

**Concept: Cancer Care Outcomes
Research and Surveillance
Consortium (CanCORS)
Request for RFA Reissuance**

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Introduction

- Respond to BSA questions in broader context of CanCORS aims and approach
 - Why continued focus on lung/CRC
 - Adequacy of funding/timeline
 - Improved operational features in Final Phase
 - CanCORS and care delivery research
 - Communicating with outside investigators
 - Exit Strategy
- Discuss future of CanCORS

CanCORS Original Aims

- To determine how patients, physicians, and characteristics of health-care organizations influence treatments and outcomes
- To evaluate the effects of care delivery on patients' survival, quality of life, and satisfaction with care

CanCORS General Design

- RFA established 7 centers in 2001 via cooperative agreement
- Standardized data across centers
- Core study: 5,000 patients each for lung and CRC
- Prospective starting 3-4 months after diagnosis

Why Lung and Colorectal?

- Two leading causes of cancer deaths
- Represent spectrum of disease status
- Few studies of quality of care
- Recommendation by BSA in 2000

Research Objectives in Completing CanCORS Follow-up

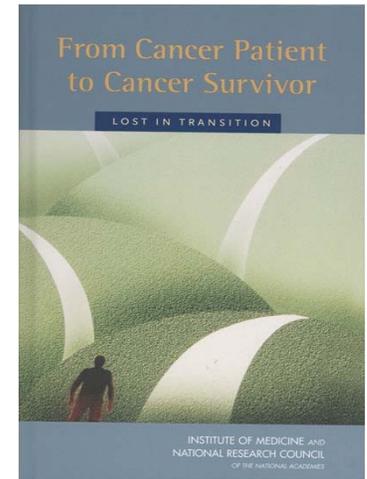
- Assess outcomes beyond 1 year
 - Focus on survivorship issues
- Variations/outcomes of post-treatment surveillance
 - Imaging technologies (e.g., PET, CT)
- Variations/outcomes of secondary therapies
 - Targeted therapies (e.g., bevacizumab, erlotinib)

Importance of Longer Term Follow Up

Initial Study



- Clinical endpoints
- Patient reported outcomes
- Provider practice styles
- Potential for fragmentation greatest
- Surveillance and end-of-life care vastly understudied



Dissemination Objectives

- Create an open research resource
 - caBIG compatible and interoperable
- Maximize investment through investigator initiated funding for new studies:
 - Interventions
 - Dissemination
 - Biomarkers of progression
 - Use of health IT

Final Phase Project Enhancements

- Creation of CanCORS Scientific Chair
- More streamlined data collection strategies
 - Expect high patient retention
 - Centralized administration of surveys
 - Focused medical record abstraction on recurrence, surveillance, and follow-up care

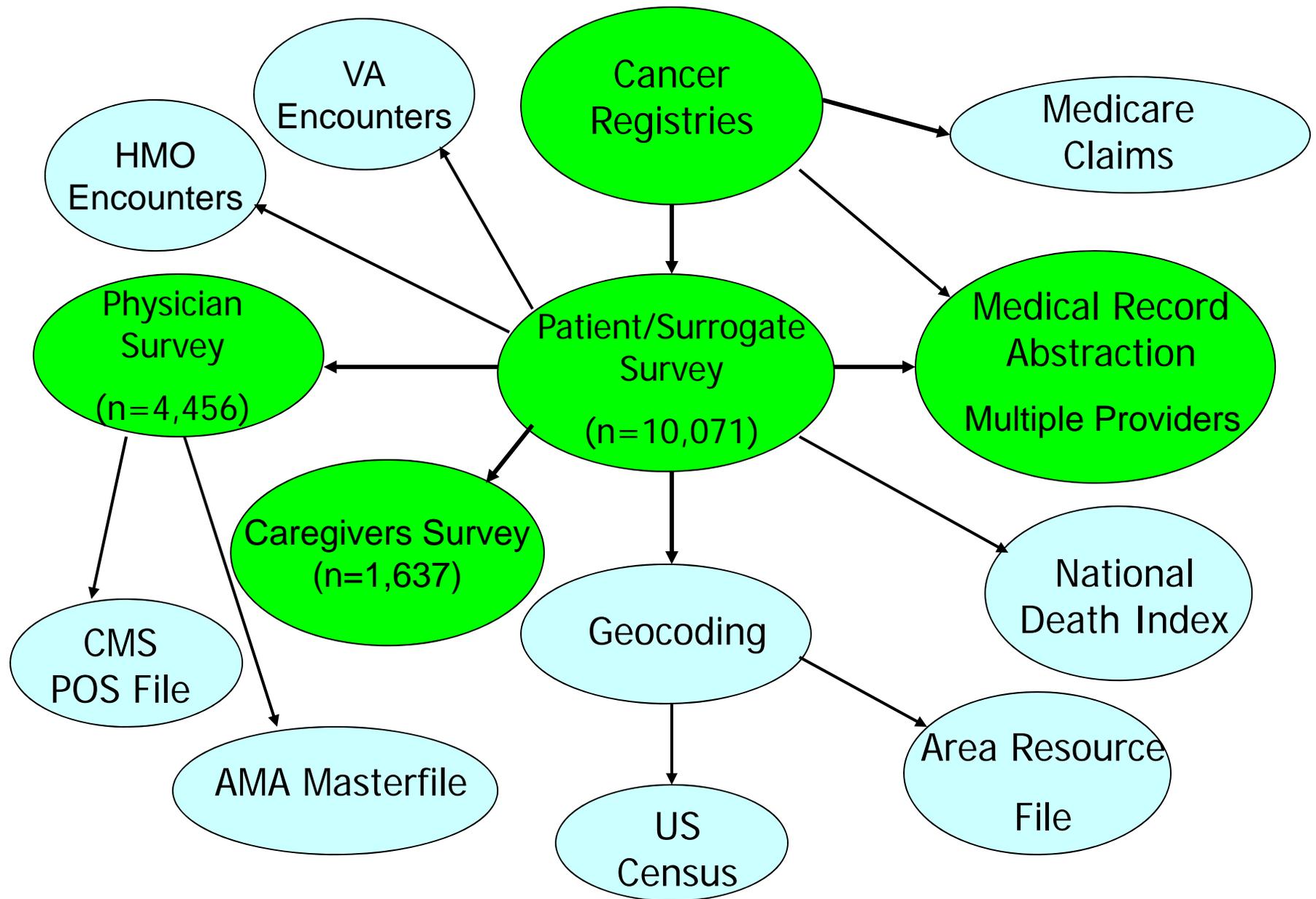
Preliminary Results

- Dissemination of bevacizumab
 - Surprisingly slow uptake in community
 - May reflect economic barriers to care
- Age disparities in adjuvant chemotherapy
 - Decline persists in spite of similar referral patterns and incidence of acute toxicities
 - May reflect physician decision-making styles
- Impact on employment
 - High labor force departures, especially for low-income and African-American patients
- Caregivers
 - Cancer patients receiving “clinical” care from untrained, overburden caregivers

Research Teams and Study Sites

Institution	PI(s)	Regions Covered
U. of Alabama - Birmingham	C. Kiefe, MD, PhD M. Fouad, MD	State of Alabama
Dana Farber Ca Institute	J. Weeks, MD R. Fletcher, MD	HMOs in 4 regions (subset of HMO/CRN)
Harvard + N. California Cancer Center	J. Ayanian, MD D. West, PhD	8 counties in San Francisco & Oakland, San Jose & Sacramento areas
U. of North Carolina - Chapel Hill	R. Sandler, MD	22 eastern/central counties in N. Carolina
U. of Iowa	R. Wallace, MD E. Chrischilles, PhD	State of Iowa
Veterans Health Admin.	D. Provenzale, MD M. Van Ryn, PhD	VAMCs in 14 cities
UCLA/Rand	K. Kahn, MD P. Ganz, MD	Los Angeles County
Dana Farber Ca Institute	D. Harrington, PhD	Data Coordinating Center

CanCORS is a Rich Information Resource



Co-Funding and Evaluation

- Successful co-funding and partnerships
 - VA funding for additional study centers (\$5M)
 - CDC funding for Medicare claims linkage (\$600K)
 - AHRQ
 - ACS and professional societies
- Positive review from External Expert Panel (EEP) with diverse expertise:
 - Surgical, radiation, med oncology; nursing; HSR/outcomes; epidemiology; statistics; ethics; patient advocates
- Evaluate CanCORS again in final phase

Budget for Final Phase

- 3 years, \$11M to support 7 centers
- Research Objectives (\$9.5 million)
 - Complete final follow-up of the cohort
 - Survivorship survey 5-6 years after diagnosis
 - Medical record abstraction
 - Follow up surveys of providers
- Dissemination Objectives (\$1.5 million)
 - Creation of open research resource

CanCORS After Final Phase

- Primary data collection on CanCORS cohort ends with final phase
- Expect continued support for Statistical Coordinating Center (SCC)
 - Support external requests for data
 - Outreach to non-CanCORS investigators
- Modest funds for SCC support
 - Investigators using CanCORS data will be expected to compete for grant funding

CanCORS Influence on Future Directions in Quality of Care Research

- Focus attention on intervention research using CanCORS tools and findings
 - E.g., VA and DoD piloting of Colorectal Cancer Quality Monitoring System
 - Focused research initiatives targeting intervention research
- Assess need for cohort studies in other cancer sites
- Use CanCORS lessons to build sustainable quality monitoring system for cancer care delivery

CanCORS Final Phase

In Summary...

The final phase of CanCORS presents an excellent cost-effective opportunity for leveraging the rich data resources created in the initial phase to comprehensively evaluate the quality of care delivered to and health outcomes experienced by survivors of lung and colorectal cancers