



NCI Community Cancer Centers Program – Overview

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NCI Community Cancer Centers Program



Today's Presentation



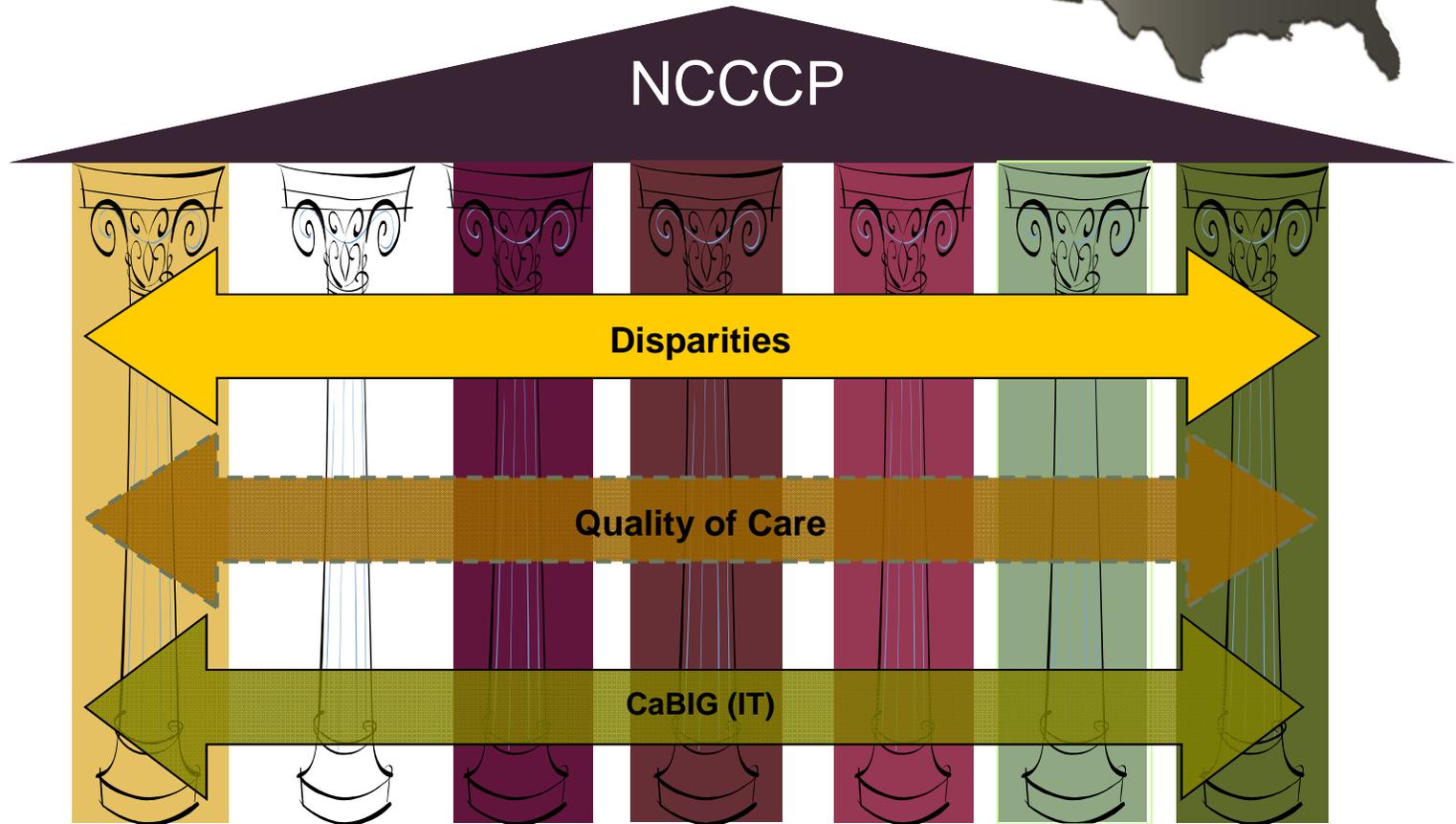
- **NCCCP Program Overview**
 - Dr. Maureen Johnson
- **Billings Clinic NCCCP Site**
 - Dr. Thomas Purcell, PI, Billings Clinic Cancer Center
- **Catholic Health Initiative (CHI) NCCCP System Site**
 - Dr. Mark Krasna, PI, CHI
- **NCCCP Evaluation**
 - Dr. Steven Clauser

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

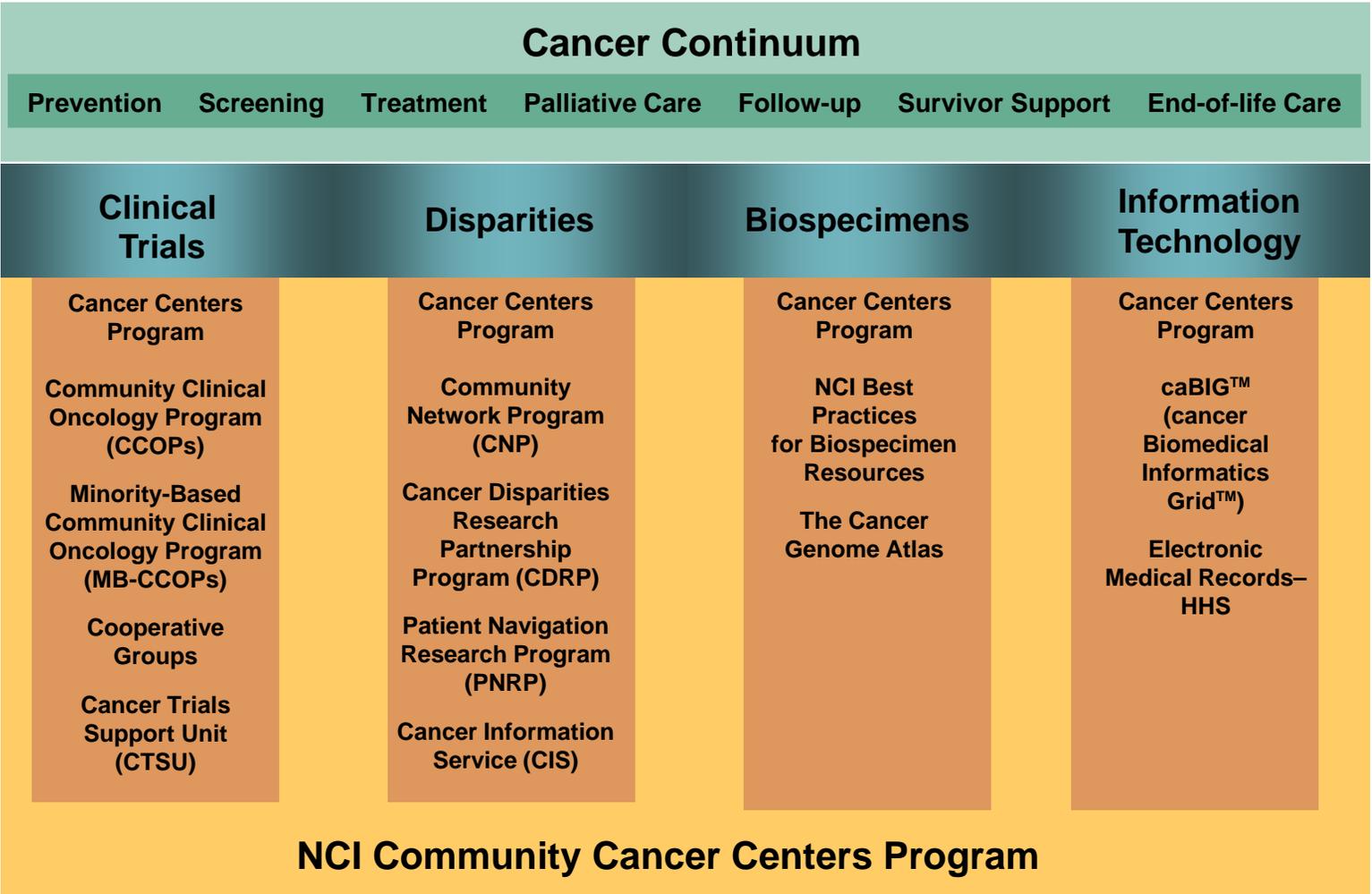


Disparities Clinical Trials Advocacy Bio-specimens Survivorship Quality of Care caBIG EMR

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: clinical trials, clinical data and biospecimens
- Involves hospital management to specifically address sustainability

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 diagnosed is offered treatment*
- **Clinical Trials** – minimum enrollment of 25 with preference for 50
- **Information Technology** – EHR plans underway
- **NCI Funding** -- Less than \$3M / year

10 Organizations Selected



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
 - Different structures and medical staff employment arrangements
 - Strengths and areas for improvement
- Ability to contribute expertise to pilot group

Sites Have Specific Deliverables with Metrics

- Deliverables with metrics for each core component
- Progress is tracked through
 - quarterly reports
 - detailed annual assessment surveys
 - independent evaluation contractor

Healthcare Disparities Deliverables



- Increase outreach to disparate populations
- Increase community partnerships, and increase primary care provider linkages, screening resources and capacity
- Expansion of patient navigation programs
- Policy that all patients diagnosed are offered treatment

Clinical Trials Deliverables



- Increase overall accruals including:
 - underrepresented and disadvantaged patients
 - types of trials (i.e., treatment, prevention, behavioral)
 - access to early phase and complex trials
- Increase physician participation in trials
- Identify infrastructure necessary to conduct early phase trials in community hospitals
- Identify patient and physician barriers to trial enrollment

Quality of Care Deliverables



- Increase **multidisciplinary, organ site-specific care**
 - committees and clinics (MDCs)
- Increase use of **evidence-based guidelines**
- Participate in NCCCP **quality improvement project**
- Expand **genetic and molecular testing programs**
- Adopt cancer-center specific **medical staff *conditions of participation***

Other deliverables: **biospecimens, IT, survivorship and palliative care**

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
- Chemotherapy Consent Form
- Cancer Center Physician *Conditions of Participation*
- Genetic Counseling Assessment Tool
- Biospecimen Assessment Tools

Example of NCCCP Tools for Community Settings



Tool	Purpose
Breast Screening Tracking Tool	Lag time between initial screening, diagnosis and care, and recruitment for clinical trials, particularly for the underserved
Breast Survivorship Care Plan	Guidelines for surveillance and risk factors for potential long-term and late effects of therapy
MDC Care Assessment Tool	Case planning, physician engagement, coordination of care, infrastructure, and financial considerations
MD Conditions of Participation	Volume of patients treated, participation in clinical trials and in QoC initiatives, acceptance of uninsured patients, and board certification

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 efforts across all pilot activities

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 for breast specimens
- 12/16 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 community oncologists to coordinate care and promote research
- Expanded community linkages for survivorship activities
- Developed cross-cutting disparities vision and work plan integrated across NCCCP pillars

Progress to Date

Collaboration across the Cancer Enterprise



American College of Surgeons – CoC

- Cancer quality improvement collaborative formed – utilizing standard quality indicators for cancer diagnosis and treatment
- Improve adherence to evidence-based practices

ASCO

- Memorandum of Understanding for EHR
- Quality Oncology Practice Initiative—8 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

- 4 NCCCP Sites and H. Lee Moffitt Cancer Center
 - Contracts to collect biospecimens for Moffitt's Total Cancer Care Initiative
- 2 organizations awarded contracts for 3 NCCCP hospitals to collect prospective biospecimens for The Cancer Genome Atlas (TCGA)

Programmatic 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**?

Programmatic Questions

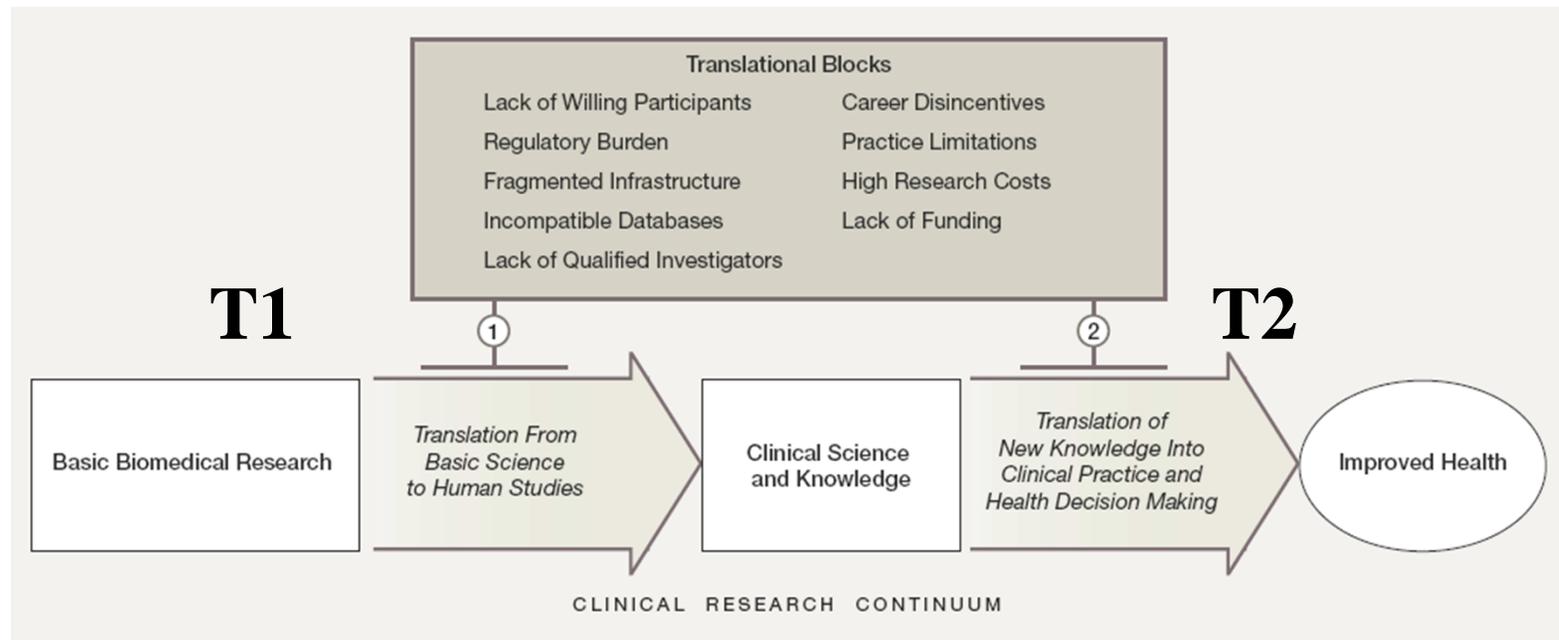


- What approaches can **reduce healthcare disparities**?
- How can NCI's **biorepository guidelines** be implemented in a community hospital-based cancer program?
- How can community-based cancer programs **effectively participate in caBIG and utilize electronic medical records**?
- How can a **knowledge 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 activities such 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
 - Ms. Diane St. Germain
- DCTD
 - Dr. Norm Coleman
 - Ms. Andrea Denicoff
 - Ms. Jean Lynn
 - 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

10 Organizations Selected





- Extra slides

NCCCP Tools for Community Settings



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

NCCCP Tools for Community Settings

Tool	Purpose
MDC Care Assessment Tool	Case planning, physician engagement, coordination of care, infrastructure, and financial considerations
Chemo Consent	Uniform template for institutional modification
Genetic Counseling Assessment Tool	Minimal requirements for genetic counseling services
MD Conditions of Participation	Volume of patients treated, participation in clinical trials and in QoC initiatives, acceptance of uninsured patients, and board certification
Biospecimen Assessment Tools	Assess and report progress on implementing biospecimen best practices

Information Technology Deliverables



- Establish **baseline assessment** of existing health IT infrastructure and interfaces
- Explore **what is needed to adapt or adopt** NCI's cancer Biomedical Informatics Grid (**caBIG**) **tools in a community setting**
- Identify **IT barriers to support research activities**
- Implement and integrate **electronic health records**

Biospecimen Deliverables



Review NCI's Best Practices for Biospecimen Resources

- Infrastructure requirements, policies and procedures, cost and other issues necessary for the implementation of the best practices
 - IT issues related to biospecimens
 - Privacy and data sharing issues
 - Exploration of a biospecimen network

Result of Pilot

- Determine what is necessary to enable community hospitals to participate in the collection of high quality biospecimens to advance cancer research and patient care

Survivorship and Palliative Care Deliverables



- Expand **psychosocial and palliative care initiatives**
- **Implement patient treatment summaries** for patients
- Incorporate **survivorship plans** into care model
- **Increase staff training** in survivorship and palliative care
- Increase **referrals to hospice**