Improving the Reach and Quality of Cancer Care in Rural Populations
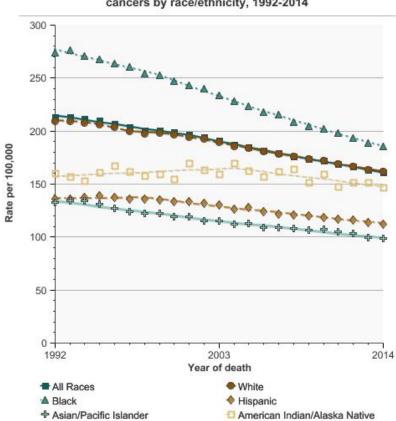
RFA Concept Proposal to the Board of Scientific Advisors

Robert T. Croyle, Ph.D.

Director, Division of Cancer Control and Population Sciences

NIH NATIONAL CANCER INSTITUTE
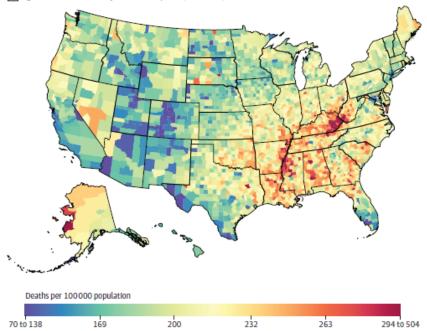
March 20, 2018

U.S. death rates for all cancers by race/ethnicity, 1992-2014

Source: National Center for Health Statistics data as analyzed by NCI.
Data are age-adjusted to the 2000 US standard population using age groups: <1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+.
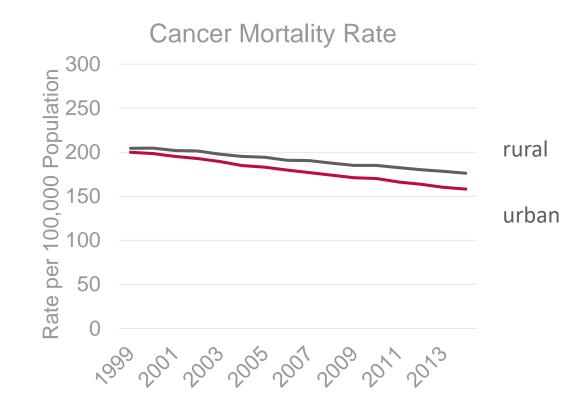
Cancer Mortality Rates

Figure 1. County-Level Mortality From Neoplasms

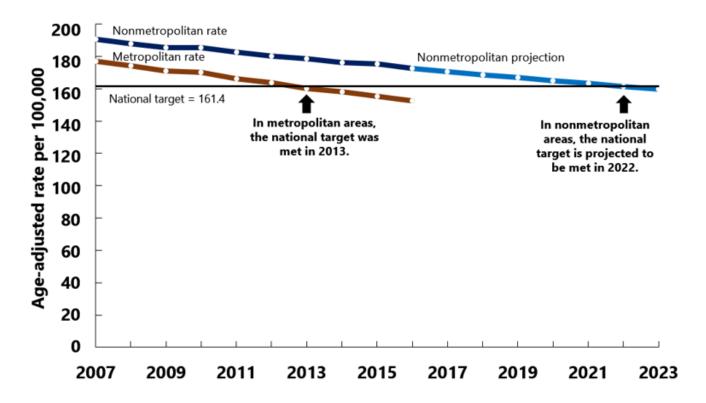A | Age-standardized mortality rate from neoplasms, both sexes, 2014

Deaths per 100000 population

70 to 138   169   200   232   263   294 to 504

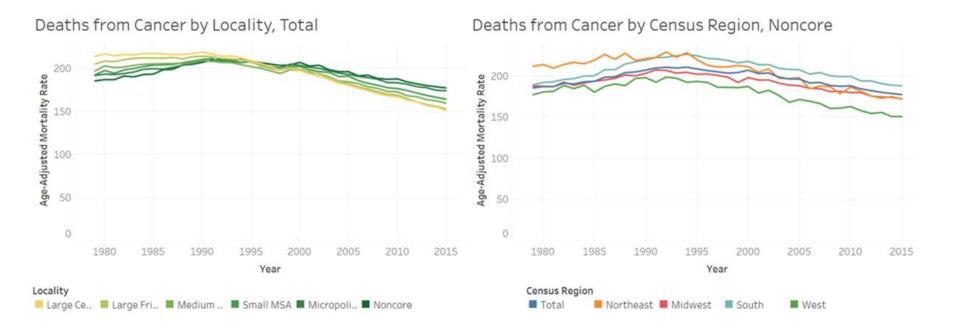Mokdad, AH, et al. Trends and Patterns of Disparities in Cancer Mortality among US Counties, 1980-2014. JAMA 2017;317(4):388-406.

Healthy People 2020 objective C-1: Overall cancer deaths among persons of all ages — National Vital Statistics System, United States, 2007–2016
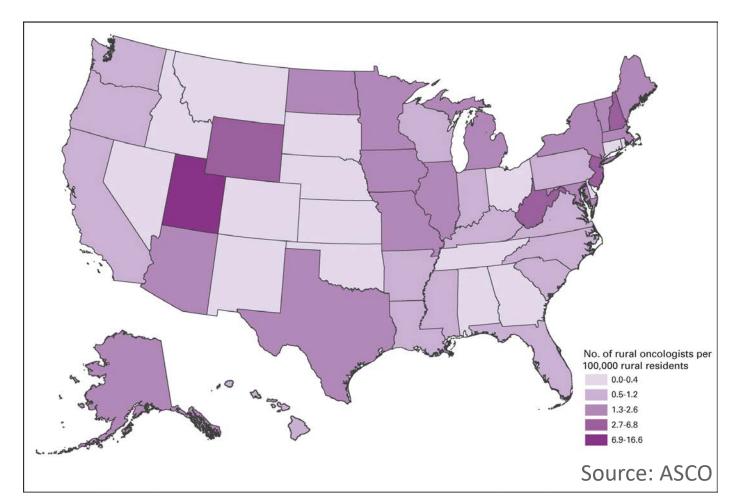

METHODS: The average annual percent change (AAPC) was calculated based on 2007–2016 mortality rates using the National Cancer Institute Joinpoint software. The nonmetropolitan trend was extended from the 2016 mortality rate until it crossed the target, assuming a constant AAPC.

Trends in Cancer Mortality by Locality and Within Rural Region ("Noncore")

Deaths from Cancer by Locality, Total

Deaths from Cancer by Census Region, Noncore

Locality: Large Ce.., Large Fri.., Medium .., Small MSA, Micropoli.., Noncore

Census Region: Total, Northeast, Midwest, South, West

Number of Rural Oncologists Per 100,000 Rural Residents

No. of rural oncologists per
100,000 rural residents

- 0.0-0.4
- 0.5-1.2
- 1.3-2.6
- 2.7-6.8
- 6.9-16.6

Source: ASCO

Planning and Engagement Efforts

- Rural Cancer Control Workshop, Memphis, May 4-5, 2017

- HRSA/NCI/CDC Webinar, Aug. 30, 2017

- FCC-NCI Collaboration on Broadband and Cancer announced, Nov. 3, 2017

- National Academy Workshop on Small Populations Research, Jan. 18-19, 2018

- Rural Health Policy Institute, Feb. 6-8, 2018

- Advancing the Science of Cancer in Latinos, Feb. 21-23, 2018

- National Rural Health Association Annual Meeting, May 8-11, 2018

- NCI Conference on Rural Cancer Control, May 30-31, 2018

Goals of RFA

- To support observational/analytic research and pilot testing of interventions to identify, understand, and address predictors of low quality of cancer care in rural low-income and/or underserved populations

- To support cancer control intervention research to address known predictors of low quality of care (e.g., low reach due to distance) in rural low-income and/or underserved populations

- All studies will be required to employ the USDA's Rural Urban Continuum Code (RUCC) to define nonmetropolitan geographic target areas of study

Examples of Observational and Intervention Studies

- Utilize multiple data sources to elucidate mediators of rural/urban disparity

- Evaluate programs and policies intended to improve access and quality of care in rural areas

- Develop and test IT-enabled (e.g. telehealth, smartphone), team-based care delivery models to improve the reach of coordinated, guideline-concordant, high-quality cancer care among rural populations

- Test strategies to support collaboration with rural primary care providers to achieve specific Commission on Cancer quality metrics for follow-up/survivorship care

RFA Plan for Awards and Budget

- R01 applications only, including

  - Observational/analytic projects, including pilots

    - up to 400K direct costs per year

  - Intervention studies

    - up to 500K direct costs per year

- 7M total costs per year for five years; 35M total

Recommendations from BSA Reviewers (Drs. Ferrans, Lacey, Martinez)

Recommendations	Changes
Clarify purpose and terminology	Rewrite and expand section on disparities in rural areas
Interventions in rural vs. urban?	Clarify focus on rural areas only, not comparison to urban
Pilot interventions	Applicants should address feasibility of future scale-up
Enhance follow-on plans	e.g., PAR / coordination with other initiatives
Cross-agency coordination	Integrate funded efforts with HRSA, CDC and NGO projects

Accelerating Rural Cancer Control Research Meeting

Natcher Conference Center

National Institutes of Health

Bethesda, MD

May 30-31, 2018

Program Committee Chair: Robin Vanderpool, University of Kentucky

https://cancercontrol.cancer.gov/research-emphasis/meetings/arcc-meeting.html