



NCCCP

# NCI Community Cancer Centers Program – Overview

NCI Clinical Trials Advisory Committee  
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NCI Community Cancer Centers Program

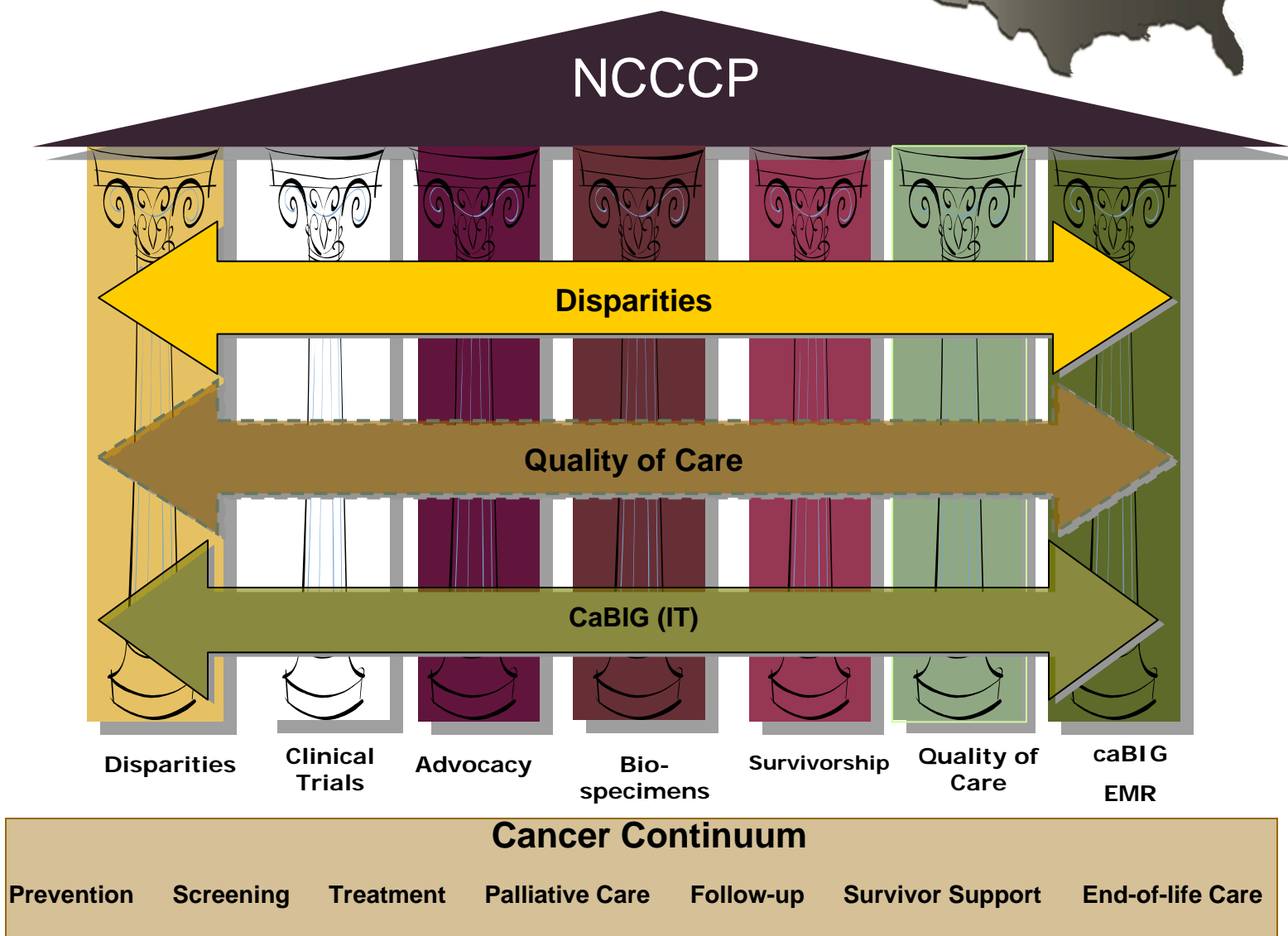


# Shift in Cancer Treatment Paradigm



20 <sup>th</sup> 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 EMR

Cancer Continuum

Prevention

Screening

Treatment

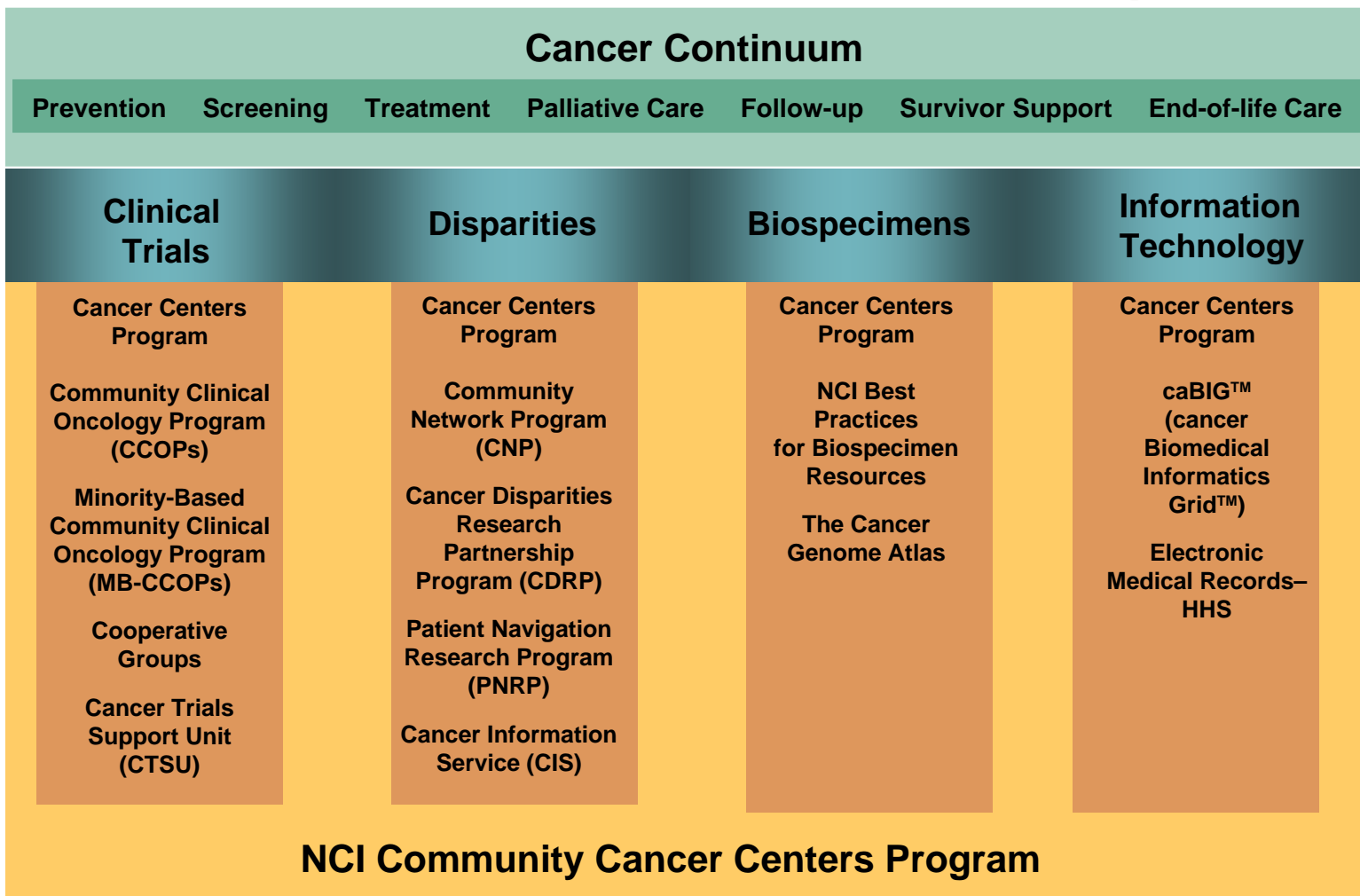
Palliative Care

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

# Evaluation Methods



- Case Studies
  - A longitudinal, multiple case study is designed to understand implementation, assess change and determine successful structures and processes
- Economic Studies
  - A micro-cost study to determine the NCI and the sites' investments to the program
  - A business case study to determine why the organizations are willing to participate
  - A program sustainability study
- Patient Surveys
  - The purpose of the patient survey is to assess the program from the patient's perspective with regard to access to clinical trials, survivorship care, and coordination of care

# 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

# Quality of Care Deliverables



- Increase **multidisciplinary, 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**

# 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**

## 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



# NCCCP Tools for Community Settings

Tool	Purpose
<b>MDC Care Assessment Tool</b>	Case planning, physician engagement, coordination of care, infrastructure, and financial considerations
<b>Chemo Consent</b>	Uniform template for institutional modification
<b>Genetic Counseling Assessment Tool</b>	Minimal requirements for genetic counseling services
<b>MD Conditions of Participation</b>	Volume of patients treated, participation in clinical trials and in QoC initiatives, acceptance of uninsured patients, and board certification
<b>Biospecimen Assessment Tools</b>	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 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**

- MOU 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

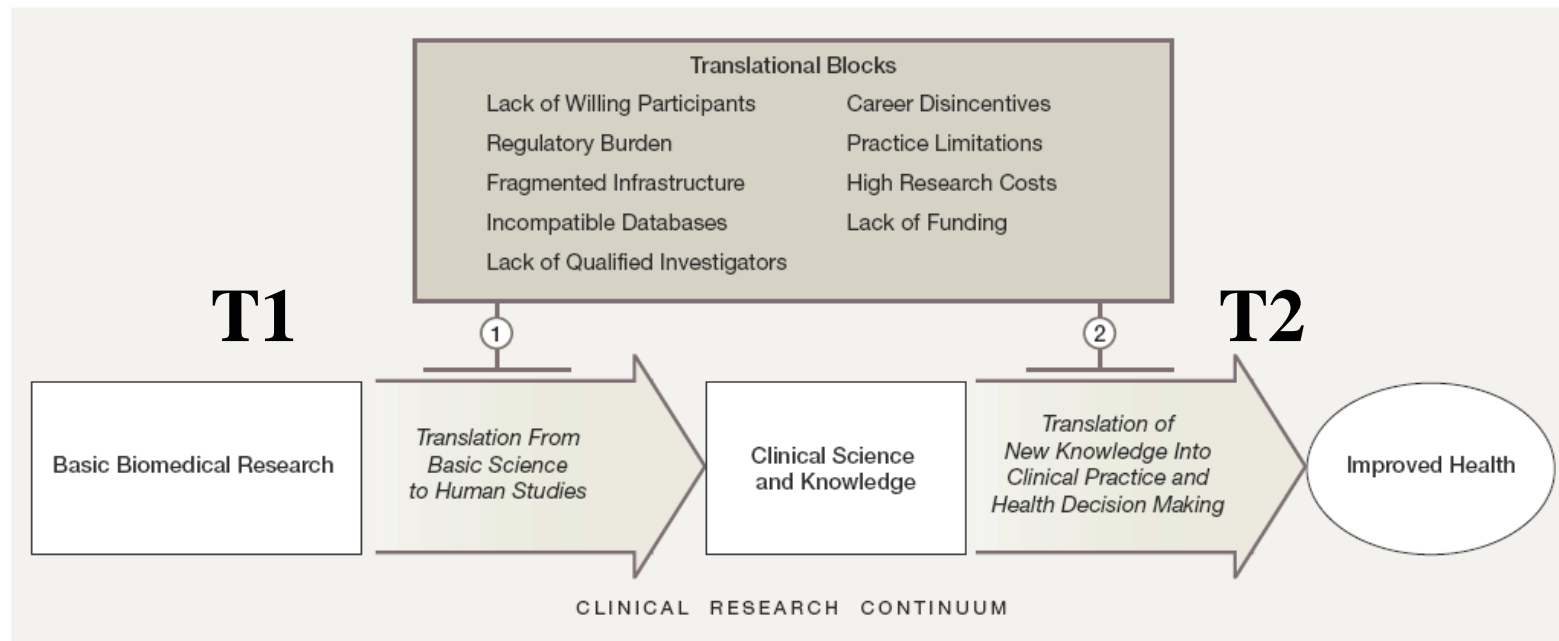


- What approaches can **reduce healthcare disparities**?
- How can NCI's **biorepository guidelines** be implemented in a community hospital-based cancer program?
- How can community-based cancer programs **effectively participate in caBIG and utilize electronic medical records**?
- How can a **knowledge 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 such activities as clinical trial accrual, biospecimen collection, and clinical data analysis
- Model applicable to other chronic diseases

# NCI Collaborative Effort



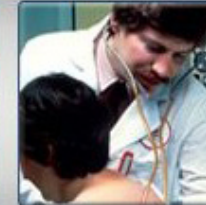
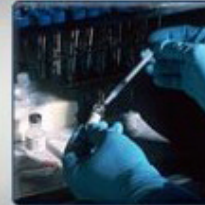
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## NCI COMMUNITY CANCER CENTERS PROGRAM

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The NCI Community Cancer Centers Program (NCCCP) is a three-year pilot program to test the concept of a national network of community cancer centers to expand cancer research and deliver the latest, most advanced cancer care to a greater number of Americans in the communities in which they live.

The pilot program is designed to encourage the collaboration of private-practice medical, surgical, and radiation oncologists, with close links to NCI research and to the network of 63 NCI-designated Cancer Centers principally based at large research universities.

The NCCCP seeks to:

- Bring more Americans into a system of high-quality cancer care
- Increase participation in clinical trials
- Reduce cancer healthcare disparities
- Improve information sharing among community cancer centers