

IARC Cross-Cutting Working Group on Cancer Prevention Knowledge Translation and Transfer (KTT WG)

Terms of Reference

Rationale

The IARC Cross-Cutting Working Group on Cancer Prevention Knowledge Translation and Transfer (KTT WG) was created in 2020. The vision of the KTT WG is to build bridges so that the scientific knowledge produced by IARC and its collaborators reaches important decision-makers in cancer prevention. ***The aim of the KTT WG is to translate and disseminate the evidence produced by IARC on cancer prevention to a specific audience for its benefit and use.***

Vision: To build bridges between the science and the decision-making by translating and transferring current and new knowledge about cancer prevention to stakeholders for their benefit and use.

Mission: To help transform knowledge into use through synthesis, exchange, dissemination, and brokering among researchers and users of research results.

Goal: To collate and channel the current and new knowledge produced by IARC and its collaborators to effectively translate and disseminate evidence about cancer prevention for use in decision-making by stakeholders, by:

- a) identifying and stimulating cross-Agency synergies, and catalysing efforts to effectively package current and new knowledge about cancer prevention;
- b) developing tools to help disseminate scientific results to lay audiences and relevant stakeholders; and
- c) translating, facilitating access to, and disseminating high-quality evidence produced by IARC and its collaborators for the use of stakeholders.

Target audience: Stakeholders (i.e. public health institutions and ministries of health, civil society organizations such as cancer leagues and noncommunicable disease networks, societies of health professionals, policy-makers, IARC Governing Council members and their networks, and potential funders).

Terms of Reference

1. Purpose

To collate and channel the current and new knowledge produced by IARC and its collaborators to effectively translate and disseminate evidence about cancer prevention for use in decision-making by stakeholders.



2. Composition

The KTT WG is made up of a dynamic interdisciplinary group of scientists and experts in strategy and communication, who catalyse efforts and stimulate cross-Agency synergies to reach the target audience. The KTT WG is composed of two types of members:

Core members	<ul style="list-style-type: none"> • Continuous commitment • Function: decision-making, design and development of the initiative, dissemination and evaluation of impact activities, strategic advice, peer-reviewing materials produced by other scientists, etc.
Current	Chair: Carolina Espina (ENV) Michele Matta (ENV), Clément Chauvet (DIR), Véronique Terrasse (DIR), Anna Schmutz (SSR/BFO), Karen Müller (SSR/PLW), Mary Luz Rol (EPR), Anouk Berger (LCB)
2020–2022	Teresa Lee (SSR/PLW)
Rotating members	<ul style="list-style-type: none"> • Dynamic commitment as per topic • Scientists (staff or Early Career/Visiting Scientists) • Function: involvement in the production of the materials related to a selected topic
Current	Florence Guida (ENV), Florence Le Calvez-Kelm (GEM)
2020–2021	Valerie McCormack (ENV), Inge Huybrechts (NME), Marc Gunter (NME)

3. Duties

There are two levels of duties: production of IARC Evidence Summary Briefs for stakeholders, and development of a Knowledge Hub on cancer prevention for rapid dissemination of scientific evidence, as follows:

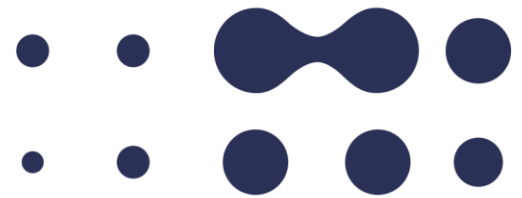
- 3.1. To develop targeted knowledge transfer resources (e.g. 4–5-page IARC Evidence Summary Briefs for stakeholders, synthesis of lessons learned and best practices, etc.) on key cancer prevention topics that package together outcomes of projects and activities carried out by IARC and its collaborators
- 3.2. To build and disseminate a portfolio of IARC Evidence Summary Briefs on key cancer prevention topics, to summarize evidence and facilitate transfer and exchange of knowledge to a wide range of stakeholders
- 3.3. To plan a wide dissemination strategy for stakeholders
- 3.4. To plan an evaluation of impact

4. Means and mechanisms

4.1. Process: production of Evidence Summary Briefs



Checkpoint 1	Checkpoint 2	Checkpoint 3	
Topics to be addressed in the Evidence Summary Briefs	The scientific content of the Evidence Summary Brief is	A final draft of the Evidence Summary Brief	This part of the process will take about 8 weeks



<ul style="list-style-type: none"> - selected once a year from a list of candidate topics within outcomes of IARC research and projects - to comply with the eligibility criteria 	<p>developed internally at IARC, by the research PI of the suggested topic or a designated group of people (staff scientists and/or Early Career/Visiting Scientists) who are experts on the subject.</p>	<p>is circulated to external collaborators involved in the scientific work.</p> <p>This includes the WHO cancer focal point, to ensure alignment of key messages with WHO.</p>	<p>from the final draft of the Evidence Summary Brief to the launch date.</p> <p>An example of what the Evidence Summary Brief should look like is available here.</p>
<p>Editorial Board:</p> <ul style="list-style-type: none"> - to select the topics and identify potentially sensitive issues related to some of the selected topics - to meet once a year - Composition (<i>Chair to be decided</i>): <p>Véronique Terrasse, Véronique Chajès, Carolina Espina (chair of the KTT WG), 2 IARC Scientific Council members for a 4-year period (<i>to be identified</i>), WHO cancer focal point (<i>to be identified</i>).</p> <p><i>Note: The WHO cancer focal point will help pinpoint focal points at WHO related to the topic targeted by the Evidence Summary Brief (Checkpoint 3) and will provide validation of the Evidence Summary Brief from WHO.</i></p>	<p>The scientists involved hold the accountability that no potential controversies or challenges may arise from the Evidence Summary Brief.</p> <p>An Evidence Summary Brief template with word count per section, spaces for optional quotes from internal and external collaborators, and specific spaces for images and other elements will be provided by the chair.</p>	<p>The approved version is sent to the WHO “topic” focal point (<i>already identified in Checkpoint 1 by the main WHO cancer focal point</i>) for their information and/or input, to help align the messages from WHO and IARC.</p>	