr. Olufunmilayo Olopade, Subcommittee Chair, welcomed meeting participants. She asked for comments on the minutes from the previous GCR subcommittee meeting and received none. Participants introduced themselves.

## **Update: Current National Cancer Institute (NCI) International Activities and Research Goals for the New NCI Center for Global Health**

Dr. Edward Trimble, Director, NCI Center for Global Health (CGH), introduced Dr. Sudha Sivaram to update participants on the international training that the NCI has supported.

Dr. Sivaram explained that for the preparation of the global cancer training report, the information was limited to the support supplied to U.S. temporary visa holders. The NCI carries out this support both directly and indirectly. Direct support is exemplified by the support of fellows and trainees, special training and exchange programs (e.g., Ireland-Northern Ireland-NCI Cancer Consortium), and the NCI Summer Curriculum in Cancer Prevention program. Indirect support information cannot be gathered accurately because this support occurs through research grants and individuals being trained in research institutions. Such data are not tracked.

Examples of the NCI's capacity-building efforts include the "Developing Research Capacity in Africa for Studies on HIV-Associated Malignancies" D43 awardees. NCI cofunding opportunities with the NIH Fogarty International Center (Fogarty) began in 2007. Examples of such training collaborations include the Framework Programs in Global Health (FRAME), Fogarty International Clinical Research Scholars and Fellows (FICRS-F), and the Medical Education Partnership Initiative (MEPI).

Research grants directed at capacity building are another mode of training that NCI partners with Fogarty to support. Examples of these grants include the Fogarty International Research Collaboration Award (FIFCA) and the Global Research Initiative Program for New Foreign Investigators (GRIP). There are numerous active-status grants of this type.

Existing training models at the NIH are both ongoing (e.g., Khorana-Nirenberg Scholars Program) and new or in the proposed stage (e.g., International Extramural Associates Research Development Awards [IEARDA]).

## **Overview: NCI Work in Training International Individuals**

Dr. Trimble described the D43 program and indicated that it is highly successful and might lend itself to extension to non-HIV malignancies. Dr. Olopade enthusiastically reported the strength of this program model, citing a recent African Organization for Research and Training in Cancer (AORTIC) meeting that would have been cancelled due to political unrest at the meeting venue location if not for the fortitude and commitment of the attendees. In fact, some attendee organizations that were forced to cancel their attendance were large and influential, such as LIVESTRONG, The American Cancer Society (ACS), GlaxoSmithKline (GSK), and Susan G. Komen for the Cure. The D43 program includes awardees for an NCI-supported Uganda project with Drs. Corey Casper and Jackson Orem as principal investigators (PIs). They have leveraged additional resources, resulting in a new cancer center being built in Uganda. Trainees from the US working alongside trainees in Africa are galvanizing cancer research working group meetings. Additionally, leadership and training protocols are taught via

Ugandan oncologists “shadowing” fellows in the United States and then returning to Uganda with new knowledge; this also functions in the reverse. Although initial D43 grants were for 1 year for planning and supplements, NCI D43 grants can extend for many years. The model is strong and can be built upon to strengthen research capacity and training in Africa.

Dr. Sivaram responded to a question by asking whether the NCI currently is conducting a study of ongoing D43 programs to examine productivity evaluation metrics that will be useful. Dr. Trimble mentioned that numerous international partnerships also are occurring within NCI-designated Cancer Centers that are not readily visible. Dr. Henry Ciolino and the NCI Office of Cancer Centers staff are working to obtain information about these partnerships. Dr. Trimble indicated several successful program partnerships, such as Indiana University running a cancer center in Kenya that has raised enough resources to build a hospital in Kenya to provide services to a population of more than 2.5 million people. Other successful examples include The University of North Carolina cancer center in Malawi, University of Michigan activity in Ghana, and University of Maryland activity in Nigeria. In addition to efforts by the University of Chicago, Dr. Olopade added that other collaborative efforts with high visibility at the AORTIC meeting were led by Dr. Folake Odedina from the University of Florida and Dr. Timothy Rebbeck from the University of Pennsylvania who have ongoing efforts to develop a prostate cancer network to foster collaborative research.

Dr. Trimble said that discussions are underway about possibly using the D43 mechanism to foster partnerships in non-communicable diseases with foci in Southeast Asia and the Pacific Islands, Australia, New Zealand, and Japan. Such partnerships would include universities in developed and developing countries.

While it appears that NCI resources in Fogarty cofunding awards are nominal as compared to the NCI budget, the NCI Division of Cancer Control and Population Sciences (DCCPS) currently is preparing a proposal to increase this funding. It should be noted, however, that the NCI works with and supports Fogarty programs more than any other NIH Institute and Center.

Dr. Trimble pointed out that the IEARDA program was established by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) to strengthen research infrastructure and grants management. This effort has expanded to include the National Institute of Allergy and Infectious Diseases (NIAID) and Fogarty. Additionally, the “Proposed NIH Brazil Collaboration in Biomedical Training” program is under negotiation between the Brazilian National Science and Technology Development Council and Fogarty. This program will be attractive to intramural programs because Brazil will cover one-half of the post-doctoral stipends.

Dr. Olopade indicated that when working in Low Resource settings at International sites, it is imperative to obtain country “buy-in” to increase program sustainability. It also is key to formalize infrastructure that will track the progress of trainees when they return to their country of origin. Participants agreed that the trainee experience in the United States can be problematic because when trainees return to their home country, they may not have the resources, technology, and infrastructure available to conduct the work for which they were trained. It would be beneficial to require the trainees’ U.S. counterparts to take sabbatical leave in the countries for which they are training individuals so that they can appropriately hone their training for specific localities.

Two Latin American countries (Brazil and Argentina) have developed programs that assist trainees in applying their new skills to their specific country of origin following a training program experience in

the United States. These models should be examined to help fine-tune trainee reintegration following NCI training programs.

For successful program building, Dr. William Sellers supported the idea of building programs around a medical need for an intervention that is imminently available, such as the human papillomavirus (HPV) vaccine for cervical cancer. Actionable interventions are key to programs because areas requiring further research necessitate researchers traveling to other countries and working with an unknown timeline of success. Dr. Olopade mentioned that MEPI is an initiative to assist medical schools in revising their curriculum and developing a health professional infrastructure. Many medical doctors graduate without having witnessed a cancer diagnosis or managed a cancer patient, and revisions to this curricular shortfall can assist in program functioning.

Dr. Douglas Lowy, Deputy Director, observed that the GAVI alliance has expressed willingness to support the cost of vaccinations. In addition, at a United Nations (UN) summit in September 2011, there was an announcement of a “Pink Ribbon/Red Ribbon” initiative. This initiative, which is supported by the U.S Agency for International Development (USAID), involves pharmaceutical companies financially supporting vaccination and screening tests to promote cervical and breast cancer screening. For this activity, the NCI must define how to implement their research for the largest possible impact and work in concert with many groups. Training is one method by which to leverage resources.

Regarding tobacco-related diseases, the Bill and Melinda Gates Foundation will lead a world conference in Singapore to gain momentum in tobacco control, which is helped by the WHO Framework Convention on Tobacco Control (WHO FCTC), an international health treaty that guides efforts to counter the tobacco epidemic. Dr. Trimble indicated the “International Tobacco and Health Research and Capacity-Building Program” D43-type mechanism currently has many grants under review. Additionally, the FDA interacts with regulatory authorities in other countries, which allows for broader U.S. involvement, particularly in warning-label indications.

Dr. Trimble indicated that individuals involved in the NCI’s Summer Curriculum in Cancer Prevention program have conducted surveys of the graduates to ascertain the most useful curricular tract for individuals in the developing world. There is potential to offer the curriculum online in regionally-offered courses to reduce costs due to bringing people to the United States. Participants agreed that a “one-size-fits-all” scheme would be ineffective due to wide variances in technologies and services available in emerging versus more-established economies. In addition, varying research and programmatic infrastructures as well as different cultures must be recognized and considered with sensitivity. The NIAID Regional Centers of Excellence (RCEs) may provide an optimal approach. RCEs require minimal resources due to training occurring in specific regions and not necessitating distant international travel. Such a model could have middle-resource countries mentor their low-resource counterparts.

Ms. Annette Galassi indicated the need for the training of nurses as well as researchers and physicians. Training models should be developed, and Dr Judith Kaur indicated that nurses dispensing pelvic examinations and other medical services on Native American reservations have met with success. The Nursing Education Partnership Initiative (NEPI) recently has been launched to work on this effort. It should be noted that the perception of nurses and the nursing profession varies by country and so such efforts require mindfulness regarding cultural implications.

Dr. Sellers commented on the NCI's distribution of funds in the international arena through small monetary increments being awarded across many programmatic areas. He noted that larger monetary increments directed towards fewer program areas may increase impact. Dr. Trimble indicated that the success of the D43 program may serve as a model for non-HIV associated illnesses and garner more substantial NCI support.

Dr. Trimble commented that the "Stigma and Global Health Research Program" is important because stigma remains a major issue across many diseases that can decrease treatment effectiveness and patient morale.

Dr. Kaur expressed China's interest in NCI training, research, and basic approaches to breast cancer because there is no breast cancer screening there. Work recently has begun on understanding breast cancer patterns in China. This is a positive step as it is evident that breast cancer is becoming a significant health problem among Chinese women. Because breast cancer rates are rising globally but screening technologies are expensive, cost-benefit analyses should be conducted in different geographic areas to determine the proper breast cancer screening investment strategy. Dr. Lowy reminded participants that the NCI's approach is to follow evidence-based science (data) in making decisions, such as for cost-effective or life-saving strategies. Assessing breast cancer prevalence in developing countries is complicated as many countries do not possess the appropriate mechanisms to capture the data. There are data on breast cancer rates of Asian women who have relocated to the United States, and although this is a type of misinformation it can still inform researchers of the likely breast cancer rate of Asian women relative to Caucasian women.

Dr. Lowy commented that the NIH is strong at supporting novel, innovative technologies and ideas; however, in cases of seeking to assist developing countries in baseline levels of cancer technologies, a prudent approach might be for the NIH to support the dissemination of traditional methods that work in most situations and cost a fraction of the novel, innovative technologies. Dr. Trimble agreed that examining low-cost diagnostic developments might be effective.

### **Future Meetings**

The following were suggested as agenda topics for future meetings:

- ⤴ Report on the NCI CGH strategy following upcoming external stakeholder meeting.
- ⤴ Update on efforts to train nurses.
- ⤴ Report on what has been accomplished and learned from the "Stigma and Global Health Research Program".
- ⤴ Report on D43 program outcomes and the metrics utilized therein.
- ⤴ Report on the new program initiative "Trans-NIH Palliative Care Research".
- ⤴ Report by Dr. Brenda Edwards on international cancer registries and global cancer prevalence.

The Subcommittee meeting adjourned at 8:04 p.m. EST.

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Dr. Olufunmilayo Olopade      Date  
Chair

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Dr. Edward Trimble      Date  
Executive Secretary