Statements from the President's Cancer Panel

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Translating Research to Reduce the Burden of Cancer
August 30, 2004

The "discovery" engine through which scientists are gaining knowledge about the biology and etiology of cancer is accelerating at a rapid pace, but the speed at which this knowledge is being transferred to clinicians, patients, and communities lags behind. In order to eliminate death and suffering due to cancer, it is critically important for the National Cancer Program to focus on moving the results of research into practice in all communities of America. So concluded the President's Cancer Panel at the first in a new series of meetings on Translating Research to Reduce the Burden of Cancer. The meeting was held in San Francisco, California, and hosted by the University of California-San Francisco Cancer Center. Leading experts from Government, industry, and academia, as well as clinicians, third-party payers, and community representatives, testified about barriers in taking rapidly emerging scientific discoveries and developing them into useful interventions that can be delivered into the community. The role of academic medical centers in this "discovery-development-delivery" process was specifically explored.

Key themes that emerged included the need for a new paradigm of "team science" that promotes and rewards collaborative study on common development goals. Academia is well suited to individual research and scientific discovery but is less so to subsequent development necessary to elevate discoveries to proven cancer interventions. A parallel infrastructure for applied science-people, peer review, tools, incentives, and rewards-is necessary to channel more discoveries into the development pipeline.

Expanded partnering is also crucial. It was acknowledged that the complexity, expense, and technological demands of biomedical research require new strategies for partnering, as no one agency or institution can on its own meet increasing responsibilities in this area. Opportunities exist for expanded partnering among Government, industry, and academic medical centers, as well as with nontraditional partners with a vested interest in the cancer problem. For example, health insurers have both large patient populations and repositories of health-related data that would be valuable to translational research efforts. Likewise, there are opportunities for more effective partnering with local communities to disseminate proven interventions.

Regulatory barriers were addressed-particularly HIPAA (the Health Insurance Portability and Accountability Act). It was emphasized that Government cannot provide zero-risk privacy protection to individuals and at the same time promote a national agenda of collaborative cancer research. Making progress against cancer means making use of medical information, some of which may be considered private. It was suggested that the cancer research community, in cooperation with patient interests, address aspects of HIPAA that currently inhibit collaborative cancer research.

Another key issue is the need for more shared resources and better research development tools. Development tools-animal toxicology, animal testing, biomarkers, modeling, and surrogate endpoints-are outdated and underdeveloped. Standardization and centralization of national cancer registries and tissue banks are essential to more efficient, less costly development systems.

The public and community play a role in translating research into practice, and misunderstandings or mistrust about the process of biomedical research-what is involved and how the pieces fit together-can hinder public participation in clinical trials as well as compliance with prevention and screening guidelines. It was suggested that the scientific community work more vigorously to inform the public and dispel "urban myths" about the scientific enterprise. Further, the promise of discovery cannot be fully realized without the infrastructure for disseminating proven practices and programs to all communities. A key issue in this area is how cancer centers can partner more effectively with community-based organizations to disseminate evidence-based findings.

The Panel will be holding three additional meetings on this topic, after which it will develop a report to the President and Congress outlining key issues and recommendations for better translating research to reduce the burden of cancer.

The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm, call 301-451-9399, or e-mail to pcp-r@mail.nih.gov.