



11 April, 2018 - ICRP Annual Meeting
NCI/NIH Campus, Washington, D.C., USA

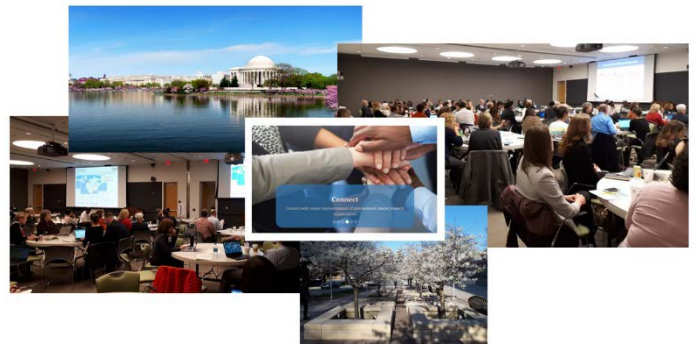
Highlights of the ICRP Annual Meeting 2018: Advancing cancer research through global partnership: identifying gaps and opportunities

Hosted by the US National Cancer Institute

ICRP was pleased to welcome over 130 participants from 10 countries to its 2018 annual meeting at the NIH Campus near Washington D.C. The aim of the meeting was to provide the opportunity for funders from across the world to share collaborative funding strategies and ideas, and explore opportunities for partnership.

Dr Doug Lowy (Deputy Director, NCI, USA) and **Dr Michelle Bennett (NCI Center for Research Strategy, US)** welcomed delegates to the meeting and to the [NCI](#), especially those who had travelled long distances to attend. Dr Lowy highlighted the importance of international collaboration in furthering cancer research (“If you want to travel far, travel together”) and the value of government and non-profit funding organizations working together to address gaps. Introducing the [ICRP](#), **Dr Katherine McKenzie (CBCRP, US and Chair, ICRP)** focussed on ICRP’s mission of bringing cancer research organizations together to work strategically. She noted that a recent expansion in membership meant that ICRP now included over 120 cancer funders in the US, Canada, Europe, Australia and Japan. Later in the day, sessions would introduce delegates to the ICRP website’s new mapping and collaborator function, dynamic dashboards and trend analysis in cancer research.

In the first keynote address, **Dr Lowy (NCI, USA)** highlighted the importance of global collaboration to improve survival worldwide and the vital role that precision medicine played in pathology, prevention and diagnosis as well as treatment. He noted the fact that while vaccination and smear tests had dramatically reduced cervical cancer mortality and incidence in the US, mortality rates were still rising in Low to Middle Income Countries (LMICs). Health disparities in the US continued to affect survival from HPV, and clinical advances could sometimes exacerbate these inadvertently. Screening approaches appropriate to high and low resource settings were essential to combat disparities.



In the second session on addressing research gaps, and exploring innovative and collaborative funding models, **Dr Dinah Singer (NCI, US)** described the [Cancer Moonshot initiative](#), set up to realise Vice President Biden’s vision of accelerating cancer research. The main aims were to (1) accelerate progress in cancer (including prevention & screening), (2) encourage greater cooperation and collaboration, within and between academia, government, and private sector and (3) enhance data sharing. Dr Singer described the process of reaching the recommendations, the status of FY17 and FY18 initiatives; and the potential international partnerships that were being explored.

Dr Paul Jackson (Cancer Australia) described how collaborative funding helps Cancer Australia achieve its goals. In the last decade the [PdCCRS](#) collaborative funding scheme partners had supported 341 grants, totalling \$123m. Research focussed on impact and outcomes focus and encouraged consumer involvement. Audits of funding had used landscape analysis to identify gaps and informed strategic funding decisions. The audits had also looked also at funding relative to burden, to target under-funded areas. Cancer Australia was now looking internationally through ICRP to address additional areas of strategic investment.

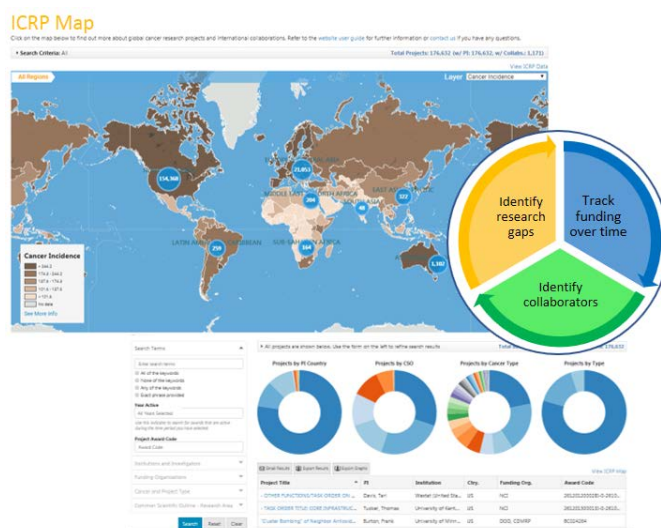
Dr Ellie Daniels (American Cancer Society) and **Dr Kristen Mueller (Melanoma Research Alliance, US)** gave a brief overview of the [American Cancer Society](#) and [Melanoma Research Alliance](#) and described their process of

partnering on an RFA to understand the adverse effects of melanoma immunotherapy – an area that analysis had suggested was under-studied. Both organizations contributed \$1m to support multi-disciplinary team and pilot awards, leveraging additional funding from Bristol-Myers Squibb. They shared lessons learned from the process including the importance of a shared vision, clear scope and regular communication; and highlighted some of the challenges and the need for compromise.

Dr Maneesh Kumar (Breast Cancer Research Foundation, US) and Dr Judy Keen (American Society for Radiation Oncology) shared their experience of developing partnerships to promote scientific career development in breast cancer and radiation oncology. The drivers for collaborating were to extend funds available in a small field, support more young and future leaders, while increasing collaborations within the larger community. A collaborative process for developing RFAs between [BCRF](#) and [ASTRO](#) had led to doubling the number of awards in the field. Additional partnerships included those with the Prostate Cancer Foundation, AACR and ASCO. A young investigator case study was presented, noting that future funding leveraged would be tracked via ICRP. They highlighted that just as researchers are expected to collaborate, the onus is on funders to work together to remove logistic barriers to collaboration - and gave a suite of practical tips for ensuring successful collaboration.

Dr Stephanie Reffey (Susan G. Komen, US) described how international funding and collaboration is helping [Komen](#) achieve its overarching goal to reduce breast cancer deaths by 50%. Dr Reffey noted that great ideas shouldn't be limited by international boundaries and reported that to date, Komen had funded research in 21 countries, including Australia, UK, India, Korea, Germany, Ethiopia, Netherlands and Spain, with a strong focus on improving outcomes for those with metastatic breast cancer. Komen covered translation costs for international awards, and advertised funding opportunities internationally through Facebook, ICRP's and Komen's twitter accounts. She cautioned that it was important to be clear about definitions (e.g., fellowship / early career) and that regulatory requirements could also be time-consuming.

During the afternoon session, **Dr Eddie Billingslea and Ms Kalina Duncan (NCI Center for Global Health, US)** highlighted new features on the [ICRP's website](#), including new dynamic dashboards, a database redesign to capture multi-funder and multi-location awards, a forum area for partners to exchange partner news, and a calendar to communicate new initiatives and ideas. To further ICRP's mission to promote and track collaboration, a [mapping tool](#) had been launched. Database searches can now be visualized on a world map, international collaborators for projects can be seen linked to the primary awards; and statistical layers of incidence, mortality and world bank income levels can be overlaid. Statistics and project data can now be compared to help make the case for increased investment. **Dr Lynne Davies (ICRP)**, then described how the database was being used to visualize long-term trends in cancer research. Initial analysis of a ten-year period showed that the highest investment was correlated with tumor burden, and that there was evidence of an increasingly translational focus within the portfolio. Additional data was being prepared for publication within the next few months and a further series of publications planned: for which new data from new organizations was welcomed.



Dr Marta Puyol (AECC, Spain) described [AECC's](#) role in cancer research and patient care. The €40M research budget supported 240 projects in 60 centers - improving quality of life for patients, in addition to developing innovative treatments, preventions, early diagnoses and scientific leaders. In response to key challenges in cancer research – raising awareness of importance of research, getting society to support research and promoting STEM careers - AECC and its partners had launched [World Cancer Research Day \(WCRD\)](#) to celebrate researchers and their work. The World Cancer Research Declaration called for increased knowledge about value of research and an increase in collaboration and cooperation. Organizations were invited to visit the [website](#) or contact the [secretariat](#) for information and materials to assist in marketing WCRD.

Dr Xiuping Liu (NFSC, China) gave an overview of the [NFSC](#) – the primary agency for basic research in China since 1986 and now organized by the Ministry of Science and Technology. NFSC’s 2018 \$4.6bn USD budget covered research, training and infrastructure with about one third of this dedicated to health research. To date, NFSC had over 90 cooperative agreements with different countries around the world. The NFSC-NIH partnership, initiated in 2010, had led to 5 rounds of research collaborations, over 130 awards totalling \$23m USD, with matching funds from NIH. Projects had promoted establishing new partnerships and included 29 cancer grants across multiple cancer types.

Dr YanYing Xu (NFSC, China) highlighted cancer research funded in recent years by the [NFSC](#)’s Department of Health Sciences. From 2009-2016, over 11,000 cancer research projects had been funded totalling \$0.8bn USD. An ongoing cancer-related Major Research Plan is looking at key pathways and mechanisms in non-resolving inflammation-induced malignant transformation. Another major current theme is the immune characteristics of tissues and organs. An analysis of Chinese research publications had demonstrated that international cooperation was a strong component of oncology research in China; and that the majority of these publications were with US-based scientists.



Dr Tanvir Kaur (Indian Council for Medical Research) described the [ICMR](#)’s perspectives on cancer research. Established in 1911, the ICMR now supported around \$250m USD in research annually, including programs across the spectrum of cancer research. The national cancer research program includes over 20 [registries](#), identifying cancers where burden is particularly high, nationally and regionally. International collaborations had been created with the US, Canada and EU on areas of common interest. Future priority areas for international collaboration were in training and capacity; cancer genomics; immunotherapy; specific cancer types (NPC, stomach, upper aero-digestive tract); microbiome; and cancers increasing in incidence in India (e.g., colon, prostate).

Concluding the presentations, **Dr Otis Brawley (American Cancer Society)** gave his keynote address on “The Cancer Blueprint”. He highlighted the challenge of identifying cancers that would not progress, noting that in the US, around 15-20% of screen-detected lung cancers don’t progress, and significant numbers of prostate cancers that did not need to be cured were treated. A 21st century definition of cancer was needed, involving pathology and genomics to identify those cancers requiring treatment. Dr Brawley also drew attention to the possible inadvertent effect of screening in widening disparities in the US. While the cancer death rate had gone down from 215 per 100,000 in 1990 to 163 in 2015 (due to prevention, wise early detection and improvements in treatment), disparities were greater today in breast cancer mortality for black and white women than ever, due to disparities in access to screening. One of the most important questions was to ask how to provide adequate high-quality health care, including prevention, to populations that don’t currently receive it. In addition, it was essential to reduce unnecessary screening and practice evidence-based medicine. The National Academy of Science, Medicine and Engineering had set up an 18-person ‘grand jury’ on cancer control systems, with the aim of developing a [National Cancer Control Plan](#) to reduce the incidence, morbidity, and mortality from cancer and to improve quality of life for cancer survivors.

The meeting ended with a round-table discussion session, introduced by **Dr Lisa Stevens (NCI Center for Global Health, US)**, who thanked all the presenters for their thoughtful and well-planned talks; and for providing ideas on ways to ensure productive collaborations and co-funding arrangements. Guests were invited to discuss with existing ICRP partners to find out more about ICRP’s collaborative opportunities.

www.icrpartnership.org



ICRP is an alliance of cancer research funding organizations, collaborating to enhance global co-ordination of research. We share information about cancer research awards in a publicly-accessible database, and promote co-operation among funding organizations to maximize resources. We welcome new members!

CONTACT US to be included on the mailing list for the 2019 ICRP Annual Meeting,
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