

COMMENTARY

Impact and Evaluation of International Cancer Control Congresses

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Abstract

International meetings on various aspects of cancer- its etiology, its diagnosis, its treatment, its palliation, and its prevention and control are held frequently. Many have similar themes, and many seek and receive the same speakers and audiences. A fundamental question arises: what difference does any individual meeting/congress/conference make or add to our understanding of the relevant issues? While many meetings conduct evaluations at the end of the Congress, few use evaluation as a tool to guide design, implementation, and evaluation of both short and long term impacts, and address the question of “what difference did the Congress make”. The International Cancer Control Congresses, which are held biennially in different regions of the world, took the opportunity to use evaluation in this way, and ask the relevant questions. This paper describes that evaluation session of the ICCC4, held in Seoul, Korea in November 2011, which was part of the larger evaluation issue.

Keywords: Conferences - evaluation - impact - cancer control - logic model - strategic plan - declarations

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Introduction

The ICCC4 followed three ICCC meetings that were held; Canada in 2005, Brazil in 2007, and Italy in 2009, respectively. Although the earlier Congresses had not conducted formal evaluations with the exception of ICCC3, the 4th Congress placed evaluation in a principal role; that of helping design the Congress, monitor the implementation, assessed the participants on their backgrounds, interests, query local hosts, and assess attendees. A logic model was created to provide a framework for general conceptualization, as well as for planning logistical operations. One of the results was the dedication of a major session on evaluation at the Congress.

Broadly, the session contained an overview of the importance of evaluation in cancer control and in the Congresses, the results of the evaluation of ICCC3, the loco-regional impact of one of the earlier Congresses followed by a moderated discussion, and included a hands-on real time evaluation session.

Evaluation of ICCC and International Cancer Conferences

Evaluation can be used for planning, monitoring, assessment, and for decision making. Working with stakeholders, evaluation can form a structure for conceptualizing and integrating all aspects of a program (link.springer.com/article/10.1007%2Fs10552-005-0510-4;whqlibdoc.who.int/hq/2002/9241545577.pdf).

www.cdc.gov/cancer/ncccp/pdf/CCC_Program_Evaluation_Toolkit.pdf).

Although evaluation of conferences and meetings is relatively routine, few address the basic issues of whether the event was worth having, and whether it had meaningful short and long term impact. Most conference evaluations dwell on satisfaction with the venue, the presenters, logistics, the quality of materials, and many seek suggestions for improvement. Some collect information on what was learned (www.ncil.org/conference/2010evaluations.html) and others deal with sponsors, exhibits, and costs (www.jamorell.com/documents/How_to_Evaluate_a_Conference-1.pdf), and others deal with how information was learned. Some have incorporated technology (www.thinkbiznw.com/2011/09/new-way-to-evaluate-conference.html), although the large majority use paper. Nearly all occur at a single point in time, usually at the end of a session or the end of the conference.

For the International Cancer Control Congresses, which have been held biennially, formal evaluations have begun to play an increasingly important role over time. At the ICCC4, held November 3rd to 5th, 2011 in Seoul, Republic of Korea, an evaluation approach was developed which may serve as a model for other international conferences.

The approach included development of a logic model,

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Logic Model for ICCC-4

Why?
(vision)

To create a forum to share knowledge, experience, strategies, approaches tactics and best practices that can enhance and accelerate the implementation of effective population-based national cancer control strategies and the evaluation of cancer control initiatives.

Shared
system
goals

Collaboration with other international cancer organizations

Engagement of developing and developed worlds

Foster relationships through dialogue, alliances, CoP, etc

Be relevant to broad population, national and regional cancer control and NCD control goals

What and
How

A global (international) congress, held every 2 years, by rotation through World Health Org. regions, focusing on:

- International collaborations between nations, institutions, people
- Broad cross sectoral participation (government/NGO/provider/patient/public)
- Relationship building; networks; CoP's
- Fostering science to policy to practice (knowledge exchange and implementation)
- Integration of public health and disease control, with specific reference to cancer, and more broadly to NCP's

Guiding
Principles

Evidence informed

Population based

Implementation focused

Experience guided

Participatory evaluation and interpretation

Areas of
Focus

Knowledge exchange and transfer : science <-> policy <-> practice

Risk factors
Primordial & Primary
Prevention

Early
Detection

Diagnosis
and Staging

Interventions
for pts with
cancer.
Capacity :
Need

Support for
living and dying
well with
cancer.
Palliation/e.o.L
Survivorship

Health system
research to
advance
population-
based cancer
control.

(healthy
pop)

(asymptomatic well
pop'n)

(newly
diagnosed;
extent of
disease)

(persons with
cancer
requiring
treatment)

(managing
cured and
incurable
disease)

(outcomes,
efficiency
evaluation)

Public Health

Primary and Community Care

Specialist Care

Scientists and Researchers

Patients and Families

Content: Relationships: Diffusion: Application: Uptake

Inputs



Strategies

Establish International Steering Ctee (composition; communication) & scientific ctee

Establish Regional Steering Ctee (composition; communication)

Logistics. Congress Management. Liaison/sub contracts with local & regional parties

Determine purpose of evaluation. Design mechanisms for data generation, acquisition and presentation

Output

Decide on Congress Theme. Develop format. Identify speakers, workshops, abstracts and poster/orals process. Develop Congress Program.

- Oversee international Ctee conference calls
- Develop international Budget
- Engage plenary speakers and workshop leaders
- Oversee regional Ctee conference calls
- Develop host budget
- Promote Congress in region.

Address facility usage and layout. Abstract process. Assist and sponsorship. Dinner, reception & ceremony layouts. Transportation. Partner program

Examination of prior evaluation. Obtaining quantitative information from past attendees, Steering & Scientific Ctees and past hosts.

Establish Scientific Committee

Pre-Congress
Short Term
Outcomes

Program set. Registration opened. Speakers engaged. Workshop leaders assigned. Abstract process defined with key dates.

Speaker engagement with thematic & regional relevance. Regional promotion to scientific, population health & clinical community.

Announcements. Congress website. Congress promotion. Operational & budget management. Abstract management.

Development of strategy for evaluating current congress. Parameters for analysis entered on registration form.

Congress
Mid-Term
Outcomes

Congress held according to plan. Networking occurs. Ideas exchanged. Profile of cancer control raised. NCCP's fostered. New strategies. New partnerships/alliances

Regional scientists & clinicians meet. Country demonstrates commitment to CCC. Regional shared experiences & commitments to regional activity

Smooth on-site operation and management. Press and media coordination. Local hospitality. Delegates feel welcome, secure and supported.

Evaluation of Congress with respect to new information, approaches presented, contacts made, plans for collaboration. Results presented to attendees.

Decision-makers meet with scientists, clinicians, health workers, advocates, NGO's etc. Planned manuscripts published

Post-Congress
Long Term
Outcomes

Steering Ctee & ICCC reflect on evaluations, lessons learned, impact of Congress. Apply learnings to design of next Congress. Continuous improvement & alignment to participant consultation.

Local regional and international connections are strengthened. Regional CCC activities promoted. Hosts establish benefits of hosting ICCC.

Closure of operational & fiscal commitments. Disburse surplus according to contract. Strategic re location for next Congress. Maintain Congress records/ documents, etc.

Evaluations done 3 & 6 months post Congress to determine impact of Congress. Feedback to ISC, regional & host ctees, and ICCC. Publication & presentation of Congress evaluation.

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which links the vision for the Congress, the goals, the approach, the guiding principles, the substantive areas addressed, the inputs, the strategies, the outputs, and the short, medium and long term outcomes (www.who.int/cancer/modules/Prevention%20Module.pdf). The evaluation focuses its questions on both the specifics of the Congress - whether the goals were met, whether the Congress was implemented as planned, etc., and on whether the Congress results in any short, medium, or long term changes in Comprehensive Cancer Control. It

also addresses whether the International Cancer Control Congresses are worthwhile to hold regularly, and the fundamental issue of the value of this international meeting. It assesses what differentiates the Congress from other international cancer meetings, and whether the host country and region experienced any lasting impact in comprehensive cancer control (CCC) from the Congress planning, implementation, and visibility of the issues raised.

The logic model used in ICCC4 is presented above.

The left side of the figure presents a Strategic Plan for ICC4. It consists of a Vision (Why), Shared Goals, Strategies (What and How), Values (Guiding Principles), Areas of Focus, and the range of disciplines and professionals addressed. The right side of the figure is the logic model itself, and includes Inputs, Strategies, Outputs, and three time-related sets of outcomes. The entire figure needed consensus from those involved with planning, implementing, presenting, and evaluating the Congress. Although a Strategic Plan is commonplace for Corporations, Governments, and Universities, it is rarely applied to conferences or congresses. In contrast, while evaluation is common for conferences or congresses, it seldom uses a logic model, and if it does, it is unusual for it to be tied with a Strategic Plan, as well. This logic model follows the SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) terms (Doran, 1981).

ICC4 Session 5. Evaluation (www.iccc4.com/program/program_03_2.asp)

The purpose of the session was to conduct a real time evaluation of ICC4 to determine if the congress achieved its purpose, as well as, to discuss evaluation of the usefulness of international cancer control meetings, with a focus on the ICC meetings. The discussions ranged from covering the importance and logic of evaluation to discussing the perceived value of ICC and determining if these conferences lead to increased or changes in activity that advance population-based cancer control and, finally a look at what activities at the congress can increase their value.

The plenary workshop began with sharing a synthesis of learnings from the 3rd International Cancer Control Congress (ICC3), held in 2009 in Cernobbio, Italy. The presentation, delivered by Kavita Sarwal, presented the results of the evaluation, emphasizing those which had implications which needed to be incorporated into the planning of ICC4. That is, strengths and weaknesses of ICC3 were used to plan the development of the ICC4, and the evaluation of the ICC4, as well. The title of the presentation was "Synthesis of Learnings from ICC3". The overall findings were that the:

A majority of participants were satisfied with the scientific sessions. There were suggestions of adding more topics to presentations and workshops.

Participants would like to see an increase in the number of workshops and overall session duration.

Changes that were suggested were to add more new content and application examples for each of the scientific session topics.

Participants voiced need for more opportunities for networking and advocated inviting more policy makers to attend and be active in the meeting.

These results were used to inform the planning of ICC4, to add new plenary speakers, more application examples, new content and global developments, more networking time, increased focus on posters, and panel discussions during workshops.

Panel Discussion: Reflections on the International Cancer Control Congresses

At the ICC4, the plenary presentation was followed by a panel discussion "Vancouver, Rio de Janeiro, Cernobbio, Seoul: What Have International Cancer Congresses Wrought?" whose discussants were the ICC4 Host, Dr. Jin Soo Lee (Republic of Korea); the ICC3 Host, Dr. Renee Otter, representing Dr. Andea Micheli (Italy); Mr. Massoud Samiei, the then Director of the IAEA/PACT Programme Office (Austria); and Dr. You Lin Qiao, Co-Chair of Session 5 (China). Each of these individuals has had a major role in at least one International Cancer Control Congress. Dr. Simon Sutcliffe, President of the International Cancer Control Congress Association, and the Co-Chair of each of the ICCs, also presented his perspective and shared some viewpoints and facts sent by Brazil, during this panel discussion.

The feedback from the Congress in Brazil informed the planning of the Congress in Cernobbio, which followed in 2009 as the ICC3. Similarly, the feedback and evaluation from ICC3 informed the planning for ICC4. The perspective shared from Brazil spoke to the impact that ICC2, held in 2007, in Rio de Janeiro, Brazil made on Cancer Control visibility and efforts in and around Brazil. Planning for ICC2 led by Dr. Santini, Director General INCA Brazil and integrated efforts afterwards resulted in enhanced cancer control activities within the country and regionally. That is, after ICC1 was held in Vancouver, Canada, representatives from 10 Latin American countries and the Caribbean met twice. The first was an international forum of leaders to broaden knowledge of cancer control, held in Mexico City, in 2006. This meeting included NCI (i.e., country-wide) directors from several countries, including Brazil, Mexico, Peru, and Uruguay. The purpose of this meeting was for each country to develop a Comprehensive Cancer Control Plan. Countries were assisted by the American Cancer Society, the US National Cancer Institute, the US Centers for Disease Control, and Strategic Health Concepts, Inc.

This was followed by a Workshop held in Rio de Janeiro, in November 2007. The result of these two meetings, and the ICC2, were the establishment of the Latin American and Caribbean Alliance for Cancer Control, which includes Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, México, Nicaragua, Peru and Uruguay. It also led to the signing of the Rio de Janeiro Declaration (www.inca.gov.br/inca/Arquivos/.../LetterRioDeJaneiroEnglish.doc), issued collectively by all participants at the closing ceremony of the 2nd ICC. This Declaration affirmed the need to summon regional forces to work together and promote the prevention and control of cancer. It declared that there needed to be new efforts on joint work between countries on common interests related to cancer prevention and control. The Latin American and Caribbean Alliance for Cancer Control (www.paho.org/english/ad/dpc/nc/pcc-fact-sheet-new-alliance.pdf), initiated at that time, was directed to work closely with the Pan American Health Organization on developing prevention and control interventions. The

Alliance is a key forum for the implementation of the cancer plan of action.

The ICCC also revitalized Latin American participation in the Red Ibero-Americana de Control del Tabaquismo (RIACT) [www.inca.gov.br/arquivo/riact.pdf]; encouraged a series of measures by South American countries in tobacco control; facilitated meetings for the discussion of Cancer Registries organized by IARC, WHO-PAHO and the UICC which occurred in Ecuador (2008), Brazil (2009), Cuba (2010) and Chile (2011), with broad participation of the representatives of various countries from the Region. The Latin America & the Caribbean Alliance for Cancer Control also fostered the establishment of a Latin America and Caribbean Tumor Biobank Network (www.uicc.org/advocacy/new-network-cancer-institutes-south-america-support-uicc-dvovacy-efforts-un-summit-ncds).

It was pointed out, however, that in contrast to initiatives that result from International Congresses, the goal of producing regional cooperation requires commitment of individuals supplemented by some degree of institutionalization which formalizes the commitment of governments. In the case of Latin America, the Union of South American governments recognized the need for development and support of a Network of National Cancer Institutes (Red de Institutos Nacionales de Cáncer - RINC) (www2.rinc-unasur.org/wps/wcm/connect/RINC/site/home/). The following strategic actions were identified as priorities for RINC: a) development and evaluation of cancer registries; b) training and capacity building; c) strengthening of national cancer institutes in the region; d) projects that address the national cancer priorities of RINC members.

Dr. Renee Otter, on behalf of the host of ICC3 Dr Andrea Micheli shared perspectives on achievements and challenges following ICC3 (Italy) stating the congress to be a successful initiative for the exchange of ideas, and for setting up collaborations and cooperation in global cancer control. The 3rd ICC (ICC3) also concentrated on the cooperation between Europe and Africa in cancer prevention, treatment, and control. The Cernobbio Declaration (www.tumori.net/it/brochures/documenti/F_REPORT2.pdf) to sustain cooperation on cancer control was presented at the ICC3, and was signed by 200 congress participants from across the globe. Other results included significant attention generated in Italy to the issue of cancer control in Africa, which in turn has led to the initiation of an EU-AU network of bio-banks.

Dr. Otter expressed the importance of networking, sharing knowledge, and getting to know each other in small working groups, which are characteristic of ICCs that needs to be preserved,

Dr. Simon Sutcliffe also provided feedback on ICC3. Most attendees have been influenced by the conference and felt that it has helped them in their cancer control work. Gaining knowledge on implementation of new innovations and networking were the primary reasons given for attending the congress.

Researchers and scientists comprised the largest group amongst all participants. There were also a large number of government officials, so the ICC can perhaps have

a greater influence on cancer control work by attracting larger numbers of policy makers. Most participants came to either increase awareness to current state-of-the-art clinical and scientific content of cancer control, or, were interested in how current state of knowledge is being implemented in various resource settings, or, to network.

The primary professional gain from the 3rd ICC (ICC3) for most participants was either new insights into cancer control strategies, or, improved understanding of population based cancer control programs globally, or new insights into cancer/NCD prevention. Participants appreciated the meeting content, ability to network, knowledge gain of work in areas of cancer control other than theirs, and ability to mingle in a global forum.

Mr. Massoud Samiei, the then leader of the Programme of Action for Cancer Therapy (PACT) (cancer.iaea.org/) since its inception, has been active in each of the ICCs. The PACT Programme has sponsored auxiliary meetings, for countries who are either existing or potential Programme Model Demonstration Sites.

Mr. Samiei stated that ICC is distinguished from other congress experiences by its 'evolving leadership'. He particularly thought ICC2 Brazil was exceptional. The role of the leader, Dr Santini was very strong and it was further strengthened by the powerful government support he received. Another factor he thought that makes ICC unique is the 'thematic approach' each congress takes. Lastly, the 'workshop approach' of the ICCs reinforces its uniqueness. Participants and presenters engage in workshops to further explore the theme under discussion, one which is very relevant to the current scenario countries are experiencing. Participants enthusiastically participated in workshops where they assimilate ideas that they could apply in their jurisdictions, Mr. Samiei reported.

Dr. Eduardo Cazap, the then current president of the UICC at ICC4, reported that ICCs are different from other congresses in size (smaller), and not centered around treatment. Dr. Cazap expressed that participation by policy makers should be increased, but the detailed discussions were a particularly useful feature of the meetings.

Dr Andreas Ullrich, a World Health Organisation Medical Officer in Non-Communicable diseases, spoke of the ICCs being an ideal forum for sharing of tools, models, approaches etc. The ICCs enabled him to have ongoing contact with the WHO Regional Offices. Following the ICC3, the WHO supported the creation of a political forum "Mediterranean Network" with the Ministry of Health Egypt as its chair. This forum is characterized by an intergovernmental working group that feeds into the development and planning of NCD/cancer control programs in the Region. He stated that ICC discussions contributed to knowledge translation in WHO member states.

Dr. Jin Soo Lee, President ICC4 and the President of the National Cancer Center, Goyang, Republic of Korea, also felt that the consensus statements were important, and shared ICC's interest in prevention and the need to close the gap between acute facilities and community by focusing on the need of the community.

Following the Panel Discussion, a live interactive session designed to evaluate the proceedings of the

Congress was conducted. This session provided immediate feedback on what was working in the Congress, and areas for improvement. The session utilized hand held “clickers” to select choices to a question appearing on a projection, along with choices for response. After the question was asked, the choices for answers were presented, and the attendees were asked to “click” a response. These were accumulated, graphed, and displayed.

Over half of the attendees worked in some governmental capacity, with the many of the rest being in NGOs or research organizations. Most (52%) had never attended an ICCC previously. The most important reasons for attending the Congress were the focus on population based cancer control, the focus on networking and collaboration, and the presentation of the attendees research in the plenary session, workshops, or posters. Attendees stated that their attendance at ICCC4 will be most helpful in sharing best practices, promoting evidence to develop cancer control plans, and creating collaborations. Attendees also stated that they gained new insights into cancer control strategies and population-based systems.

However, more than 55% stated that the Congress had not been very successful at engaging relevant communities-government, NGOs, advocacy groups, civil society, and patients. Participants felt that they were most likely to share new information with their colleagues, apply new insights to prevention programs as well as the whole spectrum of cancer control, and follow-up on new contacts. The topics most attendees would have preferred to learn more about were examples of programs that had worked well in developing countries in cancer control, and models for developing a workforce for cancer control. In addition, examples in developed countries would have been useful to learn about.

When asked that the most important role of declarations and alliances at meetings were, attendees were equally divided between (1) engaging nations, organizations and people, (2) facilitating relationship building, (3) providing a platform for knowledge transfer, and (4) influencing changes in national population based cancer control programs.

Summary

Closing remarks were provided by the session co-chairs, Drs. Edward Trapido and You Lin Qiao. These comments summarized how and what various aspects of the evaluation of the ICCC4 will be used for the planning of ICCC5, integrating all aspects of the evaluation.

In total, the evaluation showed several commonalities: (1) that participants tended to be those involved in government and NGOs, (2) that many were researchers, (3) that the Congresses allowed for collaborations to be built, many of which would be pursued after the Congress, (4) that the varying themes, leadership, and workshops were what differentiated the ICCCs from other international conferences, (5) that regional or international formalized cancer control networks resulted from prior meetings, especially those with declarations emanating from the Congresses, and (6) that examples of successful cancer control programs- especially those in developing

countries, were highly valued by attendees.

Reference

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