

# 2024 RECOMMENDATIONS INTERNATIONAL SCIENTIFIC ADVISORY BOARD

SOUMIS AU DISPOSITIF ISSU DE L'ARTICLE L.1451 DU CSP<sup>1</sup>



RENDU NOVEMBER 18, 2024

## Membres présents à la réunion :

- Julio AGUIRRE-GHISO, Chercheur
- Geneviève ALMOUZNI, Chercheur
- Pascale ALTIER, Représentante du collège des usagers du Comité de démocratie sanitaire de l'INCa
- Theresa MARTEAU, Chercheur
- Jean-Pierre BIZZARI, Médecin (retraité)
- Cédric BLANPAIN, Chercheur
- Franck BOURDEAUT, Médecin-chercheur
- Mario CAMPONE, Médecin-chercheur
- Denis DAUVERGNE, Chercheur
- Marie-Caroline DIEU-NOSJEAN, Chercheur
- Elizabeth EISENHAUER, **Vice-présidente du CS**, Médecin-chercheur (retraité)
- Yann GAUDUEL, Chercheur
- Ivo GUT, **Vice-président du CS**, Chercheur
- JACOB Guillemette, Représentante du collège des usagers du Comité de démocratie sanitaire de l'INCa
- Mette KALAGER, Médecin-chercheur
- Douglas R. LOWY, Chercheur
- Theresa MARTEAU, Chercheur
- Patrick MEHLEN, Chercheur
- Daniel OLIVE, Médecin-chercheur
- Louise POTVIN, Chercheur
- Gérard SOCIÉ, **Président du CS**, Médecin-chercheur
- Naomi TAYLOR, Médecin-chercheur
- Robert WEINBERG, Chercheur
- Laurence ZITVOGEL, Médecin-chercheur

La déclaration publique d'intérêts (DPI) publiée sur le site <https://dpi.sante.gouv.fr> de chaque membre ou sur le site [cancer.fr](https://cancer.fr) pour les DPI anglophones a été actualisée et analysée par l'Institut national du cancer : aucun des liens déclarés sur les DPI n'a été considéré comme constitutif d'un conflit d'intérêts.

Signalement de liens d'intérêts spécifiques à l'ordre du jour ou aux échanges (complémentaire aux liens déclarés sur la DPI : **aucun lien d'intérêts spécifique à l'ordre du jour ou aux échanges (complémentaire aux liens déclarés sur la déclaration publique d'intérêts rendus publics) n'a été signalé**

## RÉUNIS LE 18 NOVEMBRE 2024, LES MEMBRES ONT EXPRIMÉ D'UN COMMUN ACCORD LES RECOMMANDATIONS SUIVANTES :

Congratulations to INCa for continuing its hard work in the Ten-Year Cancer Control Strategy. In particular the SAB wants to highlight INCa's actions in:

- developing infrastructure within France to enhance collaborations;
- supporting cancer clinical trials investments and including enrolling patients from overseas French Departments;
- investing in the Cancer Grand Challenges.

From the operational perspective, the SAB was grateful to receive the slides presented during the meeting in advance. The SAB received with interest reports from the INCa team, and provides a few comments and recommendations.

### 1 International ranking of cancer research

This interesting presentation underscored a number of findings:

- France has gone from #4 to #9 in cancer publication numbers over the last two decades, but in part this has been related to the rise of some newer countries into the top 10 (e.g. India). Over the same period, there appears to be an increase in quality of publications (however measured by citations);
- In keeping with international trends in research distribution within countries, clinical research is rising in prominence in France with a slight decrease in basic science. Translational research data are not available.

### A key issue raised was about metrics and the need for :

- a. Showing the impact made specifically by INCa investment;
- b. Normalizing international comparisons by controlling for the research investment amounts and number of investigators would be helpful;
- c. Measuring impact on biological concepts, patient and population outcomes remains essential although bi-biometric data is somewhat easier to collate. This was also raised in the feedback on the clinical trials report.

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## 2 Report on 2023-2024 investments

Highlights include the "Pediagriex" programme -Three integrated paediatric research centres are established and a fourth will come to be in 2025.

Note was made of the need to invest in cellular therapy research. A CAR-T (UNITC) consortium has been established which will receive 300,000 euros:

- a. SAB notes this is a relatively small amount to invest in a highly competitive area and there may need to be a discussion about how much of a player France will be in the academic trials of CAR-T. If so, a more substantial investment will be needed soon.

SAB notes it is always a struggle to provide funding to many different areas, but the impact may be diminished by the amounts that are available for investment when funding is spread across many different projects and programmes:

- b. Thus, selecting a more limited number of areas for more substantial investment will likely have more impact;
- c. The Strategy is an important means of determining where priorities should lie;
- d. It is noted that, despite being a priority in the strategy, Prevention research investment is low and shrinking.

## 3 Clinical cancer research PHRC-K programme

INCa manages this large competitive funding program for phase II and III cancer trials. It is noted that the absolute number of trials receiving funding has fallen by about 50% since 2011 while the cost per trial has doubled.

SAB noted that there are several important questions to address in evaluating the impact of this program:

- a. How often do these projects change practice?
- b. How many patients are being enrolled on these trials and what proportion of cancer trial enrolments in France do they represent?

## 4 Cancer data platform

This was an impressive presentation and the team responsible is to be congratulated. Despite the delay in getting all components together, there are already multiple projects active and 21 publications. Impressive accomplishment.

A great deal of thought has been put into governance oversight for science, ethics, operations etc. which is important.

The SAB had only a few comments to offer:

- a. Firstly, it is important to have access to patient relapse information in the data platform to maximize its impact, and;
- a. Secondly, understanding social-economic status of patients whose data are included, via a surrogate such as postal codes or similar, will be important.

## 5 Mid Term evaluation of the Ten-Year Cancer Control Strategy

SAB recommendations on topics/progress in each strategic area are to be incorporated into the development of the new roadmap: four subgroups will be formed each of which will each evaluate the topics/actions and progress around one of the four main priority areas of the 10-year cancer control Strategy. Each subgroup will develop a ~4-page report with recommendations for the next 5-year roadmap. It may expand, eliminate and modify actions. Each group will receive a brief standardized report on each action within each topic to facilitate the evaluation