

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, 2015
6:30 – 8:00 p.m. EDT

DRAFT SUMMARY

Subcommittee Members:

Dr. Olufunmilayo Olopade, Chair
Dr. Edward Trimble, Executive Secretary
Dr. Beth Karlan
Dr. Mack Roach III

NCAB Members:

Dr. Max Wicha

Other Participants:

Dr. Francis Ali-Osman, BSA
Ms. Nelvis Castro, NCI
Dr. Ann Chao, NCI
Dr. Norman Coleman, NCI
Dr. Robert Croyle, NCI
Dr. Geraldina Dominguez, NCI
Dr. Brenda Edwards, NCI
Dr. John Flanigan, NCI
Dr. Chanita Hughes-Halbert, BSA
Dr. Douglas Lowy, NCI
Dr. Maria Martinez, BSA
Ms. Diana Mendoza-Cervantes, NCI
Dr. Mahendra Naidoo, NCI
Dr. Paul Pearlman, NCI
Mr. David Pistenmaa, NCI
Dr. Marie Ricciardone, NCI
Dr. Hasnaa Shafik, NCI
Dr. Lisa Stevens, NCI
Dr. Bhadransain Vikram, NCI
Dr. Joanna Manddecki, SCG, Rapporteur

Welcome and Opening Remarks

Edward Trimble

Dr. Edward Trimble, Director, Center for Global Health (CGH), National Cancer Institute (NCI), welcomed the meeting participants. Dr. Trimble noted that Dr. Olufunmilayo Olopade, Subcommittee

relationship with the National Science Foundation of China, the equivalent of the National Science Foundation (NSF) in the United States. The U.S.–China Program for Biomedical Research Cooperation was established wherein each country pays for its own investigators. Several U.S. Institutes have joined the Program, including the National Institute of Allergy and Infectious Diseases (NIAID), the Office of AIDS Research (OAR), the National Institute for Mental Health (NIMH), and the National Institute for Neurological Disorders and Stroke (NINDS). Because the NSF does not fund clinical or late translational research, the NCI is reevaluating its role in the Program. The NCI also is assisting the Chinese Ministry of Science and Technology to strengthen its peer review. The NCI is engaged in training and capacity building, with activities taking place both in the United States (e.g., hosting Chinese post-doctoral fellows, researchers, and visiting fellows) and China (e.g., holding joint workshops).

Update on Cancer Center Supplements

Edward Trimble

Dr. Trimble explained that the purpose of the Cancer Center Supplemental Funding Program is to promote cancer prevention and control research and training in low- and middle-income countries (LMICs) through collaborations and research partnerships between the NCI-designated Cancer Centers and institutions in LMICs. During the first round of funding, in 2013, 40 of 68 Cancer Centers submitted proposals. Forty-four percent of the proposals focused on sub-Saharan Africa, 24 percent on Asia and Southeast Asia, 22 percent on Latin America, and the remaining 10 percent on North Africa, the Caribbean, or the Middle East. Fifteen awards were made of up to \$200,000 per year for 2 years. The topics of funded projects covered infection-related cancers, research in colorectal cancer, esophageal cancer, cervical cancer, pain policy, research capacity to improve care, bioinformatics, imaging for cervical cancer prevention, and tobacco cessation. Countries impacted included India, Uganda, Nigeria, Tanzania, Chile, and El Salvador and others.

Dr. Trimble indicated that the second round of funding closed on June 8, 2015. During the second round, the Program was more explicit about the types of projects it was interested in funding—public health issues, cancer control, and health surveillance. Pilot project topics included clinical and translational research, detection and diagnosis of cancer, knowledge sharing, implementation science, HIV-associated malignancies, and others. During this round, 39 of 52 eligible Cancer Centers submitted proposals, which spanned cervical, breast, head and neck, prostate, and stomach cancers. Some proposals were received for registry strengthening, pathology, and tobacco control. The Program budget allows for 10 awards to be made; other meritorious proposals will be considered for end-of-year funding. Only 52 Cancer Centers were eligible because of cycle renewal. A third round of funding will take place in 2016.

Dr. Trimble added that a global cancer mapping program is in development in partnership with Global Oncology!, which is a group of young ecologists. It will capture grants, contracts, institutional twinning, department and individual projects, professional societies, and others.

Dr. Vikram informed the Subcommittee that a 2013 project at Virginia Commonwealth University is under budget and ahead of schedule. Therefore, it would like to expand its specific aims to support a clinical trial and bring in additional subcontractors at no additional cost. Dr. Trimble advised Dr. Vikram to reach out to Dr. Lisa Stevens to discuss this further.

Agency for International Development (USAID).

Questions, Topics for Future Meetings, and New Business

Edward Trimble

Dr. Trimble informed the Subcommittee members that the CGH has representatives in the field based in China, Madagascar, India, and Argentina. Representation in Europe currently is being reconfigured.

Dr. Stevens elaborated on the work that the CGH has done with the World Health Organization (WHO). In the last year, more than 22 cancer drugs were sent to be considered for the essential medicine lists; 16 drugs are not included on the list. The Union for International Cancer Control (UICC) was a key partner. A major question currently being discussed is how countries receive access to the medicines, especially at an affordable price. Dr. Stevens was optimistic about the direction of the newly merged Noncommunicable Diseases group and Violence and Injury Prevention group under Dr. Etienne Krug. Dr. Trimble noted that a noteworthy model exists at the Pan American Health Organization through their strategic and revolving funds. Purchasing and delivery can be done on behalf of countries in the Americas and delays in customs can be bypassed.

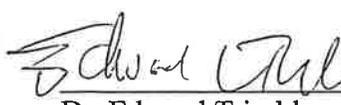
Dr. Trimble updated the Subcommittee on the efforts to reach out to various sectors of the WHO. The CGH has a very good relationship with the Pan American group and also is supporting the Caribbean public health agency to begin building a cancer registry for the Caribbean. The CGH has and will continue to visit WHO's regional offices, including in the Philippines and in Copenhagen, Denmark. Dr. Trimble added that the CGH is putting effort into developing a productive relationship with the International Atomic Energy Agency (IAEA).

Dr. Stevens informed the members of the International Cancer Control Partnership (ICCP), which was built on a program that the Division of Cancer Control and Population Sciences (DCCPS) began with the American Cancer Society and the Centers for Disease Control and Prevention. In 2006, ICCP began international activities with the goal of providing technical assistance to ministries of health to develop cancer control plans. The ICCP has held four international forums, with an upcoming forum to be held in Mexico, and has mentored approximately 30 countries. The ICCP has an online portal through which resources or publically available plans can be shared. Dr. Flanagan noted that discussions are ongoing to determine consistent iterative metrics of success. Dr. Olopade suggested a pathway for NCI-funded investigators to work in these countries. Dr. Stevens stated that this is precisely what is planned, citing MD Anderson Cancer Center's activities in Uganda.

Dr. Olopade thanked the participants and asked whether the *Ad Hoc* Subcommittee would like to continue meeting regularly. Several members advocated for meeting at least once per year. Dr. Olopade suggested that the Subcommittee plan for a June meeting and a tentative December meeting.

Adjournment

The Subcommittee meeting adjourned at 8:09 p.m. EDT.

	6/23/15		6-23-15
Dr. Olufunmilayo Olopade	Date	Dr. Edward Trimble	Date
Chair		Executive Secretary	