Cancer Disparities Research Partnership Program

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CDRP Program

- Pilot program for community-based institutions new to NCI clinical research
- Innovative funding mechanism
- Focus on disparity populations utilizing radiation therapy treatment protocols (adding multi-modality as they develop)
- Dedicated PI at community-based hospital choosing mentor(s) at academic institution
- Mentoring/education facilitated through TELESYNERGY®
- Community Outreach/Patient Navigation key components for patient recruitment

Cumulative Patients Enrolled for All CDRP Sites*

Types of Research Activities	Total # of Patients Accrued
Surveys, Assessments, Evaluations	5,275
Behavioral Interventions, Patterns of Health Care Service Utilization	598
Patient Navigation	1,916
Clinical Trials - PI, RTOG, Other Coop. Grps, Pharm/Ind. (Radiation)	1,106**
Multimodality Trials - Surgical/Med Onc only	63#
Other - Focus Groups	234
Total	**9,192**

* Start of CDRP to September 2007
** Includes STAR & SABOR trials and RCRH's FY03 RTOG and coop. group trials
# 2006 CTOC supplement

Yearly New Patient Accrual by All Sites to Different CDRP Clinical Research Trials#

CDRP Clinical Research	FY2003	FY2004	FY2005	FY2006	FY2007	Total Accrual
Investigator-Initiated Clinical Trials	0	2	43	87	72	204
RTOG Trials	10	8	22	28	31	99
Cooperative Group Trials (Total)	271@	348*	35	60	75	789*
• Rad/Comb. Treatment	*175*	*38*	*35*	*60*	*70*	*378*
• Cancer Control	*60*	*-*	*-*	*-*	*5*	*65*
• Prevention (STAR)	*36**	*9**	*-*	*-*	*-*	*45*
• Risk Assessment (SABOR)	*-*	*301**	*-*	*-*	*-*	*301*
Pharmaceutical/Industry Trials	0	0	5	1	8	14
Total	281@	358	105	176	186	1,106#

Data from start of CDRP in September 2002 thru September 2007; does not include patient navigation/social science study accruals.
* Includes LMC/RCRH STAR prevention & LMC SABOR (EDRN) risk assessment trials in 2003-2004.
@ RCRH's RTOG, NCCTG and other coop. group accruals.
# 3 Centinela patients were enrolled in 2 different clinical protocols and therefore were counted twice for patient accrual.

Proposed steps to increase clinical trials accrual from survey of PIs (1)

- Hire additional radiation oncologist
- Increase # RTOG trials
- Activate other coop groups - ECOG, CALGB, NCCTG, NSABP
- For some - focus on a few diseases (prostate, breast, lung, brain)
- Enhance connectivity to SPORES
- Increase new patient screening
  - Documentation of screening
  - Definition of barriers
- Increase screening in outlying facilities (reservations)

Proposed steps to increase clinical trials accrual from survey of PIs (2)

- Monthly newsletter; local advertising
- Work with local physicians to define trials of interest or need (appropriate trials)
- Assist physicians to obtain voluntary faculty appointments and have co-investigator meetings
- Investigator-initiated trials
- Comprehensive publicly accessible clinical trials database
- Enhance infrastructure to assist physician participation

Lessons Learned*

- **Need target-population appropriate research**, i.e., clinical trials and behavioral/social science studies [New trials to undergo scientific review at RTOG and/or partner Cancer Center]
- **Need minimum of 1 radiation oncologist plus involvement of additional oncologist** (e.g., surgical/medical) as co-PI
- **Additional time for infrastructure development**, more formal orientation
- **Support for patient navigation and community outreach efforts prior to** clinical research recruitment
- **Sustain and expand**: continued support for current competing grantees and possible future expansion to new grantees

* **Recommendations from CDRP Expert Committee members and from NOVA 1st year CDRP Evaluation Report (Appendix 2 and 3 in CDRF RFA concept document)**