Strategies for Maximizing the Nation's Investment in Cancer
October 22, 2007

The President's Cancer Panel held a 1-day roundtable meeting on October 22, 2007, in San Diego, California, with scientific, business, and policy experts to address *Strategies for Maximizing the Nation's Investment in Cancer*. This was the second in the Panel's 2007–2008 series of meetings. Participants discussed strategies for achieving the greatest impact on cancer morbidity and mortality, including effective business models for optimizing cancer research and care.

Similar to the previous meeting in this series, participants stressed that the greatest reduction in cancer mortality could be achieved by eliminating tobacco use; they vocalized disappointment in the lack of political will to eradicate this killer. Smoking remains the single largest preventable cause of cancer. One participant recommended at a minimum that one cigarette should cost the same as a Starbucks coffee. Significant impact on morbidity and mortality could also be achieved by "following the evidence" and applying what we know—screening and early detection of cancer; better preventive interventions and treatments for those cancers with the highest morbidity and mortality (e.g., breast, colon, lung, prostate); and expanded access to cancer care.

Another challenge is for the many disparate entities and advocates that exist within the cancer enterprise to become more unified. Questions were posed, "What is the face of cancer, what does the public see?" Research is not well integrated; messages are inconsistently framed and delivered; strategic priorities and funding requests are fragmented; and there is confusion about the role and goals of various advocate organizations, combined with donor fatigue. This creates confusion and uncertainty within the cancer community as well as among the public and funding entities. An urgent need exists to create a universal vision and leverage "commonality" to address the broader disease of cancer.

Connected to this challenge is the issue of "truth telling." The cancer community must devise new ways of sharing ideas and information and step away from the mindset of individualism, competition, and ownership. Adequate, informed, and regular dialogue needs to occur between the National Cancer Institute and other intramural and extramural research programs to evaluate where programs are and where they need to go. This includes reporting on and discontinuing projects that don't yield useful results. The current culture makes it far easier to start projects than stop them. However, much can be learned from "productive failures"; better sharing of negative results could inform research as much as sharing positive results.

Business models for optimizing cancer research and/or care were debated. Some felt the biomedical research enterprise has been extremely successful; minor adjustments may be warranted but a new model is not needed. Others felt that better planning and coordination is critical—a clear picture of the cancer research enterprise relative to amount of funding, who is contributing, and where and how funding is spent does not currently exist. A strategic model would align funds with clearly defined strategic priorities, reserving some non-earmarked amount for innovative, "anything goes" discovery. Such a model might also make it easier to gauge and communicate research success; current measures such as the number of publications or the number of awarded grants are not always helpful.

An optimal cancer care model should incorporate better guideline development and dissemination; universal access to affordable cancer care; feedback loops between patients/survivors, researchers, and clinicians; and accountability. Accountability includes, but is not limited to, personal responsibility (e.g., complying with recommended prevention and treatment) and organizational transparency (e.g., hospital disclosure of outcomes data). Technology development was raised as critical to the future of cancer care. For example, a research database integrated with electronic medical records to enhance patient care, outcomes data, and clinical trials is needed. This is an area where creative models such as The Defense Advanced Research Projects Agency (DARPA) or commercial partnering (e.g., Microsoft) could provide dramatic advances.

Other themes that emerged were the need for strong leadership to more effectively and strategically coordinate a cancer enterprise now vastly larger than when the “war on cancer” was declared in 1971; placing cancer on the national political agenda as a bio-terrorism threat on the most basic, cellular level and allocating adequate, predictable, and sustained funding to address it; and recognition that this is a worldwide problem with devastating consequences in developing countries and concomitant economic implications for developed ones. Two more meetings in this series are planned, after which the Panel will conclude deliberations and prepare its annual report to the President.