

**MEETING SUMMARY**  
**PRESIDENT'S CANCER PANEL**  
**ASSESSING PROGRESS, ADVANCING CHANGE:**  
**CHALLENGES IN TRANSLATING RESEARCH**

October 25, 2005  
Washington, DC

**OVERVIEW**

In 2004–2005, the President's Cancer Panel (PCP, the Panel) conducted a series of meetings focusing on translating research into cancer care. The Panel learned that the knowledge generated through research is not being effectively utilized by health care providers. In order to promote the adoption of new cancer interventions, the Panel recommended that dissemination research be expanded and recognized that public trust and community participation must be improved in order to facilitate research and maximize the impact of prevention and treatment advances. The October 25 meeting brought together key stakeholders and decision makers, with the goal of identifying actionable steps that can be taken to implement select recommendations made by the Panel in its 2004–2005 report, *Translating Research Into Cancer Care: Delivering on the Promise*. Information generated at the meeting will be used to accelerate implementation of the Panel's recommendations regarding dissemination and community participation.

***President's Cancer Panel***

LaSalle D. Leffall, Jr., M.D., F.A.C.S., Chair  
Margaret Kripke, Ph.D.

***National Cancer Institute (NCI)***

Abby Sandler, Ph.D., Acting Chief, Institute Review Office, NCI; Executive Secretary, PCP

**OPENING REMARKS—DR. LaSALLE D. LEFFALL, JR.**

Dr. Leffall welcomed invited participants and the public to the meeting. He introduced Panel members, provided a brief overview of the history and purpose of the Panel, and described the aims of the current series of meetings.

The specific purpose of the meeting was to identify actionable steps that can be taken to implement recommendations made by the Panel in its 2004–2005 annual report, entitled *Translating Research Into Cancer Care: Delivering on the Promise*. Dr. Leffall explained that the meeting would employ a roundtable format, with discussion centering on dissemination and community participation.

Invited participants were asked to prepare and submit a short summary describing their current positions and their organizations' efforts relative to the recommendations being addressed. This information was shared among the roundtable participants prior to the meeting.

Throughout the course of the meeting, participants were asked to address three questions relative to each recommendation:

- *What has happened with regard to this recommendation since its issuance in June 2005?*
- *What needs to be done to implement the recommendation?*
- *What should the priorities be in this area over the next 2 years?*

Discussants also addressed next steps, concentrating on specific courses of action to move identified priorities forward.

## **ROUNDTABLE DISCUSSION**

### ***Speakers***

Georges Benjamin, M.D., F.A.C.P., Executive Director, American Public Health Association (APHA)

Thomas Burish, Ph.D., Chairman, American Cancer Society (ACS)

Elizabeth Clark, Ph.D., A.C.S.W., M.P.H., Executive Director, National Association of Social Workers (NASW)

Deborah Collyar, President, Patient Advocates In Research (PAIR)

Robert Croyle, Ph.D., Director, Division of Cancer Control and Population Sciences (DCCPS), NCI

H. Shelton Earp, M.D., President, Association of American Cancer Institutes

Karen Emmons, Ph.D., Deputy Director, Community-Based Research, Dana-Farber Cancer Institute

Ernest Hawk, M.D., M.P.H., Director, Office of Centers, Training and Resources, NCI

Philip Huang, M.D., M.P.H., Medical Director, Chronic Disease Prevention, Texas Department of State Health Services

Leonard Kalman, M.D., President, Community Oncology Alliance (COA)

Suzanne Kho, M.S.Ed. Associate Director, Research Program, Lance Armstrong Foundation (LAF)

David Lanier, M.D., Associate Director, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality (AHRQ)

William T. McGivney, Ph.D., CEO, National Comprehensive Cancer Network (NCCN)

John Niederhuber, M.D., Deputy Director for Translational and Clinical Sciences, NCI

Edwin Parkhurst, M.B.A., F.A.A.H.C., C.H.E., Chairman, American Association of Healthcare Consultants

Barbara Rimer, Dr.P.H., M.P.H., Dean and Alumni Distinguished Professor, University of North Carolina School of Public Health

Kurt Stange, M.D., Ph.D., Professor, North American Primary Care Research Group

Kim Thiboldeaux, President and CEO, The Wellness Community

Andrew C. von Eschenbach, M.D., Director, NCI

The roundtable focused on the following four recommendations:

- A lead agency for cancer-related dissemination research and activities should be designated and provided with the budget and authority to carry out this crucial function.
- The National Cancer Institute should increase significantly funding for research and implementation activities to improve dissemination and adoption of cancer research advances. As part of this effort, Comprehensive Cancer Centers should be required and funded to take an active role in disseminating new cancer-related interventions into their communities/regions and facilitating their adoption by community cancer care providers, including non-physician personnel.
- Clinical and prevention research funders should require community participation early in protocol design and in research implementation.

- Existing community-based participatory research models should be evaluated to determine the potential for adopting them in other geographic areas and populations.

### **Key Points**

- Translation is much more than applying basic science to developing new therapies and pharmaceutical products. The broader scope of translation extends to behavioral change, policy implementation, and dissemination of evidence-based clinical practices.
- The Wellness Community, a community-based nonprofit organization that provides free support services to cancer patients in 22 centers throughout the United States, has developed a comprehensive patient education program and has distributed about 20,000 copies of an information kit called *Frankly Speaking About New Discoveries in Cancer*. The education program focuses on both medical and psychosocial aspects of the cancer experience. This organization also provides a virtual, Web-based support group with professional facilitation. The Wellness Community has entered into contracts with other groups to replicate its models in areas such as Parkinson's disease and substance abuse.
- The Wellness Community has found cancer centers and hospitals to be very receptive to its offer to share its evidence-based patient education programs, all of which are based on peer-reviewed research. Cancer centers and hospitals usually lack the time and resources to develop their own comprehensive educational programs. They have been impressed by the fact that a community-based organization has been able to develop high-quality programs.
- As a result of the Panel's recommendations, NCI has developed guidelines for Cancer Centers that permit them to establish dissemination cores as part of their research infrastructure. NCI is also considering use of the P60 research center grant to support dissemination activities. Dissemination is also an important mandated activity of the Community Clinical Oncology Program (CCOP), which brings state-of-the-art findings into communities.
- A multidisciplinary panel of experts representing members of the National Comprehensive Cancer Network, an alliance of 19 U.S. academic cancer centers, has compiled a library of practice guidelines that address the continuum of care required by cancer patients. These guidelines are widely accepted as the standard for clinical practice in oncology and are used by payors, including the Centers for Medicare and Medicaid Services (CMS), as a description of available and appropriate cancer care. NCCN has worked with the American Cancer Society to translate the guidelines in patient education materials in both print and online formats.
- The NCCN was asked by the National Guideline Clearinghouse to submit its clinical practice guidelines for listing in the Clearinghouse. The Network decided to make the guidelines available on its own Web site in order to ensure that the most up-to-date versions are available as quickly as possible.
- The Agency for Healthcare Research and Quality has launched an initiative to study national requirements for a health information technology system, including personal electronic health records. Such a system would provide patients with access to their own medical records, including laboratory test results, thus empowering them with improved understanding of and control over their care. The role of the Federal Government would be to develop standards for interconnectivity of health care information and address access issues commonly known as the digital divide.
- The National Association of Social Workers has established a Web-based training course on understanding cancer that has been completed by 15,000 social workers. NASW also

conducts face-to-face training at its annual conferences and hopes to expand its educational efforts to reach general health care and mental health providers, as well as the public.

- The American Public Health Association has established an interactive, online database of programs addressing health disparities, many of which focus on cancer care and prevention. Organizations and institutions can add information about their programs to the database.
- The Society for Public Health Education, in collaboration with other public health organizations, has initiated development of a transdisciplinary health education research agenda.
- The Lance Armstrong Foundation has launched a network of survivor centers that is expected to begin operating in 2006. The first five will be located within NCI-designated Comprehensive Cancer Centers, and each of them will create up to three partnerships with community-based organizations that address the needs of underserved populations. These Centers will coordinate research, dissemination, and implementation related to cancer survivorship. LAF is also a founding partner in the Education Network to Advance Cancer Clinical Trials, which is promoting community awareness of the benefits of clinical research.
- The Community Oncology Alliance is working to ensure that all treatments offered to cancer patients are evidence-based. COA is concerned that recent Medicaid changes will make it more difficult to treat Medicaid-eligible patients, let alone with state-of-the-art interventions.
- The Centers for Disease Control and Prevention (CDC) has funded several prevention centers that focus on dissemination of prevention-related activities. In collaboration with NCI, CDC supports the Cancer Prevention and Control Research Network, which also emphasizes dissemination.
- NCI and AHRQ support more than 100 practice-based research networks that are bringing the voice of the community into the planning and conduct of research. Providers in the community have input on questions to be studied, data collection, and interpretation of findings. These projects focus on topics such as prevention and cancer health disparities. This initiative has not only produced useful research, but has also improved clinical practice through the application of evidence-based medicine.
- Early community participation in protocol design and research implementation was one recommendation of the NCI Clinical Trials Working Group.
- The ACS is engaged in a number of activities related to these recommendations, some of which are being carried out in partnership with NCI and others. A Targeted Intervention Opportunity Grant supports community-based cancer control activities. The ACS National Cancer Information Center operates a clinical trials matching service that doctors and patients can use to match a patient's needs with available trials.
- Federal research support can be used to develop community-based interventions but is not usually available to disseminate those interventions because dissemination is not considered to be a research activity. Organizations like ACS are in a better position to reach out to communities with information about evidence-based interventions.
- Patient advocates have been involved in Cooperative Groups, Specialized Programs of Research Excellence (SPOREs), and other NCI research initiatives for at least the past decade. Advocates actively work with investigators to develop protocols and eliminate barriers to study participation.
- Dissemination is essential to bringing together researchers from different fields and engaging community providers in research activities. Therefore, dissemination should be addressed during any discussion of the importance of team science.

- AHRQ's Community Preventive Services Task Force reviews evidence of the effectiveness of clinical preventive services and makes its recommendations available through the *Guide to Clinical Preventive Services*. Similarly, the Task Force on Community Preventive Services oversees the development of the *Guide to Community Preventive Services (Community Guide)*, which evaluates effectiveness and cost-effectiveness of community preventive health services and makes recommendations accordingly. The latter has actually identified gaps that need to be filled by future dissemination.
- Recent collaborations in the areas of diffusion and dissemination have been motivated in part by the need to leverage limited funding. Difficulty in combining money across organizations was traditionally a barrier to collaboration, but mechanisms for doing this are being identified. Another challenge is determining how to best blend resources, ideas, and energy in order to accomplish common goals. The NCI DCCPS has partnered with CDC, AHRQ, ACS, the American Legacy Foundation, and other organizations in tobacco control. The content to be disseminated and the target audience will determine what partnerships are necessary to implement various dissemination activities.
- A trans-National Institutes of Health (NIH) Program Announcement on diffusion and dissemination research will be issued in the near future. A special study section will be created to review applications.
- Identifying a single agency or organization to provide leadership in dissemination is difficult without first identifying what is being disseminated and to whom. Each group has individual strengths and unique resources. For example, NCCN plays a special role in the world of cancer centers, and CDC provides guidance for public health practitioners.
- A single leadership organization is not likely to be able to meet everyone's needs. However, agencies and organizations involved in dissemination should develop a way to share information through an openly accessible national database. A lead organization could be tasked with monitoring reported activities to ensure accountability, measuring their effectiveness, coordinating cooperation between/among grant programs, and focusing attention on issues related to dissemination. An important barrier to establishing this kind of oversight is lack of funding. In the absence of financial incentives, organizations may be motivated to participate by gaining the opportunity to reach broader audiences.
- The oncology community has been slow to develop mechanisms to measure implementation of standards of care based on research findings. Health insurance payors and employers are beginning to use emerging knowledge to evaluate providers. The research community should provide leadership in ensuring that information is provided to all concerned parties and determining how it should be used.
- Dissemination is a two-way process that includes both translating research into practice and sharing knowledge gained through practical experience. This requires partnerships among researchers and practitioners.
- Examples of existing collaborative dissemination efforts include the Cancer Control PLANET Web portal (which includes contributions from NCI, CDC, the Substance Abuse and Mental Health Services Administration, AHRQ, and ACS) and the Cancer Prevention Network.
- Management of the dissemination process should be approached using a "whole systems" strategy that emphasizes the fact that ongoing relationships among key stakeholders transcend individual projects. Dissemination is not a short-term, single-project undertaking.
- NCI has begun to explore the possibility of creating a community-based cancer centers program designed to disseminate knowledge where it is needed most. This new program would bring molecularly targeted therapies and other new developments directly to cancer

patients, more than 80 percent of whom are treated in community-based settings. Ideally, these centers would bring private-practice physicians together in multidisciplinary groups.

- Comprehensive Cancer Centers are in the best position to provide leadership in changing the oncology field because they are the most visible components of the National Cancer Program and provide training for almost half of the oncologists practicing in the United States. Based on the recommendations of the National Cancer Advisory Board's P30/P50 Working Group, Centers have been mandated to add dissemination research to their agendas, but this mandate should be broadened by empowering them to engage in dissemination activities in their communities, including providing each Center with support for full-time staff focused on dissemination. In many cases, these Cancer Centers would be able to work with existing community outreach programs within their affiliated hospitals.
- C-Change has discussed the need for developing core cancer-related competencies for all health professionals, including non-physician personnel. Cancer Centers could play a central role in developing these core competencies, which could be disseminated through professional associations.
- The CEO Roundtable was formed a few years ago as an offshoot of the former National Dialogue on Cancer, now C-Change. The Roundtable has developed the *CEO Cancer Gold Standard™*, a series of cancer-related recommendations designed to fight cancer through risk reduction, early detection, and access to quality care. Financial data collected by this group suggest that paying for prevention will save companies money in the long run.
- Community oncologists are interested in becoming involved in dissemination. The solution may be different for each region. In some areas, a Comprehensive Cancer Center may take the lead; in others, it may be necessary to use innovative funding mechanisms to support new efforts.
- Community-based participatory research will not become widespread until it becomes possible to earn tenure through such research activities—that is, until it becomes acknowledged as valid scientific work. Most of the people conducting this type of research are adjunct professors or are affiliated with community-based organizations. Thus, their research protocols are less likely to be used as models by others. Their contributions to the studies conducted by tenured faculty are often unrecognized.
- Funders should understand that community-based research takes more time than clinical or basic research. Projects move forward at the same rate as the meetings and activities of community-based organizations. Funders should also understand that communities must benefit from projects that make use of them as resources. Case studies describing the best approach to supporting community-based research are needed.
- Involvement of communities in protocol development will have the added benefit of improving accrual, because community-based groups and individuals (including advocacy groups, community-based providers, patients and their families, and social workers) are aware of the barriers to participation in clinical research.
- A recently initiated project in Savannah, Georgia, to provide mobile mammography services to underserved rural areas of Southeast Georgia (an area without a Comprehensive Cancer Center) depended on cooperation among a faith-based hospital, local churches, and community physicians. Culturally appropriate materials were developed to break down barriers based on fear and distrust within the community. The project helped community practitioners understand the impact of science on practice and urged them to begin thinking about new ways to care for their patients.

- The CDC/NCI-funded Cancer Prevention and Control Research Network is based on a foundation of community-based participatory research. This is a large-scale project being carried out in eight different settings around the country.
- The next generation of early clinical trials will be conducted in the community, using very small samples, rather than in centralized institutions. This will require a shared infrastructure of tissues, including new procedures for tissue identification and transportation.
- Time-consuming processes to obtain coverage for clinical trial participation, as well as declining levels of coverage, tend to ensure that cancer care will remain within the community. However, reimbursement for community hospitals is being reduced, and those hospitals are beginning to turn patients away.
- New CMS policies on development of evidence to support approval of new technologies will have a significant impact on the way diffusion takes place in community practice.
- The Medicare Prescription Drug, Improvement and Modernization Act will change cancer treatment; it is expected that the proportion of patients treated in the hospital setting will increase compared with those treated in physicians' offices. This will increase the need for collaboration among various provider entities.

## **NEXT STEPS**

- Dissemination research activities and dissemination service activities of cancer centers should be integrated, but funding and review procedures often require that they be kept separate. Review criteria for Comprehensive Cancer Center status should take into consideration the fact that dissemination services provide an infrastructure for dissemination research activities.
- Comprehensive Cancer Centers should be part of the overall dissemination strategy, but public schools, worksites, churches, schools of public health, prevention research centers, and others will be needed as team members to provide access to underserved populations. Centers also need to go beyond their focus on cancer treatment to encompass issues relevant to prevention.
- For community physicians to remain involved in clinical research, their misconceptions about clinical studies must be addressed; for example, they must be reassured that no one will "steal" their patients. Myths and misconceptions that prevent participation in clinical research by individual patients must also be confronted. Many people still avoid clinical trials because they do not want to risk receiving placebos. Key messages must reach patients before treatment decisions are made.
- The increasing knowledge base concerning the genetic basis of cancer suggests that future efforts to bring cancer issues into the community should focus on screening and early detection.
- Some stakeholders that should be involved in these discussions include the media and information providers (including Web-based resources); insurers; the U.S. Community Preventive Services Task Force; non-cancer-related community-based organizations; and policy makers, especially those who have been resistant to excise taxes on tobacco and other funding mechanisms needed to support cancer screening and prevention programs.
- NCI, CDC, AHRQ, CMS, and the Health Resources and Services Administration (HRSA) should be brought together to address dissemination needs related to one or two issues (e.g., colonoscopy) and develop models for addressing those needs. These models should be implemented and evaluated in a 2-year program that would follow a practical approach rather than a clinical trial-like design. This would provide a model for developing measurable

outcomes for dissemination efforts. A conference should be used as a forum for publicizing and discussing these models.

- Dissemination activities of organizations such as NCI, ACS, and the American Diabetes Association regarding healthy lifestyles should be coordinated so that there are no conflicts between dietary guidelines and other recommendations. Some health guidelines should be the same regardless of disease. This would complement next year's Panel meetings on healthy lifestyles.
- In the near future, payors and state governments will have to make decisions on how to set copays and deductibles for expensive second-line therapies to which patients may or may not respond. Patients will need carefully written and delivered information to help them decide whether they would be willing to spend large amounts of their own income on, for example, a therapy that, at best, might only extend survival by one or two months.
- A recent AHRQ review conducted for NCI showed that dissemination research has so far resulted in the realization that knowledge of evidence-based methods is severely limited. Dissemination research must be expanded to keep up with the rapid expansion of scientific knowledge. Partnerships among organizations like NCI, ACS, CDC, and AHRQ are needed to support interdisciplinary scholarship that includes both academic specialists and business experts in areas such as social marketing.
- When new therapies are brought to the attention of the public by the media, it is the responsibility of the cancer community to enroll eligible patients in the trials for those therapies as soon as possible.
- Researchers must be more responsible in communicating with the media to avoid unrealistic expectations associated with new therapies. The same issues apply to changes in coverage, such as the new Medicare D program. Information made available to the public is often difficult to interpret.
- The *NIH Roadmap* initiative, with its trans-NIH approach, offers a model for the kind of infrastructure needed to support dissemination research. Too often, progress is inhibited by the fragmentation caused by the categorical nature of funding.
- Dissemination priorities should be evidence-based. NCI plans to continue monitoring public perceptions and beliefs about cancer and the channels through which the public receives cancer information.
- Cancer centers should provide education for cancer survivors, community physicians, and community oncologists regarding the importance of research. These are the people to whom individuals diagnosed with cancer will go for information.
- An annual national report on the status of dissemination efforts, similar to the AHRQ reports on quality of health care and disparities, should be initiated.
- As it embraces new communication technologies, the cancer community must avoid unintended consequences, such as isolating those without access to technology.
- Most people belong to more than one target audience. Messages related to mammography, colon cancer screening, lifestyle risk factors, and other issues should be coordinated to make dissemination more efficient.
- When Cancer Centers are evaluated for renewed funding, they should be required to provide evidence that they have applied their findings in their communities. The Cancer Prevention and Control Research Network could provide a model for this type of evaluation.
- Additional community-based organizations that should be approached to disseminate cancer and other health-related information include churches, schools, services clubs, and cultural organizations.



- Community participation has been implemented in many different ways by numerous agencies addressing diverse health care issues, but there has been no systematic attempt to analyze these experiences and develop evidence to support the effectiveness of specific approaches. Funding agencies need information on effective models for community participation in order to make decisions on whether to pay for these initiatives.
- Stabilization of the reimbursement system is essential to maintaining and increasing community participation in cancer research. Community oncologists will be less likely to become involved in clinical research as they are forced to deal with the difficulties brought on by the implementation of the Medicare Prescription Drug Improvement and Modernization Act in January 2006.
- In recent years, there has been a deterioration of the public health infrastructure. If nothing is done to reverse this trend, all of the top-down initiatives being discussed at this meeting will fail at the local and state level.

## **ORGANIZATIONAL COMMITMENTS**

- NCCN, in collaboration with other groups, is committed to translating its guidelines into measures of quality and performance, templates for public reporting of performance data, and models for pay-for-performance policies.
- The Wellness Community is committed to providing comprehensive materials to assist diverse organizations in developing and implementing patient education programs, especially those focusing on information about participation in clinical trials.
- The ACS is willing to contribute funding to convene a meeting of nongovernmental organizations to discuss dissemination, community participation in research, and other initiatives recommended by the PCP. ACS can also play a role in collaborative dissemination projects using its established dissemination channels. In addition, the ACS can provide limited funding for dissemination and policy research.
- NCI will continue in its role as a helper to and committed partner with all of the organizations involved in promoting dissemination and community participation in cancer research. These topics are the focus of active conversation within the Cancer Centers program. NCI also plans to expand its support for health services research, which provides links between the various topics that have been discussed at this meeting. NCI will continue its collaboration with CDC and other organizations in support of the Comprehensive Cancer Control Leadership Institute.
- The Community Oncology Alliance will continue to focus on maintaining access to high-quality, evidence-based, affordable cancer care in the community.
- The Association of Schools of Public Health will be asked to address issues related to translating research into practice.
- At its next national meeting, the American Association of Healthcare Consultants will discuss the issues associated with the Panel's recommendations and consider how the Association can help the Panel in the future.
- Patient Advocates In Research will continue to share information with the many advocacy organizations that are represented among its members. PAIR is always seeking opportunities to provide education and training assistance; this meeting has shown that the SPOREs and Cooperative Groups present excellent opportunities for such collaboration.
- AHRQ will continue to seek partnerships with other agencies and organizations to promote translational research. It has extensive expertise in synthesizing evidence provided by research partners into readable reports that can be used to translate knowledge into action.

AHRQ will also continue to apply its expertise in health information technology to disseminate useful findings to clinicians and patients.

- The Texas Department of State Health Services will continue to implement and disseminate evidence-based practices and invest part of its program implementation funding in program evaluation.
- The Association of State and Territorial Chronic Disease Program Directors will disseminate information about community participation in research to its members.
- The C-Change CEO Roundtable will continue to disseminate information about the return on investment that results from implementation of evidence-based screening and early detection services.
- The North American Primary Care Research Group is committed to disseminating knowledge on how to conduct community-based participatory research.
- The Federation of Practice Based Research Networks will endeavor to place a higher priority on dissemination research and on merging practice-based research with community-based participatory research.
- The Lance Armstrong Foundation is committed to exploring new mechanisms for funding community-based participatory research through its survivorship center network (LIVESTRONG SurvivorCare) and other research programs. The Foundation will continue to improve methods for educating its constituents about research, clinical trials, and cancer survivorship.
- The Association of American Cancer Institutes is committed to ensuring that cancer institutes act as agents of change within their universities with regard to issues such as tenure and recognition as rewards for participation in community-based research.
- The Dana-Farber Cancer Institute is committed to dissemination research through its participation in the Cancer Prevention and Control Research Network. The Institute has four strong population science cores.
- APHA will work with the editors of the *American Journal of Public Health* to increase publication of articles focusing on dissemination and participatory research. It will also investigate ways to highlight these areas during its annual meetings. APHA will be seeking partners for a grassroots initiative to ensure that all American families and communities are able to protect themselves from preventable health threats.
- NASW is committed to educating social workers about cancer and genetics. It is actively supporting legislation such as the Anti-Discrimination Act, Genetic Anti-Discrimination Act, and the Advanced Directives Education Improvement Act.

## **PUBLIC COMMENT**

### **Becky Hartt Minor—Cancer Information Service, NCI**

- The Cancer Information Service (CIS) maintains a partnership program in collaboration with grassroots community-based organizations to ensure that NCI's information services are accessible to and used by the public. CIS also has a research component that is engaged in improving the development of health communication messages. As a part of NCI, CIS strongly supports collaborative efforts among NCI, ACS, CDC, C-Change, the Intercultural Cancer Council, and the Lance Armstrong Foundation to implement comprehensive cancer control programs in U.S. communities. This type of concerted effort provides a better model for leadership in dissemination and community participation than does designating any single organization as the lead agency for such efforts.

## NCI DIRECTOR'S REMARKS—DR. von ESCHENBACH

### Key Points

- The input from participants in this meeting will be important not only to the Panel in preparing its report to the President, but also to the NCI as it sets priorities for its research and training programs.
- The investment that has been made in cancer research since the passage of the National Cancer Act of 1971 has led to a metamorphosis in the understanding of cancer at the molecular level. These advances have made it possible to envision, in the near future, a time when the suffering and death due to cancer will have been eliminated.
- The process of bringing the pieces of the cancer puzzle together across the continuum from discovery to development to delivery suggests a model for addressing societal problems associated with cancer and other diseases. Translational research is supplementing the public health perspective with a new concept of personalized health. In the future, the health care system will expand beyond its traditional focus on treatment of established disease to emphasize prevention and early detection based on individual risk factors. It will also integrate cancer centers and academic institutions with community-based platforms.
- NCI's leadership will still be needed to drive the engine of discovery. However, the development of solutions to societal problems will be a bottom-up process requiring coordination of the efforts of many Federal, state, and local government agencies as well as national and community-based private organizations.

## CLOSING REMARKS—DRS. KRIPKE AND LEFFALL

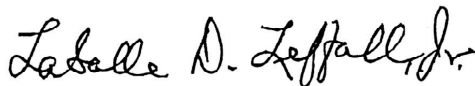
Dr. Kripke thanked the participants in the roundtable discussions. She emphasized the importance of revisiting recommendations that have been made by the Panel to gain insight from the cancer community as to how they should be implemented and to better understand how the status quo may have changed since they were published.

Dr. Leffall thanked participants on behalf of Panel Member Mr. Lance Armstrong, who was unable to attend.

## CERTIFICATION OF MEETING SUMMARY

I certify that this summary of the President's Cancer Panel meeting, *Assessing Progress, Advancing Change: Challenges in Translating Research*, held October 25, 2005, is accurate and complete.

Certified by:



Date: February 4, 2006

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LaSalle D. Leffall, Jr., M.D., F.A.C.S.  
Chair  
President's Cancer Panel