National Cancer Institute (NCI)
National Cancer Advisory Board (NCAB)
***ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities**

Gaithersburg Marriott Washingtonian Center
Gaithersburg, MD
29 June 2026
7:10 p.m.–8:10 p.m. EDT

DRAFT SUMMARY

Subcommittee Members
Dr. Karen M. Winkfield, Chair
Dr. Nilofer S. Azad (absent)
Dr. Callisia N. Clarke (absent)
Ms. Ysabel Duron
Dr. Gary L. Ellison, Executive Secretary
Dr. Karen M. Emmons
Ms. Tamika Felder
Dr. Christopher R. Friese
Dr. Ana Navas-Acien
Dr. Edjah K. Nduom (absent)
Dr. Fred K. Tabung

Other Participants
Dr. LeeAnn Bailey, NCI
Dr. Richard J. Boxer, NCAB
Dr. John D. Carpten, NCAB
Dr. Philip E. Castle, NCI
Dr. David Chambers, NCI
Dr. Satish Gopal, NCI
Ms. Leshia Hansen, NCI
Dr. Michelle Heacock, NIEHS
Dr. Sarah Kobrin, NCI
Dr. Douglas R. Lowy, NCI
Dr. Leah E. Mechanic, NCI
Dr. Vikrant Sahasrabuddhe, NCI
Dr. Erin Siegel, NCI
Dr. Shamala Srinivas, NCI
Dr. Tiffany Wallace, NCI
Mr. Mike Bykowski, The Scientific Consulting Group, Inc., Rapporteur

Welcome and Opening Remarks
Dr. Karen M. Winkfield, Executive Director, Meharry-Vanderbilt Alliance, Ingram Professor of Cancer Research, Professor of Radiation Oncology, Vanderbilt University School of Medicine

Dr. Karen M. Winkfield, Subcommittee Chair, welcomed the participants to the NCAB *ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities (PSED) (Subcommittee) meeting. Following introductions, she provided an overview of the meeting's agenda. Before moving forward, she reminded the group that the purpose of this Subcommittee is to advise NCAB and the NCI Director on strategic approaches and opportunities to enhance NCI's contribution to population science, epidemiology, and disparities. Dr. Winkfield explained that the Subcommittee is responsible for identifying opportunities to address populations facing disparities using multidisciplinary programs in research, surveillance, patient care, primary prevention, education, and cancer control. Before moving forward with the agenda, she thanked Dr. Gary L. Ellison for serving as the Subcommittee's Executive Secretary.

PSED Working Group on Multi-level and Systems Approaches in Cancer Control
Dr. Karen M. Emmons, Professor, Department of Social and Behavioral Science, Harvard T.H. Chan School of Public Health

Dr. Karen M. Emmons reminded Subcommittee members that the group's last in-person meeting included a brief primer on this topic, noting the importance of seeking an overall reduction in cancer burden

through multilevel and systems approaches to cancer control. She provided an example using breast cancer mortality data in Chicago from 1980 to 2005, noting that for decades, there were no discrepancies in breast cancer mortality. A downward trend in breast cancer mortality was observed starting in 1990 among White women and became particularly noticeable coinciding with the 1998 meta-analysis showing the life-saving impacts of tamoxifen. A similar trend was not seen among Black/African American women, however. In addition to tamoxifen, many other systems-level factors contributed to this discrepancy, such as access to screening and early detection (including access to higher-quality facilities) and transportation deserts. More recently, large, city-wide multilevel interventions to reduce breast cancer mortality disparities have resulted in a 35 percent decrease in the disparity between White and Black/African American populations. Ms. Ysabel Duran noted a systems-level problem that in 2005, roughly 27 percent of Chicago's population was Hispanic/Latino, and this population's data were likely included in the breast cancer data for White women. Much of the Hispanic/Latino population faces the same systems-level issues facing Black/African American populations, as well as language barriers and other issues. Dr. Emmons agreed, noting that the manner in which the Chicago data were aggregated masks other disparities.

Dr. Emmons then described the social ecological model, which was developed to improve the understanding of multilevel factors. The model accounts for individual, interpersonal, community, organizational, and policy/enabling environment factors. All of these complex factors need to be considered in multilevel and systems approaches. Initial questions posed to inform a new Strategic Approaches and Opportunities in Systems and Multi-level Approaches in Cancer Control *ad hoc* Working Group include the following:

- How have NCI and NIH defined multilevel and systems interventions in cancer?
- What are some examples of multilevel and systems interventions in cancer from the funded portfolio?
- What scientific and research infrastructure questions should we seek to ask to achieve our goal?

It was noted that teams tackling these issues will need to be highly complex and multidisciplinary to be effective. For example, to bridge systems-level interventions, expertise and input will be needed from beyond the academic setting. Dr. Emmons agreed, noting that most of this type of work involves multisectoral teams and significant community engagement. Subcommittee members emphasized the importance of community engagement in particular, especially in terms of the sustainability of addressing systemic issues. The work of Dr. Paris Thomas was identified as a good example of leveraging community engagement to examine systems-level issues. Dr. Emmons emphasized that the goal is to leverage multisystems approaches to improve cancer care outcomes for everyone.

Working Group Definitions and Portfolio Analysis Plan
Dr. Gary L. Ellison, Acting Director, Division of Cancer Control and Population Sciences, NCI

Dr. Ellison noted that the Strategic Approaches and Opportunities in Systems and Multi-level Approaches in Cancer Control *ad hoc* Working Group was established at a recent NCAB meeting. NCAB members and NCI staff provided member nominations; expertise was sought from individuals at varying career stages with expertise in a wide range of disciplines, including well-rounded expertise in population science focused on interventions. Additionally, geographic representation from across the country was sought. All candidates were vetted by the NIH Committee Management Office, and letters inviting their participation were sent on behalf of the NCI Director. After review, NCI approved individuals and invited them to serve on the Working Group. Dr. Ellison presented a slide showing the names of members who have agreed to date to serve on the Working Group. The group is expected to participate in an initial kickoff meeting in August and then hold six to eight 1-hour meetings.

A three-phase process will be used to rigorously review the NIH multilevel and systems interventions portfolio. Phase 1 involves identifying active NCI grants from fiscal year (FY) 2019 through at least FY 2024 to determine the current investment. Guiding questions include the following: What is NCI's current investment in multilevel and systems interventions? What notices of funding opportunities have specified multilevel and systems interventions to grow this portfolio?

Phase 2 will dig deeper to analyze the identified grants to answer key questions and determine where gaps exist by outcome, population, and focus area. Guiding questions for this phase include the following: What levels of influence are targeted? How many levels are targeted per grant? What outcomes are examined? Where do gaps exist by level, outcome, population, or cancer focus?

Phase 3 will involve summarizing and presenting the findings. Guiding questions include the following: Where can research and intervention science grow? What areas of cancer are not being addressed? How can NCI grow the potential of these for population impact to achieve its organizational mission? What cancer outcomes are especially primed for this type of approach?

Dr. Ellison acknowledged that not all multilevel and systems level interventions will be reflected in the NCI grants portfolio and that the portfolio analysis approach may be augmented by ongoing work initiated by staff and members of the scientific community.

Discussion

Dr. Winkfield thanked Dr. Ellison for his group's work, noting that this has been a significant effort with contributions from many individuals. She noted that this work is challenging but exciting. In discussion, the following points were made:

- Dr. Christopher R. Friese expressed enthusiasm for this work and suggested that if the Working Group does not have the time or bandwidth to examine what was proposed in a given grant versus what ends up published in the literature, this additional effort be considered in the future. He also suggested that if methodologists or statisticians are not included as Working Group members, the Working Group should have access to this expertise.

- Multiple Subcommittee members suggested that webinars and other dissemination approaches could be used to promote the Working Group's findings, particularly with regard to the gaps and the high-impact work it identifies. Dr. Winkfield noted that the Working Group will generate a report and agreed that it will be important to promote the findings beyond publishing the report.

- Ms. Duron suggested that in examining the robustness of the community engagement component of these grants, it would be helpful to identify the best practices and most effective community engagement approaches across multiple systems. Dr. Winkfield agreed with the value of this approach but noted that such an effort could extend beyond what the Working Group can achieve in its limited time frame. She noted the availability of existing community engagement toolkits (e.g., from the NIH Community Engagement Alliance [CEAL]), and suggested that *"promising practices"* may be a more fitting term than *"best practices",* as no single approach is universally applicable and tools should be adapted in partnership with the communities being engaged. Ms. Duron agreed that one size does not fit all when it comes to community engagement.

- Subcommittee members noted the value in highlighting findings that do not necessarily get captured in publications or white papers and pointed to the value of focus groups, webinars, and other approaches for disseminating important information that may be considered "less scientific."

- Although examining all of the progress reports may not be feasible, it may be possible to sample progress reports from a few grants. The value of program staff having close collaboration and check-ins with investigators was noted.

- Dr. Emmons suggested a postmortem-type engagement with funded investigators to share lessons learned and leverage their experiences. It was noted that the Office of Research on Women's Health; the Office of Behavioral and Social Sciences Research; and the National Heart, Lung, and Blood Institute may have undertaken such exercises.

- Impact stories were suggested as one way to demonstrate the value and effectiveness of community engagement.

- Dr. Leah E. Mechanic noted that NCI is convening an August 24, 2026, virtual workshop titled "Community Engagement to Build Trust in Science and Enhance Environmental Epidemiology Cancer Research."

Closing Remarks and Adjournment

Dr. Winkfield expressed appreciation to the Subcommittee members for their active participation and adjourned the meeting at 8:07 p.m. EDT.

Dr. Karen M. Winkfield Chair	Date	Dr. Gary L. Ellison Executive Secretary	Date