

Comprehensive cancer control-research & development: knowing what we do and doing what we know

Jon F Kerner¹, Eduardo Cazap², Derek Yach³, Marco A Pierotti⁴, Maria Grazia Daidone⁴, Pasquale de Blasio⁵, Peter Geary⁶, Brent Schacter⁷, Milena Sant⁴, J Dik F Habbema⁸, Rengaswamy Sankaranarayanan⁹, Catherine Sutcliffe¹⁰, Simon Sutcliffe¹¹, and the ICCC-3 Session D group¹²

¹Canadian Partnership Against Cancer, Toronto, Canada; ²Sociedad Latinoamericana y del Caribe de Oncologia Medica (SLACOM), Buenos Aires, Argentina; ³PepsiCo, Inc. New York, USA;

⁴Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy; ⁵BioRep, Milan, Italy;

⁶Canadian Tumor Repository Network, Manitoba, Canada; ⁷CancerCare Manitoba, Manitoba, Canada; ⁸Erasmus MC University Medical Center Rotterdam, Rotterdam, The Netherlands;

⁹International Agency for Research on Cancer, Lyon, France; ¹⁰Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; ¹¹Canadian Partnership Against Cancer Board of Directors, Vancouver, Canada; ¹²listed in the Acknowledgments

Contents

1. Introduction
2. The role of the private and public sectors in cancer control
 - 2.1. Global cancer control: a corporate view
 - 2.2. The public sector's role in clinical research
3. Tumor tissue bio-repositories
 - 3.1. HIV serology of pediatric cancers in Africa: Ocean Road Cancer Institute (ORCI) 2008 study
 - 3.2. CTRNet: facilitating translational cancer research through a national tumor bank network
4. Clinical trials
 - 4.1. Implementation of a framework for data management, monitoring and analysis to support cancer control studies at the Instituto Nacional de Câncer of Brazil (INCA)
 - 4.2. Is a single HPV DNA test effective in triaging women with low-grade abnormal cytology to cytological surveillance or colposcopy? Results from the UK TOMBOLA trial
5. Registries and Cancer survival - the EUROCARE study, population-based cancer registries and international collaboration
 - 5.1. Cancer control monitoring with cancer incidence, mortality and survival trends in Osaka, Japan
 - 5.2. A pilot study of the Chinese breast cancer multi-center clinical epidemiologic study
 - 5.3. The burden of cancer in adolescents and young adults
6. Health services and health economics
 - 6.1. Addressing research and development needs with a National Centre for Health Economics, Services, Policy and Ethics (HESPE)
 - 6.2. Building a state-based infrastructure for data driven, evidenced based cancer control in the United States
 - 6.3. Screening for colorectal cancer in Ireland: would it be cost-effective and what screening test should be used?
7. Translating research into practice
 - 7.1. Creating a knowledge management culture in a virtual, Pan-Canadian cancer organization
 - 7.2. Virtual healthcare library for cancer control: an approach to data integration and knowledge diffusion

Key words: ICCC-3, cancer control, international collaboration.

Correspondence to: Jon F Kerner, Canadian Partnership Against Cancer, 1 University Avenue, Suite 300, Toronto, Ontario, Canada M5J 2P1. Tel 416-619-5751; fax 416-915-9224; e-mail jon.kerner@partnershipagainstcancer.ca

8. Palliative care
 - 8.1. A research program for cancer survivor care and control
 - 8.2. Neuropsychology in cancer survivorship: preliminary results
 - 8.3. Survival patterns of patients after enrollment in Island Hospice Service's Palliative Care Program
 9. Conclusions
-

Abstract

Comprehensive cancer control is defined as an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality across the cancer control continuum from primary prevention to end-of-life care. This approach assumes that when the public sector, non-governmental organizations, academia, and the private sector share with each other their skills, knowledge, and resources, a country can take advantage of all its talents and resources to more quickly reduce the burden of cancer for all its population. One critical issue for comprehensive cancer control is the extent to which the private sector can contribute to cancer prevention and control programs and policies that have historically been lead by the public health sector, and similarly how can the public sector increase its investment and involvement in clinical research and practice issues that are largely driven by the private sector worldwide?

In addition, building capacity to integrate research that is appropriate to the culture and context of the population will be important in different settings, in particular research related to cancer control interventions that have the capacity to influence outcomes. To whatever extent cancer control research is ultimately funded through the private and public sectors, if investments in research discoveries are ultimately to benefit the populations that bear the greatest burden of disease, then new approaches to integrating the lessons learned from science with the lessons learned from service (public health, clinical, and public policy) must be found to close the gap between what we know and what we do. Communities of practice for international cancer control, like the ones fostered by the first three International Cancer Control Congresses, represent an important forum for knowledge exchange opportunities to accelerate the translation of new knowledge into action to reduce the burden of cancer worldwide.