

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

Gaithersburg Marriott Washingtonian Center  
Gaithersburg, MD

June 25, 2018

7:30 – 9:00 p.m. EDT

SUMMARY

Subcommittee Members:

Dr. Francis Ali-Osman (Chair)  
Dr. Deborah Bruner  
Dr. David Christiani  
Dr. Mack Roach  
Dr. Edward Trimble (Executive Secretary)

Other Participants:

Ms. Nelvis Castro (NCI)  
Dr. Stephen Chanock (NCI)  
Dr. Robert Croyle (NCI)  
Ms. Kalina Duncan (NCI)  
Dr. Thomas Gross (NCI)  
Ms. Marianne Henderson (NCI)  
Dr. Beth Karlan (NCAB)  
Dr. Barry Kramer (NCI)  
Dr. Amit Kumar (NCI)  
Dr. Timothy Ley (NCAB)  
Dr. Douglas Lowy (NCI)

Dr. Elena Martinez (University of San Diego,  
BSA)  
Dr. Cathy Muha (NCI)  
Dr. Kenneth Nock (NCI)  
Dr. Peter Ogunbiyi (NCI)  
Dr. Mark Parascandola (NCI)  
Dr. Paul Pearlman (NCI)  
Dr. Marie Ricciardone (NCI)  
Dr. Vikrant Sahasrabuddhe (NCI)  
Dr. Harold Seifried (NCI)  
Dr. Norman Sharpless (NCI)  
Dr. Sudha Sivaram (NCI)  
Dr. Lisa Stevens (NCI)  
Dr. Asad Umar (NCI)  
Dr. Bhadrasain Vikram (NCI)  
Dr. Wendy Wang (NCI)  
Mr. Mike Bykowski, The Scientific Consulting  
Group, Inc., Rapporteur  
Denise Hoffman, The Scientific Consulting  
Group, Inc.

**Welcome and Introductions**

*Francis Ali-Osman, D.Sc., Margaret Harris and David Silverman Professor of Neuro-Oncology  
Research, Professor of Surgery, Professor of Pathology at Duke University School of Medicine*

Dr. Francis Ali-Osman convened the meeting, noting that it would focus on two items: (1) a report from co-chair, Dr. Deborah Bruner on the Subcommittee's CGH Working Group preliminary recommendations, and (2) a presentation by Dr. Sharpless of developments at the NCI on the institute's Global Cancer Research Program and a presentation by Dr. Edward Trimble, Director, NCI Center for Global Health (CGH), on a global initiative for cervical cancer prevention and control. Members of the National Cancer Advisory Board (NCAB) and other participants introduced themselves.

**Comments From NCI Leadership**

*Norman E. Sharpless, M.D., Director, NCI*

Dr. Norman E. Sharpless announced that after 7 years of running the CGH, Dr. Trimble will be stepping down to take on a new role, leading the new Global Initiative for Cervical Cancer Prevention and Control on behalf of the NCI. Dr. Sharpless thanked Dr. Trimble for his leadership of the CGH.

Dr. Robert Croyle, Director of the NCI Division of Cancer Control and Population Sciences, has been named Acting CGH Director while candidates (both internal and external to the National Institutes of Health [NIH]) are identified and considered for the position. As the search continues, NCI Deputy Director Dr. Douglas Lowy will provide advice and support; Drs. Lisa Stevens, CGH Deputy Director of Planning and Operations, and Thomas Gross, CGH Deputy Director of Science, will continue their roles as senior leaders within the Center. CGH staff have been informed of this change, and this topic will be discussed during tomorrow's meeting.

### **CGH Working Group Report**

*Francis Ali-Osman, D.Sc., Margaret Harris and David Silverman Professor of Neuro-Oncology Research, Professor of Surgery, Professor of Pathology at Duke University School of Medicine*  
*Deborah Bruner, Ph.D., R.N., Robert W. Woodruff Chair of Nursing, Nell Hodgson Woodruff School of Nursing and Associate Director for Outcomes Research, Winship Cancer Institute, Emory University*

Dr. Ali-Osman summarized the Working Group's charge as having three components: (1) Redefine the mission and vision of NCI's support of global health; (2) Identify major challenges and opportunities in global cancer research; and (3) Define an infrastructure or organizational structure that will facilitate and allow the Center to embrace these challenges and opportunities moving forward. The Working Group held a 1-day meeting on April 30, 2018.

Dr. Deborah Bruner presented the Working Group's preliminary report, noting that the final, formal written report is in development. She shared that the Working Group was very impressed with Dr. Trimble's efforts to pull together the multiple facets of global health activities within the NCI. The Working Group reviewed the CGH's focus areas and priorities, which include global oncology research; the surveillance of ongoing global cancer research; evidence dissemination, policy, and practice; training; and health science diplomacy. Working Group members agreed that these areas of focus are appropriate; however, they recommend shifting the amount of focus within each of these areas. Dr. Bruner summarized the Working Group's recommendations as follows:

- Revise the CGH mission statement to include a clear indication that the Center is addressing vulnerable populations and health disparities. The mission statement also should emphasize the unique scientific opportunities in cancer research in low- and middle-income countries, and the CGH should have a major focus in these areas.
  - Capacity building should be embedded in all research initiatives, with a view toward sustainability. The Center should continue its activities in this area and grow its capacity for grant-making authority. Given the critical function of diplomacy in global health efforts, the Working Group also recommends a strategic approach to health diplomacy and that a separate office within the CGH be dedicated to global health diplomacy.
- Establish a clear, consistently applied, and transparent process for setting priorities. The CGH's priorities should align with the NCI's mission and the priorities of the Divisions and NCI Director.
  - The CGH also should consider key frameworks that are put forth in such documents as the 2016 National Academy of Sciences report *Global Health Risk Framework: Governance for Global Health*, which presents an effective framework for considering in-country commitments and potential resources.
- Improve the CGH's coordination with other organizational structures within the NCI to help align CGH priorities with those of the NCI, its Divisions, and its Director.

- A process is needed to better integrate the activities of the Center with other related NIH Institutes.
- CGH's research and capacity-building activities should be better coordinated with those of the Fogarty International Center.
- Establish an external advisory group to the CGH. Working Group members indicated that this advisory body could be internal to the NCI, external to the NCI, or composed of a combination of internal and external representatives.
- Improve CGH linkages with NCI-Designated Cancer Centers. This recommendation constitutes a major change. The Working Group indicated the following:
  - The CGH can better support global activities at Cancer Centers through larger funding opportunities with clear, long-term goals. One- to 2-year supplements to conduct this type of cancer research in low- and middle-income countries likely is not the most effective way to use funds. A longer vision will be required to accommodate the pace at which low- and middle-income countries move.
  - Several Cancer Centers are exceptional with regard to the breadth and depth of their global portfolios and could almost function as global oncology Specialized Programs of Research Excellence if an analogous competitive opportunity were considered.
  - Cancer Centers could play a larger role in capacity building if that was built in a grant such as, in supplements.
  - Establishing a coordinating function with the Cancer Centers (e.g., holding biannual meetings specifically related to global health) would be beneficial.

### *Discussion*

Dr. Sharpless thanked the Working Group for taking on this task and for the rapid pace at which the recommendations were developed.

Dr. Lowy asked about important research opportunities that arise but currently are not being addressed by NCI-Designated Cancer Centers. Dr. Bruner indicated that the Working Group's recommendations are not meant to preclude the CGH from pursuing such opportunities; rather, the group suggests that the CGH focus on leveraging the resources and opportunities available through closer engagement with the Cancer Centers, particularly because of their sustainability. Dr. Lowy acknowledged that much of NCI's extramural research support goes to the Cancer Centers and that it occurs through an open and competitive process. Dr. David Christiani added that there is some sensitivity on the part of investigators who have significant contributions to offer but are not at Cancer Centers and may be excluded from this work.

Dr. Ali-Osman commented that NCI-Designated Cancer Centers can and should play an important role in global cancer research efforts, and he suggested that NCI global health activities and Cancer Center activities require careful coordination.

Dr. Christiani cautioned that there are robust, sustainable global cancer research programs outside of NCI-Designated Cancer Centers and suggested that the CGH be flexible in terms of the mechanisms it utilizes.

Dr. Bruner asked about NCI's role in ethical dilemmas, as one example, in situations in some African countries in which governments that have purchased linear accelerators either cannot get the machines out of customs, do not have the parts to maintain them, or do not have the capacity/expertise to use them. At the same time, many of these countries are decommissioning cobalt machines, so while pursuing modern technology fewer cancer patients are actually being treated. Dr. Ali-Osman agreed that having the infrastructure in place to carry out research and deliver cancer care is a significant concern in developing countries and can be affected by political agendas. Dr. Lowy added that the International Atomic Energy Commission (IAEC) is an important player in such scenarios and must ensure that it is adequately vetting countries. Dr. Mark Parascandola clarified that the state-of-the-art linear accelerators were delivered to Ethiopia and other developing countries despite strong objections from the IAEC; he suggested that diplomacy should be used in an effort to try to remedy these types of situations.

The Working Group will bring its formal recommendations to the NCAB at its next meeting.

### **Global Initiative for Cervical Cancer Prevention and Control**

*Norman E. Sharpless, M.D., Director, NCI*

*Edward Trimble, M.D., Director, CGH, NCI*

Dr. Sharpless introduced this presentation by highlighting the opportunity for the NCI to take a lead role in the future of human papillomavirus (HPV) vaccination and cervical cancer control; Dr. Trimble will lead this effort.

Dr. Trimble noted that for the last 3 years, there has been a satellite meeting associated with the World Health Assembly focused on cervical cancer. This meeting has been gaining momentum each year, and at the 71<sup>st</sup> World Health Assembly on May 19, 2018, World Health Organization (WHO) Director-General Dr. Tedros Ghebreyesus called for a global initiative on cervical cancer to include HPV vaccination, screening and treatment of preinvasive disease, treatment of invasive cervical cancer, and palliative care.

Dr. Trimble reported that cervical cancer is the fourth-most-common cancer in women; the International Agency for Research on Cancer (IARC) estimates that each year, there are 528,000 new cases and 266,000 deaths. The majority (87%) of cervical cancer deaths occur in low- and middle-income countries. All Divisions within the NCI have a role to play in this global initiative—Dr. Trimble noted that evidence-based cervical cancer guidelines are grounded in large part in NCI-sponsored research. The NCI can help in the following areas:

- Develop a global plan for cervical cancer prevention and control based on research findings.
- Build a research agenda, research partnerships, and research networks to inform global cervical cancer control.
- Coordinate the work of nongovernmental organizations, professional societies, and NCI Cancer Centers.
- Coordinate U.S. government efforts, including those of the NCI, Centers for Disease Control and Prevention, U.S. Agency for International Development, U.S. President's Emergency Plan for AIDS Relief, and U.S. Department of State.

Dr. Trimble provided examples of ongoing efforts within NCI Divisions that can feed into this new global partnership. Within the Division of Cancer Epidemiology and Genetics, for example, investigators are testing the performance of diagnostic screening instruments and approaches from several companies, as well as automated visualization with acetic acid. Ongoing activities within the Division of Cancer Control and Population Sciences include Population-based Research to Optimize the Screening Process and the Cancer Intervention and Surveillance Modeling Network.

Lessons learned from national HPV vaccine programs point to the need to involve Ministries of Health, Education, and Finance; the importance of integrating the HPV vaccine into routine vaccination programs to ensure sustainability; and the value of developing a crisis communications strategy and monitoring social media. Key public health areas include health communications, vital registration, strengthened cancer registries, tobacco control, organization of cancer care, symptom management and palliative care, etc.

Dr. Trimble concluded his remarks with the following key themes:

- Use research to guide policy and practice intervention; modify intervention strategies based on new research findings.
- Implement standard metrics, monitoring and evaluation, and course corrections in programs.
- Integrate research and implementation science questions in programs.
- Ensure quality at all levels of cervical cancer control programs.

#### *Discussion*

Dr. Ali-Osman commented that the lessons learned from national HPV vaccine programs around the world are critically important, noting that in Malaysia, a 2-year planning and education phase coupled with endorsement by religious leaders and an active program to combat misinformation were effective. Dr. Trimble pointed to the need to ensure that future recommendations coming out of the WHO are evidence based and are translated to the regional WHO offices. He noted that some Latin American and Southeast Asian countries already have much of the infrastructure in place and low corruption indexes, which will help them make progress in this area.

Dr. Bruner commented that cancer registries are a fundamental resource and asked about NCI's role in engaging with them on a global scale. Dr. Trimble noted that the NCI has tried to work closely with the International Union for Cancer Control and the IARC to help build regional expertise and to help countries understand the important role that registries play.

Dr. Lowy explained that countries trying to control cervical cancer need to establish, with reasonable vigor, the incidence of cervical cancer in a particular region, as well as the mortality rate.

Dr. Stephen Chanock suggested that this new global initiative also could explore providing global assistance with regard to therapeutic and palliative activities.

Dr. Trimble concluded by noting that NCI's efforts on this global initiative will involve the CGH and its connections, as well as all NCI Divisions.

#### **Adjournment**

Dr. Ali-Osman adjourned the Subcommittee meeting at 8:30 p.m. EDT.

/s/ Dr. Francis Ali-Osman  
Dr. Francis Ali-Osman  
Chair

6/26/18  
Date

/s/ Dr. Edward Trimble  
Dr. Edward Trimble  
Executive Secretary

6/26/18  
Date