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SCIENTIFIC REPORT 2019

SAB DISCUSSION AND RECOMMENDATIONS RE: 2020-2030 CANCER CONTROL STRATEGY

The SAB would like to first express that it is impressed by the breadth, scope and potential for real impact of the proposed cancer control strategy. We also are pleased to see that the comments made by the SAB earlier this year have been reflected in this updated version

The discussion of the SAB during its Oct 19, 2020 meeting focused on a number of topics:

- Where priorities for actions should be focused in the first few years of the strategy in each of the four Axes
- Additional general comments on the strategy as a whole where clarity in the plan would be of value

SAB Comments on the Strategic Plan Priorities by Axis

PREVENTION AXIS

The SAB was impressed to see this level of emphasis on prevention and screening within the plan. We agreed that all of the Actions proposed under this Axis were of value and should be undertaken over the 10-year strategy, but that the following were *priorities for early action* in the next few years

- **Prevention Research** is a priority and should also be a common thread throughout each activity found in this Axis. Of particular interest in this area is research not only into what works to change behaviour and how to implement it, but also what behavioural and policy interventions have not achieved their intended goals in France in the past and how to overcome that
- Prevention actions for both **Tobacco** and **Alcohol** are clear priorities these are the two modifiable risk factors for a large proportion of cancers in France and indeed are the underlying causative factors for several of the Poor Prognosis Cancers found in Axis 3.
- **Screening access**: It is clear that the COVID-19 pandemic has, in France and globally, reduced access to evidence-based screening. Thus the SAB endorsed the Screening Access action as an early priority
- **Obesity and Physical Activity**: were also endorsed as actions of high priority to initiate within the early year(s) of this plan.

Additional general comments and recommendations vis-à-vis Prevention Axis:

Personalizing prevention interventions (based on behavioural, socioeconomic, genomic etc risks) is an important area for research, evaluation and implementation. Individual risk is already affecting screening recommendations (e.g. BRCA based strategies) and it clearly has a growing role in tailoring prevention strategies.

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- Education for children and across population, while not directly under INCa's purview, with clear messages about how to reduce risk for cancer as well as appropriate early detection will be central to communicate current and emerging knowledge
- Telemedicine has emerged during the coronavirus pandemic as a means of delivering some aspects of health and cancer care. It could be explored as a tool for prevention and screening especially for more remote areas or those with limited services
- Cancer Vaccines with the public eagerness to embrace effective and safe SARS-CoV-2 vaccines once they are available, there is an opportunity to ramp up the information on safety and effectiveness of cancer vaccination such as hepatitis and HPV to improve uptake

QUALITY OF LIFE AXIS

The SAB was very supportive on the Actions within the Quality of Life (QoL) Axis. It was noted that is important to consider patient input into the definitions of what "good quality of life" means.

A few of the listed Actions in this Axis were felt to be of high priority to *launch early* within the timeline of the plan as follows:

Future Focused Actions – the priority actions which were identified as future-focused were those of:

a. Research

b. Access to Innovation

c. Evaluation of Innovation

Actions in these topics will guide the generation of knowledge and evidence to improve QoL.

In addition, actions were identified for early implementation because they will maximize the impact on patient QoL based on current best knowledge. These include:

a. Supportive Care

b. Rehabilitation

Finally, **therapeutic de-escalation questions** were highlighted. Research into this with appropriate implementation will have important potential impact on late effects of treatments.

It was emphasized by the SAB that both **adult cancer** and **pediatric cancer perspectives** are important to include as each of the actions in this axis are implemented.

Cancer predisposition/genetic counselling was put into this axis. The SAB feels that this is indeed an important topic with a high medical need in France, but should rather be moved into axis 1.

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POOR PROGNOSIS CANCERS AXIS

The SAB was very supportive of this Axis which is focused on reducing the mortality and improving quality of life outcomes of poor prognosis cancers. It is noted this will require a multi-pronged, multidisciplinary approach—so must include fundamental, prevention, early detection, treatment and supportive care research.

All the actions in this Axis were considered of high priority. The poor prognosis cancers do have differences in the current state of knowledge and the type of actions deployed for each will depend on this factor. The SAB focused on identifying which poor prognosis cancers would have biggest potential for impact given the burden of cancer they represent within France. Smoking and alcohol-related cancers were thus highlighted as critical to address. These include lung and liver cancers in particular, seamlessly linking axis 1 and axis 3. The SAB agreed that all of the poor prognosis cancers are in need of more research to improve survival. Research priorities in different high-risk cancers might be very diverse (basic research, preclinical research, diagnostics, innovative treatments, etc.). The SAB anticipate that actions on smoking and alcohol-related cancers highlighted above have substantial potential for impact through prevention, early detection and/or treatment research.

TRANSFORMATIVE AND CROSS-CUTTING PRIORITIES AXIS

The SAB recommended the title of this Axis be expanded to include the term "Transformative" since not all the areas listed were truly "cross-cutting" in all Axes – whereas they were all potentially transformative.

The SAB did not recommend that some of these actions be prioritized for earlier action than others – they are all worth moving forward in the early year(s) of the plan.

A few comments on specific Actions were noted:

- European and International collaboration it is clear that many aspects of cancer research and control activities will be achieved more quickly through collaborative action with European and international partners. Understanding in which areas of research this will have the greatest impact and in which areas France could lead the international collective will be helpful in giving this particular Action item focus. As a corollary to the discussion about international collaborations, there is the question of in which areas of research is France the leader internationally where additional investment within France will add important value.
- Vulnerable Populations as for international collaboration, the COVID-19 pandemic has underscored the fact that there are specific populations that repeatedly bear the brunt of the effects of illness, so a focus on vulnerable populations across the plan is important. The key issue here is how to ensure that efforts to tackle vulnerable populations are truly multidisciplinary and not siloed
- Artificial Intelligence the outputs and tools created from machine learning and artificial intelligence algorithms may indeed be transformative across a number of areas related to health and cancer care delivery and research. Key to realizing the potential of AI is the availability of high quality, broad and well organized /annotated datasets to be used for this research. Leveraging and expanding beyond clinical data sets will be critical.

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Additional General Comments and Recommendations

Members of the SAB also raised a number of topics that were not specifically linked to individual Axes in the plan. These were:

Infrastructure Investment: As new research or treatment technologies and approaches emerge there will be the need to consider more substantial investments in infrastructure across the French health care and research community. Examples relevant today could include: how to scale up research in CAR-T therapies (without relying only on industry)? how to expand the network of researchers engaged in single cell or liquid biopsy research?

How to be sure that the 220 measures work together – The 2020-2030 strategic plan is broad, inclusive, ambitious and exciting. The SAB raised the question of how best to ensure that measures tackling various facets of the same cancer problem can be connected to maximize impact. The fact that there are 220 distinct measures will make this challenging and speaks to the need to consider this plan as a matrix to avoid siloes that could limit the potential impact of this work. In addition, consolidation of overlapping programs would promote efficiencies and avoid siloes.

Finally, for the ambitious goals of this 10-year plan to be achievable, appropriate and increased funding as well as support (human resources) from Government will be needed. Furthermore, it will be necessary to actively monitor the impact of the plan (e.g. annual tracking of key goals) to ensure INCa can achieve the targets in the timeframe described. If not, some adjustments to the actions may be required.

SAB DISCUSSION AND RECOMMENDATIONS RE: 2019/20 REPORT

INCa is to be congratulated for its strong and comprehensive programs across the spectrum of cancer research which have incorporated responses from previous SAB and other reviews.

However, the wide array of ongoing programs also present challenges in capacity within the organization to manage both these and launch the new plan. Thus, SAB recommends streamlining of existing programs wherever possible – through consolidation, or sunsetting of programs that have achieved their goals. To do so will increase the capacity of the organization to launch the new plan