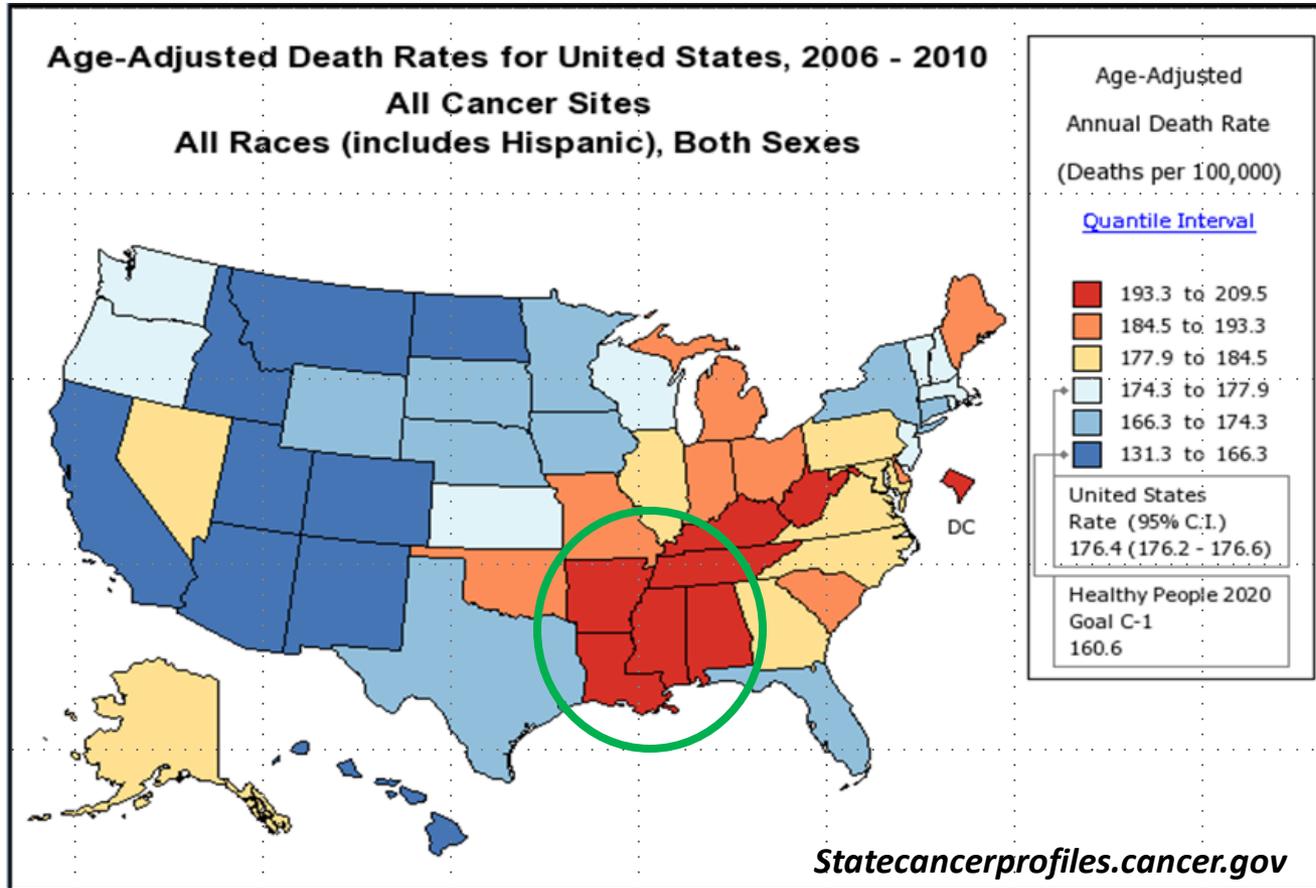


NCI Community Oncology Research Program - NCORP

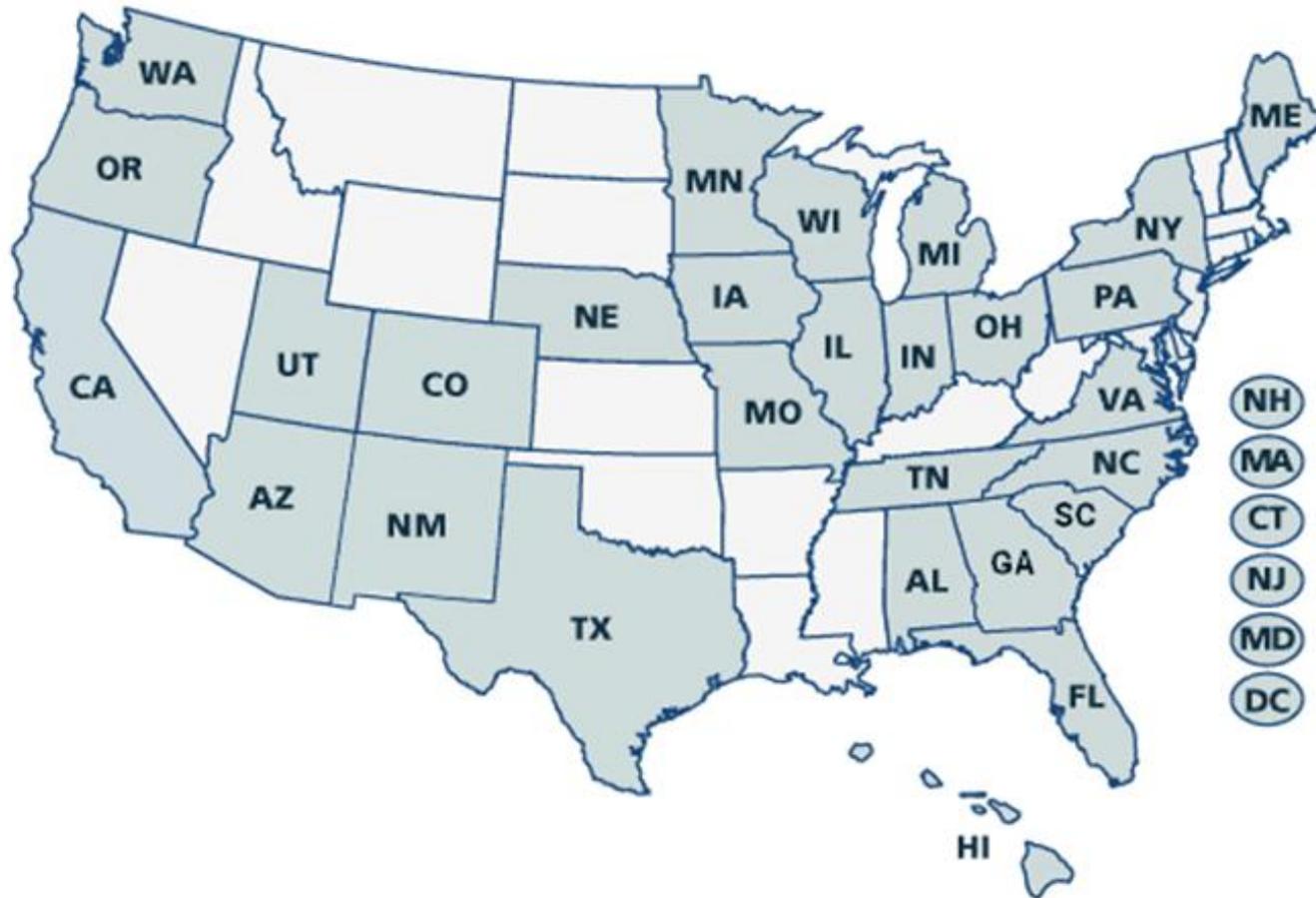
Augusto Ochoa MD
Gulf South – Minority Underserved - NCORP
LSU Cancer Center
New Orleans

Cancer Mortality



- Health disparities
- Minority Underserved
- Increased co-morbidities
- “Real world” oncology

Sites of the NCI Designated Cancer Centers



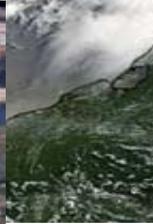
Realities for the Oncology Patient in the Community

- >90% Adult Cancer patients do not participate in a clinical trial.
- Most community oncologists are not located within 100 miles of comprehensive cancer centers.
- Many patients, even insured by Medicare/Medicaid cannot afford to travel for extended periods of time.
- Minority-underserved have even fewer options for prevention, early detection and follow-up.

Choices from the Community Oncologist Perspective

- Use standard of care
- Enroll patient on a pharmaceutical trial provided by the local drug representative
- Refer patient to the closest academic center and “lose” the patient
- If given the right opportunity the community oncologist will participate in structured clinical trials.

Hurricane Katrina 8/29/2005

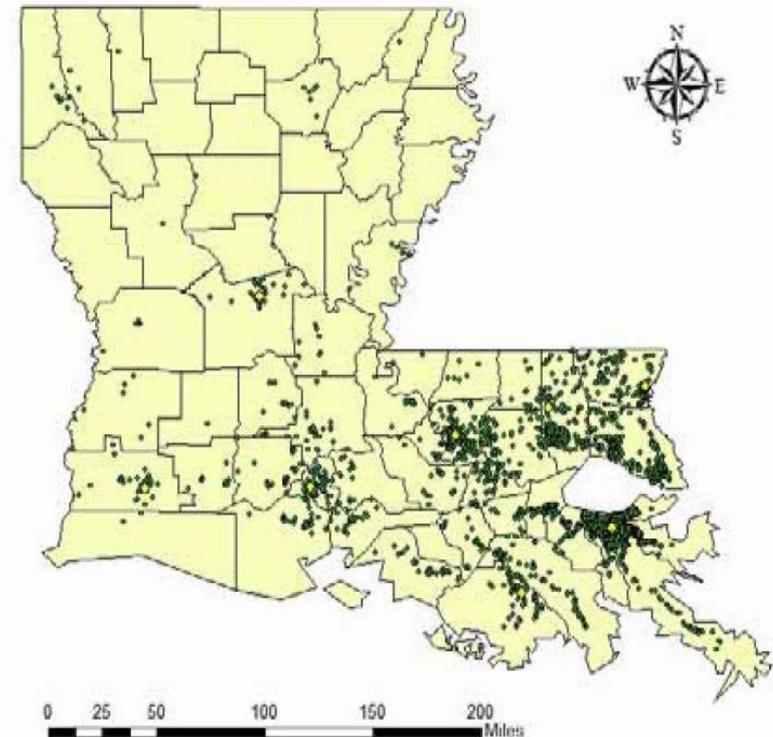


Challenge for the Clinical Trials Program

MCLNO/Charity Patients

Pre-Katrina (Aug 2005)

Post-Katrina (Sept 2007)



80% MB - CCOP patients tracked by mid 2007

Meetings with Community Oncologists

Assess

- What was their level of interest in Clinical Trials
- What were the barriers for their participation
- What would be the incentives to participate

C. Oncologist Opinions

- Very interested to participate in CT as a group, not individually.
- Barriers:
 - Too many cooperative groups: complex regulatory, audits, data monitoring etc.
 - Should not detract from their financial bottom line.

Rules of the Community Clinical Trials Program

Academic Center

- Compete for and manage the grant (NCORP)
- Provide regulatory and data management support
- Provide EMR for clinical trials
- Support participation of C. Oncologists to cooperative group meetings

Community Oncologist

- Accept the academic IRB as the IRB of record (facilitated by C-IRB)
- Provide research nursing support and maintain records for audits
- Use EMR provided by academic center
- Agree to minimum number of enrollments
- Participate in monthly clinical trials meeting

National Clinical Trials Network

- Fewer cooperative groups = fewer contracts and fewer audits
- Streamlines Regulatory Affairs (C-IRB) and Data management
- Access to biology and genomics driven trials
- Access to multi-drug trials

NCORP

- Stimulus to consolidate smaller CCOPs, NCCCP into more effective NCORPs
- C-IRB – Streamlined regulatory
- Cancer Care Delivery Research – Health Disparities Research
 - Cancer care is more than just clinical trials
 - Understand cancer in your region: Tumor Registries
 - Know your patients in their environment: CCDR-HD
 - Develop participation of the communities: CBPR
 - Develop partnerships – Tumor registry – HIE programs

Gulf South – Minority Underserved - NCORP

- Two (2) MB-CCOPs + NCCCP
- Louisiana and southern Mississippi: 26 sites
- Increasing interest from community oncologists
 - Access to biology/genomics trials
 - Referral of patients without “losing” the patient
 - Joint management of complex cases
- Integrate State Tumor Registry and LA HIE in trial selection

New Initiatives

- Research initiatives
 - Collaborations with PCORI projects – smoking cessation and pre-enrollment
 - State-wide Health Disparities research programs
- Training
 - Minority research nurses (CRAs) and navigators: P20 with Dillard University
 - State-wide training course on new billing practices for clinical trials

Outcomes

- Too early to quantify
 - Shortened time for protocol approval
 - Increased referrals from community oncologists
 - Increased self-referrals for 2nd opinions
 - New requests from community practices to participate in NCORP

Challenges for the NCORP Sites

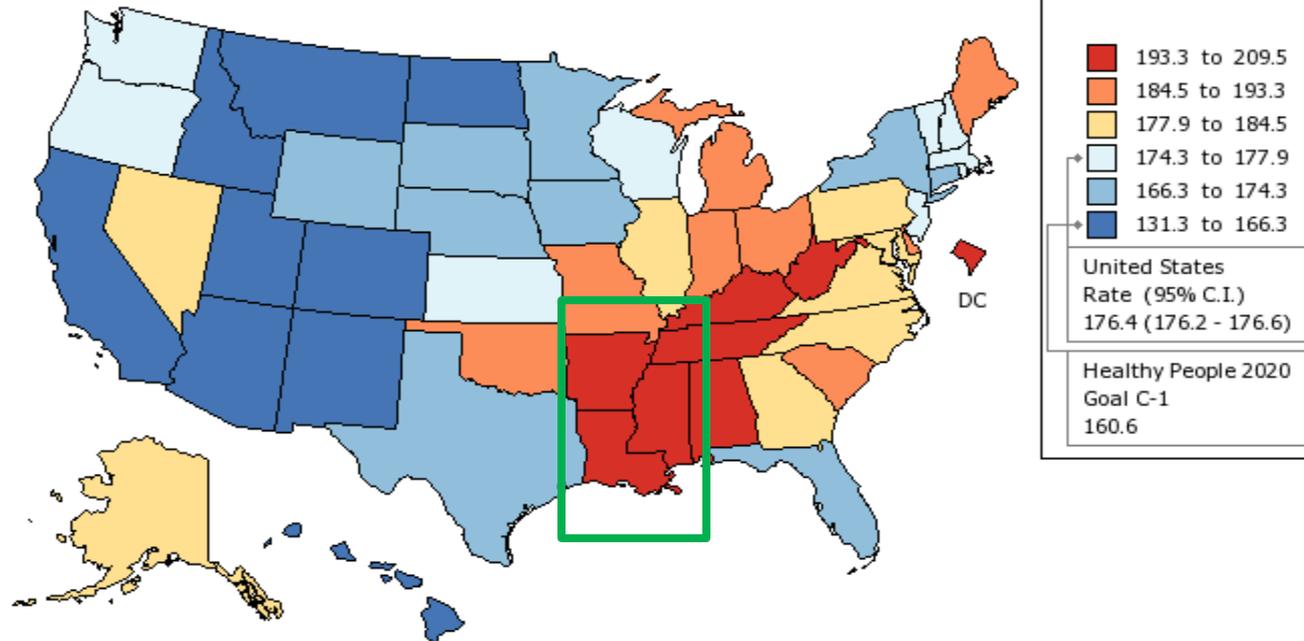
- Funding the infrastructure
- Staying engaged – Early stage clinical trials, biology/genomics trials, academic credit for clinical trials.
- Incentivizing the community oncologist – access to cutting edge clinical trials, adjunct faculty position.
- Incentivizing the community to participate – CBPR, stay closer to home.
- Keep the community (clinicians and patients) informed

Challenges for the Cooperative Groups

- Funding – Decreasing numbers of trials and patients.
Fewer trials = fewer patients enrolled in the community
(testing treatments in the “real world”)
- Prioritizing trials based on scientific rationale
- Pharmaceutical trials – If cooperative trials are not available, pharma trials will take their place.

Managing Cancer in the Community Setting

Age-Adjusted Death Rates for United States, 2006 - 2010 All Cancer Sites All Races (includes Hispanic), Both Sexes



Created by statecancerprofiles.cancer.gov on 09/02/2014 3:27 pm.

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.

Population counts for denominators are based on the Census 1969-2011 US Population Data File as modified by NCI.

Healthy People 2020 Goal C-1: Reduce the overall cancer death rate to 160.6.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).