Terms of Reference for the COVID-19 and Cancer Global Modelling Consortium (CCGMC)

Co-authored by the Steering Group of the CCGMC

Purpose

The terms of reference outline the purpose of the COVID-19 and Cancer Global Modelling Consortium (CCGMC), its objectives, membership, governance, accountability and reporting, working groups, secretariat and other administrative arrangements.

The CCGMC is one of three streams of work under the banner of the Global COVID-19 and Cancer Taskforce. The CCGMC is a coordinated effort by the global modelling community to support decision-making in cancer control in the COVID-19 emergency and recovery response. The aim is to help configure modelling platforms and teams to advise governments, particularly those in low- and middle-income countries, on short- and longer-term strategies to minimise the impact of COVID-19 on cancer.

The main purpose of the CCGMC working groups is to provide an avenue to build synergies through an open and collaborative approach, to develop global platforms for cancer control utilising the best available cancer registry and Globocan data, and to synthesise this information with emergent evidence on the impact of COVID-19 on cancer and cancer control programs and services.

The key principles of this partnership are:

1. Sharing learnings
2. Co-publication of joint work (whilst recognising that many groups will bring in their own models and IP)
3. Capacity building
4. Long-term perspectives – to inform longer term planning and recovery
5. Development of tools that will be widely useful for policy-makers in understanding the impact of the crisis and the optimum recovery strategies.

The CCGMC will be led by a Steering Group consisting of representatives of each of the partners and the co-Chairs of each of the Working Groups. Members of the CCGMC will be divided into respective working groups according to the research themes of interest:

- Working Group 1: Direct impact of infection on cancer outcomes & treatment services
- Working Group 2: Impact on cancer screening & recovery strategies
- Working Group 3: Impact on cancer risk and recovery prevention strategies.

Objectives

Working Group 1: Direct impact of infection on cancer outcomes and treatment services

Objectives for the working group will be to:

1. Bring together established platforms for modelling cancer survival and treatment outcomes for comparative analyses and to configure a new central platform
2. Incorporating new inputs and be responsive to new evidence as it emerges
3. Focus on estimating the impact of the COVID-19 crisis for each cancer type and the effect of crisis mitigation strategies
4. Predict the impact of the crisis on cancer patients in 2020 and over next 5-10 years, with outcomes to include additional deaths, impact on Life Years Saved, Health-Adjusted Life Years and health services/recourses
5. Support the development of new model platforms (especially for LMIC and exploration of cross-cutting themes such as gender and equity) via capacity building approach involving participation of new modelling groups or individuals and inclusion of these models in exploratory analyses alongside more formal comparative analyses as appropriate.

Considerations will include:

a. Specific modelling of COVID-19 infection in cancer patients over time (which might differ from the general population either due to additional exposure risks or due to immunocompromise or other factors)
b. Survival/mortality due to immunocompromise or other non-treatment-related factors
c. Impact on survival/mortality due to changes in access to (or uptake of) treatment services, due to:
    - Local diversion of health care resources
    - Patient treatment ‘hesitancy’
    - Supply chain interruption including drug shortages and changes in access to diagnostic workup tests.

Working Group 2: Impact on cancer screening and recovery strategies

Objectives for the working group will be to:

1. Use existing well calibrated and validated model platforms to perform comparative modelling analyses to assess the impact of disruptions to cancer screening and recovery strategies
2. Support the development of new model platforms (especially for LMIC and exploration of cross-cutting themes such as gender and equity) via capacity building approach involving participation of new modelling groups or individuals and inclusion of these models in exploratory analyses alongside more formal comparative analyses as appropriate.

Considerations will include:

a. Specific modelling of the health impact of disruptions to screening for cervical, bowel and breast cancer (if applicable consideration of impact on emerging programs e.g. lung cancer screening) These will include:
    - Delayed diagnoses
    - Additional deaths
    - Characterising impact on referrals to diagnostic services
b. Prioritising referrals to diagnostic services
c. Modelling of the impact and cost-effectiveness of catch-up strategies (e.g. alternative catch-up prioritisation strategies, and/or screening campaigns).

Working Group 3: Impact on cancer risk & recovery prevention strategies

Objectives for the working group will be to:

1. Bring together established platforms for modelling cancer prevention (potentially including models that also consider prevention of other non-communicable disease outcomes) and to configure a central platform, incorporating new inputs
2. Estimate the impact of the COVID-19 crisis for each cancer type and the effect of crisis mitigation strategies (social distancing, future treatments, future vaccines) on long term cancer outcomes.
3. Predict the impact of the crisis in cancer patients in 2020 and over next 5-10 years, with outcomes to include additional deaths, impact on life years saved, health-adjusted life years and health services/recourses
4. Support the development of new model platforms (especially for LMIC and exploration of cross-cutting themes such as gender and equity) via capacity building approach involving participation of new modelling groups or individuals and inclusion of these models in exploratory analyses alongside more formal comparative analyses as appropriate.

Considerations will include:

a. Specific modelling of the impact of increased risky behaviours during the crisis (considering smoking, alcohol, nutrition, physical activity). Modelling will focus on the longer-term impact on cancer and other NCDs given a range of assumptions
b. Primary prevention with vaccination e.g. catch-up HPV vaccination and delays to the cervical cancer elimination agenda (with specialist groups)
c. Modelling impact of catch-up strategies for prevention campaigns after crisis passes.

Governance and Accountability

The CCGMC is one stream of work under the COVID-19 and Cancer Global Taskforce (Figure 1). The CCGMC will be led by a Steering Group consisting of representatives of each of the partners, which include International Agency for Research on Cancer (IARC), Union for International Cancer Control (UICC), International Cancer Screening Network (ICSN), Canadian Partnership Against Cancer (CPAC), and Cancer Council NSW Australia (CCNSW). Each working group within the CCGMC will be led by (at least) two co-Chairs.

The Steering Group will also involve the co-Chairs of the working groups and will provide oversight to the work that is carried out within the consortium.

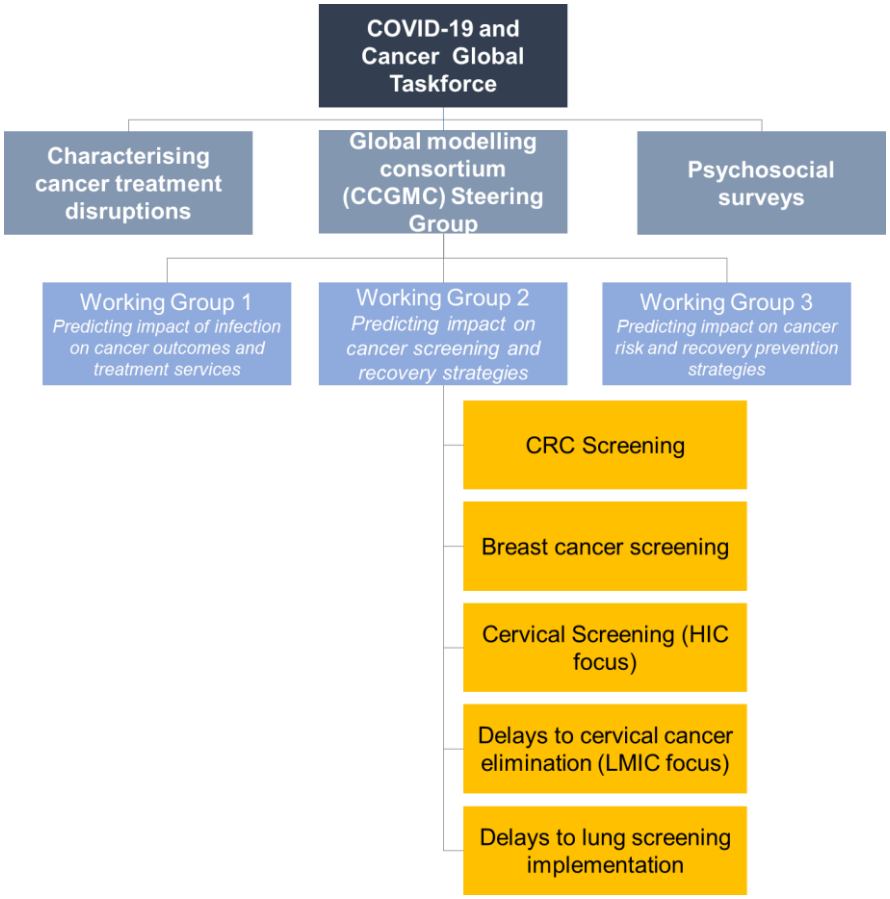


Figure 1. COVID-19 and Cancer Global Taskforce structure

Any member who has an interest or a strong personal view that would potentially influence decision-making should declare this in the **Disclosure of Interest Form**, as well as declaring this at the beginning of the working group meetings. The co-Chairs will determine if the declaration is a conflict of interest and the member may be asked by the co-Chairs to refrain from entering the discussion if and when appropriate.

Industry representatives are asked to take an observer-only role in Consortium activities, following standard procedures for IARC Monograph activities.

Reporting

The CCGMC will keep its members apprised of activities via the website (ccgmc.org) and regular emailed updates.

The CCGMC will publish public domain reports on the outcomes of its activities and the implications, on an as-needed basis.

The CCGMC will have a focus on publication in the peer-reviewed literature, and all Working Groups will be encouraged to submit key work for publication.

Terms of Members

The Working Groups will be in place for the duration of the CCGMC program, anticipated to be a multi-year program of work. Terms of appointment for the Working Group members will be for 2-years, with renewal as appropriate. Members will be contacted as the work progresses and new appointments may be invited as necessary.

While appointment to a working group may be on the basis of representing a partner organisation, members are expected to act in an individual capacity. Should a member have to withdraw for whatever reason, there is no obligation on the co-Chairs to appoint a replacement from the same organisation.

Chair

The Steering Group will appoint two co-Chairs for each Working Group. The Steering Group reserves the right to review co-Chair appointments if and as deemed necessary. While Working Groups will endeavour to reach group consensus, dispute resolution goes to the co-Chairs and may be escalated to the Steering Group of the Taskforce if necessary. The co-Chairs must approve the Agenda and Meeting Minutes and circulate to all members (or be circulated by the Secretariat of the CCGMC). The Minutes will be ratified by the co-Chairs of the Working Groups and Minutes will be retained by the Secretariat of CCGMC on file in a secure location.

Meeting

The Workings Groups will decide the frequency of their meetings, with a likely fortnightly call in the initial phase of the work. The Secretariat of the CCGMC, in partnership with the co-Chairs for each working group and members of the Steering Group, will draft the Agenda and disseminate before each meeting. Working groups will meet by teleconference. Travel is not anticipated. Each member of the working groups is expected to attend the meetings, read the materials and provide comment and decision within the specified timeframe. In the event that a member cannot attend the scheduled meeting, input and advice on the agenda items can be provided in writing prior to or after the working group meetings. Minutes from each meeting will be recorded and held in confidence.

Meeting agenda and materials will be typically circulated to members in advance of each meeting. Minutes will be finalised and circulated post-meetings and uploaded onto the CCGMC shared workspace on Microsoft Teams.

Project Plan

Each working group will develop a project plan and timeline, which will be approved by the Steering Group. This plan and timeline will guide the Working Group. Changes and amendments to the plan must be discussed and agreed with the Steering Group. Progress will be reviewed formally on an annual basis.

Partnership Principles and Expectations

To be considered as a ‘partner’ to the CCGMC, a group, institution or an organisation would demonstrate willingness and the following characteristics:

- enable connections or networks across countries or within countries beyond the modelling exercises into policy and clinical areas

- enable networks of associated disciplines (e.g. International Cancer Screening Network) and/or
- enable connections to large scale sources of data to inform the modelling platform (e.g. International Agency for Research on Cancer)
- enable central connections of the Consortium (e.g. by forming and running a secretariat)

Expectations for affiliates

The CCGMC would also acknowledge other contributors at an institutional or collaborative group level, or organisations supporting the work of the Consortium in other ways. Such groups will be considered as an 'affiliate'.

To be considered as an 'affiliate' to the CCGMC, a group, institution or an organisation would demonstrate willingness and exhibit the following characteristics:

- enable connections or networks across countries or within countries beyond the modelling exercises into policy and clinical areas, as appropriate and as agreed with the CCGMC
- as appropriate, promote the work of the CCGMC and its translation into policy and practice.

Expectations for CCGMC members

Members of the CCGMC are expected to adhere to the following standards of behaviour, and Consortium members violating these standards may be asked to leave the CCGMC at the discretion of the Steering Group.

I. A collaborative and constructive approach is always expected. We expect members to treat each other with respect, professionalism and fairness, and sensitivity to our many differences and strengths. Any form of harassment, including usage of demeaning behaviour and language will not be tolerated. Members who are disruptive during working group meetings will be asked to leave.

II. Members are not permitted to disclose any confidential material relating to the work of the Consortium, either verbally or in writing to any person or company or make use of any such information without the prior written consent from the Steering Group. This also includes any form of promoting, representing (including for grant submissions and publications) or speaking on behalf of the Consortium without the consent from the Steering Group.

III. Members are to respect the privacy of others and confidentiality of data accessed.

Authorship guidelines

Authorship of publications and presentations reporting on the work of CCGMC, will be nominated by the co-Chairs of the working groups and approved by representatives of the Steering Group based upon consideration of who made a substantive contribution, and which colleagues satisfy the criteria listed below for the authorship of papers and/or manuscripts. Authorship should be discussed by the CCGMC working group members at an early stage and reviewed when there are changes in participation.

Individuals will be granted authorship if a significant intellectual or scholarly contribution to the research output has been made, including:

a) conception and design, or analysis and interpretation of data; and

b) drafting or revising the article critically for important intellectual content; and

c) final approval of the version to be published.

An author's role in a research output must be sufficient for that person to take public responsibility for at least that part of the output in that person's area of expertise. Any part of an article critical to its main result and/or conclusion must be the responsibility of at least one author. No person who is an author, consistent with this definition, must be excluded as an author without their permission in writing.

In the case of disputes in authorship or publication context, an attempt should be made to resolve these with the co-Chairs of the working groups and, if there are any unresolved issues, the final decision would be determined by the Steering Group.

Authorship will not be warranted if:

The individual's contribution is solely participation in the acquisition of funding or the collection of data General supervision of the research group

The authors must ensure that contributions to the research output that do not warrant authorship are acknowledged accordingly. Additionally, courtesy demands that individuals and organisations providing facilities should also be acknowledged.

In general terms it is planned that all working group members will be acknowledged for publications of the consortium as follows - authors will be listed, alongside the statement "on behalf of the <appliable> Working Group of the Covid and Cancer Global Modelling Consortium".

Confidentiality

It is recognised that CCGMC collaboration partners will share early findings and preliminary data through the consortium meetings. Therefore, members of the CCGMC are required keep meeting materials, including all attachments, the Agenda and Meeting Minutes confidential and are not permitted to distribute to third parties without consent of the Steering Group.

Renumeration

Membership is a voluntary activity and will not be renumerated.

Amendments

Amendment, modification or variation to this Terms of Reference may be made after consultation and agreement by the specific working group. These will be made in writing and shared with the Steering Group and Secretariat for approval and updating of records.

Secretariat

Secretariat support will be provided by the Coordinating Centre, Cancer Council NSW.

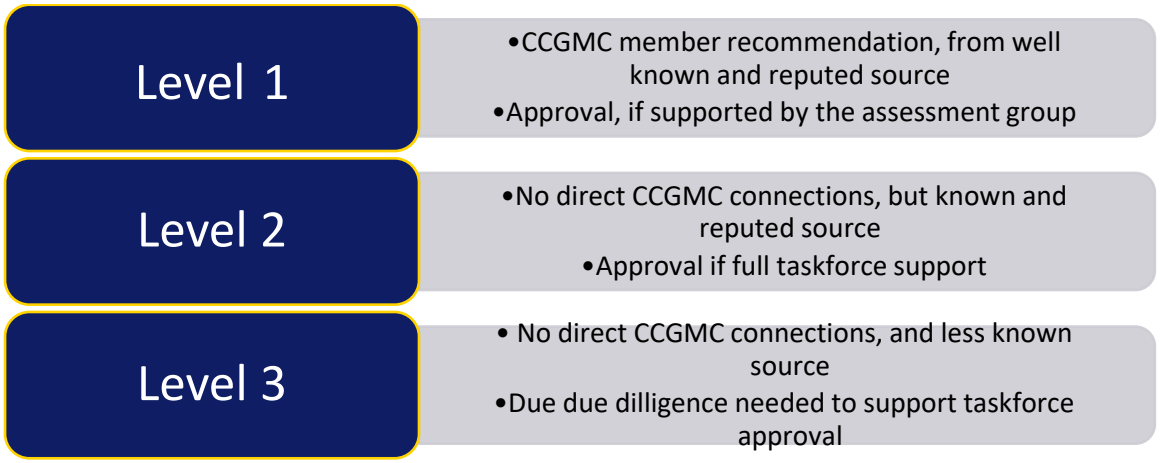
Contact

For any enquiries, please contact the Secretariat of the CCGMC on covidandcancer@nswcc.org.au.

Appendix I: Criteria for Partnerships

The following outlines the process for which due diligence will be undertaken by the Steering Group prior to establishing partnerships for the CCGMC.

The request for partnering will be assessed at one of three levels:



Level 1

Level 1 requests would generally be from CCGMC members or partners within the cancer community well known to at least one Taskforce member, on a topic that is clearly supported in the literature and with a position that has a strong evidence base and entail endorsement only. Documentation of the decision will be dated and signed by those assessing the request, with an annual review, if applicable.

Level 2

Level 2 requests would generally be from CCGMC members or partners beyond the cancer community well known to at least one Taskforce member on a topic that is clearly supported in the literature and with a position that has a strong evidence base and extend to co-development of statements or review of processes behind documents to be endorsed. The assessment team will identify a 1-2 advisors to review the request and support the team in finalisation of decisions and texts. Documentation of the advisors and team decision will be dated and signed, with an annual review, if applicable.

Level 3

Level 3 requests will cover all requests for full development of position statements and endorsement requests that do not refer to well established groups or organisations i.e. where there is a higher level of reputational risk to the Taskforce. The assessment team will conduct due diligence, where appropriated supported by advisors to support the team in finalisation of decisions and texts. Documentation of the advisor's support and assessment team decision will be dated and signed with an annual review, if applicable.

Due Diligence Process: Organisations, Networks and Alliances

ADD name of Organisation

Background:

The Covid-19 and Cancer Taskforce is gravely concerned that decisions made under the duress of the pandemic will have momentous consequences for cancer mortality for years to come. We wish to work with and draw on the expertise of the global cancer community, alongside those of infectious disease and other non-communicable diseases, to ensure that data and is captured and research conducted to a high quality to:

- Assess the immediate impacts on cancer patients, services, and personnel.
- Address fears for longer term impacts on cancer outcomes.
- Track and call out widening cancer inequities between and within countries.
- Develop an integrated approach to build resilient cancer services with readiness to respond to new pandemics, especially in low- and middle-income countries whose cancer services are especially vulnerable in the face of this unprecedented public health challenge.

Organisation has expressed the wish to endorse one or more of the taskforce activities.

The Taskforce has been invited to partner with Organisation, which aims to add short description.

Due Diligence Checklist:

Completed by:

Date:

Organisation:

Focal point from membership of taskforce:

Question	Yes	No
Does the Organisation (or any of its members) have a relationship with the tobacco or alcohol industries?		X
Does the Organisation have sound operating practices?	X	
Does the Organisation have a strong reputation within the cancer community?	X	
Are the Organisation's goals, mission, and values compatible with those of the Taskforce?	X	
Can and will the Organisation add value to the work of the Taskforce?	X	
Does the Organisation (or its members) have a relationship with the food and beverage industry?		X

Does the Organisation (or its members) have a relationship with the pharmaceutical and/or medical products industry?		X
Does the Organisation have a published plan and a clear set of objectives which the Taskforce believes are achievable?	X	
Is there senior level buy-in from the leadership of the Organisation to collaborate with the Taskforce?	X	
Is it clear what role the Taskforce will play in the Organisational activity and what time and resources this is likely to take?	X	