

Statements from the President's Cancer Panel

President's Cancer Panel

Assessing Progress, Advancing Change: Challenges in Translating Research October, 2005

The President's Cancer Panel held two 1-day meetings in Washington, DC, on October 24 and 25, to follow up on select recommendations made in its 2004–2005 report, *Translating Research Into Cancer Care: Delivering on the Promise*. Key stakeholders convened in a roundtable format to identify steps to catalyze the progression of scientific discoveries along the research translation continuum, with the ultimate goal of promoting widespread adoption of effective interventions for cancer treatment and prevention. This concluded the Panel's series of meetings to assess progress and advance change relative to selected recommendations previously made to the President and Congress.

On October 24, two separate roundtables convened. The first addressed recommendations for advancing team science, which has been identified as the new paradigm for accelerating translation of basic science discoveries into useful cancer care. Issues relative to existing systemic and societal/cultural barriers that impede team science were discussed at length; concrete suggestions for improvement were put forth. For example, formal recognition of multiple lead authors on publications by both journals and institutional tenure committees would provide incentives for collaborative research. Institutions and professional societies can also encourage team science by acknowledging group initiatives through their existing awards processes. It was noted that in an era of flattening federal budgets, existing monies must be used with utmost efficiency and new sources of funding should be identified to support team research. In this regard, it was suggested that individual institutions should provide financial support for pilot studies by multi-disciplinary research teams.

A second roundtable of experts discussed recommendations relative to workforce infrastructure, specifically attracting and retaining young investigators to careers in translational and clinical research. As a shortage of physicians is projected, new incentives are needed to motivate students to pursue careers in medicine; of particular importance for the advancement of translational research will be increasing enrollment in M.D./Ph.D. programs. Furthermore, expanding current medical school curricula to expose all medical students to research during their training may promote increased interest in and understanding of clinical research. It was also suggested that the pharmaceutical/biotechnology industry be engaged as a partner in clinical training programs. Revamping peer-review/study sections to allow appropriate, unbiased review of translational research will encourage investigators to pursue careers in this area. Protected research time beyond the fellowship stage was also considered critical to fostering academic advancement of investigators from underrepresented populations.

The focus of the October 25 meeting was dissemination and community participation, which are indelibly linked to team science. With approximately 80 percent of cancer patients and survivors treated in the community, there is a critical need to disseminate cancer prevention and treatment advances to community health care providers and the public and, likewise, to engage them in research-based activities. Currently, although NCI-designated Comprehensive Cancer Centers are required to document their outreach and education efforts, funds are not allocated to implement this mandate. Financial support to establish dedicated dissemination staff within Cancer Centers would greatly enhance the efficiency of efforts in this area. An additional priority will be to build an evidence base for dissemination by scientifically evaluating and measuring the effectiveness of existing programs. Improving community participation can be accomplished in part by creating sustainable community relationships to maximize trust and interaction with patients and survivors—e.g., partnerships with hospitals, clinics, survivorship centers, private practices, and other community-based organizations (churches, schools, clubs, etc.).

At both meetings, it was recognized that many barriers to translating research transcend any single disease; thus, the cancer community needs to collaborate with others on these broader systemic health issues to leverage resources and optimize gains in overall public health and awareness. Participants were optimistic that steps could be taken to implement recommendations within the next 2 years. In its 2005-2006 annual report to the President and Congress, the Panel will summarize progress, report on commitments made by roundtable participants, and propose actions to be taken to advance change.

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.