International Cancer Research Partnership

ICRP: adding value to cancer research

ICRP's mission is to add value to cancer research efforts internationally by fostering collaboration and strategic co-ordination between cancer research organizations.

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22nd November, 2011

International Cancer Research Partnership

Milestones

2000
- CSO classification developed
- 7 organizations

2003
- First generation website launched

→ HRCS developed from CSO

2010
- Agreement to share data between Partners

2011
- New website launched to Partners
- Gives Partner access to full international dataset
- 51 member organizations

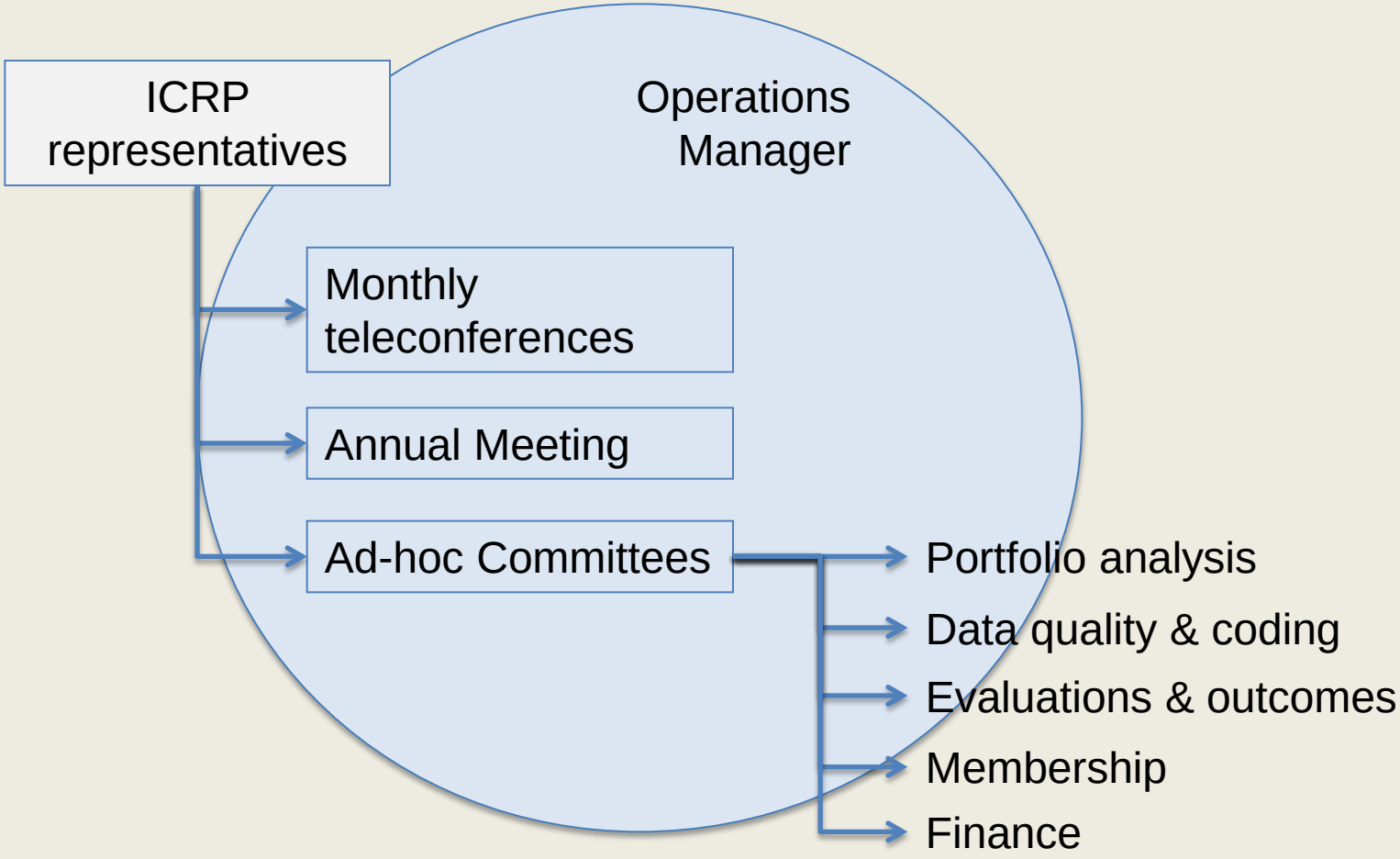
Next
- Public launch of ICRP site
- Additional recruitment

Directors & managers from the following organizations:

USA	Canada	Europe
American Cancer Society	Canadian Cancer Research Alliance (Consortium of 20 largest funders)	National Cancer Research Institute (UK Consortium of 19 largest funders)
American Institute for Cancer Research		Dutch Cancer Society
Avon Foundation		French National Cancer Institute
California Breast Cancer Research Program		
US Department of Defense (CDMRP)		
Susan G. Komen for the Cure		
National Cancer Institute		
National Pancreas Foundation		
Pancreatic Cancer Action Network		
Oncology Nursing Society Foundation		

International Cancer Research Partnership

How we work



ICRP's web site provides

- A public site to allow users to search for research awards using defined criteria and is a valuable tool for researchers to identify potential collaborators worldwide

- Partner-only analytical tools on the new web site to allow organizations to conduct their own analyses of the international portfolio, giving our Partners an international perspective to help inform strategic planning

- Online networking tools and document exchange for our Partner organizations via a web site forum

Partner Login

Partners are able to access the restricted site from the public site

ICRP International Cancer Research Partnership

HOME | PARTNERS | PARTNER BENEFITS | DATABASE | CSO | CONTACT | SEARCH

Established in 2000, ICRP is a unique alliance of cancer organisations working together to enhance global collaboration and strategic coordination of research. We aim to improve access to information about cancer research being conducted and enable cancer organisations to maximise the impact of their independent efforts, for the benefit of researchers and cancer patients worldwide.

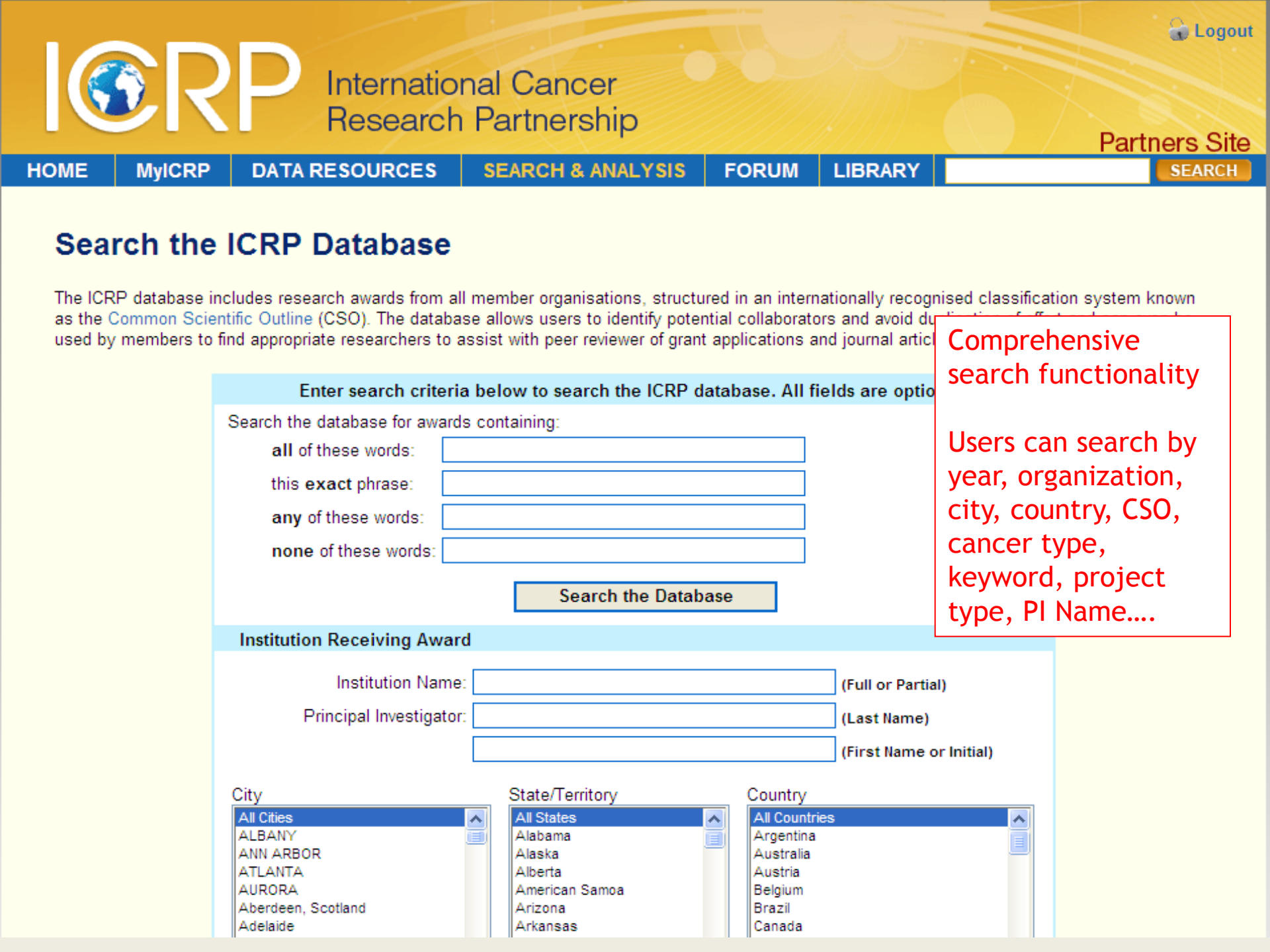
- ICRP includes organisations from Canada, France, the Netherlands, United Kingdom, and the United States.
- ICRP organisations share funding information in a common format (known as the Common Scientific Outline or CSO) to facilitate pooling data and evaluating data across organisations.
- The ICRP database contains information on more than 42,000 grants, totalling some $XXXXX in cancer research from 48 organisations.
- Researchers can search the ICRP to avoid duplication and identify collaborators.

If you fund cancer research anywhere in the world, you should be a member of ICRP.
Learn more about becoming a member.

News & Events

Dutch Cancer Society Joins ICRP
The International Cancer Research Partners are pleased to announce addition of the Dutch Cancer Society (DCS) to the partnership.

2010 ICRP Annual Meeting
The 2010 ICRP Annual Meeting will be held May 17–19, 2010 in Toronto, Canada.


Logout
ICRP
International Cancer Research Partnership
Partners Site
HOME
MyICRP
DATA RESOURCES
SEARCH & ANALYSIS
FORUM
LIBRARY
SEARCH
Search the ICRP Database
The ICRP database includes research awards from all member organisations, structured in an internationally recognised classification system known as the Common Scientific Outline (CSO). The database allows users to identify potential collaborators and avoid du
used by members to find appropriate researchers to assist with peer reviewer of grant applications and journal artic
Comprehensive search functionality
Users can search by year, organization, city, country, CSO, cancer type, keyword, project type, PI Name….
Enter search criteria below to search the ICRP database. All fields are optio
Search the database for awards containing:
all of these words:
this exact phrase:
any of these words:
none of these words:
Search the Database
Institution Receiving Award
Institution Name:
(Full or Partial)
Principal Investigator:
(Last Name)
(First Name or Initial)
City
All Cities
ALBANY
ANN ARBOR
ATLANTA
AURORA
Aberdeen, Scotland
Adelaide
State/Territory
All States
Alabama
Alaska
Alberta
American Samoa
Arizona
Arkansas
Country
All Countries
Argentina
Australia
Austria
Belgium
Brazil
Canada

Database Search Results

Search Criteria:

Funding Years: 2010, 2009
CSO Codes:

- 2.1 - Exogenous Factors in the Origin and Cause of Canc
- 2.2 - Endogenous Factors in the Origin and Cause of Car
- 2.3 - Interactions of Genes and/or Genetic Polymorphism
- 2.4 - Resources and Infrastructure Related to Etiology

s Factors

Data analyses (including abstracts & $ spend) can be exported to Excel or emailed

Organization-specific caveats are included in the site

Email this search
Export to Excel
Chart Results

Sort By:
Sort Order:
View Page: Page 1 of 26

Update Display

Your search returned **627** awards.

Currently Viewing Page **1** of **26**

Title	Principal Investigator	Institution	City	State	Co.	Funding Org.	Award Code
Women's international study of long duration oestrogen after menopause (WISDOM)	Dunstan, D	St Bartholomew'S Hospital & Royal London School of Medicine & Dentistry	London, England		UK	DOH	DOH100
Elucidating And Modeling Irradiation Effects On Centrosomal And Chromosomal Stability Within Breast Cancer	Maxwell, Christopher	Lawrence Berkeley National Laboratory	Berkeley	CA	US	DOD, CDMRP	BC050612

Online, the results list can be sorted in ascending or descending order by any of the column headings. You can drill down to the detail on any award

ICRP International Cancer Research Partnership

Projected details can be viewed, exported or charted.....

View Project

Individual risk assessment for prostate cancer using risk factors, tumour markers and new biomarkers

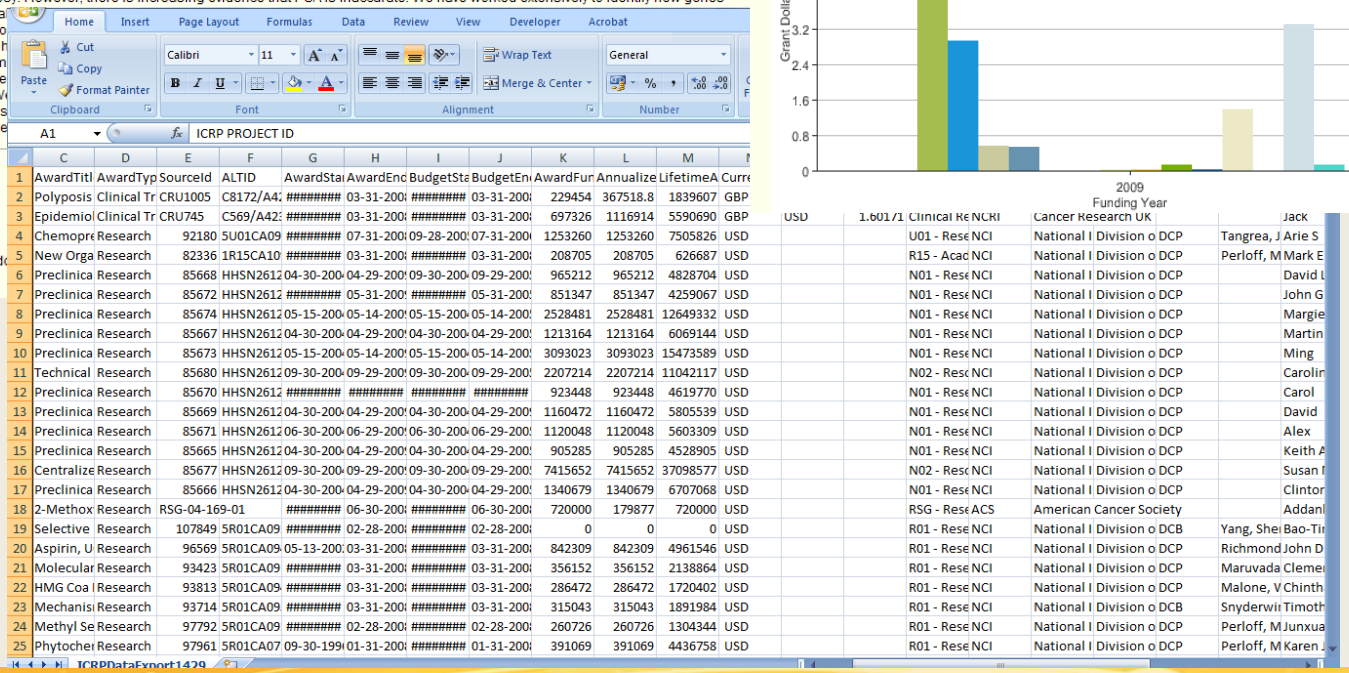
Principal Invstigator:	**Nam , Robert K**
Institution:	**Sunnybrook Health Sciences Centre**
Location:	**Toronto, ON CA**
Award Code:	**5271_1**
Funding Organisation:	**Canadian Institutes of Health Research**
Award Funding Period:	**7/1/2006 to 6/30/2011**
Funding Mechanism:	**CIHR New Investigator**

Technical Abstract:
Prostate cancer (PC) is the most common cancer for men. Many men are being checked for PC using a blood test, called prostate specific antigen (PSA). When it is abnormal, men undergo a prostate biopsy. However, there is increasing evidence that PSA is inaccurate. We have worked extensively to identify new genes associated with PC and developed statistica
is suboptimal. A new method of searching fo
genes at once. From our past research, we h
PC. We will use this new Gene Chip to exam
test the genes that are found to be associate
PC among select group of these patients. W
genes for PC, we would enhance our unders
incorporate these genetic factors to our curre

This code is awarded as follows:

Types of Cancer
- Prostate Cancer

Research Areas (CSO Codes)
- **2.2 Causes of Cancer/Etiology** - End



	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	AwardTitl	AwardTyp	SourceId	ALTID	AwardSta	AwardEnd	BudgetSta	BudgetEn	AwardFun	Annualize	LifetimeA	Curre										
2	Polyposis	Clinical Tr	CRU1005	C8172/A4	########	03-31-200	########	03-31-200	229454	367518.8	1839607	GBP										
3	Epidemio	Clinical Tr	CRU745	C569/A42	########	03-31-200	########	03-31-200	697326	1116914	5590690	GBP	USD	1.6017	Clinical Re	NCRI	Cancer Research UK			Jack		
4	Chemopre	Research	92180	5U01CA09	########	07-31-200	09-28-200	07-31-200	1253260	1253260	7505826	USD			U01 - Rese	NCI	National I	Division o	DCP	Tangrea, J	Arie S	
5	New Orga	Research	82336	1R15CA10	########	03-31-200	########	03-31-200	208705	208705	626687	USD			R15 - Acad	NCI	National I	Division o	DCP	Perloff, M	Mark E	
6	Preclinica	Research	85668	HHSN2612	04-30-200	04-29-200	09-30-200	09-29-200	965212	965212	4828704	USD			N01 - Rese	NCI	National I	Division o	DCP		David L	
7	Preclinica	Research	85672	HHSN2612	########	05-31-200	########	05-31-200	851347	851347	4259067	USD			N01 - Rese	NCI	National I	Division o	DCP		John G	
8	Preclinica	Research	85674	HHSN2612	05-15-200	05-14-200	05-15-200	05-14-200	2528481	2528481	12649332	USD			N01 - Rese	NCI	National I	Division o	DCP		Margie	
9	Preclinica	Research	85667	HHSN2612	04-30-200	04-29-200	04-30-200	04-29-200	1213164	1213164	6069144	USD			N01 - Rese	NCI	National I	Division o	DCP		Martin	
10	Preclinica	Research	85673	HHSN2612	05-15-200	05-14-200	05-15-200	05-14-200	3093023	3093023	15473589	USD			N01 - Rese	NCI	National I	Division o	DCP		Ming	
11	Technical	Research	85680	HHSN2612	09-30-200	09-29-200	09-30-200	09-29-200	2207214	2207214	11042117	USD			N02 - Rese	NCI	National I	Division o	DCP		Carolin	
12	Preclinica	Research	85670	HHSN2612	########	########	########	########	923448	923448	4619770	USD			N01 - Rese	NCI	National I	Division o	DCP		Carol	
13	Preclinica	Research	85669	HHSN2612	04-30-200	04-29-200	04-30-200	04-29-200	1160472	1160472	5805539	USD			N01 - Rese	NCI	National I	Division o	DCP		David	
14	Preclinica	Research	85671	HHSN2612	06-30-200	06-29-200	06-30-200	06-29-200	1120048	1120048	5603309	USD			N01 - Rese	NCI	National I	Division o	DCP		Alex	
15	Preclinica	Research	85665	HHSN2612	04-30-200	04-29-200	04-30-200	04-29-200	905285	905285	4528905	USD			N01 - Rese	NCI	National I	Division o	DCP		Keith A	
16	Centralize	Research	85677	HHSN2612	09-30-200	09-29-200	09-30-200	09-29-200	7415652	7415652	37098577	USD			N02 - Rese	NCI	National I	Division o	DCP		Susan I	
17	Preclinica	Research	85666	HHSN2612	04-30-200	04-29-200	04-30-200	04-29-200	1340679	1340679	6707068	USD			N01 - Rese	NCI	National I	Division o	DCP		Clinton	
18	2-Methox	Research	RSG-04-169-01		########	06-30-200	########	06-30-200	720000	179877	720000	USD			RSG - Rese	ACS	American Cancer Society				Addanl	
19	Selective	Research	107849	5R01CA09	########	02-28-200	########	02-28-200	0	0	0	USD			R01 - Rese	NCI	National I	Division o	DCB	Yang, She	Bao-Tir	
20	Aspirin, U	Research	96569	5R01CA09	05-13-200	03-31-200	########	03-31-200	842309	842309	4961546	USD			R01 - Rese	NCI	National I	Division o	DCP	Richmond	John D	
21	Molecular	Research	93423	5R01CA09	########	03-31-200	########	03-31-200	356152	356152	2138864	USD			R01 - Rese	NCI	National I	Division o	DCP	Maruvada	Clemei	
22	HMG Coa	Research	93813	5R01CA09	########	03-31-200	########	03-31-200	286472	286472	1720402	USD			R01 - Rese	NCI	National I	Division o	DCP	Malone, V	Chinth	
23	Mechanis	Research	93714	5R01CA09	########	03-31-200	########	03-31-200	315043	315043	1891984	USD			R01 - Rese	NCI	National I	Division o	DCB	Snyderwi	Timoth	
24	Methyl Se	Research	97792	5R01CA09	########	02-28-200	########	02-28-200	260726	260726	1304344	USD			R01 - Rese	NCI	National I	Division o	DCP	Perloff, M	Junxua	
25	Phytoche	Research	97961	5R01CA07	09-30-199	01-31-200	########	01-31-200	391069	391069	4436758	USD			R01 - Rese	NCI	National I	Division o	DCP	Perloff, M	Karen J	

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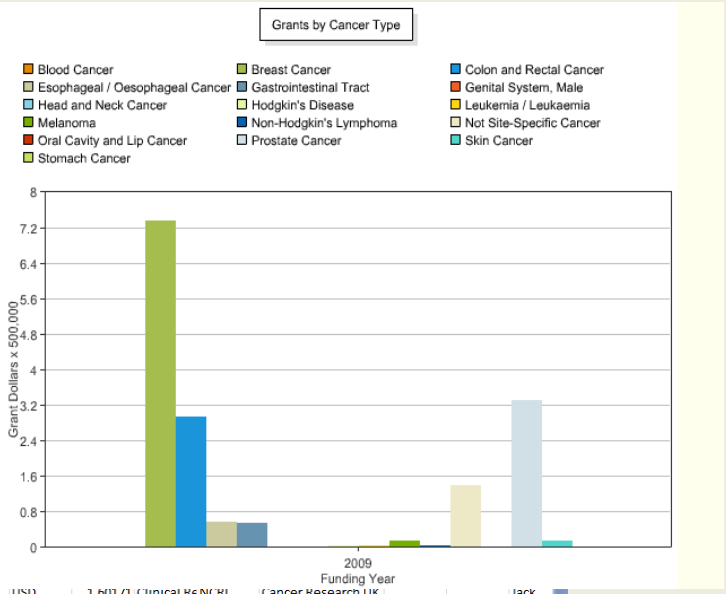
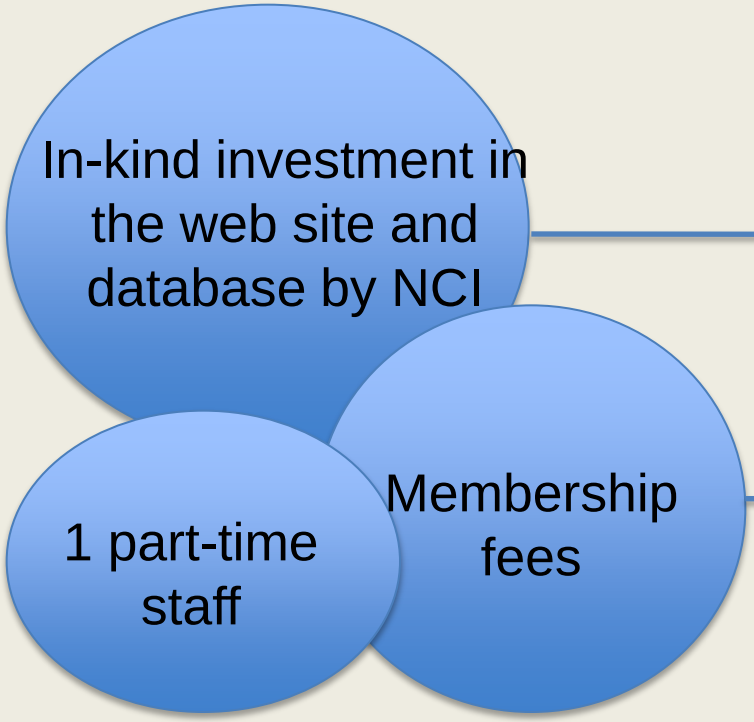


Capabilities of the ICRP database

The ICRP database contains information on more than 53,000 grants from 51 organizations and is expanding every month. We are using this unique resource to ask the questions

- What are the gaps in cancer research?
- What are the trends in cancer research funding?
- What types of projects have been funded (e.g. Clinical, Research, Training)?
- What research areas are being funded (CSO)?
- What types of cancer are being funded?
- What is the funding profile across different countries and organizations?
- How can we maximize our research efforts?
- How can we foster strategic collaborations between funding organizations?

Infrastructure



- Provides a .org site but with federal government infrastructure
- NCI provides ongoing support, upgrades & maintenance through its contractor: NOVA Research
- Any further modification can be planned and financed by the Partners

- Annual meeting
- Modifications/enhancements to the web site
- Operations Manager (50%fte)

Challenges – web site/database

(1) Setting up a common classification system
(2) Acquiring and submitting full datasets
(3) Agreeing a framework to share data

ICRP has put policies and procedures in place to safeguard organizations' data and to ensure that the data is used for the planned purpose. Key policies are that:

- Partners may use the data made available through the restricted view for internal purposes only.
- If Partners wish to publish any part of the data/reports on the restricted site, they must gain the approval of the Partnership first.
- Important caveats relating to Partners' data will be included on the site for reporting.
- New Partners cannot gain access to the international portfolio until they have contributed data and agreed to abide by the policies and procedures.

International Cancer Research Partnership

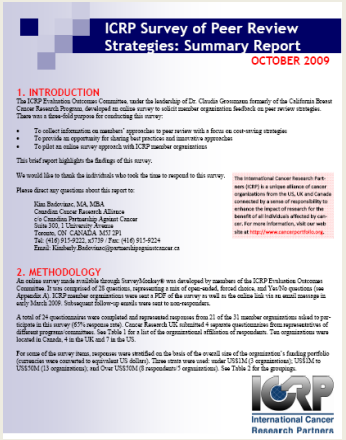
Our activities: Databases…and beyond

ICRP offers a unique opportunity for cancer research funding agencies to share experiences and resources

- Portfolio analysis – via the online web database and as collaborative groups
  - e.g. Chemoprevention analysis, Sept. 2011

- Evaluations, led by Partner interests
  - e.g. Evaluating career development awards
  - Survey of peer review strategies
  - Repository of evaluations

- Networking and sharing ideas
  - e.g. Monthly & adhoc teleconferences
  - Newsletters
  - Annual meeting
  - Partner exchanges



ICRP Survey of Peer Review Strategies: Summary Report

OCTOBER 2009

1. INTRODUCTION

2. METHODOLOGY

Next steps for ICRP

- The database opens up new opportunities for individual and joint analysis & evaluation. Current areas of interest are: specific disease areas, environmental influences on cancer, prevention research.

- Expanding the dataset. We estimate that ICRP includes over 65% of world cancer research funding, but that still leaves a gap to fill

- Improving networking and increasing opportunities to share expertise

- Linking award data to research outcomes:
  - several pilot projects are underway in this arena

- Looking at mechanisms to make coding easier and maintain coding quality

ICRP Partner experience with automated coding (Collexis/Elsevier)

Background

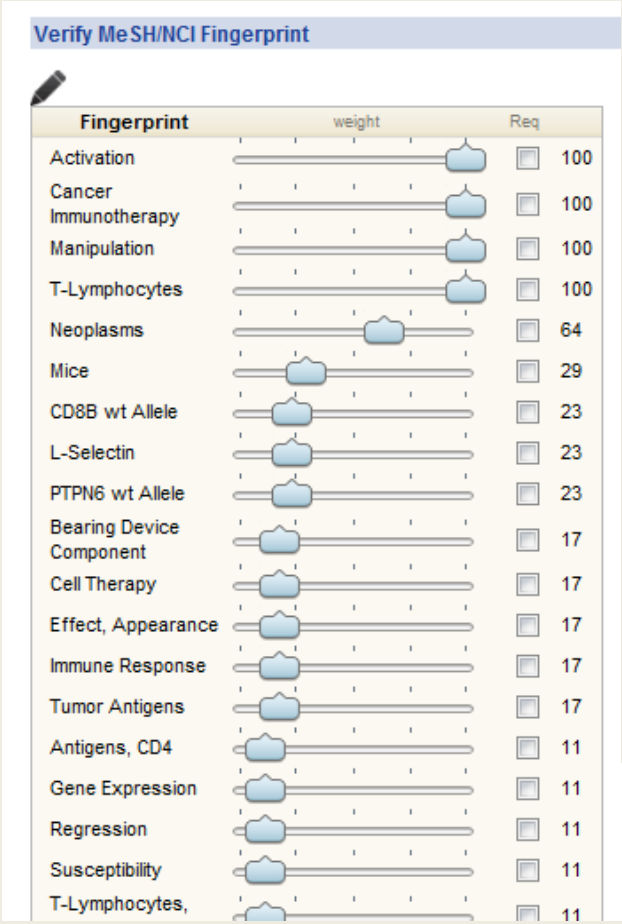
CR-UK handles 700-900 applications for research funding per year. All applications coded to and

- **Type of Cancer:** our researchers code these. Quality is fairly good, with occasional 'hit the wrong button' errors
- **Type of Research (CSO)**
  We tried applicant coding (quality low), so we code these manually. This is time-consuming, so we initiated a project with Collexis to integrate automated coding into our grants management system.

Aims of the pilot:

- Retain high quality coding
- Focus research managers' time on checking, not coding de novo
- Introduce a more reliable system

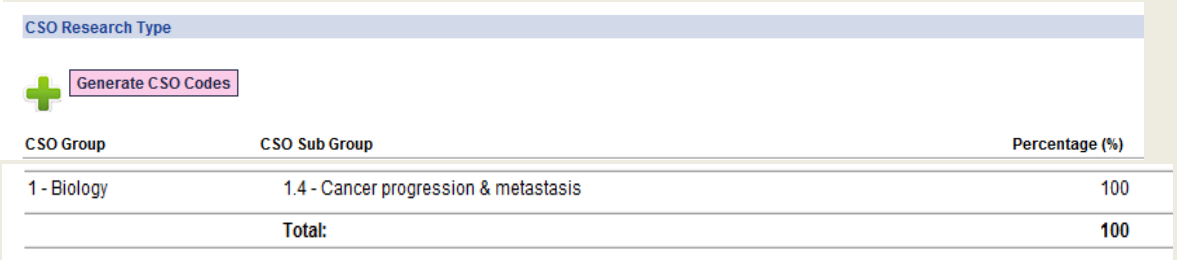
System



Collexis' software generates MeSH keywords or 'fingerprints' of all grant abstracts.

The system gives us a list of keywords per abstract, which are ranked for relevance (we think using some kind of cluster/vector analysis based on the MeSH hierarchy).

This is used for peer reviewer finding, but also generates suggested CSO codes:



Methodology

Collexis used a historical set of 3000 ready-CSO-coded CR-UK abstracts.

Collexis ran MeSH fingerprints on these and tried out a number of different methodologies to predict the CSO. The final mechanism used is a vector analysis which seemed to give good results on statistical analysis.

We waited for 7 months to accumulate a representative dataset across all areas. We are now in the process of evaluating the first 700 or so awards coded in this way.

How is it working?

Initial results look encouraging

- Our first cross-check suggests that about 46% of the awards are coded to the same CSO sub-codes by the expert and automated coder and 92% have total or partial overlap between the major CSO codes applied.
- In the majority of cases, the automated system adds 1 or 2 extra codes (43%). We think that these additional codes are likely to be of relevance, but not major aims of the award, but some irrelevant codes are added.

Statistics - minor CSO code level	#	percentage
all grants	685	100.00%
# of grants where coding is identical between expert & autocode	21	3.07%
# of grants where all expert codes are picked up by autocode, but autocode adds extras	291	42.48%
# of grants where there is partial overlap of codes	204	29.78%
# of grants where no suggestions have been accepted	169	24.67%

However, 112 of these do agree at major CSO level (e.g. computer suggests CSO1.2, expert coder CSO1.3)

Can we improve the algorithm?

1. Assess why the codes differ – are there simple filters/keywords that could be suggested to improve quality:
   e.g. One award investigating mechanisms of chemoresistance was expert-coded to 5.3, but coded to 3.3/4.3 by the algorithm. Can "chemoresist*" be strongly associated to CSO5.3?

2. Can we focus the algorithm better on the specific aims of the proposal? Will this help to remove 'extra codes'?
   e.g. In some instances, the extra codes applied by the computer are on peripheral concepts.

3. What's the comparison between expert-expert and expert-computer?

	Expert-expert		Expert-Auto	
DRAFT analysis at MAJOR CSO level – 2007 study	#	%	#	%
100% agreement	91	52%	208	30%
100% & Partial agreement (same CSO major category or overlapping codes)*	161	92%	627	92%
Completely different codes	14	8%	58	8%

What next?

For 2011 and first part of 2012

- We will continue to work with Collexis to improve the system, the system is designed to 'learn' and this is the first learning round
- If the results are good enough, we will stop manually coding unsuccessful applications

Future:

- Assess whether the auto-coding is fit for purpose for successful awards
  - if extra codes are added, does that matter?
  - is overlap at the major CSO category sufficient
- Is expert-expert variance similar to expert-computer variance?
  - large ICRP data validation study due to report January/February 2012