



NCI Community Cancer Centers Program – Overview

National Cancer Advisory Board
September 8, 2008

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NCI Community Cancer Centers Program



Today's Presentation



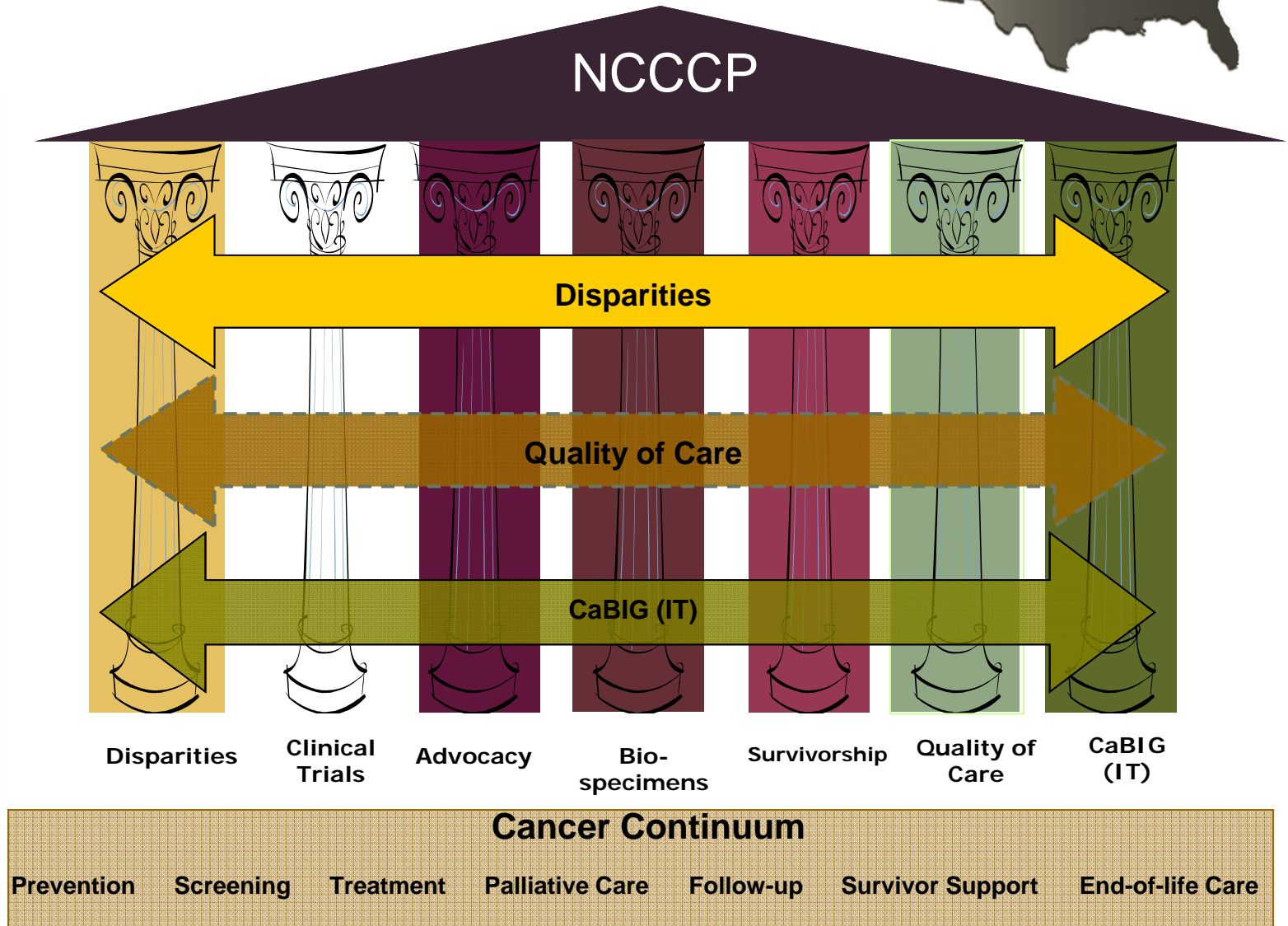
- **NCCCP Program Overview**
 - Dr. Maureen Johnson
- **Billings Clinic NCCCP Site**
 - Dr. Thomas Purcell, PI, Billings Clinic Cancer Center
- **Catholic Health Initiative (CHI) NCCCP System Site**
 - Dr. Mark Krasna, PI, CHI
- **NCCCP Evaluation**
 - Dr. Steven Clauser

Shift in Cancer Treatment Paradigm



20 th Century Paradigm	New Paradigm
'Search and Destroy'	'Target and Control'
Reactive	Proactive
Based on gross differences	Rational/Targeted
Toxic (MTD/DLT)	No/Low Toxicity
Emerging resistance	Resistance unlikely
Poor QOL	Improved QOL

NCCCP's Core Components Address the Full Cancer Continuum



NCCCP

Disparities

Quality of Care

CaBIG (IT)

Disparities

Clinical Trials

Advocacy

Bio-specimens

Survivorship

Quality of Care

CaBIG (IT)

Cancer Continuum

Prevention

Screening

Treatment

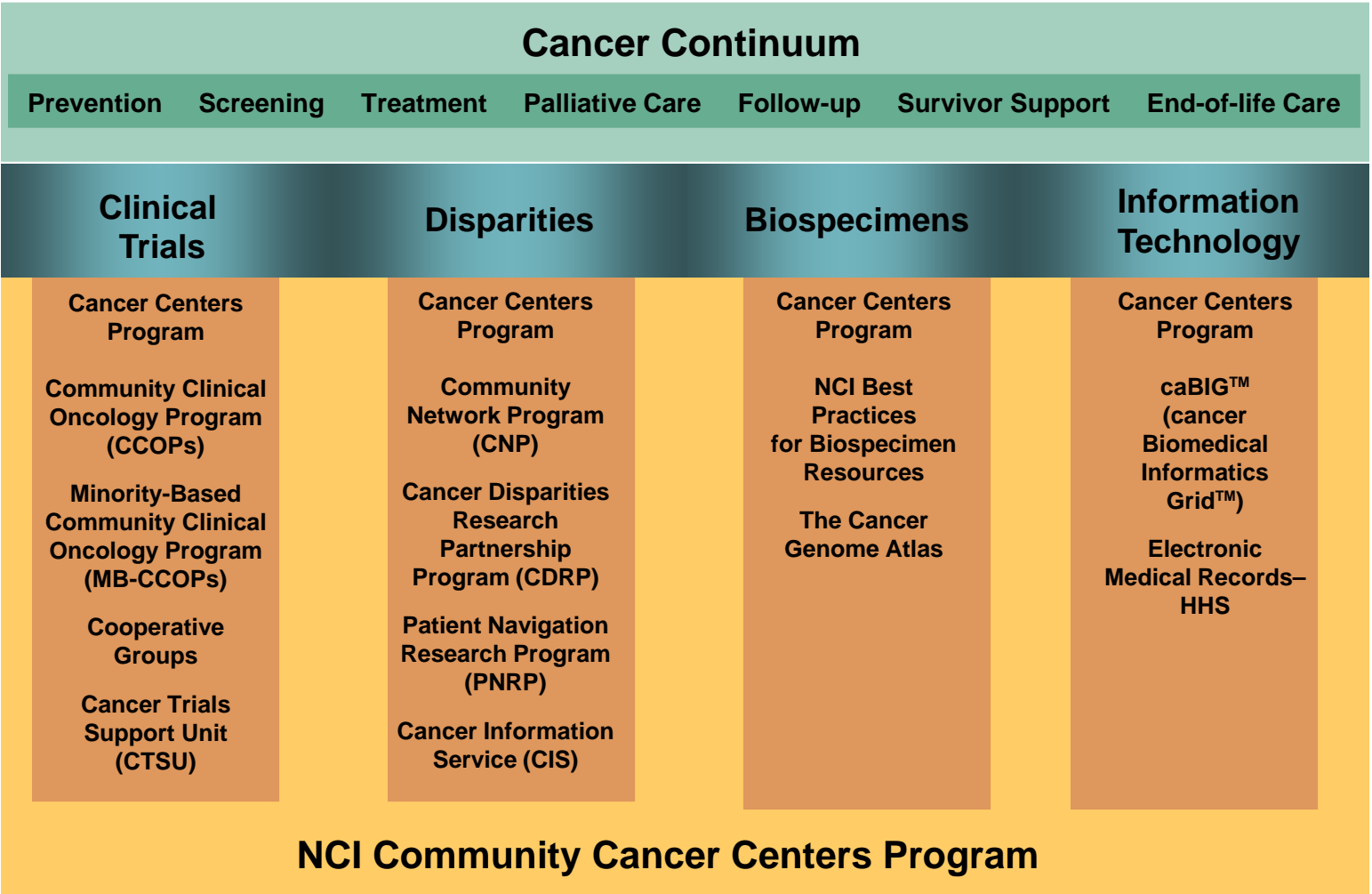
Palliative Care

Follow-up

Survivor Support

End-of-life Care

NCCCP Interacts with and Complements Many NCI Initiatives



Differences from Other NCI Programs

- Integrates activities in disparities, quality of care and IT across the cancer continuum
- Creates linkages with and integrates many NCI programs
- Incorporates how knowledge gained from NCI programs can be translated into a community setting
- Develops a strong hospital-based community cancer center network to support NCI goals
- Supports the research infrastructure

Specific Baseline Criteria



- **Distinct and integrated programs**
- **At least 1,000 new cancer cases per year**
- **Disparities** – efforts and commitment to address the underserved... *policy that anyone screened is treated*
- **Clinical Trials** – minimum enrollment of 25 with preference for 50
- **Information Technology** – EHR plans underway
- **NCI Funding** -- Less than \$3M / year

10 Organizations Selected



- **6 Community Hospitals**
 - Hartford Hospital, Connecticut
 - St. Joseph's/Candler, Georgia
 - Our Lady of the Lake Regional Medical Center, Louisiana
 - Spartanburg Regional Hospital, South Carolina
 - St. Joseph Hospital, Orange, California
 - Christiana Hospital, Delaware

- **2 Rural Hospitals – Native Americans**
 - Billings Clinic, Montana
 - Sanford USD Medical Center, South Dakota

- **2 National Health Systems – Multistate with multiple program locations**
 - Ascension Health: Indianapolis, Milwaukee and Austin
 - Catholic Health Initiatives: Towson, MD; Colorado Springs and 3 sites in Nebraska

Funding for Pilot Phase



NCI Investment

- \$500K / site / year; 10 sites; 3 years = \$15M total
- Sites Must Spend NCI Dollars On:

Healthcare disparities.....	40%
Information technology...	20%
Biospecimen initiative.....	20%
Clinical trials.....	20%

Sites' Investment

- Co-investment of \$47 million to support goals of program
 - \$3 of sites' funds match every \$1 of NCI funds
- Demonstrated top hospital management commitment to the pilot and to sustain the activities

Sites Provide a Good Study Group



- 27,000 new cancer cases per year
- Broad range of:
 - Program maturity and size
 - Geographic and community settings
 - Program models – structure and medical staff arrangements
 - Strengths and areas for improvement
- Ability to contribute expertise to pilot group

Progress to Date

Collaboration to Build an NCCCP Network

Shared best practices/technical assistance

- Many visits to other pilot sites, connections across sites, tools and policies exchanged

Develop, utilize and evaluate NCCCP Tools

- Clinical Trials Accrual Tracking Tool
- Breast Screening Tracking Tool
- Breast Cancer Adjuvant Treatment Summary Tool
- Breast Cancer Survivorship Care Plan
- Multidisciplinary Care Matrix Assessment Tool
- Physicians Conditions of Participation
- Genetic Counseling Assessment Tool
- Biospecimen Assessment Tools

NCCCP Tools



Tool	Purpose
Clinical Trials Accrual Tracking Log	Tracks patient demographics, protocol screening methods, barriers and enrollment details
Breast Screening Tracking Tool	Monitors the lag time between initial screening, diagnosis and care, and recruitment for clinical trials, particularly for the underserved
Breast Treatment Summary Tool	Provides treatment summaries and healthcare provider information
Breast Survivorship Care Plan	Provides guidelines for surveillance and risk factors for potential long-term and late effects of therapy

NCCCP Tools



Tool	Purpose
MDC Care Assessment Tool	Integrates efforts in case planning, physician engagement, coordination of care, infrastructure, and financial considerations
Genetic Counseling Assessment Tool	Defines minimal requirements for genetic counseling services
MD Conditions of Participation	Defines recommended requirements including volume of cancer patients treated, participation in clinical trials and in quality of care initiatives, acceptance of uninsured patients, and board certification
Biospecimen Assessment Tools	Assess and report progress on implementing biospecimen best practices

Progress to Date *Collaboration to Build an NCCCP Network*



Improve Quality of Patient Care

- Sharing tools, protocols, programs, and approaches to overcome barriers
- Implementing a multidisciplinary approach to care in the private practice setting
- Addressing the entire cancer continuum and disparities

Progress to Date

Collaboration to build an NCCCP Network

Enhance the Cancer Research Infrastructure

- All 16 sites adopted first step of *NCI Best Practices for Biospecimen Resources* with formalin fixation standards
- 11/16 sites adapting to or adopting caBIG clinical trials, tissue, and imaging tools
- Moving to Electronic Health Records
- Increasing accrual to clinical trials

Progress to Date *Collaborations in the Community*



- Made many new connections to community organizations, with a focus on reaching the underserved
- Developed plans to work with primary care providers to improve screening
- Expanded linkages with oncologists to coordinate care and promote research
- Expanded community linkages for survivorship activities

Progress to Date

Collaboration across the Cancer Enterprise



American College of Surgeons – CoC

- Cancer quality improvement collaborative formed –builds on work of an NCI, CMS, CDC, AHRQ collaboration that developed standard quality indicators for cancer diagnosis and treatment
- Improve adherence to evidence-based practices

ASCO

- MOU for EHR
- Quality Oncology Practice Initiative—5 pilot sites

ACS

- Navigator training for NCCCP sites

NCI-designated Cancer Centers

- Expanded and / or developed new relationships

NCCCP / NCI-designated Cancer Linkages



Complement One Another

- NCCCP Sites-Access to Clinical Trials
- NCI-designated Cancer Centers-Research Infrastructure

Conduct Early Phase Clinical Trials

- Billings Clinic with NCI-designated Cancer Centers

Provide High-Quality Biospecimens

- 3 NCCCP Sites and H. Lee Moffitt Cancer Center
 - Contract with NCCCP sites to collect biospecimens for Moffitt's Total Cancer Care Initiative
- NCCCP sites being considered as potential TCGA collection sites

Research Questions



- What are the necessary components to insure a **comprehensive approach to cancer care in the community setting**?
- What methods are effective to increase accrual of **patients into clinical trials**?
- How can the benefits of a **multidisciplinary model** of cancer care best be demonstrated?
- Can the NCCCP model improve **quality of care**?

Research Questions

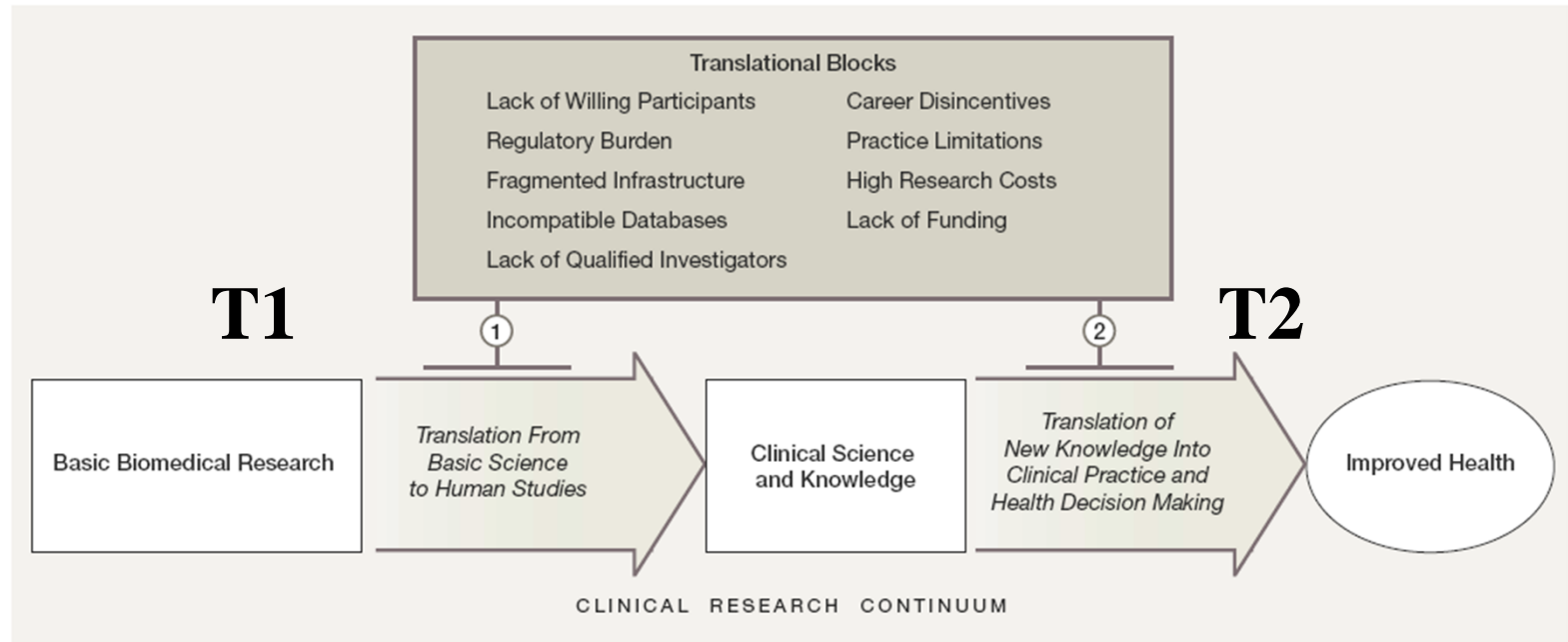


- What approaches can **reduce healthcare disparities**?
- How can NCI's **biorepository guidelines** be implemented in a community hospital-based cancer program?
- How can community-based cancer programs **effectively participate in caBIG and utilize electronic medical records**?
- How can a **knowledge exchange network** support the advancement of goals for NCI and the NCCCP program?

IOM Clinical Research Roundtable



Figure 1. The 2 Translational Blocks in the Clinical Research Continuum



Sung, N. S. et al. JAMA 2003;289:1278-1287.

Resources Needed for T1



- Mastery of molecular biology, genetics, and other basic sciences
- Appropriately trained clinical scientists
- Strong laboratories
- Cutting-edge technology
- Supportive infrastructure within the institution

Resources Needed for T2



“Implementation science”-- evaluating interventions in real-world settings

- Clinical epidemiology and evidence synthesis
- Communication theory
- Behavioral science
- Public policy
- Financing
- Organizational theory
- System redesign
- Informatics
- Mixed methods/qualitative research

NCCCP Model for Other Diseases

- A model of multidisciplinary approaches to evaluate interventions in community settings across the cancer continuum and also addresses disparities—T2 research model
- Creates a national, networked research platform for research institutions and Pharma to utilize for such activities as clinical trial accrual, biospecimen collection, and clinical data analysis
- Model applicable to other chronic diseases

NCI Collaborative Effort



- CRCHD
 - Dr. Ken Chu
 - Ms. Jane Daye
 - Dr. Sanya Springfield
 - Dr. Emmanuel Taylor
- DCCPS
 - Dr. Steve Clauser
 - Dr. Julia Rowland
- DCLG
 - Dr. Beverly Laird
- DCP
 - Dr. Wortia McCaskill-Stevens
- DCTD
 - Dr. Norm Coleman
 - Ms. Andrea Denicoff
 - Ms. Jean Lynn
 - Ms. Diane St. Germain
 - Dr. Jo Anne Zujewski
- NCICB
 - Dr. Ken Buetow
 - Dr. Leslie Derr
 - Ms. Brenda Duggan
 - Mr. John Speakman
- OBBR
 - Dr. Carolyn Compton
 - Dr. James Robb
- OCE
 - Ms. Mary Anne Bright
 - Ms. Sabrina Islam-Rahman
- SAIC-Frederick, Inc.
 - Ms. Joy Beveridge
 - Mr. Frank Blanchard
 - Ms. Deb Hill
- Consultants
 - Dr. Arnie Kaluzny
 - Dr. Mary Fennell
 - Ms. Donna O'Brien

Via Telemedicine



Billings Clinic Principal Investigator

Dr. Thomas Purcell

Medical Oncologist

Director, Billings Clinic Cancer Center

Division Chief of Service Lines, Strategy and Growth

Billings Clinic

Billings, Montana