

MCC New Priority Selection Process

Recommendation:

1. The following process would address **any new priority** to be brought forward for the MCC to consider. The new priority could address a:
 - **New cancer**, for example the Lymphoma Society suggests lymphoma be an MCC priority, or
 - **Current cancer**, for example HPV vaccine for cervical cancer is out of clinical trials and deemed effective in preventing cervical cancer.
 - **Cancer-related crosscutting issue**, for example, end-of-life, standardized lexicon, clinical trials, etc.
2. Any request to the MCC to undertake a new priority would need to be sponsored by at least one MCC member organization, and would be submitted to the MCC Co-Chairs for consideration.
3. The Co-Chairs would determine if an existing advisory group would best address the request or if a new ad hoc advisory group should be appointed. In either case, the champion (organization or individual that initially proposed the new priority) would be invited to serve on the advisory committee and eventually relevant organizations, not already affiliated with the MCC, would be encouraged to join the Consortium.
4. The charge of the advisory group, either new or existing, would be to prepare a presentation of the proposed priority for the Board of Directors which would address the following criteria and considerations*:

Criteria:

- **Incidence reduction:** Cancer incidence could be reduced significantly by addressing this priority;
- **Relative survival** could be increased significantly by addressing this priority;
- **Mortality reduction:** Cancer mortality could be reduced significantly by addressing this priority;
- **Improved quality of life:** Physical, psychological, social and spiritual well-being can be improved by addressing this priority;
- **Feasibility:** The realistic assessment of the barriers to and incentives for addressing this priority e.g. cost, available effective strategies, cultural appropriateness, resources required, political issue, would favor addressing this priority.

Considerations:

- **What is feasible?** The job of the group is to recommend that aspect which is most feasible to do;
- **What is important to start now?** The group needs to be very selective and approach selecting a new priority on the basis of a single aspect or group of aspects that are ready to address and are of the highest urgency for the MCC to address at this time and at the exclusion of other aspects that will have to wait.
- **What can we best do together?** The group will need to consider why a particular priority is better to address collaboratively.

*Adapted from those developed during the original MCC prioritization process (1996-1998).
Definitions are available upon request.

5. The advisory group for the proposed priority would then request to make a presentation at a scheduled meeting of the Board of Directors, in keeping with the process for the development of the Board agenda established by the MCC Governance Committee.
6. The presentation from the advisory group would include the group's review of the above considerations and criteria, their recommendations regarding the proposed priority and the objectives and strategies needed in the short run to move toward achievement of the priority.
7. The Board would then consider the following:
 - Is this priority feasible, important to start now, and one that can best be done together as a consortium?
 - Would a balance between cancer sites be maintained?
 - Would a balance with crosscutting issues be maintained?
 - Would a balance be maintained between the arenas of: prevention, screening/early detection, treatment and post-treatment (QOL, survivorship, end-of-life)?
8. The Board would decide whether or not to adopt the priority. If adopted by the MCC:
 - Organizations working on the new priority who are not already MCC members would be invited to join the MCC using the recruitment and application process established by the MCC Membership Committee.
 - The review process for the newly established priority would be consistent with the review process for all MCC priorities.

Background:

The process for modifying one of the current ten MCC priorities was presented to the Board of Directors on June 16, 2004, and further developed at the Board Meeting on September 15, 2004.

Unresolved issues included the task of establishing the process for selecting a NEW priority that addresses (a) one of the current 5 cancers, (b) another cancer not currently being addressed or (c) a cancer related crosscutting topic. At the direction of the Board, the Co-Chairs appointed one Board member (A. Scholnik) and one MCC Staff member (K. Shankster) to recommend a process to the Board.

Definitions: (Based on the experience of past and current MCC advisory groups):

- **Priority:** Single action or group of actions directed at one “**arena**”/**aspect**, (prevention, early detection, treatment, and post-treatment- QOL, survivorship, end-of-life care) of a **problem** (cancer or cross-cutting issue), leading to a definable and achievable result. New priorities might address a new aspect/point on the continuum, a new treatment standard or a new crosscutting issue. (Examples of Current Priorities: Early Detection of Breast Cancer; Prevention of Lung Cancer)
- **Objective:** Single action or group of actions **within one aspect of a problem** (within a priority) leading to a definable and achievable result. (Example: Increase number of women getting mammograms; Decrease number of youth who begin smoking) **New objectives** within the current priorities are addressed through the existing advisory groups using the process already approved by the Board.

Submitted by: Aaron Scholnik and Karen Shankster
4/12/05