



Comprehensive Cancer Care at Billings Clinic

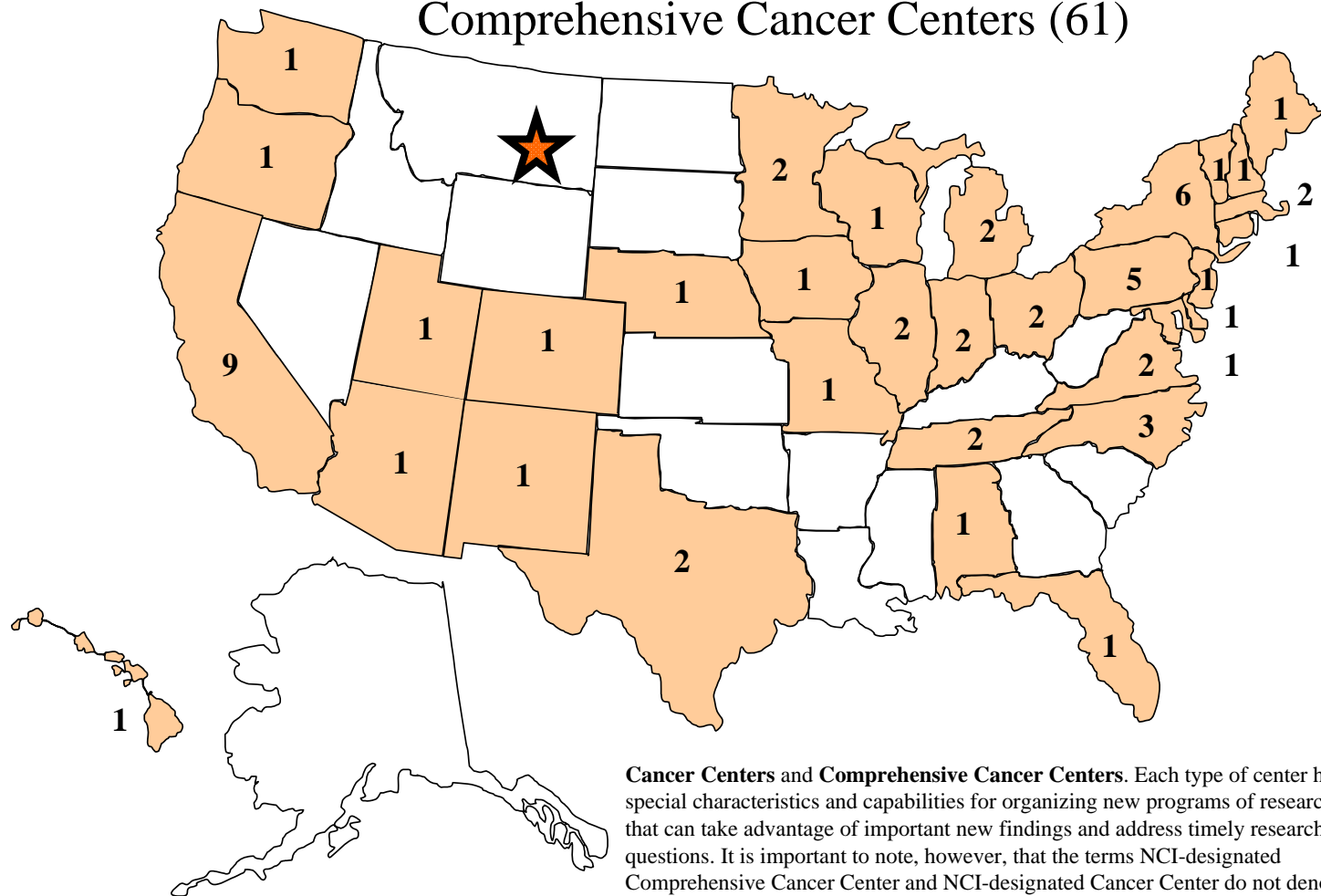
Impact of the NCCCP Pilot

Thomas Purcell, MD, MBA
Director, Billings Clinic Cancer Center
Principal Investigator: NCCCP
Division Chief, Service Lines



Health Care, Education and Research

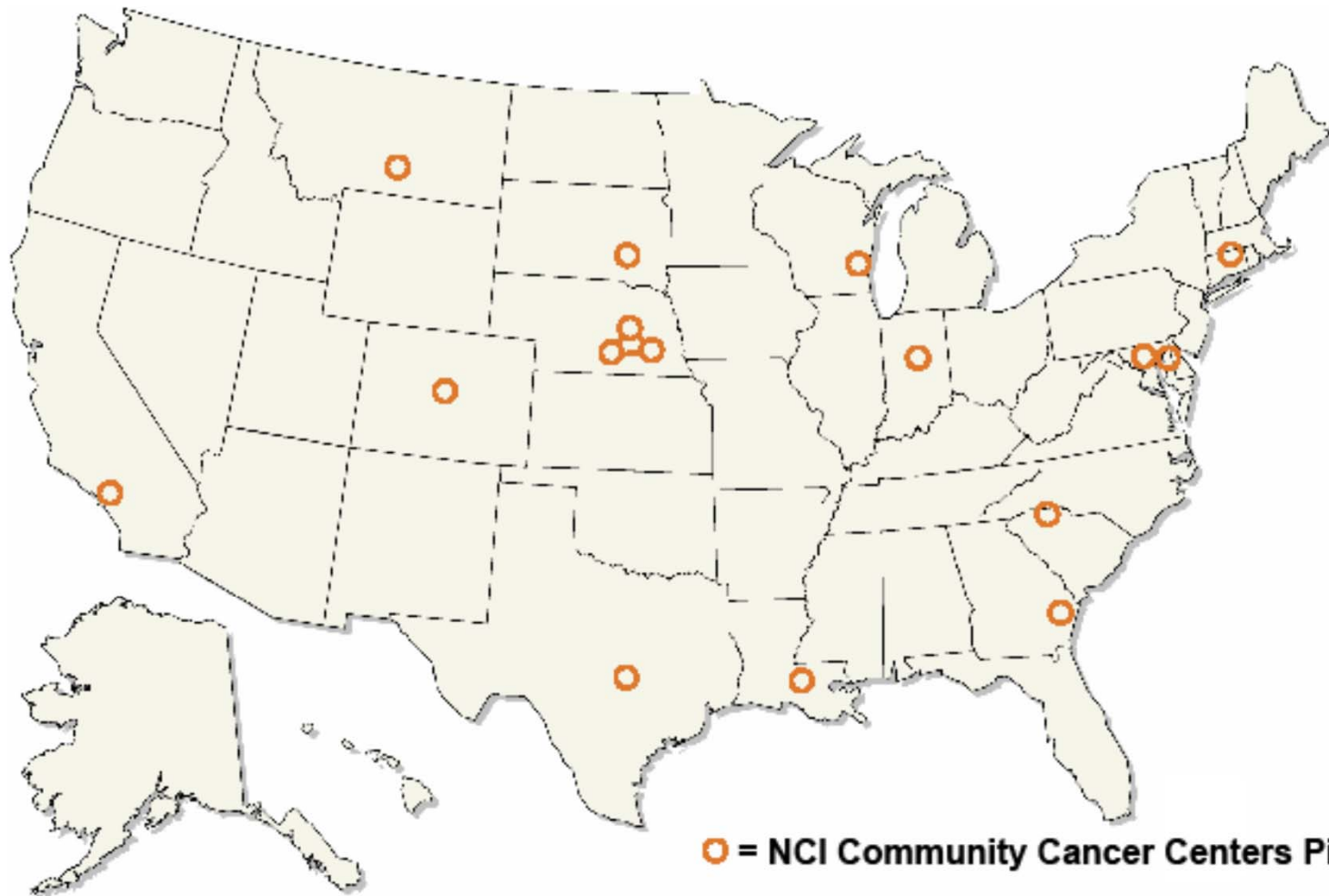
NCI-designated Cancer Centers and Comprehensive Cancer Centers (61)



Cancer Centers and Comprehensive Cancer Centers. Each type of center has special characteristics and capabilities for organizing new programs of research that can take advantage of important new findings and address timely research questions. It is important to note, however, that the terms NCI-designated Comprehensive Cancer Center and NCI-designated Cancer Center do not denote a difference in the quality of care they provide to patients.



NCCCP Locations: collaboration leading to new “network” of cancer centers



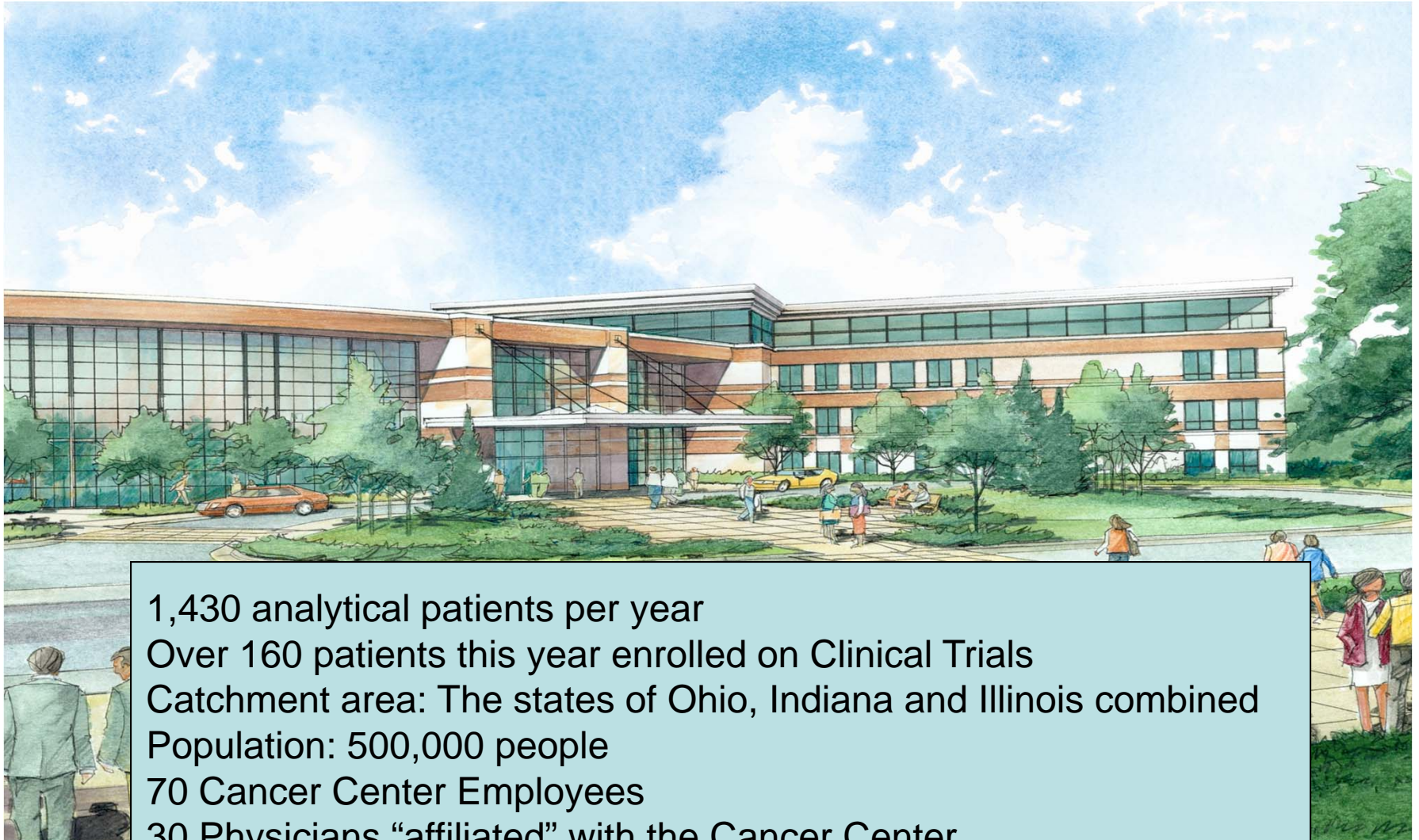


Billings Clinic.... Multispecialty Clinic with Academic-like Structure

**240 physicians
300 bed hospital
catchment area size of Indiana, Ohio and Illinois**

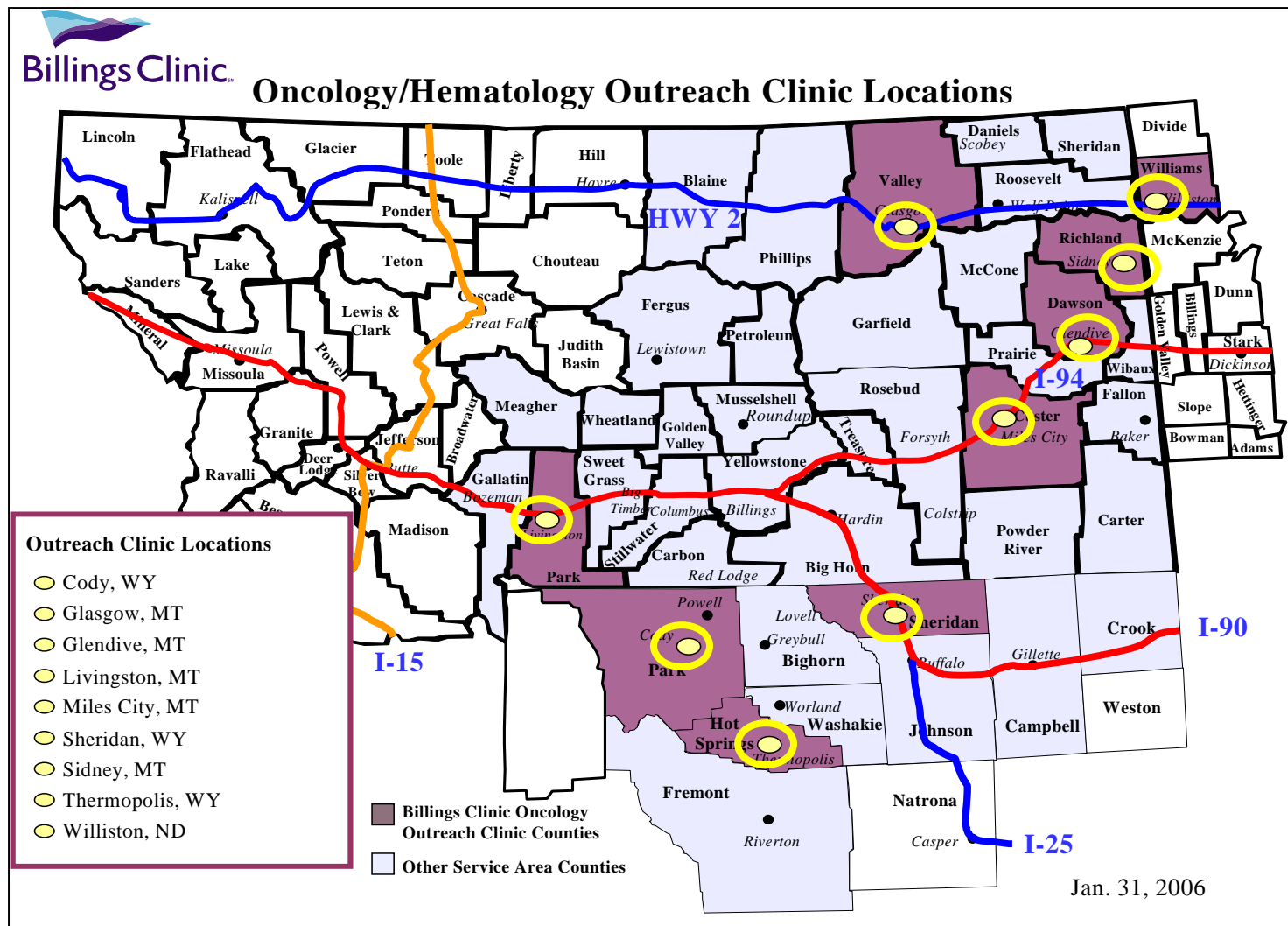


Billings Clinic Cancer Center



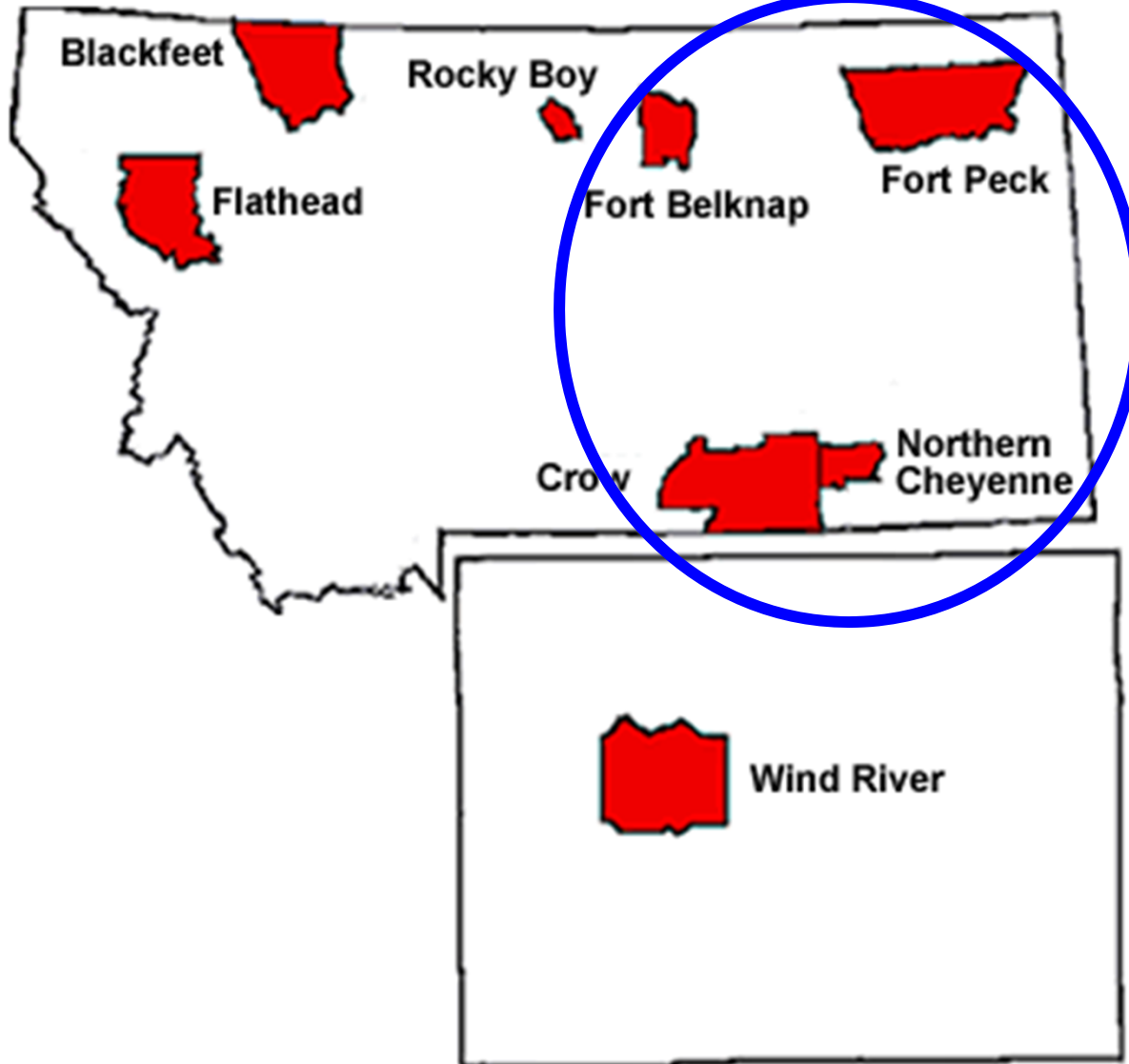
1,430 analytical patients per year
Over 160 patients this year enrolled on Clinical Trials
Catchment area: The states of Ohio, Indiana and Illinois combined
Population: 500,000 people
70 Cancer Center Employees
30 Physicians “affiliated” with the Cancer Center

Cancer Outreach Clinics





American Indian Populations served by NCCCP



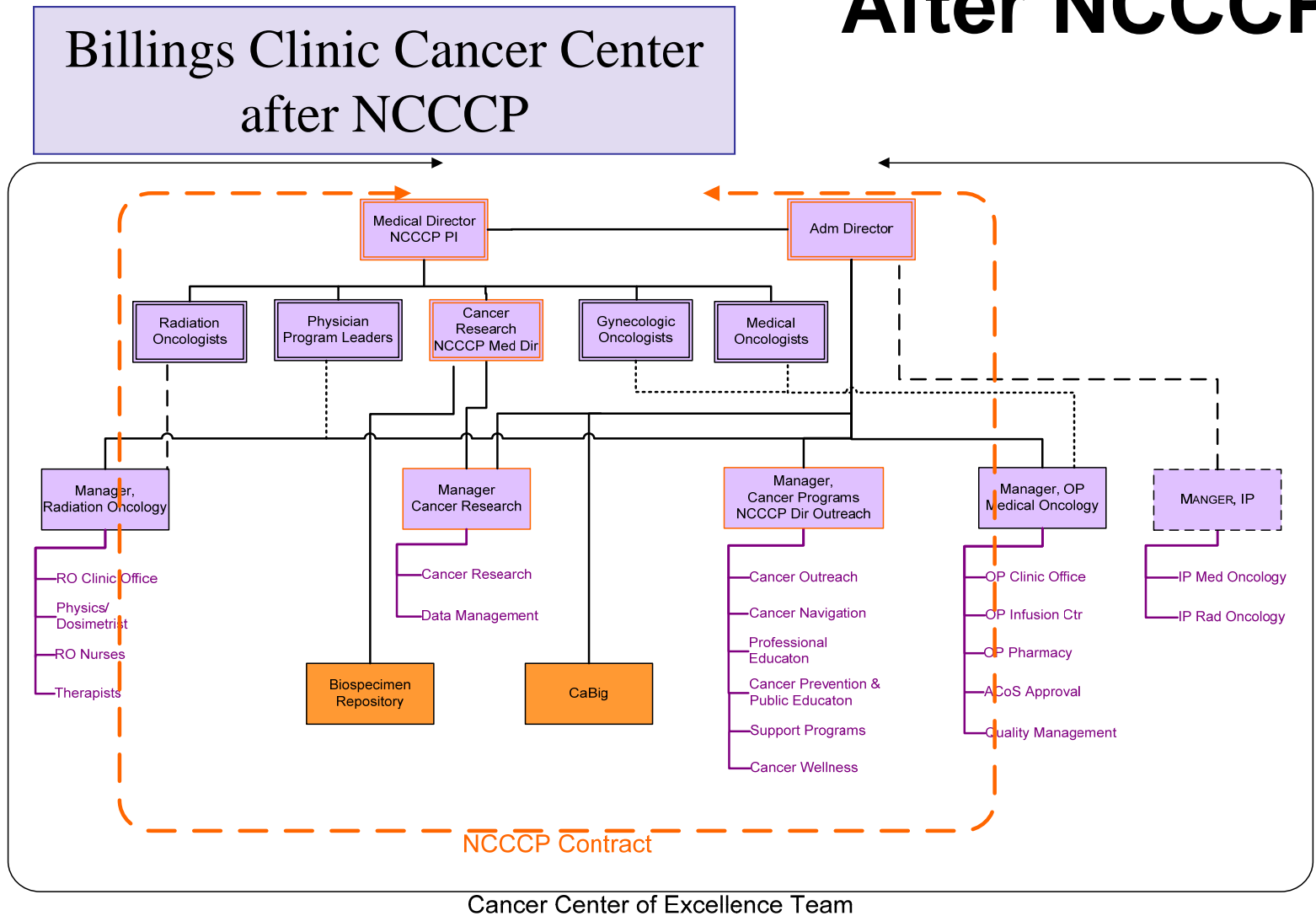


Cancer Program Growth

- FY2003
 - \$25 million overall cancer services revenue
 - 10 employees
 - 3 MDs
- FY2007
 - **NCCCP pilot starting July 2007**
- FY2008
 - \$80 million overall cancer services revenue
 - 70 employees
 - 10 MDs plus ND plus 3 mid-levels plus admin director

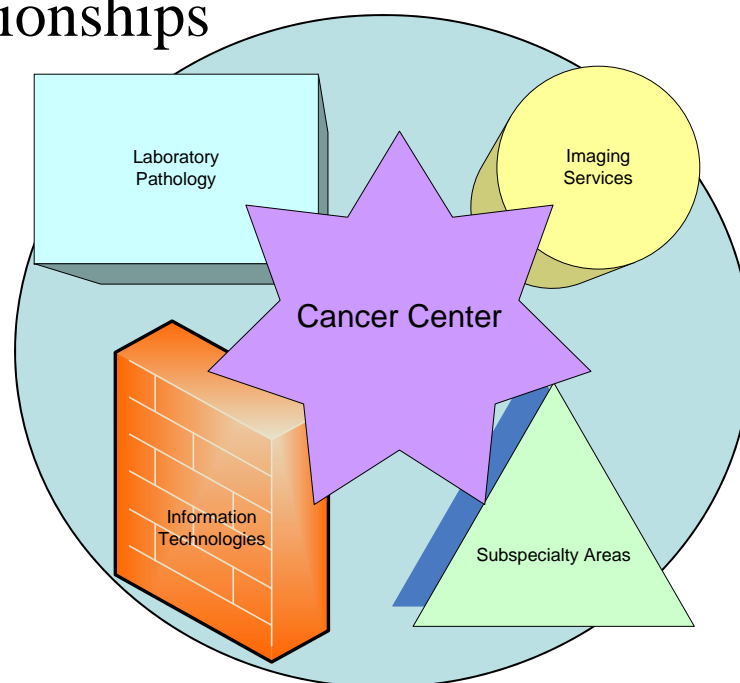


Organizational Structure – After NCCCP

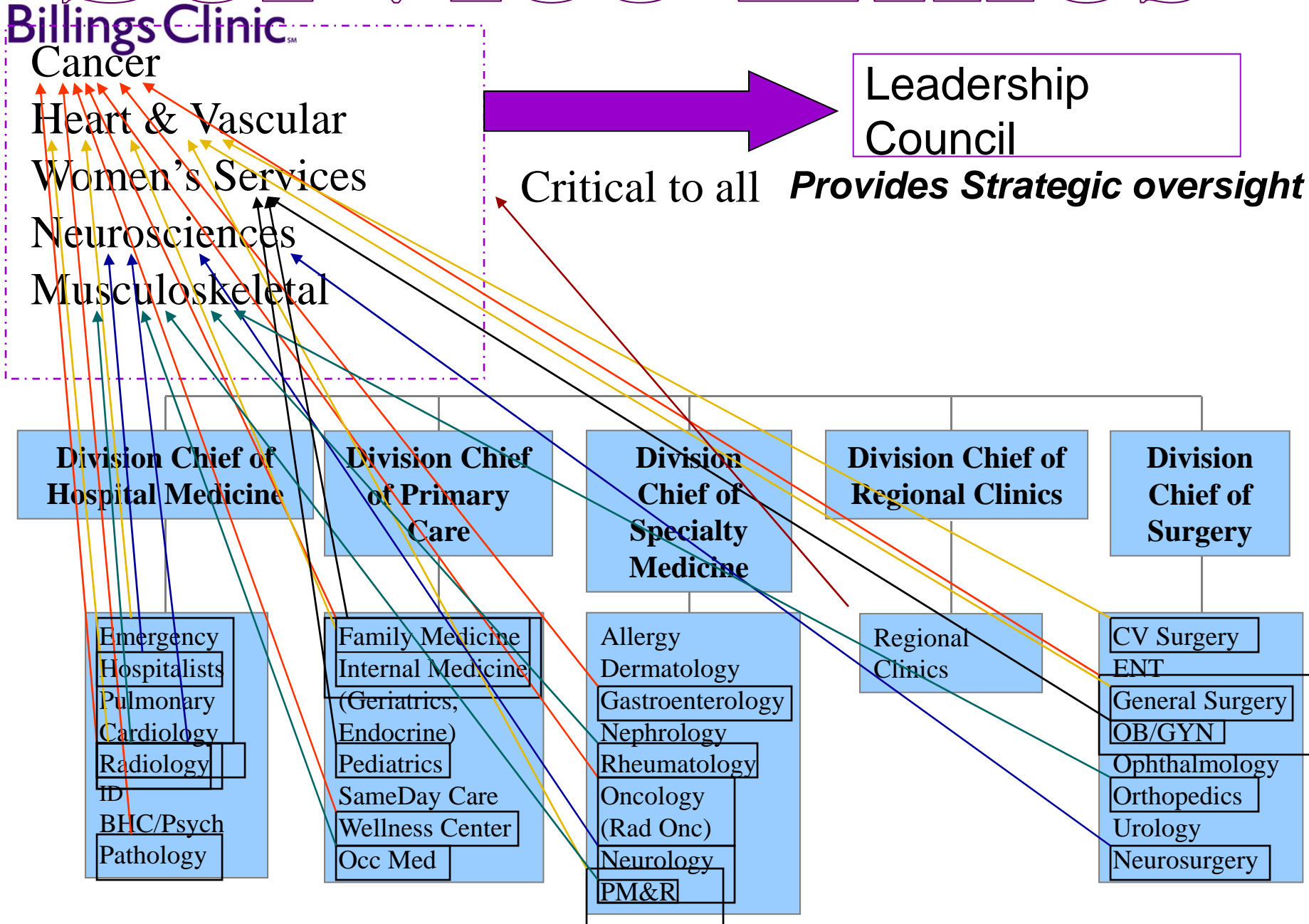


Reflections from Year 1: NCCCP and Billings Clinic

- Increase in outside “group” affiliations, both in number and in the strength of the relationships
- Statewide/Regional education
- Strengthened internal collaborations
 - Laboratory
 - Radiology
 - Subspecialty areas
 - Information technologies
- Additional staff resources
 - NCCCP Coordinator
 - Regional Navigator
- Increased challenge to Cancer Center to “fact-find” in areas unexplored in past
- Increased emphasis on collaboration in outreach clinics



Service Lines





What does the NCCCP mean for Montana and this region?

- Greater access to NCI sponsored research programs
- Access to NCI Biospecimen Collection and caBIG technology expertise
- Better care for individuals living with cancer in Montana
- Emphasis on disparate populations in our area (American Indian and 20% uninsured)



Billings Clinic Research and NCCCP

- Now a Regional leader in cancer research
 - Novel biologics in conjunction with national trials testing standard of care
- The resources and people to do high level / complicated clinical trials
- Perfect fit with established oncology / hematology strategy
 - Regional Asset, resource for unique therapy not otherwise available



Billings Clinic Cancer Trials

- Phase 1-2
 - MD / Billings Clinic sponsored trials
 - Industry and Biotech
 - Relationship w/ Johns Hopkins, UCSF, Washington University and Mayo Clinic
- Phase 2-3
 - CALGB, ECOG, NCCTG, SWOG
 - RTOG and GOG
 - Industry and Biotech
 - Johns Hopkins, UCSF



Gene and Immunotherapy Research at Billings Clinic Cancer Center

- Core research program at Billings Clinic
- Stimulate immune system to fight cancer
- Exploit genetics of cancer to target
- Unique trials
 - Melanoma, prostate, bladder, pancreas
 - liver, breast, refractory solid tumors



Melanoma and Hepatocellular Cancer – Unique Trials at Billings Clinic

- Phase 1/2, JX 594
 - Vaccinia virus encoding GM-CSF
 - Active virus replication and GM-CSF secretion in tumors with RB mutations
- Direct injection into tumor as monotherapy
- Previous phase 1 data showed CR and PR



Unique Bladder Cancer Trial at Billings Clinic

- CG0070
 - Adenovirus encoding GM-CSF
 - Replicates and produces GM-CSF in cells with RB mutations
- Phase 1 targeting patients with superficial TCC (T1, Ta, CIS) after BCG failure
- Phase 1 data thus far shows complete responses after a single dose



NCCCP and Research Pillar– Years 2 and 3

- Increase access to additional clinical trials
– especially gene and immunotherapy
- Regional referral center for NCI and Non-NCI trials
- Increase accrual for American Indian populations
- Formal collaborations w/ NCI designated centers



NCCCP and Other Pillars– Years 2 and 3

- ***Disparities Challenges***

- Native American

- IHS – prevention/lack of screening coverage
- Tribal norms – trust, access
- Travel – roads, distance, cost

- Rural Population

- Long distances
- Implementation of telemedicine in most rural communities

- Financial ability of organization to support all the programs long term



Thank You !

