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

Hyatt Regency Bethesda Hotel
1 Bethesda Metro Center
Bethesda, MD
June 23, 2013
5:00 – 6:30 p.m. EDT

SUMMARY

Subcommittee Members:
Dr. Olufunmilayo Olopade, Chair
Dr. Marcia Cruz-Correa
Dr. Beth Karlan
Dr. Kim Lyerly
Dr. Jonathan Samet
Dr. Edward Trimble, Executive Secretary

NCAB Members:
Dr. Mack Roach

Other Participants:
Teri Brown
Jacek Capala
Nelvis Castro
Henry Ciolino
Graham Colditz
Bob Croyle
Daniel DiMaio
Geraldina Dominguez
Kalina Duncan
Brenda K. Edwards
Mark Fleury
Paul Goldberg
Jorge Gomez
Joe Harford
Chanita Hughes-Halbert
George Komatsoulis
Elena Martinez
Mostafa Nokta
Isabel Otero
Mark Parascandola
Ben Prickril
Hasnaa Shafik
Lisa Stevens
Susan Perkins
Michael Burgio, Rapporteur

Welcome and Opening Remarks

Dr. Olufunmilayo Olopade, Subcommittee Chair, welcomed meeting participants. NCAB and BSA members introduced themselves. Dr. Edward Trimble, Director, Center for Global Health (CGH), National Cancer Institute (NCI), thanked the members of the NCAB advisory group and *ad hoc* members attending the conference call where this meeting's agenda was discussed.

Global Cancer Research Day at the Consortium of Universities in Global Health (CUGH)
Kalina Duncan

Ms. Kalina Duncan, CGH, said that the NCI organized the Global Cancer Research Day as a satellite meeting of the Consortium of Universities in Global Health (CUGH). The meeting had more than 160 participants, and its purpose was to catalyze interactions between Cancer Centers and other organizations involved in global health initiatives. The meeting had eight discussion topics and utilized a highly interactive format that encouraged participants to interact with many other attendees. All discussion topics were related to ways to maximize public health through cancer research and how to build sustainable cancer research programs in low- and middle-income countries (LMICs). The CGH currently is undergoing an internal process to determine how to distribute ideas from that meeting. The NCI will partner again with the CUGH hosting a second Global Cancer Research Day in May 2014.

Update: International Activities of NCI-Designated Cancer Centers Report
Kalina Duncan

The NCI asked all NCI-designated Cancer Centers, to report their international activities. As of May 2013, 53 NCI-designated Cancer Centers had reported on their international activities. The report is focused on LMICs but also includes information on high-income countries. Activities are not limited to those funded by the NCI and range from investigator-initiated collaborations to Institute-wide initiatives. A report was distributed to the CUGH Global Cancer Research Day participants, Cancer Center directors, and attendees at the March 2012 NCI stakeholder meeting. With 69 projects, China had the greatest number of collaborations. Brazil, India, and Uganda round out the top four countries; these countries have more than 10 projects each. Four countries, Mexico, Nigeria, South Africa, and Tanzania had nine projects each. The CGH will continue to collect international activity data from the Cancer Centers and is determining an effective process to keep the cancer center data updated. The data will be used to foster partnerships between NCI-designated Cancer Centers. CGH is working with the Harvard Global Oncology group to develop a geocoding system to incorporate this data and data from NGOs, professional societies, and universities outside the U.S. The geocoding project will present international project data from NCI-funded projects, other NIH Institutes, and Cancer Center activities. They also are exploring ways to allow investigators to self-report international activities. Several participants noted there is a lot of interest in global cancer research among investigators. It also was suggested that global health activity information could be collected from the Cancer Centers in a more comprehensive way.

Request for Proposals for Pilot Collaborations with LMICs in Global Cancer Research at NCI-Designated Cancer Centers
Jorge Gomez

Dr. Jorge Gomez, Senior Advisor, CGH, described a request for proposals (RFP) with the objective to promote cancer research and increase capacity in LMICs through collaborations between NCI-designated Cancer Centers and foreign institutions. The pilot study had a wide scope, but all proposed projects had to be completed within 1 year. The RFP has a contract mechanism and is managed by SAIC-Frederick through the office of contracts. Funding was capped at $200,000 total cost and limited to one proposal per Cancer Center. Award criteria included responsiveness to the goals of the initiative, scientific merit, programmatic priorities, and availability of funding. The RFP was announced on April 19, 2013, with a receipt date of June 14, 2013; a total of 43 applications were received. Dr. Gomez presented data on the types of proposals received based on their area (capacity building, training, and

research); cancer type; topic; and geographic distribution. Proposals will be reviewed in-house by NCI staff, with expertise also being drawn from NCI program staff, both extramural and intramural. The proposals address a wide range of research questions, including identified gaps in NCI research such as rare cancers, the development of low-cost detection devices, and association of HIV malignancies and cancer. The set aside is $1.5 million, and it is expected that at least eight proposals will be funded. The pilot should be complete in fiscal year 2013, with an assessment being completed by the following 6 months. It was noted that sustainability is a critical issue when building capacity in LMICs. The United States already supports a majority of global health research; other countries should be encouraged to provide ongoing support for cancer research.

Short-term Scientist Exchange Program (STSEP)
Ben Prickril

Dr. Ben Prickril, International Programs Officer, CGH, described the Short-term Scientist Exchange Program (STSEP), which was initiated in 2001 to support capacity building in LMICs. This program allows scientists from LMICs to come to the United States to work in NCI-funded laboratories. It also can support U.S.-based scientists who wish to work in LMICs; to date, the program has mostly been utilized to bring scientists from LMICs to the United States. More than 100 scientists have been supported by this program. The CGH advertises the program through email, websites, and social media. Investigators identify an NCI-funded laboratory they wish to work with and submit an application for the program. Applications are reviewed internally by NCI scientists; the applications include letters of support from the host institution as well as a research plan. Approved applicants work in the United States for up to 6 months before returning to their home institutions. The success rate for applications is approximately 80 percent. The program is a shared-cost program, with 50 percent of the support coming from the STSEP and 50 percent coming from the host laboratory. The program is expected to expand, and with that expansion the CGH would like to introduce mechanisms to allow scientists to work in the United States over longer periods of time. One model being investigated is having scientists visit for 3 months a year over several years.

Countries that have been taking advantage of this program are mostly from the Middle East and Africa. An explanation for this regional concentration of applications is that some countries have formed their own networks to inform scientists about the existence of this program. The CGH is promoting this program aggressively to draw applicants from other regions, including Eastern Europe, Latin America, and Asia. It can be difficult to follow up with investigators in the program after they return to their home countries; however, in most cases the CGH can see that good data have been generated from their projects. About one-half of the projects are basic research and the other half reach into other areas, including training, clinical science, and genomics. There is need to emphasize collaboration based on LMIC country priority.

Global Health Career Track and Training Discussion

Attendees discussed how to implement career track and training programs to best serve global health institutions. Cancer Centers have T32 training grants, and it may be possible to designate funding through those grants for global health career tracks. A balance should be maintained between clinical services training, capacity building, and research. The number of training programs with a focus on global health is unknown. CUGH has been focused on infectious disease; however, there are small cancer projects. Ways to link those projects with larger initiatives should be explored. The question of whether there is enough available funding in global health to warrant focused training programs was

discussed. It was pointed out there are opportunities to use global health competencies to address unique questions in cancer, such as the associations of malaria and HIV infection and cancer risk. There should be an assessment of what Fulbright and Fogarty fellowships already are providing so that those infrastructures are not duplicated.

International NCI-Cancer Center Designation Discussion

The group discussed the potential utility of having a designation for NCI-funded Cancer Centers that indicates their commitment to global health and global cancer research. This designation could be similar to being designated a “comprehensive” cancer center. It was suggested that an unfunded mandate could generate poor quality global health programs and actually dilute the quality of current initiatives. It also was pointed out that the “comprehensive” designation does not come with additional funding. It would be useful to include Cancer Center Directors in this conversation. Many have reported it can be difficult to highlight the importance of global health with all the other mandates on their core grants.

Pink Ribbon Red Ribbon®
Kalina Duncan and Lisa Stevens

Pink Ribbon Red Ribbon® is a campaign initiated in 2007 to build on existing healthcare infrastructure built by the President's Emergency Plan for AIDS Relief (PEPFAR) to integrate cervical cancer prevention, including human papilloma virus (HPV) screening and treatment. Pink Ribbon Red Ribbon® currently is active in two sub-Saharan African countries, Zambia and Botswana, and is anticipated becoming active in Tanzania in July 2013. The CGH is a contributing member of a number of working groups and will support them in the areas of implementation science and cancer registries. Pink Ribbon Red Ribbon® has indicated in its strategic plan the desire to expand into Kenya, Rwanda, and Latin America. Pink Ribbon Red Ribbon® does not intend to expand into all PEPFAR countries, but the hope is that the model will be replicated by other organizations. It would be helpful to have language changed in the PEPFAR reauthorization to ask programs to expand activities beyond their current, narrow scope.

The Subcommittee meeting adjourned at 6:35 p.m. EDT.

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Dr. Olufunmilayo Olopade	Date	Dr. Edward Trimble	Date
Chair		Executive Secretary	