01. The SAB congratulates INCa for its continued investment in strategic and excellent research as part of France’s comprehensive Cancer plan. The Board congratulates the leadership and the teams of INCa.

02. The Board is pleased and eager to serve as a more strategic advisory role and is in favour of the constitution of ad hoc action groups around specific strategic topics.

03. The Board is pleased to notice that the 2016 recommendations have been implemented to large extend. However, some of the recommendations like increasing SIRIC budget (recommendation 3) and supporting investigator-driven programmes and young leaders (recommendations 4 and 5) regrettably still need to be addressed in a timely manner.

04. Although, the impact of cancer research is a long term investment, there is evidence that a research rich cancer care system improves patients’ outcomes today. After 15 years, there are encouraging signs that INCa was a successful instrumental in driving the implementation of the 3 cancer plans. Therefore, the Board strongly supports the implementation of a fourth cancer plan.

05. The Board underscores the need for systematic assessment of impact and return of investment of the INCa research funding programmes (Scientific report 2017 should include some of these analyses). A specific impact report should be presented in the two years, the framework should be presented in 2018 and the final report in 2019.

06. Building on the progress made on tobacco control research, the Board recommends to expand the prevention research focus to include the three main modifiable behavioural risk factors that are obesity, alcohol and physical inactivity.

07. The Board is happy about the number of clinical studies and the growing number of patients treated in CLIP² programme and recommends to keep this momentum. INCa should discuss the strategy on how to support randomised clinical trials, potentially changing practice in France, and foster an international strategy for this type of trials. Such a strategy should specifically describe how to address broader patient access to clinical trials.

08. With respect with the specific issues, the SAB was asked to comment on:
   a. Artificial Intelligence (AI or machine learning) has been discussed with respect to the research questions for which AI could provide solutions in cancer. As a starting point it is essential to evaluate whether or not AI approaches increase efficiency and reduce errors compared to standard approaches. AI approaches in treatment decision-making is not yet ready for application and should be discouraged at this time. Examples of research questions in cancer could include AI approach vs. standard approaches to reading images, radiation therapy planning, etc.
   b. The use of liquid biopsies in longitudinal follow-up of individual patients should be evaluated in order to determine clinical benefits. It is not yet standard of care, and their utility needs to be investigated in specific indications.