International Agency for Research on Cancer



Scientific Council Fiftieth Session

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Lyon, 29–31 January 2014 Auditorium

TUMOUR SEMINARS - A POTENTIAL NEW IARC PUBLICATION SERIES

A. The concept and purpose

- 1. IARC has a tradition of initiating and developing series of scientific publications that become a reference in their field. The most prominent examples include Cancer Incidence in Five Continents, the Monographs, the Handbooks on Cancer Prevention, as well as the WHO "Blue Books" on tumour classification. The success of these publications is likely to be due to a mixture of them (i) being authoritative, and involving the broader scientific community, (ii) having a clear need, and (iii) being well produced.
- 2. We would like to pilot a new potential IARC Publication Series. The principle is that each publication will have a focus on one cancer site only. The aim would not be to produce an exhaustive review but rather to cover the most recent science for that particular site, including particular challenging questions or observations. In particular, it will:
 - a) bring together a group of experts that covers a broad spectrum of the science for a particular cancer site; the emphasis will be on identifying the leaders of the field and getting them to participate;
 - b) ask each scientist to summarize: recent insights/breakthroughs, as well as the most challenging aspect of their area, and/or what they consider to be the most important question(s) that need(s) to be answered or the most important impediment to moving forward; and
 - c) develop a e-publication format that will include the contributions from all colleagues.

B. The process, including the Working Group format, publication format, possible update procedures, etc.

3. The process will involve nomination of meeting leaders who will propose potential Working Group members. The aim will be to have one Working Group member for each relevant area of cancer research (i.e. descriptive epidemiology, risk factors, biomarkers, genetics, genomics, basic biology, early detection, screening, therapeutics). All Working Group members will be invited to a 2–3 day meeting where they will be asked to present on their topic with the emphasis being, as indicated above, recent insights/breakthroughs, as well as the most challenging aspect of their area, and/or what they consider to be the most important question(s) that need(s) to be answered or the most important impediment to moving forward. A brief synopsis of what is known on descriptive epidemiology, causes, prevention, molecular

pathology, and therapy drawing on IARC and other publications will also be included. They will also be asked to prepare a short summary of their presentation (1500–3000 words).

- 4. It is envisaged that about 15–20 Working Group members will be invited and given the opportunity to present. They will also be offered the opportunity to bring along a junior colleague who will not present but will participate in all discussions. Input from other participants will be sought, and the opportunity will be given to modify written summaries based on this feedback. This may take place in Lyon (e.g. by asking the junior colleagues to stay on a day or two to finalize these) or remotely.
- 5. Participation in the meeting will be by invitation. We will try to develop an informal atmosphere that allows for easy, free-flowing discussion.
- 6. A summary to the document will include an overall list of in the opinion of the Working Group the most important questions to be answered for that cancer site, and the impediments to answering them.
- 7. A structured publication format will be developed (level of review of these papers to be determined.) The complete document will be released as an e-publication on the IARC website as an IARC Tumour Seminar Series. A brief summary document will also be developed with the aim to publish this in a high-profile journal (e.g. Lancet Oncology, JNCI, or others). Agreement of the journal will be sought prior to the meeting.

C. The scientific scope of the content

- 8. Although the exact list of areas will depend on the specific cancer site, the following areas will be covered:
 - descriptive epidemiology (with a focus on recent trends, populations at particular high risk, etc.);
 - etiologic epidemiology, including an assessment of the extent to which the difference between high- and low-risk populations is explained or not; this section should also include suspected causes for which further information is required;
 - genetic susceptibility, including findings from familial studies;
 - genomics, including large-scale tumour sequencing/expression studies;
 - proteomics/epigenomics;
 - early detection, including screening, biomarkers for early detection, etc.;
 - basic biology;
 - molecular pathology and diagnostics; and
 - therapeutic advances.

D. Planned initial meeting

9. We plan to pilot this Series with a meeting in late 2014 with a focus on renal cancers. A list of potential participants has been drafted. This initial meeting will be established and funded jointly by IARC and the Division of Cancer Epidemiology and Genetics of the US NCI (DCEG Director, Stephen Chanock). It is possible that this partnership could be continued for future tumour seminars or alternative scientific partners can be sought on an ad hoc basis depending on the topic.

E. Questions for the Scientific Council to consider

- 10. Is this a good idea? Does it meet a need for the cancer research community? Is the focus on identifying important questions a good one (as opposed to rigorously summarizing where we are)?
- 11. If the initial event proves to be a success (judged primarily on the quality of the resulting document), is it something that we should try to establish as an IARC publication series? Are there dangers in this initiative?
- 12. Is the structure of the meeting appropriate? Have we missed out important topics? Are there topics that perhaps should not be included?
- 13. Is the planned structure of the publication appropriate?
- 14. If this does become a continuing event, how often should they occur (once a year?)? How should one determine the priority for selecting the cancer site?
- 15. How would we deal with updates in fast moving fields of knowledge?