

National Cancer Advisory Board (NCAB)
Ad hoc Subcommittee on Population Science, Epidemiology, and Disparities

Pooks Hill Marriott Hotel
5151 Pooks Hill Road
Bethesda, MD
June 19, 2017
7:30 – 9:00 p.m. EDT

DRAFT SUMMARY

Subcommittee Members:

Dr. Margaret Spitz (in place of Dr. Electra Paskett, Chair)
Dr. Francis Ali-Osman
Dr. Deborah Bruner
Dr. Carol Ferrans
Dr. Judy Garber
Dr. Elizabeth Jaffe

Other Participants:

Dr. LeeAnn Bailey (NCI)
Dr. Stephen Chanock (NCI)
Dr. Henry Cioloni (NCI)
Dr. Robert Croyle (NCI)
Dr. Barbara Dunn (NCI)
Dr. Anna Fernandez (Booz Allen Hamilton)
Dr. Suzanne Heurtin-Roberts (NCI)
Dr. Barry Kramer (NCI)
Dr. James Lacey
Dr. Wlodzimierz Lopaczynski (NCI)
Dr. Elena Martinez (University of San Diego, BSA)
Dr. Kenneth Nock (NCI)
Dr. Krzysztof Ptak (NCI)
Dr. Sanya Springfield (NCI)
Dr. Martina Taylor (NCI)
Dr. Asad Umar (NCI)
Dr. Mary-Ann Van dam (NCI)
Dr. Stacey Vandor (NCI)
Ms. Audrey Wellons (NCI)
Dr. Deborah Winn (NCI)
Dr. Glendie Marcelin, The Scientific Consulting Group, Rapporteur

Introduction of Members and Opening Remarks

Margaret Spitz, M.D., Professor, Department of Medicine, Dan L. Duncan Comprehensive Cancer Center, Baylor College of Medicine

Dr. Margaret Spitz convened the meeting and announced that in Dr. Electra Paskett's absence, she would Chair the meeting. Members of the NCAB and Board of Scientific Advisors and other participants introduced themselves.

Review of the Mission Statement

Dr. Deborah Winn, Ph.D., Deputy Director, Division of Cancer Control and Population Sciences (DCCPS), NCI

Dr. Deborah Winn reviewed the mission statement of the *ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities and solicited from the Subcommittee members suggested modifications to the statement. Dr. Winn instructed the members to keep their suggestions broad and to focus on areas that they deemed important. Dr. Spitz queried the Subcommittee and other participants for tasks or issues that the Subcommittee can address.

Discussion

Regarding the mission statement, Dr. Judy Garber mentioned an apparent conflict in the role of the Subcommittee: The first sentence states, “the purpose of this subcommittee is to advise the NCAB...” whereas the second sentence states that the “subcommittee will be responsible for identifying opportunities...” A subcommittee member said that the role of the subcommittee is to identify pertinent issues and yet-to-be identified challenges. Another member added that the “opportunities” that are mentioned should reflect the opportunity for addressing these challenges. Dr. Francis Ali-Osman recommended removing the word “opportunities” from the second sentence.

Dr. Spitz concluded the discussion by stating that the proposed suggestions will be incorporated into the mission statement and the revised version will be sent to all subcommittee members prior to finalizing the revisions to the mission statement.

Overview of the Division of Cancer Prevention

Barry Kramer, M.D., M.P.H., Director, Director of the Division of Cancer Prevention, NCI

Dr. Barry Kramer provided an overview of the Division of Cancer Prevention (DCP) initiatives by describing the “effector arms” of the studies conducted through the Population/Community-Based Research and Health Disparities program, which include the NCI Community Oncology Research Program (NCORP). NCORP focuses on researching health disparities through 12 minority/underserved community sites and 34 community sites. NCORP has recently expanded into cancer care delivery research and seeks to increase cancer therapy trials in the community. A planned goal of NCORP is a new-onset diabetes cohort for the diagnosis of pancreatic cancer, which will lead to the establishment of a biorepository of annotated human specimens. Dr. Kramer mentioned that DCP is embarking on large clinical trials and cohorts designed for repurposing certain commonly used medications as a means of preventing cancer eg. Aspirin and metformin. Other trials are geared toward disease screening (e.g., a tomosynthesis mammographic imaging screening trial and the molecular and cellular characterization of screen-detected lesions to address the issue of over-diagnosis). Dr. Kramer alluded to the important resources used for these studies: biorepositories and post-trial analysis (Cancer Data Access System Website; PAR 15-297; National Lung Screening Trial; and the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trials).

To address the important issue of reproducibility, DCP is committed to developing new research and behavioral intervention programs, as well as biometric measurement of errors in lifestyle studies. Also in this epidemiological approach, device- or internet-based and conventional self-report instruments will be used to track physical activity and diet. Data from this tracking are available through the Interactive Diet and Activity Tracking in AARP database.

Dr. Kramer described the successful efforts toward training cancer prevention scientists. NCI’s Cancer Prevention Fellowship Program offers multidisciplinary training for both domestic and international

fellows from several NCI divisions and at the U. S. Food and Drug Administration. He concluded by discussing an organizational chart illustrating the diversity of the research groups within DCP.

Discussion

In response to Dr. Elena Martinez' question, Dr. Kramer replied that a large percentage (30–40 percent) of the trainees are minorities. He added that more minority clinicians are needed in research.

Overview of the Division of Cancer Control and Population Sciences

Robert Croyle, Ph.D., Director, Division of Cancer Control and Population Sciences, NCI

Dr. Robert Croyle began his overview of the Division of Cancer Control and Population Sciences (DCCPS) by explaining the areas of research and leadership within the DCCPS. He commented that unlike DCP, which focuses more on the “upstream” efficacy or larger screening studies, DCCPS centers on implementation initiatives through the four programs within DCCPS: healthcare delivery research, surveillance research, epidemiology and genomics research, and behavioral research. Dr. Croyle described the 2017 Fiscal Year (FY) summary, which includes a wide variety of grants (668) and \$378 million in total funding.

DCCPS has tools to support data dissemination, effective interventions, measurement development, and validation. DCCPS has created data sets that link to Surveillance, Epidemiology, and End Result Program (SEER) and other data sources, such as Cancer Registries.

Strategically, DCCPS is working to provide outstanding customer support to investigators; launch a transdisciplinary team initiative; increase the visibility and usability of data; leverage other NCI-, NIH-, and HHS-supported programs; enhance interagency collaborations; and maximize the input from the scientific community. Dr. Croyle mentioned a few of DCCPS's Cancer Center funding supplements (e.g., for human papilloma virus vaccination uptake) and described a new initiative that focuses on researching and controlling cancer incidence in rural areas. Dr. Croyle stated that current challenges and new “investment” areas for DCCPS include the effect of changes in health care and health insurance reform. To address these new changes, DCCPS is investing in the monitoring of methods of cancer care delivery, with a focus on rural cancer control. He concluded by mentioning that DCCPS has several upcoming scientific workshops and webinars to disseminate data.

Discussion

Dr. Spitz asked whether research in behavioral sciences is ongoing in DCCPS. Dr. Croyle alluded to the fact that DCCPS investigators are encouraged to publish their findings from the several data sets that are managed or co-funded by DCCPS.

In reply to a committee member, Dr. Croyle stated that collaborative work between intra- and extramural Divisions is performed mainly in the context of consortia; DCEG may participate in these efforts. A meeting participant noted that the NCI Cohort Consortium is a tool to collaborate across extra- and intramural activities.

Dr. Martinez asked about research on rural disparities. Dr. Croyle said that the focus is on methodology-based research issues and mentioned that the Centers for Disease Control and Prevention has a rural health working group and an office of the Health Resources and Services Administration is leading the national rural health policy. Leading a rural initiative requires an accurate definition of “rural,” which is described differently across agencies. Defining “rural” can be based on NIH's population density-based scale/scoring system. NCI is exploring its niche in this research area.

Dr. Croyle stated that one challenge is identifying research topics that are not commonly studied or found in cancer literature. A participant mentioned that a national Cancer Data Ecosystem could help identify areas that have not been addressed. Dr. Stephen Chanock added that several workshops will be held in FY 2018 to identify funding opportunities.

Overview of Center to Reduce Cancer Health Disparities

Sanya Springfield, Ph.D., Director, Center to Reduce Cancer Health Disparities, NCI

Dr. Sanya Springfield outlined the purpose and activities of the Center to Reduce Cancer Health Disparities (CRCHD). CRCHD is leading NCI's efforts in increasing the workforce diversity through training and also advises on strategic priorities and strengthens cancer disparities research. Dr. Springfield noted that CRCHD is organized into two branches: Integrated Networks and Diversity Training. CRCHD accomplishes its mission by the following methods:

- Training—Continuing Umbrella of Research Experiences (CURE)
 - Early intervention strategy: Youth Enjoy Science research education program (students in grades 6 through 12, from Baltimore, Maryland)
 - Native American training program supplements
- Integrated networks—the National Outreach Network and the Geographical Management of Cancer Health Disparities Program
- Partnership program—Partnership to Advance Cancer Health Equity Program
 - Two funding mechanisms: P20 (feasibility studies) and U54 (comprehensive partnership grants)

Dr. Springfield described successes of CRCHD and the importance of engaging in translational research and mechanistic studies that investigate the biological and genetic bases of cancer health disparities. The Center has provided 20 supplements supporting the development of cell- and animal-based models for cancer disparity research. Dr. Springfield concluded by outlining activities for FY 2017 and beyond, which include a partnership with the National Institute on Minority Health and Health Disparities to address mechanisms of disparities in chronic liver disease and cancer; CRCHD also will sponsor a Distinguished Scholars Seminar Series.

Discussion

Dr. Spitz congratulated Dr. Springfield on the success of CRCHD and asked how the Subcommittee can assist with CRCHD's efforts. Dr. Springfield replied that maintaining momentum and promoting the awareness of the need for diversity in cancer research are important. Dr. Springfield added that although training is not included in NCI's Cancer Moonshot Initiative, CRCHD has worked toward ensuring that the language of racial/ethnic populations, as well as disparities research, is included in the recommendations and initiatives for funding.

Dr. Ali-Osman requested that Dr. Springfield elaborate on the early intervention strategy. She explained mentioned that the students are selected based on an interview, letter, and teacher's recommendation. Mentorship, tutoring, and laboratory visits all are incorporated into the program. In response to a question from Dr. Martinez about assisting individuals to transition into science, Dr. Springfield noted that CRCHD has received much support and accountability from NCI's leadership.

Overview of Division of Cancer Epidemiology and Genetics

Stephen Chanock, M.D., Director, Division of Cancer Epidemiology and Genetics

Dr. Stephen Chanock presented an overview of the Division of Cancer Epidemiology and Genetics (DCEG). As an intramural division in NCI, DCEG is devoted to population studies, and its mission is to conduct broad-based, high-quality, high-impact research on the prevention of cancer. He added that the role of DCEG in prevention research focuses on foundational, etiological research, randomized prevention trials as an outgrowth of etiologic work, and observational studies when trials are not feasible (e.g., radiation, chemical carcinogen studies).

Cross-branch working groups (e.g., descriptive epidemiology) assist with the overall efforts of DCEG. The Division has a diverse staff and approximately 600 scientific publications annually. Dr. Chanock explained that DCEG conducts disparities research that includes gender, race, and geographic-related issues in laboratory-based studies in more than 60 countries. A recent focus area has been the role of genetics in cancer development—characterizing somatic alterations by molecular characterization of tissues and assessing distinctive studies (e.g., thyroid cancer post Chernobyl). He described three main strategic initiatives in genomics research: germline genomics, somatic molecular epidemiology, and risk assessment and modeling.

Dr. Chanock said that it is important to understand certain subtypes of cancer that are more prevalent in other regions, looking at the role of unusual exposures that cause cancer and exploring the role of genetic contribution to cancer.

Discussion

Regarding NCI's Blue Ribbon Panel recommendation of generating a tumor atlas, Dr. Spitz cautioned that samples from the DCEG's somatic alteration studies must be well-annotated, especially with demographic and epidemiologic data.

Dr. Chanock affirmed that the Centers' role is to communicate the importance of cancer research and prevention worldwide.

Overview of the Office of Cancer Centers

Henry Ciolino, Ph.D., Acting Director, Office of Cancer Centers, NCI

Dr. Henry Ciolino provided a snapshot of the population sciences scope and activities at NCI-Designated Cancer Centers. Dr. Ciolino outlined the metrics of the Centers—approximately 80 Cancer Center research programs in population sciences in 59 centers. The most common title is cancer control. When Cancer Center Support Grants (CCSG) reviewed 41 out of 80 programs, the average rating was rated outstanding to excellent. The most common review criterion was impact on the field with demonstration of translation. Among the lower-ranked programs, CCSG identified missed opportunities and unaddressed areas (e.g., tobacco use), lack of synergy across research foci, and lack of collaboration with basic science programs.

Discussion

In response to a participant's question, Dr. Ciolino said that the perception is that population sciences are graded or scored more harshly than other programs; they actually tend to score higher.

Dr. Winn requested that members submit their ideas and comments to her and Dr. Paskett. Dr. Spitz added that the presentation slides and summary will be sent to absent members.

Adjournment

Dr. Winn adjourned the Subcommittee meeting at 9:00 p.m. EDT.

/s/ Dr. Margaret Spitz
Dr. Margaret Spitz
Acting Chair

6/20/17
Date

/s/ Dr. Deborah Winn
Dr. Deborah Winn
Executive Secretary

6/20/17
Date