Introduction

The cancer control research committee of SWOG was formed in 1986. Since then it has grown steadily, and has generated much enthusiasm among SWOG investigators.

NCI defines cancer control as "the reduction of cancer incidence, morbidity and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad, systematic application of the research results." The essence of this definition is the word intervention. Cancer control focuses on specific, well-defined actions to reduce cancer incidence, morbidity and mortality.

The mission of cancer control and prevention in SWOG is to integrate cancer control and prevention into the fabric of SWOG and oncology research. A guiding principle is viewing cancer as a continuum from risk to metastases; the underlying biology should drive the management paradigm. Prevention, control, early detection, and treatment are the major translational implementers of this paradigm.

Prevention Goals:

- Integrate simple risk assessment and biomarkers into all prevention trials.
- Identify high risk individual in our treatment cohorts.
- Utilize the power of molecular epidemiology more effectively.
- Expand prevention trials into other organ sites with well-tested pre-clinical results and with a logical clinical strategy.

Control Goals:

- Expand and develop a vigorous cancer survivors research program with biological principles underpinning the effort.
- Develop symptom management studies including quality of life studies that SWOG investigators, nurses, and Clinical Research Associates (CRAs) see as both clinically important and doable in our Group.
- Strategize with investigators, nurses, and CRAs regarding how to incorporate primary prevention strategies into prevention and treatment studies (e.g., genomics/genetics, exercise, obesity, diet).
- Strategize with CCOPs as to how best to develop these strategies and studies both with and for the Community Clinical Oncology Programs (CCOPs).

SWOG has recently restructured its cancer control and prevention program under the leadership of Frank L. Meyskens, Jr., MD, FACP. There are five committees: Prevention, Molecular Epidemiology, Symptom Control and Quality of Life, Cancer Survivorship, and Health Disparities and Outcomes. The mission statements for each of the five committees are provided below.
Prevention Committee

The overall mission of the Prevention Committee is to develop and test strategies that will decrease the incidence of cancer. To advance this mission, the Group will develop phase I and II trials to test the effect of potential chemoprevention agents on putative biomarkers of cancer, and bring them to phase III trials.

Molecular Epidemiology Committee

The goal of the Molecular Epidemiology Committee is to identify and evaluate biomarkers of etiology and risk, prognosis, and intervention effects that may be used to better identify individuals likely to benefit from prevention or therapeutic interventions.

Symptom Control and Quality of Life Committee

The mission of the Symptom Control and Quality of Life (QOL) Committee is to identify disease- and treatment-related symptoms and other dimensions of the patient’s quality of life that, if ameliorated or prevented from occurring through interventions, can result in more efficacious treatment of the patient’s cancer.

Cancer Survivorship Committee

The Cancer Survivorship Committee (CSC) develops research protocols that address issues related to the survivorship period – the time when patients have either completed primary cancer therapy or are in long-term follow-up on a chronic regimen. These studies include testing of approaches to identify, prevent, and manage chronic and late sequelae of cancer therapy; to promote improved health outcomes, healthy lifestyle/behaviors, and better quality of life during survivorship; and to facilitate the care of survivors and their families in the health care system.

The CSC’s mission statement is derived from the broad definition employed by the NCI Office of Cancer Survivorship:

The Cancer Survivorship Committee (CSC) develops research protocols that address issues related to the survivorship period – specifically, after patients have either completed primary cancer therapy or are in long-term follow-up on a chronic regimen.

Survival after a cancer diagnosis - assuming optimal local and systemic treatment - is impacted by at least ten major domains: 1) demographics of age, sex and race/ethnicity; 2) tumor and host variables such as traditional tumor prognostic variables, molecular biologic prognostic factors, molecular predictive factors (response, toxicity, survival), pharmacogenetics, and dispositional psychological predictors (e.g., optimism); 3) immune system; 4) endocrine environment (for select malignancies); 5) modifiable lifestyle factors; 6) selected second primary malignancies; 7) socioeconomic status; 8) access to care; 9) comorbid illnesses; and 10) support networks.
Outcomes and Comparative Effectiveness Committee

The Outcomes and Comparative Effectiveness Committee (OCEC) conducts and evaluates comparative effectiveness research (CER) as it applies to cancer. CER compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor cancer, or to improve the delivery of cancer care.