International Cancer Benchmarking Partnership

A review of health system and clinical policy responses to the COVID-19 pandemic and their impact on cancer control across jurisdictions in the ICBP.

## 1. Introduction

In sending out this request for proposals, Cancer Research UK (CR-UK) is acting on behalf of the International Cancer Benchmarking Partnership (ICBP).

The ICBP is a unique and innovative collaboration that brings together clinicians, policymakers, researchers and data experts across the world. It measures international variation in cancer survival, incidence, mortality, stage at diagnosis and survival by stage, as well as identifies factors that might be driving these differences.

The ICBP produces high quality research to help identify best international practice, and generate insights needed for policy and practice improvements. This will help enable optimisation of cancer services and improvement of outcomes for cancer patients. Further information on the ICBP can be found here: https://www.cancerresearchuk.org/health-professional/data-and-statistics/international-cancer-benchmarking-partnership-icbp/icbp-partnership

The ICBP has recently entered a two-year transition phase, allowing the partnership to reflect on the past 12 years of research and impact and provide time to plan. The transition phase will conclude in April 2023, and will involve four distinct strands of work:

i. Developing relevant and targeted *knowledge mobilisation*[1] outputs by working with ICBP partners and key local stakeholders; outputs aim to support local strategic cancer priorities and drive improvements in cancer outcomes
ii. Collect intelligence on the impact of COVID-19 on international cancer services and outcomes to provide evidence-based health policy recommendations to mitigate remaining disruptions and future challenges posed by COVID-19 or future pandemics.
iii. Identify and explore areas requiring further understanding and reflect on progress and policy/practice impacts to inform scoping for ICBP Phase 3
iv. Create networks with clinical, academic and policy insights to support activities to inform international cancer policy and practices, and to support localised knowledge mobilisation

In response to 'ii', the ICBP is commissioning research that will develop an understanding of how COVID 19 impacted cancer services and policies in ICBP jurisdictions. There is particular interest in collating each jurisdictions' mitigation strategies and understanding how this activity may have minimised the impact on cancer services and outcomes both during and outwith the COVID-19 pandemic.

[1] The ICBP aim to review the wealth of data and insight that they have collected across the partnership and identify key areas of variation and lessons learnt to better support ICBP jurisdictions in influencing policy and practice change where appropriate.

## 2. Aim of study and key policy questions

The primary objective of this work is to understand the impact of COVID-19 on cancer services in ICBP jurisdictions. We want to collate the policies and practices implemented by ICBP jurisdictions between 2020 – 2021 in response to COVID-19 and to, where possible, review/evaluate how this activity minimised impacts on cancer services ability to screen, diagnose and treat cancer.

The following countries and jurisdictions will be included in the research:

- Canada
- United Kingdom
    - England
    - Northern Ireland
    - Scotland
    - Wales
- Ireland
- Denmark
- Norway
- Australia
    - New South Wales
    - Western Australia
    - Victoria
- New Zealand

We anticipate a budget for this piece of work up to £40,000 and a timeline of 6 months, with possible extension.

The research questions can include but are not limited to the following:

A. To identify, map and analyse the impact of COVID 19 on ICBP jurisdictions' cancer services. This includes a review of the national government health policies and practices during 2020 – 2021 implemented in direct response to the COVID-19 pandemic from the 7 ICBP partner countries. The focus should be on policies and practices that disrupted cancer services at both a country and jurisdictional level.
B. To review and if possible, assess, the impact of COVID-19 on each jurisdiction's cancer services and highlight what the key health system disruptions were for each jurisdiction
C. To create actionable recommendations, scalable or replicable models and activities for the ICBP local jurisdictions to implement in the future to minimise the effects of major disruptions or pandemics on cancer services.
D. To conduct deep dive reviews of cancer sites/demographics yet to be defined e.g., lung cancer and the impact of COVID-19 on screening, detection, and treatment.

The ICBP Programme Management Team (PMT) will work with the successful researcher to focus the questions after the initial scoping period is complete.

## 3. Methodology Details

The ICBP PMT are not prescribing a methodology to allow flexibility for researcher proposals.

We expect the design and implementation of this work to take into consideration ongoing restrictions and limitations posed by the COVID-19 pandemic.

We anticipate that the research methodology may include the following:

- Primary and secondary data collection including primarily qualitative methods (though assessment of quantitative data may be required)
- A literature review of key local and national policies and practices
- A stakeholder consultation
- Key informant interviews

The successful applicant will be responsible for the study, but we do expect considerable collaboration with the PMT and regular updates, as described in the outputs below. We are looking for applicants with demonstrable expertise, previous experience and a good understanding of health systems, health policy and experience dealing with international comparisons.

## 4. Outputs

The outputs are as follows:

a. Scoping paper including approach, methodology and timeline.
b. A summary of the methodology, its strengths and weaknesses and any interview topic guide or other research instrument as needed
c. Draft Final Report and Final Report for external publication, presenting the full findings.
d. An executive summary of the key findings.
e. A full account of all research findings.
f. Up to 5 presentations of the report to relevant conferences and key stakeholders.

This list is not exhaustive and additional outputs may be considered. We would encourage applicants to think about how their findings can be creatively translated in order to engage a wide range of ICBP stakeholders e.g., engaging infographics. Additional deliverables will be agreed with the successful applicant once the scoping paper has been agreed.

## 5. Issues to consider

To our knowledge, this will be the first international holistic review of COVID-19 policy impacts on cancer services across the cancer pathway. However, jurisdictions are doing complementary work and we would suggest reviewing ongoing studies in Norway, Canada, New Zealand (and others identified during scoping) and the work of the COVID-19 and Cancer Global Modelling Consortium. The ICBP will commission complementary research, developing a quantitative analysis of the impact of COVID-19. We are in the process of finalising this commission, but we aim to assess the incidence and stage at diagnosis, of a number of cancers before and during the pandemic, estimating the indirect impact of COVID-19 by comparing observed to expected numbers. The successful applicants across

the commissioned projects will be expected to collaborate and share findings to maximise impact. Successful applicants will also be expected to liaise with the ICBP Programme Board during their projects.

The ICBP are aware that the pandemic is ongoing and impacting various ICBP jurisdictions in different ways and thus we would ask prospective applicants to consider how to manage this. Implications may include local jurisdictions' capacity to engage with the research, although the PMT will provide support where possible. The successful applicant may find that they are unable to provide an in-depth analysis and comprehensive overview of all jurisdictions and can only provide country level analysis within the given constraints, we would ask applicants to highlight this within their applications.

International applications are welcome and encouraged. Outputs will need to be produced in English.

6. Timescale

Please respond with expressions of interest as soon as possible and no later than **5pm 22nd October 2021, this has been extended from 11th October**. The expression of interest should be no longer than 1 A4 and provide a brief overview of the proposed work, the estimated cost for the full project and the contact details of the principal investigator and institution. A full proposal giving a detailed methodology and budget breakdown should be submitted by **5pm 1st November 2021.**

All proposals will be independently peer reviewed and the decision will be taken by the Programme Management Review Group on **15th November 2021**. The chosen applicant will be invited to finalise the project plans and key deliverables and discuss contract terms with a view to starting the study in **November.**

The project will be expected to run for 6 months, with a full report to be submitted to the International Cancer Benchmarking Partnership Programme Management Team, Cancer Research UK by **23rd May 2022** (unless otherwise agreed); a longer project duration will only be considered if fully justified.

**Please note that if application numbers exceed our expectations, then these dates may be subject to change.** We will inform any applicants in advance if amendments are made.

| # | Activity | Date |
|---|---|---|
| 1 | Targeted research brief issued to applicants | 15th September 2021 |
| 2 | Submission of the Expression of Interest Deadline, extended | 22nd October 2021 |
| 3 | Full Proposal Submission Deadline | 1st November 2021 |
| 4 | Peer Review | w/c 8th November 2021 |
| 5 | Notification of Award | 16th November 2021 |
| 6 | Project Initiation Meeting | 18th/19th November 2021 |

## 7. Submission Details

The 2 A4 page outline should include:

- Introduction/Background
- A detailed methodology
- All intended outputs
- Timelines
- Breakdown of the budget (costs should include VAT where applicable)
- Expertise of staff working on the project (CV's should be attached, this will not contribute to the word limit)
- Perceived risk and mitigation steps that will be taken

If you would like to contact us directly to discuss this submission then please e-mail ICBP@cancer.org.uk

Please send your project outline by 5pm on 1st November 2021 to ICBP@cancer.org.uk.