

COVID-19 and Cancer Taskforce

COVID-19 and Cancer Global Modelling Consortium (CCGMC)

Working Group 2 - Screening

First Call: Monday/Tuesday 1st/2nd June 2020

The call will start at 03:00 US EST / 09:00 CET / 10:00 EAT / 17:00 AEST
While waiting, please introduce yourself via the comments - including your name, institution, country, and professional background.

Secretariat email: covidandcancer@nswcc.org.au



Agenda

- 1. Welcome and Introductions**
Prof Karen Canfell and A/Prof Iris Lansdorp - Vogelaar
- 2. Review of Disclosures**
Prof Karen Canfell, CCNSW
- 3. Overview of CCGMC and Draft Terms of Reference**
Professor Karen Canfell, CCNSW
- 4. Review of initial information on model platforms**
Dr Eleonora Feletto, Coordinating Centre, CCNSW
- 5. Discussion of data sources including ICSN survey**
A/Prof Iris Lansdorp – Vogelaar
- 6. Initial analysis on CRC modelling & discussion of other potential work programs**
A/Prof Iris Lansdorp – Vogelaar
- 7. Discussion, questions and perspectives**
(All)
- 8. Review of upcoming call schedule**
(All)
- 9. Any other business**



Item 2. Review of Disclosures

Name	Category for Disclosure	Disclosure of Interests
Dr Adam Brentnall	Employment, consulting and advisory	Receives royalty payments from Cancer Research UK for commercial use of the Tyrer-Cuzick (IBIS) breast cancer risk evaluator.
	Research support	Funded by two project grants for work on breast cancer risk assessment through UK charities: Cancer Research UK and Breast Cancer Now. 3y, supports two post-docs.
Dr Alejandra Castanon	Research support	Receives salary support from Cancer Research UK through a programme grant to P Sasieni. Also currently modelling the impact of ceasing cervical screening in England on cervical cancer.
Prof Anne Cust	Partner/Spouse /Immediate family members	Receives support from Australian National Health and Medical Research Council Project grant and Fellowship
Dr Carolyn Rutter	Partner/Spouse /Immediate family members	Calculation of the intervals could require the target (statistic), the number of observations, and a distribution, or it could require the target and the standard error of the target (implicit normality), with an indicator of whether the target is a proportion
Prof David Preen	Research Support	NHMRC project grant funding
Prof Dama Bhadra Vale	Research support	Research grant for audit screening by Public Research Foundation: FAPESP – Research Support Agency of Sao Paulo State
Dr Ethna McFerran	Employment, consulting and advisory	Receives salary support via grant funds from Health Data Research UK and Cancer Focus Northern Ireland (NI)
	Research support	Receives salary support via grant funds from Health Data Research UK and Cancer Focus Northern Ireland (NI)
A/Prof Erich Kliewer	Employment, consulting and advisory	Merck Frosst Canada GlaxoSmithKlein
	Research support	Merck Frosst Canada

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Name	Category for Disclosure	Disclosure of Interests
Assistant Prof Glen Taksler	Research support	National Institute of Aging (NIA) of the National Institutes of Health (NIH)
Dr Gnana K Bharathy	Research support	Involved in collating COVID related data from multiple organizations and have been developing epidemiological and post-recovery models. These were done as part of building up research, and provide information in public interest to NSW Government. No remuneration was received.
Prof Jane Kim	Research support	<p><i>Receives grant support from:</i></p> <ul style="list-style-type: none"> • NIH/NCI grant (#U01CA199334) on comparative cervical cancer modeling • The World Health Organization on cervical cancer elimination • The Bill and Melinda Gates Foundation on 1-dose HPV vaccination and HPV therapeutic vaccination.
Dr Kevin Ten Haaf	Research support	<ul style="list-style-type: none"> • Member of the Cancer Intervention and Surveillance Modeling Network (CISNET) Lung working group (grant 1U01CA199284-01 from the National Cancer Institute). • Researcher affiliated with the Dutch-Belgian Lung Cancer Screening Trial (Nederlands-Leuvens Longkanker Screenings onderzoek; the NELSON trial) and the 4-IN THE LUNG RUN trial (towards INdividually tailored INvitations, screening INtervals, and INtegrated co-morbidity reducing strategies in lung cancer screening). • Received a grant from the University of Zurich to assess the cost- effectiveness of CT lung cancer screening in Switzerland. • Was involved in the Cancer Care Ontario Health Technology Assessment Study for CT Lung Cancer Screening in Canada. • Involved in the Selection of Eligible People for Lung Cancer Screening using Electronic Primary Care DaTa (SELECT) study sponsored by Cancer Research UK.
	Other (e.g. gifts, reimbursements)	<ul style="list-style-type: none"> • Was an invited speaker at the 17th, 19th, and 20th World Conferences on Lung Cancer, as well as the 5th Russian Society of Clinical Oncology conference, for which travel expenses were paid (in part). • Was an invited speaker at Tagung Thorakale Tumore. Travel expenses paid by Biomedical Research in Endstage and Obstructive Lung Disease Hannover (BREATH). Erasmus University Medical Center received speaking fees.
A/Prof Mark Clements	Employment, consulting and advisory	<ul style="list-style-type: none"> • Prostate Cancer Foundation of Australia
	Research support	<ul style="list-style-type: none"> • Swedish Research Council, Swedish Cancer Society (Cancerfonden), Prostate Cancer Fund (Prostatacancerförbundet), Karolinska Institutet
	Partner/Spouse/Immediate family members	<ul style="list-style-type: none"> • Prostate Cancer Foundation of Australia (methods consultancy)

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<u>Name</u>	<u>Category for Disclosure</u>	<u>Disclosure of Interests</u>
Prof Patricia Fitzpatrick	Employment, consulting and advisory	Part-time employee of National Screening Service, Ireland
A/Prof Rafael Meza	Research support	Receives grant support from the National Institutes of Health (NIH) on cancer modelling
A/Prof Sisse Helle Njor	Employment, consulting and advisory	Received a speaking fee from Norgine Denmark
Mr Scott Pohlman	Employment, consulting and advisory	Employee of Hologic, Inc.
Professor Oguzhan Alagoz	Research Support	Receives grant support from National Cancer Institute
Prof Youlin Qiao	Employment, consulting and advisory	MSD: Global advisory board meeting related support

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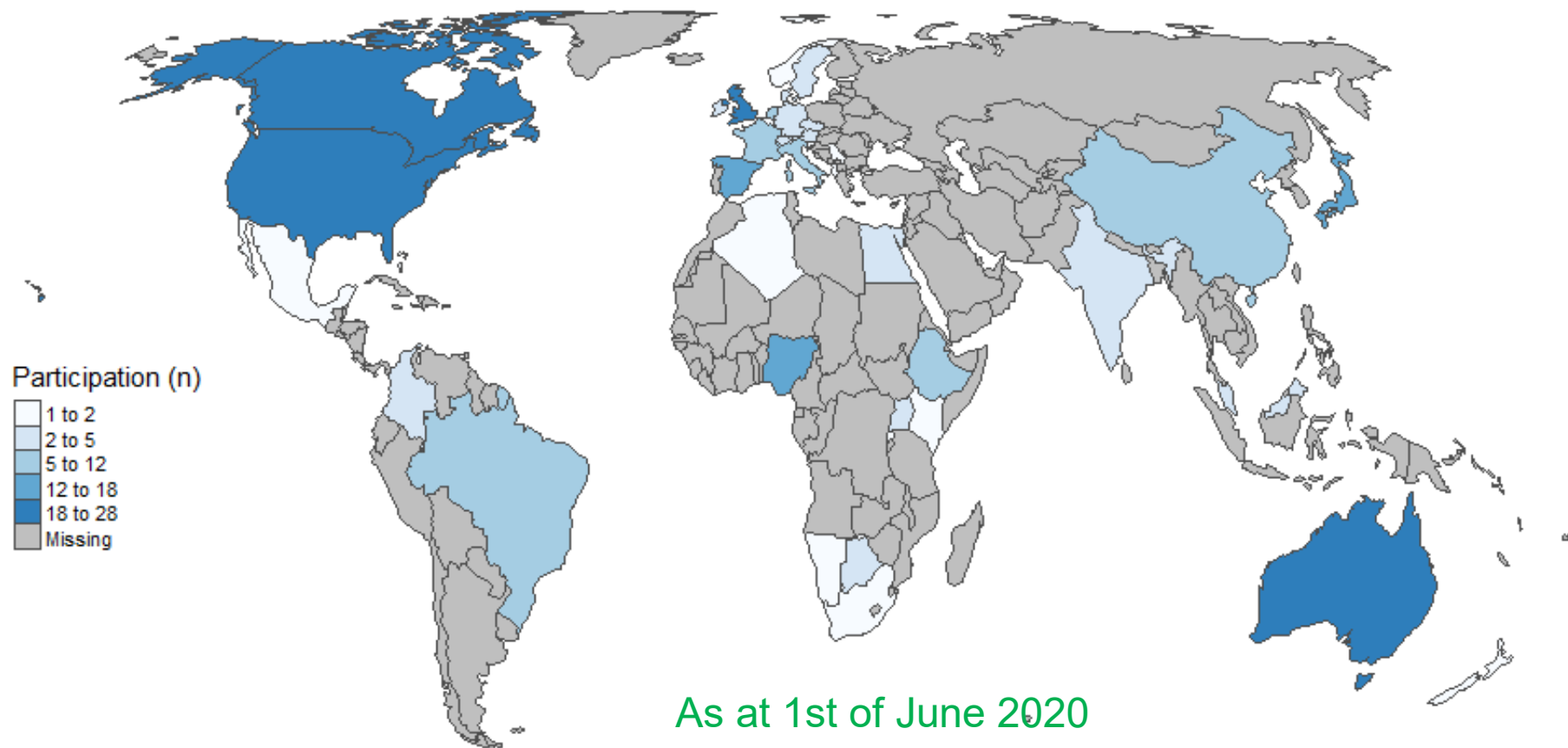
<u>Name</u>	<u>Category for Disclosure</u>	<u>Disclosure of Interests</u>
Dr Ana Molina Barceló	Other relationships	<i>Member of:</i> <ul style="list-style-type: none">Spanish Cancer Screening Network (http://www.cribadocancer.es/): national network formed by those responsible of regional cancer screening programmes in Spain with the main objective to share experiences on cancer screening.Spanish Society of Epidemiology (https://www.seepidemiologia.es/): multidisciplinary scientific society with different working groups. A current member of the Working Group on Screening, with the main objective to provide scientific advice on cancer screening.
Prof David Preen	Other relationships and activities	<ul style="list-style-type: none">Cancer Council Western AustraliaChair of Research Committee for the Cancer Council Western Australia
Dr Dolores Salas Trejo	Other relationships	<i>Member of:</i> <ul style="list-style-type: none">Spanish Cancer Screening Network (http://www.cribadocancer.es/): national network formed by those responsible of regional cancer screening programmes in Spain with the main objective to share experiences on cancer screening.Spanish Society of Epidemiology (https://www.seepidemiologia.es/): multidisciplinary scientific society with different working groups. A current member of the Working Group on Screening, with the main objective to provide scientific advice on cancer screening.
Dr Emily A Burger	Other relationships	CISNET (Aligns with work of CCGMC)

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Name	Category for Disclosure	Disclosure of Interests
A/Prof Erich Kliewer	Other relationships	Associate, Vaccine and Drug Evaluation Centre, University of Manitoba
Dr Farah Seedat	Other relationships	Employed by the UK NSC and hosted by Public Health England.
Dr Gnana K Bharathy	Other relationships	University of Technology Sydney – Research interest and agenda might align with CCGMC
Ms Kathleen O'Connor	Other relationships and activities	<ul style="list-style-type: none"> • Manages the implementation of the National Bowel Cancer Screening Program (NBCSP) in Western Australia and am a member of the NBCSP Program Delivery Advisory Group advising the Australian Government on the development of the NBCSP. • WA Cancer & Palliative Care Network supports the implementation of the current statewide Cancer Plan (2020-25). • Currently a member of the COVID-19 and Oncology working group for WA Health, monitoring the impact on oncology services, including cancer screening, in this State.
Prof Raul Murillo	Other relationships and activities	<ul style="list-style-type: none"> • Senior visiting scientist at IARC • Member of the Latin American board of the American Association for Cancer Research • Member of the Scientific and Technical Advisory Group (STAG) for the WHO research Program on Sexual and Reproductive Health



Item 3. Overview of CCGMC: 229 registrants (WG2=168), across 40 countries, and 151 organizations



The CCGMC website is now live ccgmc.org



COVID-19 and Cancer Taskforce Global Modelling Consortium

Welcome

We are witnessing unprecedented times in the age of COVID-19 and its emerging worldwide impact.

In addition to the acute challenges health systems are now facing, the 'secondary' impact of the crisis on cancer and other non-communicable diseases, over the longer term has potential to result in an even greater loss of life. Currently, there are little robust data at the global level on the impact on health services access and cancer outcomes.

The COVID-19 and Cancer Global Modelling Consortium (CCGMC) brings together the



CCGMC Working Groups



THEME 1

Direct impact of infection on cancer outcomes & treatment services



THEME 2

Impact on cancer screening & recovery strategies



THEME 3

Impact on cancer risk & recovery prevention strategies

Shared learnings and cross-collaborations

Proposed working group structure

Overarching responsibility: Steering Group representing the Covid-19 and Cancer Taskforce & CCGMC Partners

WG1 Cancer treatment

WG2 Screening

WG3 Prevention



All WG to access expertise to inform modelling of future scenarios for infection rates and societal/health services disruptions

Infectious disease modeller reference group

Clinical expert reference group

All WG to access expertise to inform modelling of impact of disruptions or changes in cancer



Secretariat support at CCNSW (soon to be the Daffodil Centre, The University of Sydney)

Access to ongoing scoping/systematic reviews of emergent clinical data on cancer outcomes



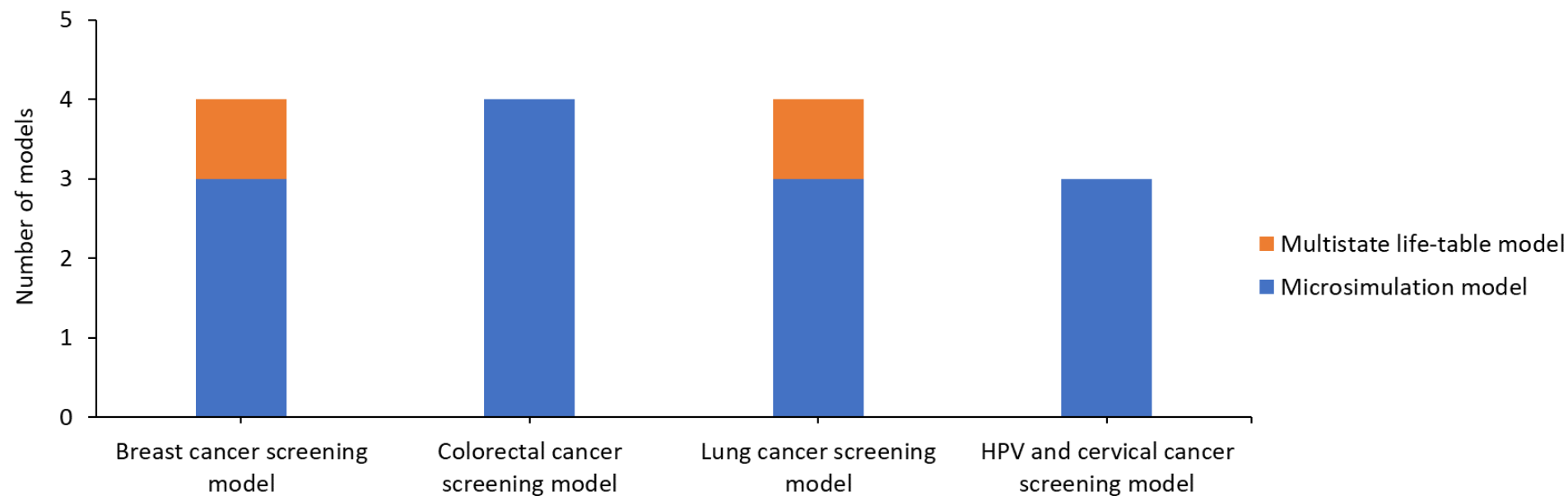
Item 3. Summary of proposed Terms of Reference

- An open and collaborative approach is envisaged, with key principles involving:
 - Sharing our learnings
 - Co-publication of joint work (whilst recognising that many groups will bring in their own models and IP)
 - Capacity building
 - Taking the longer-term perspective - we are not just here for the acute response but to inform longer term planning & recovery
 - Development of tools that will be widely useful for policy-makers in understanding the impact of the crisis and the optimum recovery strategies
- See draft Terms of Reference (circulated with meeting agenda). Please contact the Secretariat with questions, concerns or suggestions to be considered by the Steering Group on covidandcancer@nswcc.org.au.
- Following feedback, Terms of Reference to be ratified at next main CCGMC call.



Item 4. Review of initial information on model platforms

A total of 13 forms received, includes 15 screening models (developed and under-development) for breast, colorectal, cervical, or lung cancer screening.



Item 4. Review of initial information on model platforms

World region	Breast cancer	Colorectal cancer	Cervical cancer	Lung cancer
Europe	Netherlands (1), United Kingdom (1)	Netherlands (2)	Norway (1)	Switzerland (1)
America and the Caribbean	Canada (1)	USA (1), Canada (1)	USA (2), El Salvador (1), Canada (1)	USA (1), Canada (2)
Oceania	Australia (1)	Australia (1)	Australia (1), New Zealand (1)	Australia (2)
Asia			India (2), China (1), Malaysia (1), Japan (1), Vietnam (1), Papua New Guinea (1)	
Africa			Uganda (1), Tanzania (1)	
Global			Globally, at the individual country level (1)	

Item 4. Potential initial (starter) projects

- Comparative modelling of the impact of disruption on established screening programs in different countries (potentially most relevant to MIC/HIC)
 - CRC screening
 - Cervical screening
 - Breast screening
- Impact of delays to lung screening implementation and/or disruption to programs/initiatives
- Impact of delays to cervical cancer elimination implementation (potentially most relevant to LMIC)



Item 5. Discussion of potential data sources



Item 6. Initial analysis on CRC modelling & discussion of other potential work programs



ITEM 6. COLLABORATIVE CRC MODELLING

Global Consortium

Joachim Worthington, Lucie de Jonge, Francine van Wifferen, Jie-Bin Lew, Marjolein Greuter, Elisabeth Peterse, Eleonora Feletto, Veerle Coupe, Karen Canfell, Iris Lansdorp-Vogelaar

1-2 June 2020



Erasmus MC
University Medical Center Rotterdam



Aim of the analysis

- Estimate the impact of disruption to population-based screening programs on short-term and long-term outcomes of CRC screening in selected countries internationally
- Modelling:
 - Different disruption periods (3, 6 and 12 mo)
 - Different impacts on participation in screening and FU during recovery period
 - Different mechanisms for catching up missed screens

Models

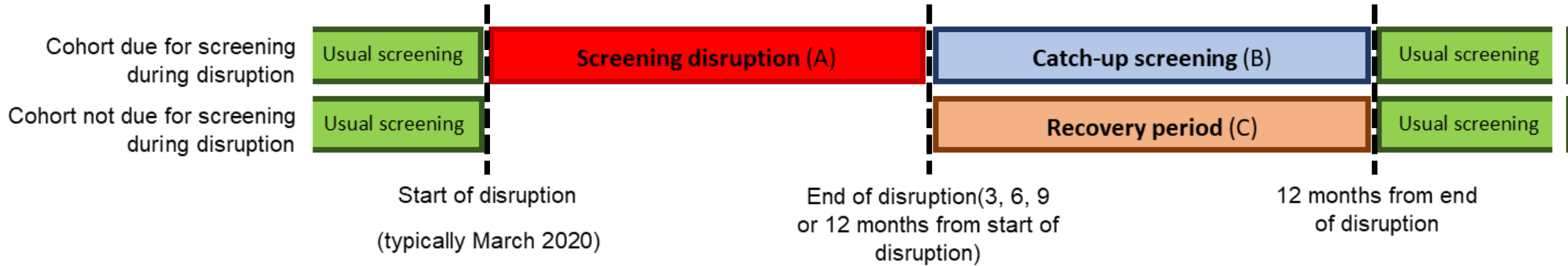
- Initial modelers:
 - *Policy1-Bowel* Cancer Council New South Wales (Karen Canfell)
 - ASCCA - Amsterdam UMC (Veerle Coupé)
 - MISCAN - Erasmus MC Rotterdam (Iris Lansdorp-Vogelaar)
- Expressions of interest:
 - Queens University Belfast (Ethna McFerran)
 - University of Ottawa (Heather Smith)
 - Others?

Priority scenarios

To be modelled in the coming weeks.

Scenario	Disruption period	Catch-up	Participation in recovery period
Comparator	No disruption	N/A	No changes
Scenario 1	6 month disruption	No catch-up screening	No changes
Scenario 2	12 month disruption	No catch-up screening	No changes
Scenario 3	6 month disruption	No catch-up screening	50% reduction in participation in primary screening

Schematic of priority scenarios

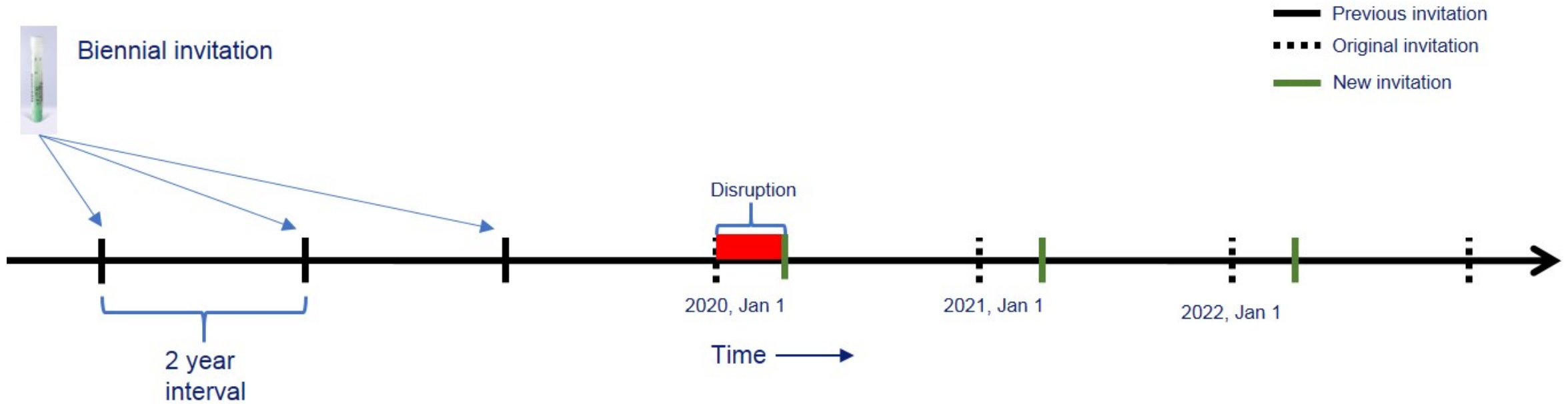


Possible scenarios

1. Screening disruption period	2. Catch-up period	Recovery Period	
		3. Primary screening participation rate	4. Diagnostic follow-up participation rate
i) No disruption ii) 3 months iii) 6 months iv) 9 months v) 12 months	i) No catch-up ii) Catch-up in 2020 or 2021 iii) "Perpetual" delay	i) No reduction ii) 25% relative reduction iii) 50% relative reduction	have a: i) No reduction ii) 25% relative reduction iii) 50% relative reduction

Each modelling scenario would combine one option from each of these four columns.

Schematic of “perpetual” delay

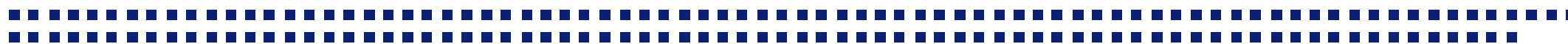


Modelled outcomes

- Short-term:
 - Primary screening tests
 - FU colonoscopies
 - Yield of (advanced) adenomas and cancer
- Long(er)-term:
 - CRC incidence
 - CRC mortality

CRC Modelling Timeline

- Complete priority modelling scenarios – 2 weeks
- Decide and complete full analyses – 2 months
- Publish comparative results – 3 months
- Ongoing analysis as real-world data on participation and resourcing becomes available, and as well as changes to screening methodology become clearer



Brainstorm

- Similar analyses for other cancers
- Other scenarios?
- Other research questions?

Future call schedule & next steps

- WG2 calls – proposed frequency fortnightly initially.
- Next call Monday 22nd/Tuesday 23rd June (same times). Placeholder invites to be sent.
- Member feedback on frequency and timing of calls requested. Please contact the Secretariat on covidandcancer@nswcc.org.au
- The overall CCGMC consortium will have a follow-up call to update members on progress.
- Tentatively planned for the week of 29th June 2020 (will run Doodle poll to review best time).



Discussion, questions and perspectives

Secretariat email: covidandcancer@nswcc.org.au



Thank you

Secretariat email: covidandcancer@nswcc.org.au

