The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Health and Medicine Division
Board on Health Care Services

DRAFT AGENDA: OCTOBER 28, 2019

Keck Center of the National Academies
E Street Conference Room
500 Fifth Street NW
Washington, DC 20001

Dissemination Meeting on the Report, *Guiding Cancer Control: A Path to Transformation*

Tuesday, November 12, 2019	
8:00 am	**Registration**
8:30 am	**Welcome and Workshop Overview** Michael M.E. Johns, M.D., (*Chair, Committee on A National Strategy for Cancer Control*), Emory University & Emory Healthcare Leonard Lichtenfeld, M.D., M.A.C.P., American Cancer Society, (*Workshop Sponsor*)

9:00 am	**SESSION 1: A Life Course Approach to Cancer Control**
	
	Session objective: To explore how cancer control is shaped by multiple factors throughout life and across generations
	
	Moderator: *Mary McCabe, Consultant in Cancer Survivorship*
	
	• **The Rationale for a Life Course Approach to Cancer Control**
	  ○ Patricia Ganz, M.D., University of California Los Angeles
	
	• **Establishing a Life Course Approach to Cancer Prevention and Care**
	  ○ Graham Colditz, DrPH, M.D., M.P.H., Washington University School of Medicine
	
	• **Education and Skills for Advancing a Life Course Approach to Cancer Control**
	  ○ Sarah Gehlert, Ph.D., American Academy of Social Work and Social Welfare
	
	Panel Discussion

10:40 am	**Break**
10:50am	**SESSION 2: The Cancer Control System** Session objective: To discuss the trade-offs that are likely to arise in the cancer control system Moderator: *Leonard Lichtenfeld* M.D., M.A.C.P., *American Cancer Society* • **Exploring Tradeoffs in the Cancer Control System and the Complexity in Choosing Priorities and an Appropriate Course of Action** ○ Robert Hiatt, M.D., Ph.D., University of California San Francisco Helen Diller Family Comprehensive Cancer Center

	• **Prediction and Prevention of Morbidity in Childhood Cancer Across the Disease Trajectory**
	  o Smita Bhatia, M.D., M.P.H., University of Alabama School of Medicine
	
	• **Quantifying the Costs and Benefits of Cancer Control Efforts**
	  o Robin Yabroff, Ph.D., American Cancer Society
	
	• **Novel Financing and Payment Models in Cancer Control**
	  o Ronald Kline, M.D., U.S. Office of Personnel Management
	
	Panel Discussion

12:30 pm	**Lunch Break**

1:30 pm	**SESSION 3: Collaborations and Transdisciplinary Approaches Towards a Unified Strategy for Cancer Control**
	
	Session objective: To discuss successful interagency collaborations, transdisciplinary research, and public-private partnerships to inform effective integration of resources and initiatives in cancer control
	
	Moderator: *Joseph Lipscomb, Ph.D., Emory University*
	
	• **Advancing Transdisciplinary Research in Cancer Control**
	  o Daniel Petereit, M.D., Rapid City Regional Cancer Care Institute
	
	• **Opportunities for Public-Private Collaborations Towards a Unified Strategy for Cancer Control**
	  o Lawrence Nathan Shulman, M.D., Abramson Cancer Center
	
	• **Enhancing and Sustaining Interagency Collaborations**
	  o Sarah Veale, U.S. Government Accountability Office
	
	Panel Discussion

3:10 pm	**Break**

3:20 pm	**SESSION 4: The Changing Role of Data in the Cancer Control System**
	
	Session Objective: To explore what would be the ideal dataset for a unified cancer control vision and how the data should be organized
	
	Moderator: *Lisa Richardson, M.D., Centers for Disease Control and Prevention (CDC)*
	
	• **Public Health and Data: Experience from the National Comprehensive Cancer Control Program**
	  o Lisa Richardson, M.D., M.P.H., Centers for Disease Control and Prevention
	
	• **Real Time Data for Clinical Trials and Cancer Control Planning**
	  o Mark Damesyn, M.P.H., Dr.P.H., California Department of Public Health

	• **Potential Directions for Future Research and Evaluation of Cancer Control Efforts**
	  o *Speaker Pending,* Leavitt Partners
	
	• **Leveraging Converging Technologies to Improve Health Care Quality and Outcomes**
	  o David Rhew, M.D., Microsoft Corporation
	
	Panel Discussion

5:15 pm	**Adjourn Day 1**
Wednesday, November 13, 2019	
8:00 am	**Registration**

8:30 am	**SESSION 5: Cancer Control as a Complex Adaptive System**
	
	Session objectives:
	• To discuss cancer control as a complex adaptive system whose elements are interactive and influential at multiple levels of society, starting with the individual
	• To explore tools available to perform trade-off analyses and assist in effective decision making
	
	Moderator: *William B. Rouse, Georgetown University*
	
	• **Decision Making in a Complex Adaptive System**
	  o Paul Davis, Ph.D., RAND Corporation
	
	• **Overcoming Barriers in a Complex Adaptive System**
	  o Nicoleta Serban, Ph.D., Georgia Institute of Technology
	
	• **Opportunities to Develop an Interactive, Evolvable Planning and Monitoring Dashboard for Cancer Planning and Programming**
	  o Brian Anderson, M.D., MITRE Corporation
	
	Panel Discussion

10:15am	**Break**

10:30 am	**SESSION 6: Toward a Unified Strategy for Cancer Control**
	
	Session objective: To explore potential ways to close the gap between research and practice
	
	Moderator: *Ashleigh Guadagnolo, The University of Texas MD Anderson Cancer Center*
	
	• **Overcoming Disparities in the Cancer Control System to Improve Quality and Health Outcomes**
	  o Otis Brawley, M.D., Johns Hopkins University
	
	• **Dissemination Strategies to Bridge the Gap Between Research and Practice in the Cancer Control System**
	  o María Fernández, Ph.D., University of Texas Health Science Center at Houston

	• **Advancing Team-Based, Coordinated Care Across the Life Course** o Ted James, M.D., Beth Israel Deaconess Medical Center • **Building Data and Knowledge Management Systems Across the Cancer Control System** o Monica Bertagnolli, M.D., Brigham and Women's Hospital Panel Discussion
12:15 pm	**A Look into the Future** o Leonard Lichtenfeld, M.D., M.A.C.P., American Cancer Society
12:30 pm	**Wrap-up and Adjourn**

GUIDING CANCER CONTROL: A PATH TO TRANSFORMATION

RECOMMENDATIONS

RECOMMENDATION A: A U.S. National Cancer Control Plan should principally ensure resource integration and operational coordination across the various components of the cancer control system, and should actively do the following:

1. Improve, where feasible, effective, and affordable, the availability of preventive, screening, diagnostic, and therapeutic interventions. Encourage timely palliative care, hospice care, survivorship services, and related social services according to the preferences and values of patients and their families.
2. Leverage the advances in and apply "multi-omic" diagnostics to improve therapies and better understand their scientific, clinical, and economic impacts, including their role in creating additional new prospects for cancer control and overall cost reduction.
3. Integrate the use of social, behavioral, and other information made possible by the convergence of communication, social media, cognitive, financial, and sensor technologies as well as electronic health records, cancer registries, and insurance claims to establish large-scale interoperable data sources.
4. Use cloud computing, machine learning, and artificial intelligence tools for continuous analytics, rapid reporting of trends and patterns, and improved forecasting and performance reviews. Evaluate emerging data-intensive technologies not only for their utility in advancing health and economic parameters but also regarding their ability to protect individual privacy and the security of data systems.
5. Apply the tools of complex systems analyses for assessing the "value" of cancer control interventions, establishing robust policy and incentive assessments to guide the development and commercialization of products and services, developing new financing and payment mechanisms that alleviate overall cost burden, and aiding individual patients and their families in making informed decisions about cancer care.
6. Minimize the waste and harm stemming from disparate clinical practices, interventions lacking evidence of effectiveness, and conflicting clinical practice guidelines.

7. Track and monitor financial links, incentives, and disincentives throughout the processes and systems of cancer control and rigorously require conflict-of-interest disclosures across cancer care, research, and patient advocacy activities.
8. Expand and support reproducibility strategies for developing reliable evidence in cancer control from biomedical, clinical, public health, and social science research.
9. Discourage direct-to-consumer marketing and advertising of clinical products and services from companies, medical centers, intermediary firms, and other organizations by terminating the tax deductibility of these business expenses. Furthermore, tighten and enforce rules to particularly curb promotional tactics and strategies that are likely to mislead patients about the benefits of products and care services not based on strong evidence.
10. Launch and expand public engagement, literacy, and outreach activities, starting with K–12 curriculums and through technology platforms, to broaden the understanding of cancer prevention as an integral component of a healthy life course.

RECOMMENDATION B: A U.S. National Cancer Control Plan should be led by the Department of Health and Human Services in cooperation with the Office of Management and Budget, Department of Education, Environmental Protection Agency, Department of Defense, Department of Veterans Affairs, Department of Housing and Urban Development, Department of Agriculture, Social Security Administration, Department of Labor, Department of Commerce, Office of Personnel Management, Equal Employment Opportunity Commission, and Department of the Treasury. The Government Accountability Office should periodically review and report to the relevant congressional committees about the achievement of goals specified in the plan.

RECOMMENDATION C: In support of the U.S. National Cancer Control Plan, the Department of Health and Human Services and the federal partner agencies should fund and support an independent organization—or a consortium—with principal competencies in systems engineering, industrial design, software development, and information and visual analytics to prototype and develop a publicly available, interactive, and evolvable planning and monitoring tool.
Moreover,
C-1: Periodic consultations with key participants from state and local governments and for-profit and nonprofit sectors should focus on ensuring that data feeds to the planning tool are customized and routinely refreshed and that planning parameters are properly applied and extensively tested for transparency and meaningfulness. C-2: Leaders from multiple sectors—biomedical, consumer products and services, computing, information technology, financial, transportation, agricultural, and construction—should be engaged through an advisory council mechanism.