

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

Hyatt Regency Bethesda Hotel
1 Bethesda Metro Center
Bethesda, MD
November 30, 2015
6:30 – 8:00 p.m. EST

DRAFT SUMMARY

Subcommittee Members:

Dr. Olufunmilayo Olopade, Chair
Dr. Edward Trimble, Executive Secretary
Dr. Mack Roach III
Dr. Jonathan Samet
Dr. David Christiani

NCAB Members:

Dr. Deborah Watkins Bruner

Other Participants:

Dr. Francis Ali-Osman, BSA
Dr. Robert Croyle, NCI
Dr. Daniel DiMaio, BSA
Dr. Brenda Edwards, NCI
Dr. Carol Ferrans, BSA
Dr. John Flanigan, NCI
Dr. Thomas Gross, NCI
Dr. James Lacey, BSA
Mr. Bret Light, Lockheed Martin
Dr. Douglas Lowy, NCI
Ms. Catherine Muha, NCI
Ms. Peggy Reed, Lockheed Martin
Dr. Marie Ricciardone, NCI
Dr. Lisa Stevens, NCI
Dr. Carolyn Fisher, SCG, Rapporteur

Welcome and Introductions

Dr. Olufunmilayo Olopade, Subcommittee Chair, welcomed the meeting participants. The NCAB and Board of Scientific Advisors (BSA) members and other participants introduced themselves.

Dr. Douglas Lowy, Acting Director, NCI, thanked all the participants and new members, especially those that had traveled to attend the meeting.

United Nations (UN), World Health Organization (WHO), and World Bank (WB) Priorities for Non-Communicable Diseases (NCDs)

Dr. Edward Trimble

Dr. Edward Trimble, Director of the NCI's Center for Global Health (CGH), updated members on the global priorities for NCDs. Global health priorities are being realized at the highest level. Thanks to the 2011 UN meeting on NCDs, the 2013 WHO Global Action Plan for the Prevention and Control of NCDs, and the World Bank Disease Control Priorities (DCP) publications. The third edition of DCP is under development, and Dr. Trimble shared that the NCI had contributed to the recently published Cancer volume.

Dr. Trimble summarized the WHO voluntary global NCD targets for 2025, which include 80 percent coverage in essential NCD medicines and technologies, a 30 percent reduction in tobacco use, and a zero percent increase in diabetes and obesity. He stated that the WHO Global Monitoring Framework on NCDs includes cervical cancer screening, Human Papilloma Virus (HPV) vaccine, Hepatitis B vaccine, and palliative care access as part of the national system response. The 2015 UN General Assembly endorsed 17 Sustainable Development Goals (SDGs). The third SDG, Good Health, has several targets relating to cancer. SDG 3 also includes a one-third reduction by 2030 in premature mortality from NCDs through prevention and treatment, as well as stronger implementation of the WHO Framework Convention on Tobacco Control.

NCI CGH Overview

Dr. Trimble

Dr. Trimble stated that the NCI CGH was founded in 2011 by former NCI Director Dr. Harold Varmus. The objective was to strengthen and coordinate NCI's work in global health and global cancer research. The Deputy Directors are Dr. Lisa Stevens (Planning and Operations) and Dr. Thomas Gross (Science). The Branch Chiefs are Dr. Sudha Sivaram and Ms. Catherine Muha. The center has 29 full-time employees, as well as several research fellows and students. Additionally, the CGH staff includes regional and thematic leads, which serve in various capacities and are located across the country.

In response to an inquiry by Dr. Olopade regarding the 29 full-time employees, Dr. Trimble responded that the number had increased from 17.

CGH Signature Themes and Progress

Dr. Trimble

Dr. Trimble reminded members that the CGH has several signature themes, which resulted from the stakeholders' meeting held in the spring of 2012.

Cancer Control Planning and Implementation. Dr. Lisa Stevens, Deputy Director of Planning and Operations, CGH, updated the members on Cancer Control Planning and Implementation and stated that CGH is following the framework of the state-level programs already established by the Centers for Disease Control and Prevention (CDC), the NCI, and the American Cancer Society (ACS). The emphasis will be on the utilization of global collaborative efforts for the development of a cancer control policy that has the following four areas of concentration: risk reduction, early detection, better treatment, and enhanced survivorship. The CGH has organized the International Cancer Control Leadership Forums (ICCLF) across the world, including Africa, Asia, the Pacific Islands, and Latin America, with plans to extend to the Caribbean. The implementation efforts include the development of International Cancer Control Partnerships (ICCP) to leverage resources and to ensure

that efforts are not duplicated. The ICCP portal (www.iccp-portal.org) is a one-stop shop for cancer planners and policy makers. Regional workshops have been organized to assist countries in developing and implementing their cancer control plans.

Dr. John Flanigan, NCD Coordinator, CGH, discussed the strategies for advancing pathology and summarized the major issues for global health as advocacy, training, technology, and systems-related. The CGH helped to organize the African Strategies for Advancing Pathology to advocate and improve the quality of pathology care. Measurable results from the CGH's advocacy efforts include pathology training in specialized techniques, such as fine needle aspiration, and increased opportunities for technology. The overall goals are to have accurate diagnosis guides and to provide correct cancer treatment.

Dr. John Samet asked Dr. Flanigan about the range and practices of global access to pathology. Dr. Flanigan commented on the practices in Uganda, where half the patients may receive a pathologic diagnosis in advance-stage disease, whereas in other regions, where pathologist services are very limited, pathologic diagnoses are much lower. Dr. Olopade commented that the advocacy work that CGH is doing is transformative and will serve to improve the quality of pathology in the global community. Dr. Lowy stated that the American Society of Clinical Pathologists (ASCP) initiative is a substantial investment for capacity building for countries in pathology.

Building on Progress in Infectious Disease. Dr. Trimble stated that 25 percent of cancers in the developing world are linked to chronic infection. Efforts are ongoing to improve the outcomes of HBV and HCV. The CGH was instrumental in organizing a site visit to Mongolia in August 2015 to assist with the high liver failure and liver cancer burdens. There is a joint HPV vaccination, diagnostics, and screening program by the NIH and the Bill and Melinda Gates Foundation.

Dr. Lowy commented that efforts are in progress to improve screening over the next few years in low- to middle-income countries (LMICs) with the technology available. In response to a participant's question on the Ebola lessons learned and resource burden, Dr. Trimble commented that the countries seriously affected had little to no healthcare infrastructures. The U.S. Department of Health and Human Services (HHS), NIAID, and CDC are involved with the Ebola efforts. Dr. Lowy commented that the Frederick National Laboratories for Cancer Research (FNLCR) provided resources to prepare one of the Ebola vaccines, but that did not impact the NCI.

Tackling Common Risks Factors for NCDs. Dr. Trimble stated that tobacco is the most important risk factor for NCDs and global health. At the CGH, the tobacco control priorities are to work in partnership with the Tobacco Control Research Branch (TCRB) of the Division of Cancer Control and Population Sciences (DCCPS), build research capacity in LMICs, support sustainable activities that can be integrated into other CGH efforts, and prioritize the regional impact and involvement of international partners.

Dr. Olopade asked Dr. Flanigan how much the CGH had participated. CGH staff responded that the cost is shared with local partners, and the Center organizes the meetings.

Research on Ecological-Niche Cancers. Dr. Trimble discussed the role of CGH in ecological-niche cancers. The interest is to study liver cancer and cholangiocarcinoma in Thailand, and studies will be extended to Burkitt lymphoma in the malaria belt; gallbladder cancer in Chile, Thailand, and India; esophageal cancer in China, Iran, South Africa, Turkey, and Kenya; and oral cancer in Asia. The use of betel quid and areca nut are prevalent in Asia and the Pacific. The CGH will participate in a conference planned for April 2016, and the expected outcomes are to identify research priorities and gaps, build research networks, and identify evidence-based prevention and control strategies.

Dr. Olopade commented that there are increasing incidences of lung cancer in women who are nonsmokers, and she asked how often other risk factors are considered. Dr. Trimble responded that projects are being developed, such as the Global Alliance for Chronic Disease, which targets funders of health research to issue joint calls; an NIEHS Geohub air pollution initiative; and China's lung cancer research. A participant commented that another

study originating in China will screen the wives of heavy smokers. Dr. Lowy asked whether there was the same discrepancy in the rate of smoking among health workers internationally as in the United States and suggested that it might make more of an impact to address this subpopulation versus the entire population.

Expanding Global Cancer Research Networks. Dr. Trimble commented briefly on the cancer research networks and listed them as follows: AIDS Clinical Trials, AIDS Malignancy Consortium, International Cancer Genome Consortium, and Networks for Pediatric and Adult Cancer Treatments.

Strengthening the Work of NCI-Designated Cancer Centers in Global Cancer Research and Control.

Dr. Trimble gave an update on the NCI-Designated Cancer Centers in the United States and global cancer research, stating that the goal is to look internationally for institutions working together. Efforts are in progress to strengthen the global cancer research programs in partnership with the NCI, integrating cancer research with ongoing global health research, building career tracks for global cancer researchers, and awarding competitive supplements for Cancer Centers.

Dr. Roach commented on the needs for radiation oncology and the types of innovation that can be tested in low resource settings.

Dr. Brunner asked whether there was a focus to the work of the center and what metrics would be used to measure success over 5 years.

There was a healthy debate about the new RFA for Regional Centers of research excellence in the Center and plans to create funding opportunities to sustain global cancer research at academic cancer centers.

Low-Cost Technology Development. Dr. Trimble gave an overview of the low-cost technology development, which includes the following funded project: Cervical Cancer Prevention and Diagnosis, Cervical Cancer Treatment, Oral Cancer Treatment, HCC Prevention, and Breast Cancer Detection/Diagnosis.

Building Partnerships. Dr. Trimble briefly summarized the many CGH partnerships. Within the United States, this includes entities such as the NIH, the CDC, the U.S. Food and Drug Administration (FDA), the U.S. Department of State, and the U.S. Department of Defense. The international partnerships include the UN, the WHO, the IAEA, the United Nations Development Programme (UNDP), UNICEF, UN Women, and the International Narcotics Control Board. Several joint collaborative research programs are at varying stages of development, as well as initiatives between the United States and China, Brazil, South Africa, Turkey, and Russia.

Adjournment

The Subcommittee meeting adjourned at 8:11 p.m. EST.


Dr. Olufunmilayo Olopade
Chair

12/1/2015
Date


Dr. Edward Trimble
Executive Secretary

12/1/15
Date