

## Scientific Committee

The Scientific Committee provides advice to the Conference and Events Team to ensure that the NCRI Cancer Conference programme meets the needs of the cancer research community in the UK and continues to develop as an international event of high quality. More specifically (but not exhaustively), Scientific Committee members:

- Suggest and agree keynote plenary speakers
- Suggest topics and hosts for recent advances, specialist and bench to bedside sessions, then approve speakers once full proposal from host is received
- Suggest speakers and topics for other sessions as applicable
- Work with the Conference and Events Team to achieve a balanced programme across disciplines of interest to the various research constituencies
- Review abstracts for scientific quality and highlight those suitable for oral presentation
- Identify trends and opportunities that could strengthen the Conference, relay these to the Conference and Events Team and act as a champion for the Conference within their networks
- Review programme submissions from the community and/or other programme ideas as appropriate
- Attend the Conference to chair sessions or lead on other activities as required and solicit feedback to assist in Conference overall development

### Composition and ways of working

A Conference Chair is appointed to oversee the planning of a single year's Conference from end to end, a process taking around 18 months. Nominations are sought from NCRI Partners to select a Chair with suitable level of expertise and standing in cancer research. Their main role is to ensure the Conference programme is balanced and is a true reflection of the NCRI's ethos including its strategic priorities and Conference aims. The Chair will work closely with the NCRI Conference and Events Team to achieve this.

Producing content for the programme is the responsibility of four sub-committees, each with a stream lead and a specific focus, as follows:

- Cancer discovery / underpinning research (and its translation)
- Prevention, early detection, diagnosis and prognosis
- Treatment
- Cancer control, living with and beyond and cancer outcomes.

Each sub-committee consists of up to 8 experts in areas of research covered by the programme streams (see appendix 1 for examples). One sub-committee lead per stream is appointed to coordinate content for that stream for a single year's Conference. Given the planning process takes around 18 months, this means that during part of each year, a maximum of eight leads (4 leads and 4 vice-leads i.e. people who will be leads the following year) will be in post for different Conferences. All leads form the Executive Committee together with the Conference Chair, the Conference and Events Team and any



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NCRI is a Charitable  
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Wales (charity number  
1160609)

additional appointed member as decided by the NCRI. The Executive Committee has visibility of the work of each sub-committee and progress made between meetings. The Executive Committee ensures that, where necessary, decisions are made between sub-committee meetings, especially about sessions that need input from different sub-committees. Decisions are made within the framework set by the sub-committees and are reported back to them at the next meeting. The Executive group also decides the scheduling of sessions and other similar practical issues, considering the overall balance of the Conference programme. Sub-committees meet in person or via TC up to 4 times a year - generally in January, April, July and November. The Executive group works primarily via email or TC between sub-committee meetings and meet in person at the Conference in November.

Sub-committee leads must have a suitable level of expertise in an area of research covered by their stream. They will ideally be appointed from the existing Committee members by nomination or identified by the NCRI.

Members of the sub-committees are appointed by existing Committee members or the NCRI. Expression of interest is sought widely to enable each sub-committee leads to choose from a relevant group of experts. Sub-committee members are responsible for contributing the views of the community they represent and are requested to consult with colleagues as appropriate to ensure wider representation. Whenever possible and relevant, a stream should have representation from one or more NCRI CRGs, a trainee or junior scientist, a patient expert/consumer and an industry representative.

The Conference and Events Team might also appoint additional expertise or invite relevant parties to join sub-committees or the Executive committee on an advisory role to fulfil its strategic priorities. External organisations and existing partnerships will be accommodated either by liaising with the relevant sub-committee leads or by directly taking part in sub-committee meetings as appropriate.

To ensure that the Scientific Committee membership is continuously rotated, members sit on a sub-committee for a maximum term of just over three years. Generally new members are appointed in the summer months and retiring members leave after the Conference has taken place in November.

Scientific Committee members and/or their employers usually cover their own travel costs to/from meetings and to/from the Conference, however it is possible for Committee members to claim their travel expenses from the NCRI should it be necessary. The Conference fee is waived for active Committee members who have taken part in the minimum required number of meetings each year (at least 75% of meetings) and accommodation for the Conference dates is arranged and paid for by the NCRI as necessary. Lunch is provided during the Conference and will be provided during Committee meetings where appropriate. No additional expenses will be reimbursed to Committee members unless previously agreed with the Conference and Events Team.



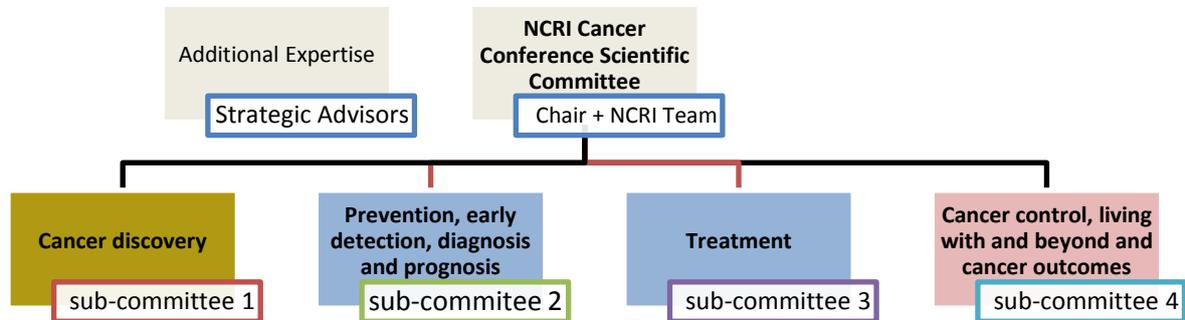
## Appendix 1

### Examples of what could be included in the programme within each stream

Cancer discovery	Prevention	Early detection, diagnosis and prognosis	Treatment	Cancer control, living with & beyond and cancer outcomes
<ul style="list-style-type: none"> <li>• Normal cell functioning</li> <li>• Cancer initiation: Alterations in chromosomes</li> <li>• Cancer initiation: Oncogenes and tumour suppressor genes</li> <li>• Cancer progression and metastasis</li> <li>• Exogenous and endogenous factors in the origin and cause of cancer</li> <li>• Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors</li> <li>• Cancer immunology</li> <li>• Development and use of new in vivo models</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions to prevent cancer: personal behaviours that affect cancer risk</li> <li>• Dietary intervention to reduce cancer risk and nutritional science in cancer prevention</li> <li>• Chemoprevention and other medical interventions</li> <li>• Vaccines for prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Technology development and/or marker discovery</li> <li>• Technology and marker evaluation with respect to fundamental parameters of method</li> <li>• Technology and/or marker testing in clinical settings</li> </ul>	<ul style="list-style-type: none"> <li>• Discovery and development of localised and systemic therapies</li> <li>• Clinical application of localised and systemic therapies</li> <li>• Combination of localised and systemic therapies</li> <li>• Scientific assessment of non-conventional therapies</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care and living with and beyond cancer issues</li> <li>• Surveillance</li> <li>• Palliative care and end of life care</li> <li>• Population-based behavioural factors</li> <li>• Health services, economic and health policy analysis</li> <li>• Education and communication research</li> </ul>



## Example of Scientific Committee composition



<b>Cancer discovery</b> <ul style="list-style-type: none"> <li>- 1 lead</li> <li>- 1 vice-lead</li> <li>- Up to 6 others (to include junior scientist, CRGs, industry, patient rep)</li> </ul>	<b>Prevention, early detection, diagnosis and prognosis</b> <ul style="list-style-type: none"> <li>- 1 lead</li> <li>- 1 vice-lead</li> <li>- Up to 6 others (to include trainee rep, CRGs, industry, patient rep)</li> </ul>	<b>Treatment</b> <ul style="list-style-type: none"> <li>- 1 lead</li> <li>- 1 vice-lead</li> <li>- Up to 6 others (to include trainee rep, CRGs, industry, patient rep)</li> </ul>	<b>Cancer control, living with &amp; beyond and cancer outcomes</b> <ul style="list-style-type: none"> <li>- 1 lead</li> <li>- 1 vice-lead</li> <li>- Up to 6 others (to include trainee rep, CRGs, industry, patient rep)</li> </ul>
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